**CHAPTER 11 – GENDER AND SEXUALITY**

**MODULE 11.1 GENDER IDENTITY AND GENDER ROLES**

When you have mastered the information in this unit, you will be able to:

* Discuss the development of gender identity
* Describe the major theories of gender-role behavior
* Discuss gender differences in cognitive abilities, personality, and leadership styles

Key Terms and Concepts:

Gender

Gender Roles

Gender Identity

Transsexualism

Gender-Schema Theory

Androgynous

Dyslexia

1. Gender Identity: Our Sense of Maleness or Femaleness
	1. Chromosomal patterns
		1. Chromosomes (XX, XY) determine biological sex
		2. Gender is a psychosocial concept
		3. Gender roles—acceptable behaviors for males and females
		4. Gender identity
			1. Psychological experience of being male or female
			2. Individuals born with ambiguous genitalia tend to adopt identity of gender by which they were raised
			3. Usually gender identity consistent with biological sex
	2. Transsexualism
		1. Feel trapped in body of wrong gender
		2. Genitalia seen as a mistake by nature
		3. Surgery for gender reassignment changes appearance but does not make opposite-gender reproduction capabilities possible
2. Gender Roles and Stereotypes: How Society Defines Masculinity and Femininity
	1. Gender roles determined by culture
	2. Gender-role stereotypes—fixed, conventional views regarding gender-appropriate behavior
	3. Gender roles can change
	4. Social-cognitive theory
		1. Emphasizes role of observational learning and reinforcement
		2. Parents are important modeling influences
		3. Parents may treat male and female children differently
		4. Parents (and others) praise desired behavior, discourage or punish undesired
		5. Toys may mirror gender expectations
		6. Media tends to portray, promote traditional gender behavior
	5. Gender-schema theory
		1. Emphasizes the importance of cognitive factors
		2. Children form mental representations (schemas) of masculinity and femininity
		3. Children then act in ways that are in accord with their schemas (i.e., how a boy or girl should behave)
		4. Children judge themselves according to how well they measure up to their schemas
	6. Evolutionary theory
		1. View is that genetic predispositions shape behavior
		2. Male aggressiveness is an adaptive trait (protection, hunting)
		3. Nurturance and empathy in females support birth and growth of offspring
		4. View is that gender roles reflect natural order of things
		5. Men engage in more physical aggression; women engage in more relational aggression
		6. Testosterone is linked to level of aggression
	7. Sociocultural theory
		1. Does not rule out that culture shapes behavior from earliest days (e.g., research by Margaret Mead)
		2. Most likely gender identity an interaction of both biological and social-environmental sources
	8. Masculinity and femininity: opposite poles or different dimensions?
		1. Traditionally perceived as opposite poles
		2. “Masculine” and “feminine” behaviors need not be mutually exclusive
		3. Androgyny—comfortable with, and show evidence of, both “male” and “female” behaviors
		4. Men and women both prefer androgynous partners
3. Gender Differences: How Different Are We?
	1. Gender differences in cognitive abilities
		1. Far more similarities than differences
		2. No differences in general intelligence, ability to learn, or problem-solving ability
		3. Female cognitive characteristics
			1. Some superiority in verbal skills (reading, writing, spelling)
			2. Less evidence of reading difficulties, dyslexia
			3. Better ability for remembering where things located
		4. Male cognitive characteristics
			1. Better performance in math skills
			2. Greater ability in some visual-spatial skills such as map reading
		5. More variation within genders than between genders
		6. Gender differences may be related to brain specialization
		7. Psychosocial factors may shape cognitive abilities
		8. Overall, gender gap shrinking
	2. Gender differences in personality and leadership style
		1. Consistent differences in personality traits
			1. Males—more aggressive, higher levels of self-esteem
			2. Females—more extraverted, trusting, nurturing, emotionally expressive
		2. Stereotype that men make better leaders not borne out by research; women at least as good with regard to managerial and leadership ability
		3. Difference in male and female leadership styles
			1. Females—democratic, more likely to seek opinions of subordinates
			2. Males—more autocratic, lead by command rather than consensus
		4. Unresolved as to source of difference between leadership styles

**MODULE 11.2 SEXUAL RESPONSE AND BEHAVIOR**

After you have mastered the information in this unit, you will be able to:

* Identify the phases of the sexual response cycle
* Discuss the origins of sexual orientation
* Describe how attitudes toward homosexuality vary across cultures
* Define paraphilias
* Discuss the various sexually transmitted diseases and how we can protect ourselves from them

Key Terms and Concepts:

Sexual Response Cycle

Vasocongestion

Clitoris

Myotonia

Sexual Orientation

Paraphilia

Fetishism

Transvestism

Voyeurism

Exhibitionism

Pedophilia

Sexual Masochism

Sexually Transmitted Disease (STD)

1. Sexual Behavior
	1. Sexuality is necessary to ensure reproduction of the species
	2. Motives are gratification, procreation, intimacy
	3. Rules for sexual behavior vary (e.g., among cultures)
	4. Forms and frequency of sexual behavior vary
2. Cultural and Gender Differences
	1. Some cultures are more permissive than others with regard to different sexual behaviors
	2. Men tend to want more partners than women—may be an evolutionary basis for this
	3. Men generally exhibit more sexual desire than women
	4. Women place more emphasis than men on commitment as a context for sex
	5. Men more likely than women to link aggression with sexuality
3. The Sexual Response Cycle
	1. Phases of the sexual response cycle
		1. Much of our knowledge from research by William Masters and Virginia Johnson
		2. Sexual response cycle is a characteristic pattern of changes for both males and females
	2. Excitement phase
		1. Vasocongestion—pooling of blood in bodily tissues
			1. Penis becomes erect
			2. Vagina swells, produces lubrication
			3. Testes expand
			4. Muscle tension, heart rate increase
		2. Clitoris
			1. Female sexual organ composed of tissue like penis
			2. Only organ (in either gender) whose function is exclusively pleasure
			3. Sensory input that triggers orgasm is mostly from clitoris
	3. Plateau phase
		1. Precedes orgasm
		2. Increasing vasocongestion in both sexes
		3. Further changes in sex organs
		4. Myotonia (muscle tension) continues to increase
		5. Heart rate, breathing, blood pressure increase further
	4. Orgasmic phase
		1. Orgasm is a reflex
		2. Involves rhythmic contractions of the pelvic muscles
		3. Blood pressure, heart rate reach peaks
		4. Sexual tension released, feelings of intense pleasure
		5. Two stages of muscular contractions for male
	5. Resolution phase
		1. Body returns to prearoused state
		2. Sexual tissues in men and women return to normal size
		3. Heart rate, muscle tension, breathing become normal within a few minutes
		4. One difference between genders
			1. Males—refractory period; another ejaculation not possible at least for a few minutes
			2. Females—no refractory period; continued stimulation may produce further orgasms
4. Sexual Orientation
	1. Factors relating to sexual orientation
		1. Definition: the direction of one’s erotic attraction and romantic interests
		2. Types of attraction
			1. Heterosexual—attraction to opposite sex
			2. Homosexual—attraction to members of same sex
			3. Bisexual—attraction to both sexes
		3. Research by Alfred Kinsey
			1. Homosexuality and heterosexuality may not be mutually exclusive
			2. Proposed notion that sexual orientation is a continuum between these two end points
		4. Current research on sexual orientation in the United States and Europe
			1. Orientation may not be as fixed or as varied as most people think
			2. A few percent of men and women exclusively homosexual
			3. More (perhaps one-fifth) report some same-sex sexual contact
			4. A few percent of U.S. and European population bisexual
	2. Origins of sexual orientation
		1. Sigmund Freud
			1. Heterosexuality results from normal identification with same-sex parent
			2. Homosexuality results from over-identification with opposite-sex parent
			3. Too much variation in families of homosexual individuals to support one explanation
			4. Is evidence of more cross-gender behavior among homosexuals in childhood
		2. Perspective of Darryl Bem—what was exotic becomes erotic
		3. Genetic influence
			1. Monozygotic (identical) twins more similar in sexual orientation than dizygotic (fraternal) twins, even when identical twins raised in different environments
			2. Genetic similarity not always a predictor; must be other influences
		4. Hormonal influences
			1. Rats given sex hormones during prenatal period show changes in their behaviors (e.g., females given testosterone attempt to mount females)
			2. No clear evidence yet regarding humans
		5. Conclusions
			1. Results currently inconclusive
			2. Likely that sexual orientation results from combination of factors (genetic, hormonal, and environmental)
5. Atypical Sexual Variations—Paraphilia (sexual attraction that is out of mainstream)
	1. Fetishism—attracted to objects (e.g., women’s shoes)
	2. Transvestism—wearing clothing of opposite sex
	3. Voyeurism—watching unsuspecting individuals disrobe or engage in sexual activities
	4. Exhibitionism—quick display of genitals
	5. Pedophilia—sexual attraction to children
	6. Sexual masochism—desire pain along with sexual experience
	7. Paraphilias may develop to compensate for sexual fears, inadequacies
	8. Occur almost always exclusively among males
6. Exploring Psychology: AIDS and other STDs: Is Your Behavior Putting You at Risk?
	1. AIDS
		1. One of history’s worst epidemics
		2. Most transmission is from heterosexual sex
		3. Greatest impact in sub-Saharan Africa
	2. STDs—sexually transmitted diseases
		1. Viral STDs
			1. HIV/AIDS—disables immune system
			2. HSV-2—genital herpes virus
			3. HPV—human papillomaviruses
		2. Bacterial STDs
			1. Chlamydia—most common bacterial STD
			2. Gonorrhea—can lead to infertility
			3. Syphilis—damages heart and brain if untreated
	3. Treatment of STDs
		1. Antibiotics can cure bacterial STDs
		2. Antiviral drugs control but do not cure viral STDs
		3. Early treatment is crucial
	4. Prevention of STDs
		1. Complete prevention not possible unless practice abstinence or maintain monogamous relationship with an uninfected monogamous partner
		2. Tips for safer sex
			1. Be careful in choosing sexual partner (know background)
			2. Avoid multiple partners; be assertive about STD prevention
			3. Talk to your partner about your concerns
			4. Avoid relations with anyone with genital sore, blister
			5. Avoid unprotected sexual contact
			6. Get regular medical checkups and medical attention if exposed
			7. When in doubt, don’t

**MODULE 11.3 SEXUAL DYSFUNCTIONS**

After you have mastered the information in this unit, you will be able to:

* Discuss sexual dysfunctions
* Explain the causes of sexual dysfunctions
* Describe the general aims of sex therapy

Key Terms and Concepts:

Sexual Dysfunctions

Hypoactive Sexual Desire Disorder

Sexual Aversion Disorder

Male Erectile Disorder

Female Sexual Arousal Disorder

Female Orgasmic Disorder

Male Orgasmic Disorder

Premature Ejaculation

Performance Anxiety

Sensate-Focus Exercises

1. Types of Sexual Dysfunctions (three major classes)
	1. Sexual desire disorders
		1. Hypoactive sexual desire disorder
			1. One of most frequently occurring dysfunctions
			2. More often a problem for women than men
			3. Little or no sexual desire, interest
		2. Sexual aversion disorder
			1. Comfortable with other forms of physical contact, but strong resistance, fear, dislike of genital contact
			2. May be related to history of child abuse or trauma
	2. Sexual arousal disorders
		1. Male erectile disorder (ED)—difficulty in achieving or maintaining an erection
		2. Female sexual arousal disorder—frequent difficulty becoming sexually aroused, sufficiently lubricated
	3. Orgasmic disorders
		1. Female orgasmic disorder and male orgasmic disorder
			1. In both cases, difficult or impossible to reach orgasm
		2. Premature ejaculation (PE)
			1. Most common sexual dysfunction in males
			2. Ejaculation occurs after only minimal stimulation, before man wants it to occur
2. Causes of Sexual Dysfunctions
	1. Biological causes
		1. Obesity
		2. Neurological and circulatory diseases (diabetes, spinal-cord injury, epilepsy, complications from surgery, hormonal problems)
		3. Psychoactive drugs
		4. Regular cocaine use
		5. Low levels of testosterone
	2. Psychosocial causes
		1. Raised with negative attitudes towards sexuality—inhibits
		2. Routine behavior, failure to communicate with partner
		3. Rape or other sexual trauma survivor
		4. Performance anxiety
			1. Usually among males (may be a factor in ED)
			2. Can create a cycle of failure leading to anxiety, which then further inhibits
3. Sex Therapy
	1. Basic approach of sex therapy
		1. Makes use of behavioral techniques
		2. Remove anxiety by removing pressures to perform
	2. Sex therapies introduced by Masters and Johnson (1970)
		1. Daily treatment sessions, nightly sexual homework
		2. Sensate-focus exercises—relaxation, massage involving, non-genital areas
		3. Encourage open channels of communication between partners
	3. Techniques developed by other sex therapists
		1. Directed masturbation—to help woman with orgasm
		2. Stop-start method—to help with premature ejaculation
	4. Biological therapies
		1. Testosterone therapy—for low sexual interest or desire
		2. Viagra—helps produce erections for men with ED
		3. Antidepressants help with premature ejaculation

**MODULE 11.4 APPLICATION: COMBATING RAPE AND SEXUAL HARASSMENT**

After you have mastered the information in this unit, you will be able to:

* Discuss steps we can take individually and as a society to combat rape and sexual harassment

Key Terms and Concepts:

Rape

Statutory Rape

Sexual Harassment

1. How Common Is Rape and Sexual Harassment?
	1. High incidence of rape, sexual assault among women
	2. Estimate is that perhaps 25 percent of all American women raped at some point in their lives
	3. Incidence of rape higher in the United States than in other industrialized countries
	4. Males also can be raped; about 10 percent of rape survivors are male
	5. Cases of sexual harassment usually not reported
	6. Sexual harassment considered the most common form of sexual victimization (in U.S.)
2. Acquaintance Rape—The Most Common Type
	1. Most rapes are experienced by women; committed by males whom they know
	2. Occurs among 10 to 20 percent of all women
	3. Often misperceptions, misattributions on the part of the male (or this is their claim)
3. What Motivates Rape and Sexual Harassment?
	1. A crime of sexual violence, may be complex motives
	2. Often a means of control or domination
	3. May be an avenue to experience psychological revenge (especially if a history of prior abusive treatment from a woman, such as the mother)
	4. May be an avenue to manifest social control or “superiority”
4. What Are We Teaching Our Sons?
	1. Some rapists have antisocial personalities (hatred towards society, no regard or empathy for victims)
	2. Many other males exhibit normal behavior, except for commission of rape
	3. May be a translation of the culturally approved practice of male domination (e.g., as occurs in sports)
	4. Dating seen as an opportunity for the male to “score”
	5. Use of alcohol may release inhibitions for aggressiveness (in males), cloud judgment
5. Preventing Rape and Sexual Harassment
	1. Approach socially and educationally
		1. Teach respect for others (including respect towards women)
		2. Clarify female perspective, and intent of female communication (e.g., “No” does not mean “Yes” or “Maybe”)
	2. Suggestions to help prevent rape
		1. Have car keys handy when walking towards parking lot; drive with doors locked, windows up
		2. Trust feelings, be firm, establish clear limits in dating
		3. Keep home safe with locks, good lighting especially at entrances
		4. Check credentials of service people
		5. Avoid consuming alcohol on dates
		6. Avoid walking alone at night, or in deserted areas
		7. Meet first dates in a common, public area; do not get into the car of a new date
		8. Be firm when establishing limits, refusing overtures
	3. Suggestions to help counter sexual harassment
		1. Maintain a professional attitude
		2. Avoid meetings with harasser where others are not present
		3. Keep a journal of events relating to harassment
		4. Speak clearly to harasser that behavior is not welcome or acceptable
		5. Speak to officials (at work, school, or wherever harassment occurs) responsible for handling sexual harassment complaints; review guidelines and grievance procedures
		6. Consider legal actions