Help your students develop and define their own sexual philosophy.
1. Do we really need a course about sex? I’m married and have a child. I’d say I probably know everything I need to know. (see page 4)

2. My partner wants to perform oral sex on me, but I think it’s gross. Should I let him do it just to please him? (see page 8)

3. Is it normal to have an orgasm by masturbating but not during sex with a partner? (see page 15)

4. I am 21 years old and had a “wet dream” two weeks ago. Is that normal at my age? (see page 15)

5. Why did my high school stop the sex ed. class? Now they’re saying we should just all wait until marriage to have sex. No one’s really going to do that, are they? (see page 15)

6. My parents have never had “the talk” with me. Were they just embarrassed, or did they think I would learn on my own? (see page 16)

7. How is it possible to study people’s sexual lives when it’s such a private, personal experience? (see page 18)

8. Has anyone accurately studied average penis size? If so, what is it? (see page 21)

9. I read in a checkout-stand magazine that a survey of readers found that most men and women (like 90 percent) do not like their own bodies. Could this be true? (see page 22)

10. Is it really ethical to study people’s actual sexual behaviors? (see page 29)
HISTORICAL PERSPECTIVES
A Human Sexuality Time Line

EXPERIENCING HUMAN SEXUALITY
Enriching Self-Knowledge
Sex Is Emotional
Developing Morals and Values
Making Responsible Choices
Sex Is More Than Intercourse
Enhancing Sexual Fulfillment

UNDERSTANDING HUMAN SEXUALITY
Sex Education or Abstinence-Only?
It’s More Complex Than You Think
People Know a Lot About Sex—And Much of It Is Wrong

SELF-DISCOVERY:
Sexual Knowledge Self-Test
Tolerance and Respect for Sexual Diversity
Sexuality and Culture:
Sex Education in China
What Is Sexually “Normal”?
Sexual Health
Self-Discovery:
Am I Sexually Normal?
Parenting
Evaluating Sexual Research

METHODS USED FOR STUDYING HUMAN SEXUALITY
Surveys
Observational Studies

EVALUATING SEXUAL RESEARCH:
“What Men and Women Really Want in Bed! Take Our Reader’s Survey”
Masters and Johnson’s Observational Research
Evaluating Sexual Research:
A Study of a (Pseudo) Study
Correlational Research
Experimental Research

ETHICS AND SEXUALITY RESEARCH
Protection From Harm
Informed Consent
Freedom to Withdraw
Debriefing
Confidentiality
Your Sexual Philosophy
The complexities of human sexuality play a part in everyone's life and in virtually everything you do. Have you given much critical thought to your personal knowledge, desires, or identity as a sexual being? Most people haven't. Yet, few areas in your life are more important topics for self-reflection than sex. How can you ensure for yourself a physically and emotionally gratifying sexual life? Do you have a sense of what you want or don’t want in terms of sexual intimacy with another person now or in the future? Under what conditions and with whom will you feel comfortable allowing that intimacy to grow? What is your vision of a healthy and fulfilling romantic relationship? Can you be sure that you will make choices and decisions that are right for you when sexual situations arise? How will you keep yourself safe from unwanted pregnancy, sexually transmitted infections, and sexual violence? How will you interact with others who are sexually different from you?

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

Human sexuality is a complex area of study that focuses on all aspects of humans as sexual beings. This includes such topics as sexual anatomy and responses, sexual feelings and behaviors, intimate relationships, sexual identity and desires, sexual health and well-being, and the way we perceive and express our individual sexual selves. Each chapter in this text is just one piece of the rich and challenging puzzle of human sexuality. In this chapter, we will examine the ways in which people learn about human sexuality. In the most basic sense, these learning experiences may be divided into two categories: (1) experiencing your sexuality for yourself and (2) deepening your understanding of human sexuality issues. On the experiential side, we will explore your emotional reactions relating to sexuality, getting to know yourself as a sexual person, developing your personal set of sexual morals and values, making responsible choices about sexual activities, discovering the full range of sexually intimate behaviors, and enhancing your lifelong sexual fulfillment and satisfaction.

In order to attain a deeper understanding of sexuality, we will focus on its surprising complexity, rejecting sexual myths and misconceptions you may hold about sexuality, developing tolerance and respect for sexual diversity, acquiring a sense of what is sexually “normal” and “abnormal,” staying sexually healthy, preparing to talk to your own children about sex if and when the time comes, and becoming a critical, educated consumer of the mass of research and reporting about human sexuality.

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

Many of the topics covered in this book are rooted in ancient history, some dating back millennia and others even to the very beginning of humankind (or else human-kind might no longer exist!). We touch on many of these events in greater detail in the Historical Perspectives section early in each chapter. For this first chapter, the section offers you a glimpse of the major events over the recent past, the 150 years or so that have shaped our sexual history in the United States and much of the Western world. Each event on the time line on the inside front cover of this book notes the number of the chapter in which you will find a more detailed discussion of that topic in its current context. Enjoy the trip through sexual time!

EXPERIENCING HUMAN SEXUALITY

We experience sexuality in many personal and subjective ways. Our individual experiences regarding sexuality vary greatly from negative to positive, painful to joyful, traumatic to sublime. The factors that determine how we experience our sexuality may include any of the issues discussed next.
CHAPTER 1

Enriching Self-Knowledge

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

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

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

Sex Is Emotional

Students’ personal experiences in a human sexuality course can often trigger emotional reactions, sometimes very strong ones. These feelings may include general discomfort, confusion, anxiety, embarrassment, anger, arousal, surprise, nervousness, and even fear. Because these emotions make some people uncomfortable about the study of human sexuality, we will spend a moment near the beginning of each chapter, in a feature called “Focus on Your Feelings” (see p. 7), to comment on and prepare you for possible emotional reactions you may experience as you read and learn.

Developing Morals and Values

Part of discovering yourself sexually usually involves developing your personal set of morals and values as they relate to sexual issues. You probably already have a sense of the morals and values that were instilled in you by your parents, your religious teachings, your peers, or other factors that have influenced you throughout your early life (Eyre, Davis, & Peacock, 2001). As you have grown into adulthood, however, you may have begun to question those beliefs and wonder if they still apply to you as an independent, mature individual. Some of you may feel the need to make modifications in your system of values and morals that are more in line with how you choose to live your life. Whether or not this is true for you, morality and personal values play a central role in how you experience most, if not all, of the issues discussed in this book.

It is not the job or intention of this book to encourage you to adopt anyone else’s sexual morals or values (including the author’s). As you study human sexuality, you will acquire or enhance the knowledge and awareness you need to develop your own sexual standards and belief systems that make sense and feel right to you in your life. Consider the value in taking the time to weigh these issues and make some conscious decisions about how you want to live your sexual life. In this way, your values and moral beliefs can help guide you through the complexities of life as a sexual being.

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

sexual orientation Term specifying the sex of those to whom a person is primarily romantically, emotionally, and sexually attracted.
and form an important part of your sexual philosophy. At any moment, you may find yourself facing difficult decisions about your sexual behavior and your interactions, without time for thought or reflection. In the absence of a personal moral compass, you may make choices that you later regret. In other words, the situation may take charge of you rather than the other way around.

Making Responsible Choices

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

Sex Is More Than Intercourse

Yes, you read it right: sex is more than intercourse. This theme runs throughout this book and plays a role in many of the topics in various chapters. Why? Partly because equating sex with intercourse neglects the full range of sexual experience and pleasure that is available to us as human beings. Western cultures often tend to take sex as a synonym for intercourse (Goodson et al., 2003). Consequently, any other pleasurable, arousing, and satisfying sexual behaviors—such as kissing, touching, massage, masturbation (solo and mutual), and oral sex—become lumped together into a single category called “foreplay,” or “that which leads up to intercourse,” and are not thought of by a majority of people as “having sex.” But in reality many behaviors can be sexually fulfilling in themselves, and for some individuals or couples they may even be more satisfying than intercourse.

Another reason for understanding that sex is more than intercourse is that most of today’s sexual problems, such as unwanted pregnancy, transmission of sexually transmitted infections, and sexual dysfunctions, stem from insertive sexual practices, especially vaginal oral and anal sexual activities. Many of these problems could be reduced if people were more comfortable with the idea of sexual intimacy without these activities. This does not imply becoming celibate—forgoing all sexual intimacy and activities—but may involve a decision to engage in only “safe” or “preferred” sexual behaviors (this decision is sometimes referred to as “selective abstinence”). In addition, many situations may arise

FOCUS ON YOUR FEELINGS

Sex is emotional. Virtually every emotion you can think of can be involved. Students studying human sexuality often experience unexpected emotional reactions; they are surprised, and they sometimes try to hide their emotions. At times, you may find yourself feeling uncomfortable, embarrassed, aroused, shocked, offended, angry, confused, fearful, amused, or various combinations of these and other emotions. Your personal, individual reactions will depend on your current attitudes about sexual issues, your family and religious background, and your past and present sexual and relationship experiences. For example, here are two journal entries from students in the author’s human sexuality classes:

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

Maya, first-year student

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

Rick, sophomore

Although you may or may not have had experiences such as these, you should expect to experience emotions that you would not usually feel in other courses. These emotions are completely normal. However, if you find that they are bothering you too much, or if they interfere with your ability to enjoy and do well in this course, it would be a good idea to discuss them in private with your instructor or perhaps with a professional counselor (usually available through your college’s counseling services). Remember, you should never feel forced to read material or attend classes that would be emotionally painful for you. Your sexuality professor should be willing and open to discuss with you ways of reducing your discomfort and maximizing your benefit from this class.
in one's life that make vaginal or anal intercourse uncomfortable, difficult, or medically
inadvisable, but this does not mean that sexual intimacy must stop (Hatcher et al., 1994;
Kowal, 1998a). Other intimate, sexually fulfilling activities can still be enjoyed fully.

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

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

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

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

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

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

Personal choice and responsibility are recurring themes throughout this book. The more accurate and complete information you have about sex, the better prepared you are to make responsible choices about your behavior. Without this knowledge, “sex” often equals “trouble.” In the United States, many teens have missed out on this important information due to a complete lack of sex education in the schools or because any teaching about sex has focused on instructing students simply not to have sex at all. **Abstinence-only education** teaches that teens should resist engaging in sexual activity, should wait until marriage for sexual intimacy, and therefore should have no need to be educated about contraception or how to prevent sexually transmitted infections. Abstinence-only sex education programs in schools, supported and funded during the conservative political climate in Washington, DC, from 2000 to 2008, were widely seen to have failed (Boonstra, 2009). Numerous studies have demonstrated that when school districts attempt to implement these programs (rather than risk losing federal funds), the outcome has been the dissemination of inaccurate information and no decrease in teen sexual activity, unintended pregnancy, or the incidence of sexually transmitted infections (STIs). In fact, in numerous school districts, unwanted pregnancy and STI rates increased as teens failed to receive the learning they needed in order to make responsible choices (DiCenso et al., 2002; Bruckner & Bearman, 2005; Hollander, 2007a; Boonstra, 2009). Moreover, in a recent evaluation of teen pregnancy, researchers determined that the rate of pregnancy has, for years, been underestimated because the statistics took into account all teens, rather than those who were at risk of pregnancy; that is, those who are sexually active. When these statistics are adjusted for teens who are sexually active, the number of unintended teen pregnancies increased from 40 per 100,000 to 147 per 100,000 for girls age 15 to 17, and from 108 per 100,000 to 162 per 100,000 for girls age 18 to 19 (Finer, 2010). This is more than 300% and 50% higher than previously reported. Because you may not have received correct or adequate sexual information early in your teens, it is crucial to you now (and, even though you are an adult and in college, it’s never too late!).

The new, more progressive climate in Washington, DC, during the second decade of the 2000s has created changes in sex education in the United States. The abstinence-only funding expired in 2009 but was added back into the budget as part of the health care reform bill. However, the interpretation of the language in the abstinence-only law has been eased, allowing for more balanced and accurate information to be taught (Boonstra, 2010b). The movement in sex education now is away from abstinence-only sex education in schools and toward more comprehensive teaching about sexuality that stresses accurate information that allows teens to make responsible personal decisions about sexual behavior. Table 1.2 summarizes the difference between these two approaches.
CHAPTER 1

It’s More Complex Than You Think

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

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

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

Each of you is unique in your level of sexual knowledge and experience. As you will discover if you answer the questions in “Self-Discovery: Sexual Knowledge Self-Test,” all of you come into this course with a base of knowledge; a starting point for your...
Mark each of the statements True or False. If you know someone you would like to pass the self-test along to, you may want to answer on a separate sheet of paper. Scoring instructions and interpretations are at the end of the test.

### TRUE OR FALSE?

**Chapter 1: Studying Human Sexuality**

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

**Chapter 2: Sexual Anatomy**

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

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

- 7. The clitoris and penis both become erect during sexual stimulation.
- 8. Women generally say that intercourse is the most reliable and satisfying method for achieving orgasm.
- 9. A man who carries a sexually transmitted infection may transmit the infection even without ejaculating.

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

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

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

- 13. A vaccine now exists that can prevent most cases of cervical cancer.
- 14. The female condom has been shown to be as effective in preventing pregnancy as the male condom.
- 15. A new birth control pill has been approved that is taken 365 days each year and eliminates a woman's period entirely.

**Chapter 6: Sexual Behaviors: Experiencing Sexual Pleasure**

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

**Chapter 7: Sexual Problems and Solutions**

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

**Chapter 8: Sexually Transmitted Infections**

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

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

- 25. A woman can get pregnant during her period.
- 26. During each menstrual cycle, there are about seven to ten days during which unprotected intercourse can lead to pregnancy.
- 27. “Miscarriage” is another term for a spontaneous abortion.
Chapter 10: Gender: Expectations, Roles, and Behaviors

28. A person’s degree of femininity or masculinity is usually predictive of his or her sexual orientation.
29. A small percentage of infants are born with genitals that are ambiguous—neither fully male nor female.
30. Androgyny refers to a male who is highly masculine or a female who is highly feminine.

Chapter 11: Sexual Orientation

31. The love between gay and lesbian couples is similar in emotional quality to the love between heterosexual couples.
32. Bisexuality refers to people who are actually gay, but have not yet fully acknowledged their true sexual orientation.
33. Research has shown that the sexual orientation of parents does not appear to influence the sexual orientation of the children.

Chapter 12: Sexual Development Throughout Life

34. If a young child masturbates, it is usually a sign that he or she is being sexually abused.
35. The male sexual peak is at about age 18, while the female peaks at around age 35, causing serious difficulties in many intimate relationships.
36. Most women begin to care less about sex when they become menopausal (around their mid-40s to mid-50s).

Chapter 13: Sexual Aggression and Violence: Rape, Child Sexual Abuse, and Harassment

37. Most rapes are committed by someone the victim knows.
38. Women can resist being raped if they really want to.
39. Men who sexually abuse boys are usually gay.

Chapter 14: Paraphilias: The Extremes of Sexual Behavior

40. Sadomasochism (giving and receiving pain for sexual arousal) is clinically defined as sexual perversion.
41. If a man frequently uses women’s shoes for sexual stimulation during masturbation and orgasm, this would likely be called a fetish.
42. Exhibitionism and voyeurism are noncoercive paraphilias, in that neither involves a victim.

Chapter 15: The Sexual Marketplace: Prostitution and Pornography

43. With few exceptions, most male prostitutes are gay.
44. “Sex trade worker” is a phrase often used to refer to a person who engages in prostitution.
45. Explicit sexual materials are no longer censored in the United States.

Now score your self-test using the answer key below. You might wish to compare your score with the scores from students on the first day of several past human sexuality classes, which are divided into five categories described below.

Interpreting Your Score

41–45: Sexual Wizard! However, you still have a great opportunity to learn the finer points and can probably contribute a great deal to class discussions. You should find much of the text and course material somewhat more familiar than many others in the class.

36–40: Very sexually knowledgeable. You should be fairly comfortable participating in class discussions and may be able to add interesting insights. However, you will be quite surprised at how many new discoveries you will make in this book and course.

30–35: Average level of knowledge for students taking this class. Most students score around this range at the beginning of the course. You will pick up many new concepts as you go through this book. You probably came into the class with some misconceptions about human sexuality, but those will be corrected soon!

25–29: Still a lot to learn about human sexuality. Like many people, you probably believe in some myths and misconceptions about sexuality that you learned from friends or parents. Perhaps you grew up in a sexually restricted household where talking and learning about sex was frowned upon or forbidden. For you, this will be an extra valuable course.

Under 25: You need this course! This is not a criticism. You are the person who will benefit the most from this book and this course. For whatever reason, you simply have not yet had much opportunity to acquire accurate knowledge about human sexuality. This course will give you the information you need to help you live a healthy and fulfilling sexual life.
study of human sexuality. You may also discover some important gaps or errors in your knowledge that this book can fill.

Can you think of any other course that you began with as much “advance information” (right or wrong) as this one? But consider for a moment the sources of your information. A great deal of your sexual knowledge probably came from parents, friends and acquaintances, books, magazines, movies, TV shows, and the Internet—what might be called your “informal sex education network.” Although some of you may have had more formal sex education in high school, most of the sexual knowledge you possess probably came from your personal collection of casual, nonscientific sources. Unfortunately, all of these sources are subject to error, misinformation, and the perpetration of myths and falsehoods (yes, even parents can be wrong about sex at times).

Personal experience can also be a poor teacher. Among teens and young adults, early sexual experimentation tends to be awkward, embarrassing, not necessarily pleasurable, and even frightening or painful. These experiences may lead to expectations and conclusions about sexual behavior that are fundamentally incorrect.

In this book you have a rich source of information about human sexuality that is as accurate, up to date, and scientifically based as possible. Your challenge in reading and learning the material in these pages is not only to gain new information and develop a comprehensive base of accurate knowledge about human sexuality but also to unlearn any faulty ideas and preconceptions you may currently have about sex. Don’t expect this to be easy. “Unlearning” is often more difficult than learning, because many misconceptions are reinforced through your informal sex education network. It’s not easy to accept that something you thought was true about sex—even something you may have used to make decisions about your behavior—may stem from faulty information from all those well-meaning but misinformed sources (Farrington, 2002; Franiuk, 2007). The main point here is that, as you read this book, you be open to knowledge and ideas that may be new or different from what you thought was true.

Tolerance and Respect for Sexual Diversity

Sexuality is one of the most diverse of all human attributes. People’s sexual “personalities” can include cultural, ethnic, and religious differences; differences in family background; differences in sexual orientation; differences in sexual attitudes, morals, and values; differences in sexual behavior, preferences, experiences, and sexual role expectations; and differences in personal comfort about sexual issues (see “Sexuality and Culture: Sex Education in China”).

Humans have a tendency to fear and reject people perceived as different, especially when the differences appear strange and even extreme. Your study of human sexuality will increase your knowledge and awareness of humans’ sexual richness and diversity and further develop your understanding and tolerance of those who may be sexually different from you. Research has demonstrated that students who take human sexuality courses increase their comfort level with various diverse groups, such as those with gay, lesbian, and bisexual orientations (Patton & Mannison, 1994; Waterman et al., 2001; Weiss, Rabinowitz, & Ruckstuhl, 1992). Furthermore, in the author’s own courses, when guest speakers who represent sexual diversity—for example, people from the gay, lesbian, and bisexual communities; guests from sexual abuse and rape crisis centers; people living with HIV or AIDS; transgender individuals—come to speak to classes about their experiences, students frequently report profound
CHAPTER 1

SEXUALITY AND CULTURE

Sex Education in China

China is one of many countries that has traditionally placed taboos on sex education (including discussions about sex) in virtually any form. Nearly half of all college students in China have received no education in school about sexual behavior and health (Li et al., 2004), and sex is not generally discussed in the home. However, as China modernizes, an increasing number of adolescents are becoming sexually active earlier, which, in turn, has led to a dramatic rise in unplanned pregnancy and the spread of STIs, including HIV and AIDS. Acknowledging these social changes, China has begun gradual efforts to educate the country’s young people about sex and especially sexual health. In 2003, with financial and social backing from the United Nations, UNICEF, and the China Family Association, the Chinese government approved a first-of-its-kind website for that country called “You and Me” (www.youandme.net.cn), with the intention of engaging and informing youth on a variety of sexual topics (“You and Me,” 2009). Although the website covers a wide range of issues, sexual and otherwise, it places an extra emphasis on such subjects as HIV/AIDS, unwanted pregnancies, and unsafe abortion practices. Through this website, Chinese youth are able not only to read about sexuality but are also able to communicate with each other about sexual matters of interest.

In addition to the website, China is becoming more open to research about sexuality. In the mid-2000s, a large study funded by the World Health Organization’s Department of Reproductive Health and Research established a comprehensive sex education program in a small town near Shanghai (Wang et al., 2005). Approximately 1,200 unmarried participants between the ages of 15 and 24 were enrolled in the program over 20 months. The topics of the program were wide-ranging, focusing especially on contraception (including abstinence), STI education and prevention, and healthy sexual behaviors. These participants were compared with a similar town also on the outskirts of Shanghai. Their results were clear. As is true in the United States, the participants in the sex education program engaged in less coercive sexual behavior, were more likely to use condoms and other forms of contraception, and were less likely to experience unwanted pregnancies.

The allowance of such research is indicative of China’s growing concern about the emergent public health issues of sexually transmitted infections, particularly HIV, within its borders. China reports that approximately 700,000 Chinese are HIV positive, although in light of China’s immense population (1.3 billion), many regard this as a significant underestimate. In 2009, China reported that AIDS has become the leading infectious cause of death in that country, surpassing even tuberculosis, which has been extremely common there historically (“HIV and AIDS in China,” 2010).

However, openly discussing sex is still considered socially unacceptable in China, and only approximately 40 percent of men and women report using condoms frequently or often over the past year (Qiaoqin, Masako, & Cong, et al., 2009). Although condoms are freely sold in China today, a recent ad that depicted a condom was deemed indecent and banned. Moreover, China’s ministry of communication continues to block websites from other countries that discuss STIs and other sexual health topics. Despite these ingrained attitudes, China is beginning to recognize the health dangers inherent in sexual activity. In Beijing beginning in 2004, condom vending machines were being installed in restrooms throughout the city, and in 2007 China hosted the International Conference on Chinese Sexual Culture at the People’s University in Beijing (Farrer & Stewart, 2007). Though still in the earliest stages of educating its population in matters of sex, China has begun to take some small, positive steps in this direction.
changes in their awareness, empathy, and tolerance for these diverse groups and often refer to these visits as among their most enlightening learning experiences of the semester.

**What Is Sexually “Normal”?**

As indicated by several questions from the “Since You Asked” feature at the beginning of this chapter, one of the most common concerns people have about their sexuality, especially in young adulthood, is whether or not they are “normal.” But the concept of “normal” is a slippery one. It is difficult to define exactly what we mean when we say something or someone is normal or abnormal, especially when it comes to sexuality. Furthermore, when people worry that their sexual feelings, desires, behaviors, or bodies are not normal, they are usually too embarrassed or fearful to discuss it with anyone else. Consequently, they may believe that they are alone in their particular concern. The truth is that just about anything people feel might be abnormal about themselves is probably a common concern held by many others—which in a sense makes it normal! One of the most important and reassuring benefits of studying human sexuality is that nearly everyone who feels that he or she is abnormal in some way discovers that that is not the case. For more on this issue, see “Self-Discovery: Am I Sexually Normal?” By the way, the answers to “Since You Asked” questions 3, 4, and 5 are yes, yes, and yes. These issues are all discussed in greater detail elsewhere in this text.

**Sexual Health**

**Sexual health** is a significant part of your overall health, yet it is the part that is often hidden and neglected the most due to embarrassment, denial, or lack of knowledge and information about sexual health issues or symptoms (Baber & Murray, 2001; sexual health A general concept referring to physical, emotional, psychological, and interpersonal well-being.

---

**SELF-DISCOVERY**

**Am I Sexually Normal?**

Professional sex therapist Marty Klein has noted that Americans are concerned—virtually obsessed—with the normality of their sexual fantasies, preferences, responses, secrets, turnoffs, and problems; the normality of their bodies; and the frequency with which they have sex. The fear of being sexually abnormal interferes with—and can even prevent—pleasure and intimacy (1993, p. 49). As we grow and develop in our culture, the subtle (or not-so-subtle) messages most people receive during childhood and adolescence imply that sexuality is something we shouldn’t discuss. This denial of our natural sexuality interferes with learning about what is considered sexually normal. In turn, this causes the development of “normality anxiety,” which can negatively affect our intimate sexual relations with our partners.

Klein lists some of the most commonly asked questions about what is “normal”:

1. Are my sexual fantasies normal?
2. Are my genitals the normal shape, size, and color?
3. Unlike my friends, I like/don’t like watching X-rated videos. Am I normal?
4. I want sex a lot more often than my partner. Am I normal?
5. I enjoy lovemaking, but my biggest orgasms are from masturbation. Am I normal?

Klein says (and most sexuality researchers and educators would agree), “I tell them time and time again, not one of these facts or feelings is abnormal (in fact in a more sexually enlightened world, the question of their normality would not even arise)” (pp. 50–51).
Consedine, Krivoshekova, & Harris, 2007). Sexual health refers to a wide range of physical, psychological, and emotional issues relating to your sexuality, including the following:

- Sexually transmitted infections (e.g., HIV, genital warts, herpes, hepatitis B, gonorrhea, chlamydia, and pubic lice)
- Problems with sexual functioning (e.g., premature ejaculation, erectile difficulties, problems with arousal or orgasm, loss of sexual desire)
- The health of your sexual anatomy (e.g., cancer of the breast, cervix, ovaries, testicles, or prostate; painful sex; urinary and reproductive tract infections)
- Emotional and psychological sexual health issues (e.g., abusive or controlling relationships, past sexual traumas, sexual violence, fear or guilt about sex)
- Any other symptom that looks or feels as if something is “wrong” relating to sexual body parts or behaviors

One of the recurring features in all the other chapters of this text, “In Touch with Your Sexual Health,” is designed to highlight and draw your attention to important issues of sexual health. An awareness and understanding of these health concerns is crucial to maintaining healthy sexual functioning for yourself and your partner.

Parenting

Most of you who are reading this book either have or will have children of your own. One of your important responsibilities in raising them will be to teach them about sex. The vast majority of parents acknowledge that this is an important responsibility, but many are hesitant to discuss sexual issues with their children because they feel they lack adequate knowledge or are unsure what to say, and when to say it (Wilson, Dalberth, & Koo, 2010). Although you may or may not have learned about sex from your parents, most people agree that parents are the most appropriate source of this knowledge. This assumes, however, that parents are willing to talk to each other and their kids about sex and are able to impart complete and accurate information (Wilson, Dalberth, & Koo, et al., 2010). Studying human sexuality will help prepare you for this aspect of parenthood, should you choose to become a parent, by providing you with the knowledge, resources, and degree of comfort you need to teach your children about sex.

Research clearly supports a link between adults having accurate knowledge about sexuality and effective communication between parents and children. In a study by King, Parisi, and O’Dwyer (1993), parents who had taken a human sexuality class in college were compared to those who had not. The results indicated a striking difference between the groups. Parents who had taken the human sexuality course were found to be much more likely to discuss various aspects of sexuality with their children and to use correct terminology when doing so. Table 1.3 summarizes some of their findings. Of course, it is possible that those who choose to take a human sexuality course are already more comfortable and open about sexual communication, but, as you can see in the table, the association is clear.

Evaluating Sexual Research

You are constantly deluged by sexual messages and information in the form of advice columns, rumors, gossip, stories, pictures, TV shows, movies, Internet sites, advertisements, catalogs, and all the other audio or visual media you can imagine. How do you know what to do with such an excess of information? Your ability to sort, analyze, and interpret sexual material is becoming increasingly important as more and
Studying Human Sexuality

In the next section, we will focus on how human sexuality research is conducted, so that you will be able to better understand how to analyze and interpret what gets reported in the media. Moreover, this book will give you information about sexuality based on the best solid, systematic research available. As you study what is contained in these pages, you will begin to think critically about the issues and apply what you learn to assess the world around you. In short, you will become a more educated and knowledgeable consumer in the marketplace of sexual information.

Whether considered individually or together, all of these experiential and understanding factors should make it clear that studying human sexuality may be one of the most valuable endeavors you will undertake. Many of the benefits are immediate and will affect your life now. But you will likely discover that you will put the information in this book to work for you, your relationships, and your family years and even generations into the future. Table 1.4 lists many of the differences seen in those who take a human sexuality course and those who do not. These differences may have been what attracted certain students to this course to begin with, or they may be the result of the wealth of information this class offers, but they are clearly related.

### METHODS USED FOR STUDYING HUMAN SEXUALITY

Imagine for a moment that you are a researcher in a field that studies human sexuality; say a psychologist, sociologist, biologist, physician, or nurse. You want to study some aspect of sexuality to answer a question that might further our understanding of human behavior.

<table>
<thead>
<tr>
<th>QUESTIONS PARENTS WERE ASKED</th>
<th>PERCENTAGE WHO TOOK SEXUALITY COURSE ANSWERING YES</th>
<th>PERCENTAGE WITHOUT SEXUALITY COURSE ANSWERING YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had discussions about sexuality with your children?</td>
<td>45</td>
<td>9</td>
</tr>
<tr>
<td>Do you use correct anatomical words for genitals?</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Have you discussed where babies come from? (children age 5–11)</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Have you discussed inappropriate touching by others? (age 5–11)</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>Have you discussed menstruation? (age 12+)</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>Have you discussed masturbation? (age 12+)</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Have you discussed intercourse and reproduction? (age 12+)</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>Have you discussed birth control? (age 12+)</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Have you discussed homosexuality? (age 12+)</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Have you discussed sexual abuse? (age 12+)</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>Have you discussed sexually transmitted diseases? (age 12+)</td>
<td>30</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: Subjects included 102 college-educated parents of children 5 years of age or older; 36% fathers, 74% mothers. All differences are statistically significant.

Source: Adapted from King, Parisi, & O’Dwyer (1993).

---

more information becomes available in this electronic age (Cooper, McLoughlin, & Campbell, 2000).
TABLE 1.4  EXPERIENCING AND UNDERSTANDING HUMAN SEXUALITY

EXPERIENCING SEXUALITY

People who take a course in human sexuality . . .
• Are more comfortable with the many and sometimes conflicting emotions that surround sexual issues
• Have greater knowledge and awareness of who they are as sexual individuals
• Are more confident and clear about their personal sexual morals and values
• Make more informed, responsible, and healthy choices about their sexual behavior and relationships
• Know that sex is more than intercourse and appreciate a wider range of intimate sexual behaviors
• Enjoy more satisfying sex lives overall

UNDERSTANDING SEXUALITY

People who take a course in human sexuality . . .
• Understand that human sexuality is complex
• Are more likely to reject common sexual myths, falsehoods, and misconceptions
• Are more tolerant of others’ sexual preferences, orientations, morals, values, customs, and differences
• Are less likely to worry about being sexually “strange” or “abnormal”
• Maintain better physical, emotional, and sexual health
• Have a greater level of skill and comfort in discussing sexual issues with their partners and their own children
• Are better able to analyze and critically evaluate sexual research and information

understanding of this complex field. What sort of question might you ask? Here are some possibilities:

• On average, at what age do people first have sexual intercourse?
• How often do married couples make love?
• What percentage of college students are sexually active?
• What are the differences in sexual arousal for men and women?
• What type of therapy works best for sexual problems?
• Does an herbal aphrodisiac (sex stimulant) advertised in the tabloids really work?
• Does HIV awareness education in high schools reduce high-risk sexual behaviors?
• What is the most effective form of birth control?
• How common is a certain STI in a particular population?
• You can probably think of many other questions (and many students have, as you will see in the “Since You Asked” section at the beginning of each chapter in this book).

Our focus here is on how you would go about answering these questions in ways that are accurate and meaningful. The study of human sexuality is a science, and it follows the methodologies of research all scientists follow. These methods include scientific surveys, behavioral observation, correlational research, and experiments. Which of these methods might researchers use to address the questions posed in the preceding paragraph? Could they (1) ask people to tell about their personal sex lives, (2) observe people engaging in sexual behavior, (3) analyze the relationships among various aspects of people’s sexuality, or (4) perform actual experiments involving sexuality? The answer to all four is yes! However, we’re dealing with a very intimate topic here, so you can imagine the difficulties that might be encountered when trying to carry out such studies in accurate, unbiased, and ethical ways.

Since YOU asked

7. How is it possible to study people’s sexual lives when it’s such a private, personal experience?
In this section, we will examine scientific research methods as they apply to the study of human sexuality and consider the advantages, disadvantages, potential for error and bias, and ethical considerations associated with each.

No matter what research method a researcher chooses, information and data gathering must be planned carefully and carried out systematically. Participants to be studied should be chosen to represent, as closely as possible, the larger population of interest. Researchers must be trained to interact with participants consistently and to avoid introducing their own biased attitudes into the study. Information should be gathered so that it can be analyzed using statistical methods. Participants must be made to feel comfortable, safe, and assured of confidentiality when participating in a study involving their personal sexual attitudes and behaviors. Any reliable and valid scientific study should be able to be replicated—repeated using the same methodology on the same or a different sample of participants—with virtually identical results. Finally, strict ethical guidelines must be followed when engaging in any research involving humans, especially when engaging in studies related to sexuality.

**Surveys**

The most common form of sexual research is the survey. A survey is the process of collecting information from volunteer respondents for the purpose of explaining, describing, or comparing people’s knowledge, attitudes, beliefs, and behaviors. Large-scale surveys of sexual behavior and attitudes were pioneered by Dr. Alfred Kinsey in the 1940s. His approach and methodologies provided the foundation for most of the survey research about sexuality that has followed for over half a century. Today, the Kinsey Institute at Indiana University is one of the leading centers promoting and carrying out scientific research on human sexuality.

Conducting a survey seems simple enough, right? Just put together a list of questions, send it out to a lot of people, and ask them to fill it out and send it back! That may sound easy on the surface, but survey research is actually extremely difficult, and it requires a great deal of training to carry out a valid survey and end up with results that we can trust to be consistent and accurate (e.g., see Rea & Parker, 2005).

**Types of Surveys**

Four types of surveys are most often used by researchers today: The self-administered written questionnaire, face-to-face interviews, interviews conducted over the telephone, and the 2004 film *Kinsey* (photo right) reintroduced the world to the life and work of pioneering sex survey researcher Alfred Kinsey, seated in the real-life photo (left). Although we must always be cautious about interpreting Hollywood’s version of historical events, *Kinsey* provides a fascinating glimpse into one of the most influential figures in the history of sexuality research. In the late 1940s and early 1950s, when Kinsey was gathering his data about the sexual behavior of men and women in the United States, attitudes about sex were generally quite restrictive. A scene in the film shows government agents seizing a package of Kinsey’s research materials, claiming they were “obscene.” Not only did Kinsey pioneer the survey method of sexuality research, but he did so with conviction—some might say courage—in the highly unsupportive social and political environment of the time.

**survey** The scientific collection of data from a group of individuals about their beliefs, attitudes, or behaviors.

**respondents** Individuals selected to respond to a researcher’s request for information.
and Internet surveys. Each method has inherent advantages and disadvantages (Binik, Mah, & Kiesler, 1999; Epstein et al., 2001; Fowler, 2008).

When dealing with sensitive issues relating to a person’s sexual attitudes and behaviors, which survey method do you think would yield the most honest answers from participants? The written questionnaire offers the greatest anonymity and privacy for the respondent and may therefore produce more honest responses. However, the face-to-face interview allows the interviewer to establish a friendly, trusting rapport with the participants and to have more flexibility in asking planned and follow-up questions, which may lead to greater honesty in the answers (Fowler, 2008).

The telephone survey may fall somewhere in between these methods, allowing for both anonymity and flexibility in questioning. However, the possibility always exists that some people may not take telephone interviews seriously or may be annoyed at the intrusion into their lives, thereby reducing the completeness or accuracy of their answers. In addition, in today’s world, the vast number of people use cell phones instead of land lines, which reduces the reliability and validity of this method.

Surveys conducted over the Internet offer the opportunity for a large number of responses from a wide geographical area over a relatively short time span. However, Internet surveys also pose new and troubling concerns over research ethics and validity (e.g., Alessi & Martin, 2010; Whitehead, 2007). Some of these concerns relate to the following questions: Is it possible to inform people about the survey so that they are aware of the nature of the items before they agree to participate? Are the data truly confidential? Are all the participants of legal age (Binik, Mah, & Kiesler, 1999)? Are they all whom they claim to be relative to age, gender, attitudes, and experiences? To what extent does the Internet provide a nonrepresentative, self-selected sample of participants; that is, how many people without computers or Internet access (and there are more such people than you may think) will not be included (Epstein et al., 2001; Fowler, 2008)? Will Internet respondents take the survey seriously? Will they respond honestly? The answers to these questions are not yet clear, but most researchers agree that the Internet offers far-reaching and powerful opportunities for all psychological research, including studies of human sexuality. Several of the most important survey studies (using various methodologies) since the 1940s in the field of human sexuality are summarized in Table 1.5.

**Survey Participant Sample**

The entire group of people being studied in a survey is called the **target population**. Typically, this is a very large group, such as college students, teenagers, adult males, adult females, or students in human sexuality classes. However, it is usually not possible to survey an entire target population, so researchers select a smaller group, called a **sample**, from the population. To maximize the validity of a survey, the sample of people selected to participate should represent as closely as possible the larger population that is being studied. For example, if you were interested in studying the sex lives of college students, you would not ask people at the local mall to fill out your surveys, because they would probably not be representative of your target population (students are not at the mall; they’re in the library studying, right?).

The best way to ensure a representative sample would be to select respondents randomly from the entire population of interest. This process is called **random sampling**. To illustrate the importance of this idea, suppose you are doing a study on the sexual experiences of first-year American college students. You send a survey to 1,000 students at, say, the University of Nebraska and Texas A&M University. Do you suppose their responses represent first-year American college students in general? How different do you think their experiences might be from first-year students at, say,
NYU or UC Berkeley? This is not to assume that students at any of these particular universities are strange or abnormal (probably not, anyway), but it points out that for your sample to be random, you would need to include participants from colleges and universities of various sizes, types, and locations throughout the country or else narrow the target population you are studying (Gliner, Morgan, & Harmon, 2000; Kantowitz, Roediger, & Elmes, 1994).

Another important point about sampling and validity is that the larger your sample, the more representative of your population it is likely to be. If your population is 10,000 people, a sample of 1,000 respondents will almost certainly represent your overall population significantly more accurately than if you have only 100 participants.

Finally, the point needs to be made that in actual research studies, these requirements for selecting a sample of participants are often not met. You can imagine how difficult, time-consuming, and expensive it would be to survey a very large random sample of a target population containing hundreds of thousands or millions of people. Therefore, many studies are published using potentially nonrepresentative samples of subjects (such as, say, first-year psychology students at a single university). Although these studies can be informative

---

### TABLE 1.5

<table>
<thead>
<tr>
<th>SURVEY</th>
<th>REPORTING AUTHORS</th>
<th>YEAR</th>
<th>SUBJECTS</th>
<th>TYPE</th>
<th>SAMPLES OF FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Behavior in the Human Male</td>
<td>Kinsey, Pomeroy, &amp; Martin</td>
<td>1948</td>
<td>5,300 white males (United States)</td>
<td>Face-to-face interviews</td>
<td>• 56% of males between 16 and 20 years of age had experienced premarital intercourse</td>
</tr>
<tr>
<td>(“The Kinsey Report”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Behavior in the Human Female</td>
<td>Kinsey et al.</td>
<td>1953</td>
<td>5,940 white females (United States)</td>
<td>Face-to-face interviews</td>
<td>• 30% of females between 16 and 20 years of age had experienced premarital intercourse</td>
</tr>
</tbody>
</table>
| National Health and Social Life Survey| Michael et al.; Laumann et al.| 1994 | 3,432 adults, age 18–59 (United States)      | Face-to-face interviews       | • Among married or committed respondents under 30 years of age, 55% reported that their sex life was “very exciting”  
• For singles under 30, 30% reported that their sex lives were “very exciting” |
| Durex Global Sex Survey               | Durex Corp.                   | 2005 | Over 50,000 men and women (worldwide)        | Online, Internet survey       | • Among U.S. respondents 53% reported having sex at least weekly  
• Of those, 48% reported that they were sexually satisfied  
• Among French respondents the percentages for the same findings were 70% and 20% respectively |
| National Survey of Family Growth      | CDC (Centers for Disease Control and Prevention) | 2002–2010 (on-going) | Over 5,000 men and women each year, ages 15–44 (United States) | Face-to-face interviews | • In 2006–2008, 79% of females reported using contraception the first time they had sex  
• Among males the finding was 87% |
| The Toronto Teen Survey               | Planned Parenthood of Toronto, ON, Canada | 2009 | Over 1,200 surveys from male and female teens ages 13–20 | Written, anonymous survey; 29 questions | • For teens ages 13–18, 83% never accessed sexual health care from a doctor or clinic  
• For the same group, 27% reported ever engaging in intercourse; 25% oral sex, and 7% anal sex (4% were not sure if they had engaged in sex or not) |

---

8. Has anyone accurately studied average penis size? If so, what is it?
and helpful in our understanding of human nature, we must view them with a critical eye, recognizing possible weaknesses relating to the sample of subjects selected.

**Self-Selection of Participants**

A common problem associated with sexuality research is that some individuals will agree to participate (volunteers) and others will refuse (nonvolunteers). Do you think these two groups might be fundamentally different in some important ways? On the one hand, those who refuse to participate in a survey about sexuality might feel uncomfortable or embarrassed about revealing personal sexual issues, believe that such information is nobody else’s business, consider such research to be morally wrong, or feel more guilt about sex than the volunteers. On the other hand, if a study focuses on an aspect of sexuality that most people consider positive, such as sexual attractiveness or skill as a lover, you would expect people who feel proud of possessing that quality would be more likely to volunteer for the study. If either of these situations occurs, your sample may be nonrandom and biased.

In 2001, a condom company wanted to do a study to determine average penis length. The company set up a “penis-measuring tent” outside a popular nightclub in Cancun, Mexico, during spring break. Researchers invited men to come in, look at some sexy literature, become erect, and be measured. The researchers found that the average erect penis length of the 300 volunteers was 5.877 inches. This was slightly longer than had been found in previous studies (more about this in Chapter 2, “Sexual Anatomy”). Why the difference? Self-selection. If you think about it, wouldn’t you logically assume, considering the value placed on penis size in our culture (however misguided this emphasis may be) that men who had, or thought they had, larger penises would be more likely to volunteer to be measured that those who felt insecure about their penis size? This demonstrates how self-selection may lead to unreliable findings.

Research has uncovered a number of differences between volunteer, or self-selected, sex research participants and those who are randomly selected. These differences between volunteers and nonvolunteers, summarized in Table 1.5, may create what is referred to as a self-selection bias in the conclusions drawn from the data gathered in sexual research. This implies that the very nature of the people who agreed to be studied places them in a group that may not accurately represent the population as a whole. “Evaluating Sexual Research: ‘What Men and Women Really Want in Bed: Take Our Reader’s Survey’” on page [23] focuses on how this self-selection bias renders most surveys in popular magazines seriously flawed and invalid. Of course, we cannot force people to participate in research about sex (or on any topic, for that matter) if they choose not to, so there is no easy solution to the self-selection bias. However, such built-in biases must be kept in mind whenever you are studying the findings of human sexuality research.

**Observational Studies**

A great deal can be learned about the behavior of humans simply by observing them directly. You probably engage in “direct observational research” often and can name several of your favorite “people-watching places.” When you people-watch, however, you are doing it in a casual way, for fun. When social scientists engage in observational research, they use methods that are systematic and organized in order to obtain the

---

**Since You Asked**

9. I read in a checkout-stand magazine that a survey of readers found that most men and women (like 90 percent) do not like their own bodies. Could this be true?

**Self-selection bias** The effect of allowing members of a target population under study to volunteer to participate in the study; it may compromise the randomness and validity of the research.

**Observational research** Gathering behavioral data through direct or indirect observation using scientific techniques.
**EVALUATING SEXUAL RESEARCH**

“How much of your sexual knowledge have you obtained from newsstand magazines? One of people’s favorite features often found in magazines such as Redbook, Cosmopolitan, New Woman, Playboy, Playgirl, and Esquire (and many others) are surveys that ask readers to respond by mail or online and then report the findings from the survey in a subsequent issue a month or two later. Can you see a flaw in this survey methodology? Even if the items on the survey are constructed properly (and usually they are not), the responses are bound to be seriously biased. First, all respondents are readers of that particular magazine and would not, therefore, represent the general population. In fact, all magazines are intentionally targeted at a very specific audience, such as single, working women, professional men between the ages of 20 and 45, or parents. Second, only a small percentage of readers will take the time and energy to respond to the questionnaire (see Table 1.6 on page 24 comparing volunteers to nonvolunteers in sexual research). These eager participants certainly were not typical of the overall population. Their responses may not even be representative of the readers of that magazine, much less you or me or most other people.

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

Surveys such as those summarized in Table 1.5 are some of the larger scientific and relatively valid sexuality surveys conducted over the past 60 years or so. Most of these researchers made an effort to avoid the problems discussed in this box. You will see references to these surveys, along with other smaller survey studies that have been published in professional, scientific journals, throughout this book.
TABLE 1.6 COMPARISON OF VOLUNTEER AND RANDOMLY SELECTED PARTICIPANTS IN SEXUALITY RESEARCH

<table>
<thead>
<tr>
<th>PARTICIPANT CHARACTERISTIC</th>
<th>VOLUNTEERING</th>
<th>RANDOMLY SELECTED PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Younger</td>
<td>Older</td>
</tr>
<tr>
<td>Education</td>
<td>Slightly more years</td>
<td>Slightly fewer years</td>
</tr>
<tr>
<td>Income level</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Experienced past sexual trauma</td>
<td>More likely</td>
<td>Less likely</td>
</tr>
<tr>
<td>Masturbation</td>
<td>More often</td>
<td>Less often</td>
</tr>
<tr>
<td>Exposure to sexual erotica</td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td>Sexual experience</td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td>Attitudes about sex</td>
<td>More positive</td>
<td>Less positive</td>
</tr>
<tr>
<td>Attitudes about sexual research</td>
<td>More positive</td>
<td>Less positive</td>
</tr>
<tr>
<td>Sexual fear</td>
<td>Less</td>
<td>More</td>
</tr>
<tr>
<td>Sexual guilt</td>
<td>Less</td>
<td>More</td>
</tr>
<tr>
<td>Sexually permissive</td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td>Political views</td>
<td>More liberal</td>
<td>More conservative</td>
</tr>
</tbody>
</table>

Sources: Adapted from Clement (1990); Morokoff (1986); Strassberg & Lowe (1995); Wiederman (1993); and Wolchik, Spencer, & Lisi (1983).

The researchers’ goal was to determine how the human body responds during sexual stimulation and arousal and to apply their findings to help people achieve satisfying and fulfilling sexual lives (Hock, 2009). Masters and Johnson have been at the forefront of sexuality research for decades and have published books on a wide range of topics dealing with sex and relationships. You will see their work cited throughout this book.

Masters and Johnson believed that to understand human sexuality, we must go beyond surveys that simply ask people what they do sexually (which was the focus of nearly all prior sexuality research) and study actual physical responses to sexual stimulation. Their research objective was a therapeutic one: to help people overcome sexual problems. They expressed this goal in the following way:

[The] fundamentals of human sexual behavior cannot be established until two questions are answered: What physical reactions develop as the human male and female respond to effective sexual stimulation? Why do men and women behave as they do when responding to sexual stimulation? If human sexual inadequacy ever is to be treated successfully, the medical and behavioral professions must provide answers to these basic questions. (1966, p. 4)

Masters and Johnson proposed that the only method by which such answers could be obtained was direct systematic observation and physiological measurements of men and women in all stages of sexual responding.

To study in detail these physiological responses during sexual activity and stimulation, various methods of measurement and observation were used. These included standard measures of physiological responses such as pulse, blood pressure, and respiration rate. In addition, specific sexual responses were to be observed and recorded. Sometimes participants were observed and measured while having intercourse in various positions, and other times they were observed and measured during masturbation either manually or with mechanical devices specially designed to allow for internal observation.
You can imagine that all the expectations, observations, and devices might create emotional difficulties for many of the participants. Masters and Johnson were acutely aware of these potential difficulties. To help place participants at ease with the research procedures, they ensured that sexual activity was first encouraged in privacy in the research quarters and then continued with the investigative team present until the study subjects were quite at ease in their artificial surroundings. No attempt was made to record reactions…until the study subjects felt secure in their surroundings and confident of their ability to perform….This period of training established a sense of security in the integrity of the research interest and in the absolute anonymity embodied in the program. (1966, pp. 22–23)

**EVALUATING SEXUAL RESEARCH**

**A Study of a (Pseudo) Study**

Imagine that you are waiting to check out at the supermarket, and you notice on the cover of a popular magazine a headline for an article about a sex therapist from Chicago, Dr. Sylvia Johnson, who has developed a new therapeutic technique for assisting couples who are seeking help for what is called “hypoactive [low] sexual desire” (HSD), a chronic loss of enthusiasm and appetite for sex within a relationship (read more about this sexual problem in Chapter 7, “Sexual Problems and Solutions”). You eagerly snatch up the magazine and turn to the article. Through her own experiences and conversations with friends, the article explains, Dr. Johnson believes that if a couple who has diminished sexual desire begins to engage in a nightly pattern of mutual foot massage, focusing on a spot in the center of the arch of each foot, their sexual passion will be reawakened.

To test her new technique, Dr. Johnson suggests to a couple that has recently begun counseling with her that they try the “foot-rub path to passion.” After trying the nightly foot rub for six weeks, Dr. Johnson finds that although their sexual activity has not changed very much, the couple has noticed a steady increase in sexual desire and in satisfaction with their relationship in general. This outcome leads Dr. Johnson to publish the article you are reading, titled “Lost Your Sexual Gusto? It’s in Your Feet!” proclaiming the success of her new therapeutic technique.

Can sensual massage restore sexual passion?

Do you see any problems with Dr. Johnson’s conclusions based on her case study? There are several:

1. Dr. Johnson’s recording of the couple’s reports may have been biased to support her theory. After all, the main objective was to increase sexual activity, which did not happen. Why did sexual activity not increase even though desire apparently did? Was Dr. Johnson only recording the data she wanted and expected? Was she defining “sex” to mean only sexual intercourse and not other sexual behaviors that may have increased for this couple?

2. How does she really know sexual desire increased if she was only taking the clients’ word for it? She did not report any other, more objective measures of sexual desire.

3. How could she be sure the increase in sexual desire (if it really occurred) was due to the foot massages? Maybe any type of touching would have had the same results. Or perhaps this couple would have become sexier over the six weeks with no treatment at all.

4. Maybe a foot massage worked for this couple, but this does not predict whether it will work for you, or me, or anyone else.

What this case study really does is offer some interesting facts about a single case, some anecdotal evidence that foot massage may be helpful in treating HSD in some people. It does not offer proof of effectiveness, and it is not scientific enough to be published in a professional journal (which supermarket magazines clearly are not). The study may have some value in that it might stimulate interest in further research that might demonstrate in more reliable and valid ways that foot massage really does turn people on (see “Experimental Research” later in this chapter).
The results of Masters and Johnson’s early work established a basic foundation and language for understanding and discussing human sexual response. This, in turn, allowed for great strides to be made in the treatment of sexual problems. Even now, four decades later, their findings relating to the sexual response cycle, sexual anatomy, and differences in sexual response between men and women form the basis for most discussions (and many controversies) about basic human sexuality.

As you read this text, you will see that the processes and theories proposed by Masters and Johnson are not the only views of human sexual response. Several related and competing theories have developed since Masters and Johnson published their early findings. These include a theory set forth by Helen Singer Kaplan, who in the 1970s proposed three stages of sexual response—desire, excitement, and orgasm—and focused far more than Masters and Johnson on the desire component of sexual arousal and satisfaction (Kaplan, 1974). More recently, researcher and psychiatrist David Reed has suggested an Erotic Stimulus Pathway Model of sexual response, which makes use of evocative terms such as seduction, sensations, and surrender (Greenberg, Bruess, & Haffner, 2002; Stayton, 2002).

A significant departure from Masters and Johnson’s theory has become known as the “new view” model of sexual response; it strives to delineate the sexual responses and feelings of women as distinct from those of men (Tiefer, 2001). This new view model clearly states that women’s sexual responses generally do not fit well into the Masters and Johnson mold and, to be understood, must take into account additional issues such as the relationship in which the sexual behavior occurs, cultural and economic factors, psychological issues, and medical factors. The Masters and Johnson model and these competing theories will be discussed in greater detail in Chapter 3, “The Physiology of Human Sexual Responding.”

Correlational Research

Another type of research methodology often used when scientists study human sexuality, as well as many other issues, is correlational research. Correlational research is similar to observational research in that we are observing how two variables relate to each other (how they “co-relate”). If you know two facts about each member in a group of people, you can probably determine if those two facts are correlated; that is, if they are interrelated in a predictable and consistent way. To use a nonsexual example, height is correlated with shoe size: As one is larger, the other is larger as well. In other words, tall people tend to have larger feet than short people, and vice versa. You may find a few exceptions to this rule, but in general, this correlation holds true (except perhaps for clowns in the circus).

Three types of correlations exist among variables. A positive correlation indicates that we can predict that the two variables will change together in the same direction (such as shoe size and height; as one increases, the other does as well). A negative correlation tells us that the variables move predictably in the opposite direction. An example of a negative correlation might be amount of alcohol consumed and driving ability; as one increases, the other decreases. The third type of correlation is, simply, no correlation at all. That is, no consistent, predictable relationship exists between the two variables, such as the relationship between shoe size and driving ability (except perhaps among clowns in the circus).

Correlational research is so common in studies of sexuality because researchers typically cannot control people’s sexual behavior as would be necessary for an experiment (discussed in the next section). Instead, what people report about their sexual behavior or other relevant variables that we can ethically discover about them can be
studied by examining how the variables relate to each other in a predictive way; this is correlational research.

Many, if not most, of the studies conducted in the field of human sexuality use correlational research. That is because researchers must usually take data that are already associated with their research participants and look for predictive links between them. Such relationships, when revealed, are important because scientists and clinicians are then able to predict one variable from another. An example from actual scientific studies is the correlation found between drug abuse and the spread of sexually transmitted infections (STIs). As you will read later in this text, one of the risk factors for contracting and transmitting STIs is the abuse of certain drugs, especially crack cocaine (Hollander, 2007b; Ross & Williams, 2001). This connection is graphically illustrated in Figure 1.1. You can see that the relationship is a positive correlation; as one increases, the other climbs as well. Of course, exceptions to any correlational finding will exist (some people use crack and never contract an STI; some people contract STIs and never abuse drugs), but the graph represents the general trend of the correlational finding.

Can you conclude from this connection that researchers have demonstrated a causal link between the use of crack and STIs? The answer is no. All they know—and this is abundantly clear—is that the use of crack and STIs is linked. They are correlated. The exact factors creating this connection are not fully understood and are not revealed by the correlational finding itself. Perhaps crack cocaine reduces the brain’s normal inhibitions, causing people to engage in more risky sexual behaviors when under its influence. Or maybe crack interferes in some way with the immune system, making people more susceptible to all infections, including STIs. Another explanation of the correlation, and this is probably most likely, is that some people who are addicted to crack engage in risky sexual behaviors to obtain money to feed their habit. The point is, you cannot be sure about cause and effect from a correlational finding. In other words, correlation does not equal causation.

Again, keep in mind that this is not to imply that correlational research is unscientific or invalid. What it does mean is that you must interpret correlational findings critically and not jump to an unwarranted conclusion that one variable is causing the other. In science, only one research method allows researchers to assume a cause-and-effect relationship with some degree of certainty: the experiment. And as we discuss experiments in the next section, you will see that they may only be conducted when it is possible, both ethically and practically, for the researcher to control or manipulate various aspects of the participants’ behavior. Although ethically no one would ever be able to manipulate people’s crack use or sexual practices for the sake of research, many other sexually related experiments can be, and have been, done.

**Experimental Research**

Surveys, observational research methods, and correlations can tell us a great deal about what people do and how various characteristics or behaviors are interrelated. However, none of these methods offer very much, if any, information about why people do what they do. In other words, as noted earlier, they do not reveal cause-and-effect relationships. If we really want to understand cause and effect—what behaviors are actually triggered by certain experiences—it is necessary to do an experiment.

Unlike the methods discussed thus far, experiments do not rely on information about people’s lives and behaviors as they already exist in the world. Instead, when researchers undertake an experiment, they stage events, set up situations, and carefully measure responses in order to determine how behavior is affected by specific conditions under the researchers’ control.
In experiments, researchers employ the **experimental method**. In its most basic form, this method involves bringing together a group of participants and dividing them into two groups (subjects may be divided into more than two groups, but for simplicity’s sake, we will use just two in our discussion here). One group is given some kind of “treatment,” and the other receives a different treatment or no treatment at all. Finally, the average difference (if any) between the groups on some behavior of interest is analyzed statistically. If the experiment is done carefully and correctly, the researchers can conclude that differences found in the groups’ behavior were **caused** by the differences in the treatment they received. The group receiving the treatment is referred to as the **experimental group**, and the group receiving no treatment or a different treatment is the **control group** or **comparison group**. The treatment administered is the **independent variable**, and the resulting behavior is the **dependent variable**.

As an example of the experimental method, let’s return to our hypothetical example of Dr. Sylvia Johnson and her theory of foot massage as a treatment for hypoactive sexual desire. Imagine that Dr. Johnson has hired you as her research assistant to discover if her treatment truly causes an increase in sexual appetite. She asks you to conduct an experiment, and you agree. Your experimental design would resemble the illustration in Figure 1.2. Here are the steps you might take.

First, you recruit a group of 60 or so couples that have volunteered to participate in an experiment on massage and sexual arousal. You divide them randomly (say, with a flip of a coin) into two groups of 30 couples each. You meet with each couple individually and provide training in massage techniques. To one group you teach Dr. Johnson’s foot massage technique, and to the other group you teach a simple shoulder rub. All the couples are instructed that the massages should take exactly 20 minutes, 10 minutes for each partner. Each couple then enters a private room where the massage takes place. They then view an erotic movie (the same movie for all couples) while their level of sexual arousal is recorded using special devices designed to measure blood flow to the genitals (see Figure 1.3).

**FIGURE 1.2** Experimental Design for Dr. Johnson’s “Foot Rub Path to Passion”

**FIGURE 1.3** Measuring Sexual Arousal: The Penile Strain Gauge (Plethysmograph) and the Vaginal Photoplethysmograph

The devices shown here detect and measure slight changes in blood flow indicative of sexual arousal. Both devices are placed in position in private by the participants themselves, following precise instructions.

---

**experimental method** A type of scientific research in which variables of interest are changed while all other unrelated variables are held constant to determine cause-and-effect relationships among variables.

**experimental group** The participants in an experiment who are subjected to a variable of research interest.

**control group** The participants in an experiment who receive no treatment and are allowed to behave as usual, for the purposes of comparison to an experimental group; also known as the comparison group.

**independent variable** The variable of interest in an experiment that is allowed to change between or among groups while all other variables are held constant.

**dependent variable** The result of an experiment, evaluated to determine if the independent variable actually caused a change in the experimental group of participants.
When you analyze all the data using established statistical techniques, you find that the group employing Dr. Johnson’s foot massage technique experienced a higher level of arousal than the shoulder rub group. This difference was statistically significant (this means that a large enough difference was found that we can be almost certain that it did not occur simply by chance). Because all the couples in both groups behaved approximately the same except for the type of massage, you may conclude that Dr. Johnson’s “foot rub path to passion” probably does cause an increase in sexual arousal.

Are you convinced that Dr. Johnson’s method works? Are there any problems in the experimental methods you used? The answer is that there might be some problems. Although it is true that the experiment is the only way we can determine cause and effect with a reasonable degree of confidence, several potential drawbacks to all experiments must be taken into account when interpreting the results:

1. Gaining control sacrifices realism. People are very likely to behave and respond differently in an artificial setting than they would in the real world. You cannot be sure that couples using the foot massage technique in an experimental setting would actually increase their desire and arousal in the privacy of their own home under more natural conditions.

2. The act of observing changes the behavior. Simply knowing that they are part of a study and that you are analyzing their responses could alter the couples’ usual behavior.

3. The subject sample is not representative. As discussed earlier in regard to surveys, the participants chosen for your experiment may not represent the general population you wish to study. To the extent that your sample of couples does not represent all couples, your ability to apply your findings to couples in general may be limited.

ETHICS AND SEXUALITY RESEARCH

All research in any field involving human participants must be carried out with careful attention to ethical standards and principles. It’s not difficult to see that when doing research in human sexuality, ethical guidelines relating to the safety, dignity, and anonymity of participants must be followed with extra care. Various professional groups—including the American Psychological Association (APA), the American Medical Association (AMA), and the Society for the Scientific Study of Sexuality (SSSS)—have developed guidelines for the ethical treatment of human participants, which are summarized in Table 1.7. These directives apply to all research with humans and are especially important in sexuality research.

Protection from Harm

This is the first rule for all studies employing human participants and is especially important in studies in sexuality. Researchers have the duty to protect their subjects from all physical and psychological harm. Even sexual studies that appear totally harmless on the surface may involve the potential for hidden or delayed emotional difficulty for the participants. For example, an anonymous written survey seems harmless enough, right? But what if the participant’s boyfriend, girlfriend, spouse, or parent happens to see and read the answers before it is returned? Suddenly it might not seem so harmless.

Sometimes unexpected future harm may occur from research that appears harmless in the present. For example, imagine you have volunteered as a subject in a study involving observation of sexual activity. The study is conducted in a
**TABLE 1.7  ETHICAL SAFEGUARDS IN SEXUALITY RESEARCH**

<table>
<thead>
<tr>
<th>PRINCIPLE</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection from harm</td>
<td>Participants must be protected from all types of harm: physical and psychological, present and future.</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Participants must receive an explanation of research procedures so that they may make informed choices about agreeing to participate.</td>
</tr>
<tr>
<td>Freedom to withdraw</td>
<td>Participants must never be coerced into participating and must be aware that they are free to withdraw from the study at any time without penalty.</td>
</tr>
<tr>
<td>Debriefing</td>
<td>Participants must be informed following their participation of the true purposes and goals of the study and told of any deception that may have been employed for the purposes of research validity.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Participants must be guaranteed that the results of their participation will be either anonymous or kept in strict confidence.</td>
</tr>
</tbody>
</table>

*informed consent* Agreeing to participate in an experiment only after having been provided with complete and accurate information about what to expect in the study.

Researchers must inform potential participants of a study’s procedures so that consent may be obtained.

Completely professional and ethical manner. You feel you are helping to increase our knowledge of sexuality and are completely comfortable with your decision to participate. However, suppose a few years later you become romantically involved with someone, but upon learning of your past sexual research involvement, your partner becomes uncomfortable and distant. Or perhaps worse, imagine later in your life you are in the middle of divorce proceedings and during the child custody hearings, as a legal ploy to malign your character, your spouse reveals that you participated in sex research (Masters, Johnson, & Kolodny, 1977). This is not to say that protecting research participants from harm is impossible, but it illustrates how careful researchers must be to consider all the possibilities. One common way researchers try to reduce the chance of emotional distress that might arise during or following a study is to provide participants with telephone and e-mail access to the research team so that subjects may contact them at any time with questions or concerns.

**Informed Consent**

Researchers must explain to potential participants what the study is about, what procedures will be used, and what, if any, possible risks are involved. They must assure participants that the records are to be kept confidential or, if that is not possible, to explain exactly who will have access to the records and why. For sexuality research, it is also important to advise participants in advance if sensitive or potentially embarrassing topics will be part of the study (RamaRao, Friedland, & Townsend, 2007; Ringheim, 1995). All this information provided in advance to potential participants ensures that the individual is able to make an informed decision about whether to participate. If the person then agrees to participate, this is called informed consent. If a study involves a written questionnaire and then a follow-up interview, a potential participant must be told of this before the questionnaire is administered. This is because a participant might be willing to fill out a questionnaire but unwilling to be interviewed. It would
not be ethical to ask individuals to complete the written survey and then spring the interview on them.

If minors are to be part of a study, informed consent must be obtained from their parents or legal guardian. If the minor is old enough to give consent, respect for the minor as a person requires that his or her consent be obtained as well (Ringheim, 1995).

**Freedom to Withdraw**

All human participants in research projects must understand that they have the freedom to remove themselves from the study *at any time*. This may seem like an unnecessary rule, because it probably appears rather obvious to you that anyone in the study who becomes too uncomfortable with the procedures can simply leave. However, this is not always so straightforward. Many people feel that since they agreed to participate, it would be wrong to withdraw and risk ruining the study, so they continue even when they do not feel comfortable. Another problem with freedom to withdraw arises when participants are paid for their participation, which is a common practice. If participants are made to feel that their completion of the study is required for payment, this may produce an unethical inducement to avoid withdrawing even if they wish to do so. A common, though not universally used, solution to this problem is to pay participants at the beginning of each research session “just for showing up.”

**Debriefing**

Another important safeguard against potential harm to research participants is the ethical obligation called *debriefing*, which occurs after participants have completed their role in the study. During debriefing, the researchers explain the goals and procedures of the study to the participants and allow them the opportunity to ask questions or make comments about their experiences. If deception was employed in any way during the study, participants must be fully counseled about the form of the deception and why it was necessary and be assured that they were not foolish in any way to have been deceived. The debriefing is also an opportunity for researchers to determine if any lingering negative aftereffects from the study should be addressed with the participants. This is the time when the researchers may reassure participants of the confidentiality of the data and give them phone numbers or e-mail addresses for further contact, if needed at any time in the future.

**Confidentiality**

All results from research participants, especially those who agree to take part in sexuality research, must be kept in complete confidence unless participants have given permission to share their data with certain other specific individuals (such as another research team). This does not mean that *results* cannot be reported and published, but findings must be reported in such a way that individual data cannot be identified. Often no individual identifying information at all is obtained from participants, and the resulting anonymous data are combined to arrive at overall statistical findings. Today, the widespread use of computer databases and electronic storage and transfer of information have created new challenges for maintaining the confidentiality of research data. It is crucial that researchers develop methods of guarding against any possible breach of confidentiality *before* they begin to gather data. If records of individual participant data are kept for follow-up or additional analysis, confidentiality must be guaranteed.

---

*debriefing* Explanations of the purpose and potential contributions of the findings given to participants at the end of a study.
YOUR SEXUAL PHILOSOPHY
Studying Human Sexuality

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

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

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

Have YOU Considered?

1. Imagine that you have been selected to give a talk about sexuality to high school juniors and seniors who probably think they already know it all. One of your goals is to convince them that they do not know it all and that it is important for them to learn as much as they can. What arguments would you use to convince them of the importance of being educated about human sexuality?

2. In the question-and-answer portion of your talk to the high school students, several students ask you about unusual sexual situations and practices they have learned about on TV talk shows. What would you want to tell them about drawing conclusions about sex based on this kind of information?

3. A friend confides in you that she has been having some sexual fantasies recently that she thinks are unconventional and strange. She is feeling a lot of anxiety about these fantasies and is beginning to feel depressed about having them. She believes that these fantasies indicate that she is sexually abnormal. What would you say to try to help her?

4. Do you feel that the moral values and principles taught to you by your parents and others as you were growing up still apply to your life now as an independent adult? If so, are you comfortable living by them? If not, how have you and your values changed?
5. Do you think you will be comfortable talking about sex with your children in the future? Why or why not?

6. Suppose you want to study the progression of sexual intimacy in dating couples. You are interested in knowing how long, on average, the two people have known each other or have been dating when they first engage in various intimate behaviors (kissing, erotic touching, nudity, genital touching, oral sex, intercourse). What kind of study would you propose? How would you obtain subjects? Exactly how would you go about gathering your data? What methodological problems do you think you might encounter?

7. In your study of dating and sexual behaviors in question 6, how would you ensure that your study does not violate ethical considerations?

HISTORICAL PERSPECTIVES

A Human Sexuality Time Line

- The world of human sexuality has been marked by many influential historical events. To illustrate, on the inside covers of this book, we journey back over 150 years of significant events that have changed our views of human sexuality.

EXPERIENCING HUMAN SEXUALITY

- Sexuality is a crucial part of what makes each of us unique. Learning to deal effectively with the wide range of topics that comprise the study of human sexuality is a basic foundation for living a healthy sexual life. Although we are all born to be sexual beings, knowledge of our sexuality is vital for overall understanding of ourselves and of others.

- The development of clear sexual morals and values is critical for making responsible choices. Along with self-understanding should come an exploration of your sexual morals and values—your personal “sexual philosophy.” This knowledge allows for planning ahead and helps you make responsible decisions about your sexual behaviors and attitudes.

- Sex is far more than intercourse, and many people’s sexual lives are enriched through an awareness of the range of activities that comprise sex. Learning about sexuality and sexual behaviors enhances sexual satisfaction throughout our lives.

UNDERSTANDING HUMAN SEXUALITY

- Human sexuality is far more complex than most people think. Students often enter a human sexuality class with inaccurate knowledge and various erroneous beliefs about sex. By studying and absorbing accurate information about sexuality, these misconceptions can usually be cleared up.

- An understanding of human sexuality also increases tolerance and respect for sexual diversity and allows for a clearer appreciation of what is “normal” sexually. Perhaps even more important, learning about sexuality is vital in staying sexually healthy, which includes knowing how to prevent contracting or spreading sexually transmitted infections.

- An accurate understanding of human sexuality provides the tools necessary for assessing sexual research. When it comes to sexuality, as in most areas of life, the ability to separate fact from fiction is one of our most important skills as critical thinkers. And the best way to do that is to learn as much as we can about humans as sexual beings.

METHODS FOR STUDYING HUMAN SEXUALITY

- Sex researchers use many methods to study human sexual behavior scientifically. Developing and administering scientific, unbiased, valid surveys requires extensive training and expertise. Scientific surveys must be reliable, providing consistent measurement over repeated administrations, and they must be valid, measuring truthfully the characteristic being studied. The respondents should represent the population being studied as closely as possible.

- Observational research may provide useful information about sexual behavior but does not indicate the cause of the behaviors.

- The work of Masters and Johnson in the 1960s was a landmark example of observational research in human sexuality. However, several diverse and competing theories of human sexual functioning have developed since then.

- Correlational research allows researchers to show relationships between variables. However, two variables may be strongly related but not necessarily causally related.

- Experimental research can demonstrate cause-and-effect connections among variables by holding constant all possible influences except those under study. Although experimental methods provide additional control of the variables under study, this control is usually at the expense of the realism of other research methods.
ETHICS AND SEXUALITY RESEARCH

• Formal ethical guidelines have been established that govern research involving human participants. Researchers must adhere to these ethical precepts, which include protecting participants from harm, obtaining participants’ informed consent prior to beginning the research, ensuring participants’ freedom to withdraw from the study at any time, promising the confidentiality of all findings, and offering a full debriefing for all participants following the study.

YOUR SEXUAL PHILOSOPHY: Studying Human Sexuality

• Developing your personal sexual philosophy is the key to living a fulfilling sexual life. Building this philosophy requires thinking about and preparing for your life as a sexual person, now and in the future. Ultimately, your sexual philosophy is about knowing who you are, what you want and don’t want, and planning ahead. Your sexual philosophy allows you to take charge of sexual situations rather than allowing those situations to take charge of you.