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# HUMAN SEXUALITY TODAY



BRUCE KING PAMELA REGAN



NINTH EDITION

 Pearson

# Human Sexuality Today

**NINTH EDITION**

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# Preface

The many editions of this textbook have been a wonderful journey for me. Unhappy with the leading sexuality textbooks of the 1980s, I began work on my own book in 1985 resulting in two classroom testing versions coauthored with Cameron Camp. The first edition published by Prentice Hall appeared in late 1990, and I was the sole author for editions two through seven. I have always believed that a human sexuality book should be not only factual and thorough but also readable and interesting. My writing style is purposely conversational in many places, and the book has always included numerous case studies (most contributed by students) to personalize the coverage of scientific studies.

I am now in my 70s, and thus, for the eighth edition I added Pam Regan as a coauthor. Pam has been an outstanding scholar in the field of sexuality since the 1990s. In addition to her earlier work on the role of hormones, she brings considerable expertise to the book in the areas of relationships, sexual desire, and love. Pam shares my views on the purpose and style of a sexuality textbook. For this current ninth edition, Pam revised Chapters 4 and 11 through 16. I am turning the book over to Pam for the next edition but hope to continue to contribute wherever I can.

There has never been a greater need for comprehensive human sexuality education. Compared to many other nations, the United States has very high rates for sexually transmitted infections and teenage pregnancies, yet it is rare that, at the beginning of a semester, more than 30% of the students indicate that they have ever had a meaningful discussion with their parents about sexuality. As a result, there is much ignorance and misinformation about the topic (King, 2012). Unfortunately, a lot of information has been presented in a negative way. While one of our goals is for students to understand the relevant facts in order to make responsible decisions in their daily lives, an equally important goal has been to present the information in a warm, nonthreatening manner that leaves students with positive feelings about sex and their own sexuality.

—Bruce King

## New in the Ninth Edition

Each chapter in this new edition contains the latest data and research findings. In addition, here is a detailed list of additions and updates:

### Chapter 1. Why a Course in Human Sexuality?

- Condensed section “What Influences Our Attitudes About Sexuality Today”

- Extensively revised section “Sexuality Education”

### Chapter 2. Our Sexual and Reproductive Anatomy

- Correlated Learning Objectives more closely with chapter

### Chapter 3. Hormones and Sexuality

- Moved section “Regulation of Male Hormones” based on reviewer suggestions
- Rearranged and added Learning Objectives
- Updated coverage with new research and citations

### Chapter 4. Similarities and Differences in Our Sexual Responses

- Expanded discussion of types and measurement of sexual responses; updated presentation of male and female sexual response cycles
- Expanded discussion of female genital mutilation
- Updated depiction of linear sexual response cycle to include five phases

### Chapter 5. Sexually Transmitted Infections and Sexually Related Diseases

- Updated content with new research and citations
- Streamlined HIV/AIDS section
- New graph showing worldwide HIV cases and deaths

### Chapter 6. Birth Control

- Condensed sections on birth and abortion
- Updated figures and tables to include latest statistics

### Chapter 7. Pregnancy and Childbirth

- New images throughout

## Chapter 8. Gender Identity and Gender Roles

- Several new images throughout
- Updated coverage of gender identity disorder and gender incongruence
- Updated information on gender roles

## Chapter 9. Sexual Orientation

- Updated research on prevalence of homosexuality and bisexuality
- Updated research on attitudes toward marriage and parenting

## Chapter 10. Life-Span Sexual Development

- Updated research on puberty and hormone therapy
- Updated statistics on sexual behavior of teenagers

## Chapter 11. Adult Sexual Behaviors and Attitudes

- Updated research and citations throughout
- New table on sexual behaviors of U.S. men by self-identified sexual orientation

## Chapter 12. Love and Relationships

- Updated research and citations throughout
- New table on styles of loving

## Chapter 13. Sexual Problems and Therapy

- Revised and updated discussion of sexual problems and treatment
- New information on sexual disorders (DSM and ICD) as well as hypersexuality and sex addiction

## Chapter 14. Paraphilias and Sexual Variants

- New discussion of the distinction among sexual variants, paraphilias, and paraphilic disorders
- Updated discussion on BDSM subculture
- New discussion about origins of paraphilias and why they are more commonly observed among men

## Chapter 15. Sexual Victimization: Rape, Coercion, Harassment, and Abuse of Children

- Reorganized discussion of and updated research on sexual assault/victimization
- New section on the personal, interpersonal, and social factors implicated in sexual assault victimization and perpetration

## Chapter 16. Selling Sex: Social and Legal Issues

- Expanded discussion of sexually explicit media and the Internet, as well as a detailed exploration of the distinction among pornography, erotica, and obscenity
- Extensively revised and expanded throughout to include research exploring the link between pornography viewing and personal well-being, relationship satisfaction, and sexual violence
- Significantly revised sections on prostitution and sex trafficking
- New discussion of the legal status of prostitution around the world as well as the contributing factors and personal and social consequences of sex work

## Revel™

For the first time, the ninth edition of this text is available in Revel—educational technology designed for the way today’s students read, think, and learn. When students are engaged deeply, they learn more effectively and perform better in their courses. This simple fact inspired the creation of Revel. Built in collaboration with educators and students nationwide, Revel is the newest, fully digital way to deliver respected Pearson content.

Revel enlivens course content with media interactives and assessments—integrated directly within the authors’ narrative—that provide opportunities for students to read about and practice course material in tandem. This immersive educational technology boosts student engagement, which leads to better understanding of concepts and improved performance throughout the course.

*Human Sexuality Today*, 9e features many of the dynamic interactive elements that make Revel unique. In addition to the rich narrative content, *Human Sexuality Today* includes the following:

- Audio recordings of the text narrative help students who prefer to listen to the narrative to better absorb the content.
- Videos reinforce concepts, provide additional information, and keep students fully engaged.

- Key terms with pop-up inline definitions allow students to see the meaning of a word or phrase while reading the text, providing context.
- Hands-on, interactive activities connect students in an immediate and personal way, helping to improve their understanding and retention of the content.
- Practice exercises and key term flashcards aid with study and retention.
- Graded multiple-choice end-of-module and end-of-chapter quizzes test students' knowledge and comprehension.
- Journal prompts provide ample opportunity for students to write about topics and concepts and further explore themes presented in the chapter.
- Shared Writing prompts provide peer-to-peer feedback in a discussion board, facilitating the development of critical thinking skills and helping to foster collaboration

Learn more about Revel at [www.pearsonhighered.com/revel/](http://www.pearsonhighered.com/revel/).

## Features of the Ninth Edition

*Human Sexuality Today* includes the following pedagogical features:

- **Special sections on “Cross-Cultural Perspectives” and “Sexuality and Health”** are presented throughout the book to provide students with a global perspective and to familiarize them with the impact of cultural and ethnic factors.
- **End-of-chapter Study Guides featuring interactive reviews and true/false, matching, and fill-in-the-blank questions** provide students with self-contained, self-assessment tools (answers are provided at the end of the book).
- **Learning Objectives at the beginning of each chapter, boldfaced key terms, and marginal glossaries** provide students with tools to help them focus and build their understanding of the material.
- **Numerous case histories provided by students** draw students into the content and make the material more relevant.

## Supplements

**INSTRUCTOR'S MANUAL AND TEST BANK** Thoroughly updated to reflect the new research included in this edition. The Test Bank, prepared by the authors, Bruce M. King and Pamela C. Regan, contains between 75 and 100 test questions per chapter. The Instructor's Manual

and Test Bank are available to adopters at [www.pearsonhighered.com](http://www.pearsonhighered.com).

**MYTEST** The Pearson MyTest is a powerful assessment-generation program that helps instructors easily create and print quizzes and exams. Questions and tests can be authored online, allowing instructors ultimate flexibility and the ability to efficiently manage assessments anytime, anywhere. For easy access, this software is available via [www.pearsonhighered.com](http://www.pearsonhighered.com).

**POWERPOINT PRESENTATION** This completely revised PowerPoint presentation has been created specifically for the ninth edition and incorporates text art and outlines key points for each text chapter. The PowerPoint presentations are available to adopters at [www.pearsonhighered.com](http://www.pearsonhighered.com).

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Finally, we cannot thank enough the thousands of students who provided us with chapter reviews and/or case histories. This book was written with students in mind. We hope it helps them to lead healthier, happier, and more fulfilling lives.

*Bruce M. King*

*Pamela C. Regan*

# About the Authors



Bruce M. King

**Bruce M. King** received a B.A. in psychology from UCLA in 1969 and a Ph.D. in biopsychology from the University of Chicago in 1978. He taught for 29 years at the University of New Orleans and is presently in the Department of Psychology at Clemson University. He has taught human sexuality to over 60,000 students. In addition to conducting research in

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## Chapter 1

# Why a Course in Human Sexuality?

Certainly no aspect of human biology in our current civilization stands in more need of scientific knowledge and courageous humility than that of sex. . . . As long as sex is dealt with in the current confusion of ignorance and sophistication, denial and indulgence, suppression and stimulation, punishment and exploitation, secrecy and display, it will be associated with a duplicity and indecency that lead neither to intellectual honesty nor human dignity.

—Alan Gregg, quoted by Goldstein (2010)



## Learning Objectives

When you have finished studying this chapter, you should be able to:

- 1.1** Describe cultural perspectives, other than our own, with regard to sexual behaviors and attitudes.
- 1.2** Explain the historical influence of Judaism, Christianity, the Victorian era, and the sexual revolution on contemporary attitudes about sexuality.
- 1.3** Explain the process of socialization and explain how one socializing agent, the media, has become an omnipresent influence on sexual socialization.
- 1.4** Explain the contributions of Sigmund Freud, Henry Havelock Ellis, Alfred Kinsey, and Masters and Johnson to the field of sexuality.
- 1.5** Explain the uses and limitations of scientific methodology.
- 1.6** Summarize the history of sexuality education.

**Sexuality** is an important part of our lives. We need only to look at the world population of over 7 billion people to see that sexual motivation is very strong. Although sex is necessary for procreation, it is doubtful that many people think of this on more than just an occasional basis when having sexual intercourse. Sex can be a source of great physical and emotional pleasure, enhancing our sense of health and well-being. It can relieve tensions and anxieties. It can boost self-esteem and make us feel more masculine or feminine. It is also the vehicle through which couples can express their affection for one another. In fact, there are a couple hundred reasons people give for having sex (Meston & Buss, 2007).

So why are you taking a course in human sexuality? Surely someone in your life took the time and responsibility to educate you about this important topic? Surveys in our course have consistently revealed that fewer than one third of the students each semester have ever had a serious and meaningful discussion with their parents about sex. This is typical throughout the United States (Cox et al., 2014; Lindberg et al., 2016). For many teens whose parents did talk to them about sex, it was just a single discussion—one “birds and bees” talk that was supposed to prepare them for life. Here are a few comments that we have received from students regarding their prior sex education. They are typical of the many comments we have gotten on end-of-semester course evaluations:

“My father thinks this class is a waste because he feels people instinctively know how to deal with their sexuality. Maybe I’m just a freak of nature, but I’ve never had any instincts explaining any of this to me.”

“Until now my parents never spoke to me about sex. I’m from a very strict family. They made me feel as though it was a sinful subject to talk about.”

“I remember my mother finding a book my sister was reading and screaming at her, so everyone in the house could hear about what an awful, dirty book it was. It wasn’t pornography. It was a book on sex education. She just wanted to learn something correctly.”

“When I was young the word sex was never brought up. My mother had one short talk with me, and that was to explain what a period is.”

*(All examples are from the authors’ files.)*

---

**Sexuality** All of the sexual attitudes, feelings, and behaviors associated with being human. The term does not refer specifically to a person’s capacity for erotic response or to sexual acts, but rather to a dimension of one’s personality.

Students also provided the following comments regarding the usefulness of a human sexuality course. Apparently, it is never too late to learn:

“I’m glad I registered in the class. I sure thought I knew it all and found I knew very little. I’ve been married 6 years and knew little about my own body, much less about my husband’s.”

“I am a 46-year-old student with four children from 13 to 38. I knew nothing about sex before this course. I will now make sure my kids do.”

“When selecting this course, the thought came to me that it would be a very easy class because I knew everything about sex because Mother told me. After all, there are 18 of us in the family. Boy, was I wrong. I’ve learned more in one semester than Mother could teach me in 20 years.”

“I was very surprised at the amount of material I learned. I thought it was going to be just about sex. There is a lot more to sex than just sex.”

*(All examples are from the authors’ files.)*

Where, then, did most of us learn about sex? Today’s teens and college students say that they received most of their sex education from friends and the media rather than parents (American Academy of Pediatrics, 2010; Sprecher et al., 2008).

“My friends learned most of what they knew from their friends... and the Internet.”

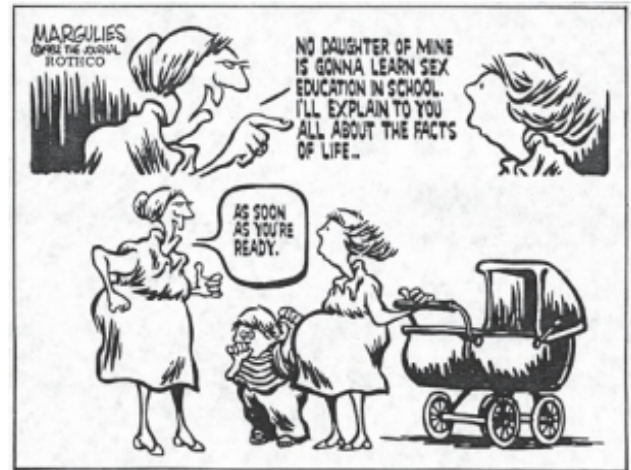
*(from the authors’ files)*

The media as sex educators? Nearly three fourths of television shows contain talk about sex or show sexual behavior (Eyal et al., 2007; Kunkel et al., 2007). Over two thirds of television shows include sexual content, averaging 5.9 scenes per hour. Every year, the typical teenager sees 15,000 references about sex just on television (Strasburger, 2012). Many R-rated movies have sexually explicit scenes. At least half of teens have visited a sexually explicit website on the Internet (Braun-Courville & Rojas, 2009). Many stores have erotic magazines on open display. Advertisements frequently use sex (e.g., seductively dressed models) to sell products (Reichert, 2003). Sex is everywhere, and children are exposed to it all day long.

In the presence of all this, many parents continue to be silent with their children on the subject of sex. However, this, too, is a source of sex education. Making something mysterious only makes adolescent children want to know more about it—yet much of the information they receive from their friends is incorrect. As a result, a majority of Americans are amazingly ignorant about sexual behaviors and sexual health (Frost et al., 2012; King, 2012; Moore & Smith, 2012). Many believe, for example, that people over 60 do not have sex, that masturbation is physically harmful, or that you cannot get AIDS if you are heterosexual.

What all this adds up to is that many people do not fully understand or appreciate the consequences of engaging in sexual relations. Nationally, about 41.2% of all high school students have had sexual intercourse, including 58.1% of 12th graders (Kann et al., 2016). Three fourths of Americans have had sex by age 20 (Finer, 2007). Each year, over 550,000 pregnancies occur among girls aged 15 to 19, and 19.7 million Americans (of all ages) contract a sexually transmitted infection (Centers for Disease Control and Prevention [CDC], 2016; Kost & Maddow-Zimet, 2016). Many young people, including college students, believe that they are knowledgeable about sexually transmitted infections, but most do not know the symptoms of sexually transmitted infections and do not know where to turn if they think they have one (e.g., Lim et al., 2012; Moore & Smith, 2012).

So, once again, why are you taking a course in human sexuality? Probably because you desire factual information about a subject that plays, or will play, an important role in your life. If parents are not going to assume the responsibility, the next best alternative is the schools. Surveys consistently show that over 85% of Americans support the teaching of comprehensive sexuality education in public schools (see Constantine, 2008, for a review). This includes a large majority of all religious, age, ethnic, educational, and income groups. The purpose of taking human sexuality courses is much more than just learning about reproduction and sexually transmitted infections. People want to feel comfortable with their own sexuality and to feel good about themselves. Knowing about their bodies and understanding their feelings and emotions can help people achieve this. No part of our bodies should be shrouded in mystery. Understanding our partners' bodies will help with communication and pre-



SOURCE: Jimmy Margulies

vent unnecessary problems. Appreciating that all people are sexual beings can give us a greater understanding of our children, parents, grandparents, and friends. Studies show that sexuality education courses in schools also result in a more tolerant attitude toward others (SIECUS, 1992). Understanding that people are different from ourselves, without condemning them, is an important part of getting along with others.

### Personal Reflections

From whom (or from where) did you acquire most of your information about sex (e.g., parents, friends, the media, teachers, the Internet)? Did your parents discuss sexuality with you? If not, why do you suppose they did not? From whom do you hope your children will learn about sexuality?

## A Sexual Knowledge Quiz

Many of you may already be sexually experienced, and as a result, you may think that you do not need a course in human sexuality. There is more to sexuality, however, than engaging in sexual intercourse. See how well you do on the following 50-question quiz. Do not be afraid to admit that you do not know the correct answer (don't guess)—no one but you will see the results. The answers are at the end of the quiz.

	True	False	Don't Know
1. Erections in men result, in part, from a bone that protrudes into the penis.	___	___	___
2. Sperm can be produced only in an environment several degrees lower than normal body temperature.	___	___	___
3. A child's gender identity is caused primarily by the way he or she is raised.	___	___	___
4. The inner two thirds of the vagina is very sensitive to touch.	___	___	___
5. Many men experience nipple erection when they become sexually aroused.	___	___	___
6. Most men and women are capable of multiple orgasms.	___	___	___
7. Breast size in women is related to the number of mammary glands.	___	___	___
8. Before puberty, boys can reach orgasm, but they do not ejaculate.	___	___	___
9. During sexual intercourse, orgasm in women results from direct stimulation of the clitoris by the penis.	___	___	___

(Continued)

	True	False	Don't Know
10. Menstrual discharge consists of sloughed-off uterine tissue, blood, and cervical mucus.	_____	_____	_____
11. For hygiene reasons, you should avoid sex during menstruation.	_____	_____	_____
12. Ovulation generally occurs just before menstruation.	_____	_____	_____
13. After a vasectomy, a man can reach orgasm but does not ejaculate.	_____	_____	_____
14. AIDS is the diagnosis for people who have human immunodeficiency virus (HIV).	_____	_____	_____
15. A girl can get pregnant as soon as she starts having menstrual periods.	_____	_____	_____
16. The combination birth control pill works primarily by preventing implantation of a fertilized egg.	_____	_____	_____
17. Taking the oral contraceptive pill results in fewer serious health problems than do pregnancy and childbirth.	_____	_____	_____
18. Women show a dramatically higher level of sexual desire than usual at the time of ovulation.	_____	_____	_____
19. There are over 19 million new cases of sexually transmitted infections in the United States each year.	_____	_____	_____
20. The major cause of AIDS is homosexuality.	_____	_____	_____
21. If gonorrhea is not treated, it can sometimes turn into syphilis.	_____	_____	_____
22. Most women do not show symptoms in the early stages of gonorrhea or chlamydia.	_____	_____	_____
23. Gonorrhea, syphilis, and herpes can be successfully treated with antibiotics.	_____	_____	_____
24. In vitro fertilization involves a process where part of fetal development occurs in a test tube.	_____	_____	_____
25. It is usually safe to have sexual intercourse during the 7th and 8th months of pregnancy.	_____	_____	_____
26. "Prepared childbirth" (e.g., Lamaze) refers to delivering a baby without the use of drugs.	_____	_____	_____
27. Most healthy people in their 60s or older continue to engage in sexual behavior.	_____	_____	_____
28. Men's descriptions of orgasm are different from women's descriptions of orgasm.	_____	_____	_____
29. Excessive masturbation can cause serious medical problems.	_____	_____	_____
30. The birth control pill gives women some protection against sexually transmitted infections.	_____	_____	_____
31. Condoms are very effective in blocking the transmission of HIV (the virus that causes AIDS).	_____	_____	_____
32. The frequency of sexual relations is highest for married couples aged 25 to 35.	_____	_____	_____
33. Adult male homosexuals have lower-than-normal levels of male hormones.	_____	_____	_____
34. Douching is an effective method of birth control.	_____	_____	_____
35. Recent evidence indicates that environmental factors are the most important in determining men's sexual orientation.	_____	_____	_____
36. Serious sexual problems are uncommon in people under age 40.	_____	_____	_____
37. Most convicted rapists committed their crimes because of an uncontrollable sex drive.	_____	_____	_____
38. There is a demonstrated link between the availability of pornography and sex crimes.	_____	_____	_____
39. Until recently, it was against the law in many states for a married couple to engage in sexual behaviors other than penile-vaginal intercourse.	_____	_____	_____
40. Most cases of child molestation involve an acquaintance or relative of the child.	_____	_____	_____
41. A pregnant woman can transmit syphilis to the unborn baby.	_____	_____	_____
42. A woman's fertile period is 5 days before ovulation to 1 day afterwards.	_____	_____	_____
43. Nocturnal emissions ("wet dreams") are often an indication of a sexual problem.	_____	_____	_____
44. Alcohol is a central nervous system excitant that enhances sexual performance.	_____	_____	_____
45. Humans can crossbreed with animals with the use of artificial insemination techniques.	_____	_____	_____
46. Women's sexual desire decreases sharply after menopause.	_____	_____	_____
47. Vaginal infections can be prevented by regular use of feminine hygiene products.	_____	_____	_____
48. A woman's ability to have orgasms is related to penis size.	_____	_____	_____
49. Oral herpes can be transmitted to another person's genitals by oral-genital sexual relations.	_____	_____	_____
50. Unless testosterone is present during embryonic development, nature has programmed everyone to be born a girl.	_____	_____	_____

## Answers

1. false	10. true	18. false	25. true	34. false	43. false
2. true	11. false	19. true	26. false	35. false	44. false
3. false	12. false	20. false (homosexu-	27. true	36. false	45. false
4. false	13. false	21. false	28. false	37. false	46. false
5. true	14. false (only in the	22. true	29. false	38. false	47. false
6. false	15. true	23. false	30. false	39. true	48. false
7. false	16. false	24. false	31. true	40. true	49. true
8. true	17. true	25. true	32. true	41. true	50. true
9. false	18. false	26. false	33. false	42. true	

These questions were not intended to be tricky or difficult. They are representative of the type of material that is covered in this book. How did you do? Fewer than one fourth of the students in our classes are able to answer 40 or more questions correctly at the beginning of the semester. Fewer than half get 30 or more correct. Did you really know all the ones that you got right, or did you just make a good guess on some of them? If you were not certain of the answers to some of the questions, then that is sufficient reason to read this book.

## Cross-Cultural Comparisons

### 1.1 Describe cultural perspectives, other than our own, with regard to sexual behaviors and attitudes.

It should come as no surprise that people are different. Some people like short hair, while others like it long. Some people like to dress up; some like to dress down. People's sexual attitudes and behaviors differ as well. Some people, for example, have sexual intercourse only in the **missionary position** (i.e., the woman lying on her back with the man on top—so called because Christian missionaries instructed people that other positions were unnatural). Others prefer a variety of positions. Some people are most aroused by looking at breasts or a hairy chest. Other people become highly aroused by looking at legs or buttocks.

We learn to accept that other people in our own culture are different from ourselves, and we do not regard them as abnormal when their behavior falls within what we consider the “normal” range of responses. What is normal, however, is defined by the community in which we live. An outsider, such as a person from a different country, is often regarded as very strange by many people. Unfortunately, Americans have a reputation around the world of being **ethnocentric**—that is, viewing our own culture's behaviors and customs as correct or as the way things ought to be (a perception leading to the image of the “ugly American”). We must not lose sight of the fact that if we traveled to another country *we* would probably be regarded as strange. One country's customs and beliefs should not be regarded as correct or normal and another's as incorrect or abnormal.

The topics covered in some chapters of this book are the same for all peoples of the world (e.g., anatomy, physiology). When you read about behaviors and attitudes, it will be primarily from the perspective of people in the United States. Behaviors of people in other cultures will be presented in special boxes. However, before going on, here is a brief introduction to sexual attitudes and behaviors in a few other

---

**Missionary position** A face-to-face position of sexual intercourse in which the woman lies on her back and the man lies on top with his legs between hers. It was called this because Christian missionaries instructed people that other positions were unnatural.

**Ethnocentric** The attitude that the behaviors and customs of one's own ethnic group or culture are superior to others.

cultures around the world. Some of them may seem strange, but remember, *we seem just as strange to them as they seem to us.*

## Sexual Attractiveness

Cultures differ with regard to which parts of the body they find to be erotic. In the United States, most people have negative thoughts about armpits, but Abkhazian men are highly aroused at seeing women's armpits. The sight of a navel is considered highly arousing in Samoa, while a knee is considered to be erotic in New Guinea and the Celebes Islands. When anthropologist Martha Ward visited New Guinea in the early 1970s, she de-boarded the plane wearing a mini-skirt, blouse, and brassiere, customary clothing for American women at that time. She caused quite a ruckus. She wrote the following letter to one of her colleagues in the United States:

Dear Len,

I have had to change my manner of dressing.... The mini-dresses and short skirts you all are wearing in the States cause quite a stir here. It seems that breasts are regarded as normal female equipment and useful only for feeding babies. Clothing for many women consists of a large towel or three-yard length of brightly colored cloth. This is worn around the waist inside the house or in the yard.... [In public] if you have on a bra, you don't need a blouse. Bras are considered proper dress for women.... When Americans are not around, it is sufficient to cover oneself only from the waist down....

Breasts are not really erogenous, but legs are. Particularly that sexy area on the inside of the knee! No more mini-skirts for me. Fitting in and observing local customs means that I have lengthened my skirts to below the knee....

The American men watch women with nothing on above the waist. The Pohnpeian men comment on American women with short skirts. I am now dressed to please the standards of two cultures....

(EXCERPT from *Nest in the Wind: Adventures in Anthropology on a Tropical Island*, by Martha C. Ward. Copyright © 1989 by Waveland Press, Inc. Reprinted by permission.)

This is not to say that men in New Guinea do not have preferences about breasts—they do. They generally prefer larger breasts with large, darkly pigmented areolas, whereas men in New Zealand prefer not as large breasts with medium-sized, medium-pigmented areolas (Dixon et al., 2011).

Just as in New Guinea, there are many areas of the world where women's naked breasts have no erotic significance (see Figure 1–2). They are important only to hungry babies. On the other hand, American men find female breasts so sexually arousing that women cannot even breast-feed in public. Here is an experience of one of our students, an African woman from Chad, shortly after she arrived in New Orleans:

“One day my husband was driving and I was sitting in the back nursing my baby. The police stopped us and arrested me....”

*(from the authors' files)*

Polynesian men are as fascinated with the size, shape, and consistency of women's genitals as American men are with breasts (Marshall, 1971). In some African cultures, a



### Figure 1-1

Rubens' *The Three Graces* is a good example of how cultural ideals change over time. While thinness is admired today, a thin woman in Rubens' time would have been thought unattractive.

**SOURCE:** *The Three Graces*, c.1636, Museo del Prado, Madrid, Spain, Erich Lessing/Art Resource, New York



woman's labia minora are considered to be the most erotic part of her body (Pérez et al., 2014).

Many groups of people find body weight to be an important determinant of sexual attractiveness. There is a great deal of pressure in our culture, for example, for men and women to remain thin (Brown & Slaughter, 2011). It is no coincidence that fashion models are very thin and that movie stars who are considered to be "sexy" have small waistlines. In many other countries, however, these people would not be considered attractive. For example, women who would be considered obese by most American men are found highly attractive in some other cultures. Adolescent girls are sometimes kept in huts and fed high-calorie diets in order to become more attractive (Gregersen, 1982).

What is considered to be sexually attractive can also change over time. Plump women, for example, were also considered to be very attractive in Western cultures a few centuries ago. If you do not believe this, just look at some famous paintings of naked women that were done 300 to 400 years ago (see Figure 1-1).

Although walking around naked in public would be considered highly deviant by most people in the United States, there are some cultures in New Guinea and Australia where people go about completely naked. They do, however, have firm rules about staring at other people's genitals. The Zulus of South Africa also have public

rituals that call for people to be naked. They believe that a flabby body results from immoral behavior, and thus if someone refuses to undress for these rituals, it is taken as a sign that the person is trying to hide his or her immorality (Gregersen, 1982). These attitudes about the human body are in marked contrast to those that prevail in Islamic societies, where female sexuality is suppressed and women must cover their entire body and most of their face when they leave the privacy of their homes.

In some cultures people carve holes in their lips, while in others they stretch their lips or necks or wear needles through their noses. In parts of Indonesia, the Philippines, and Malaysia, it is common for men to insert objects (e.g., ball bearings, precious stones, rings) in their penises (Hull & Budiharsana, 2001). In Borneo, for example, it is common for men to wear a rod through the end of their pierced penis. The rod, called a penis pin, has protuberances (e.g., gemstones, feathers, pig's bristles) at each end, which the men believe enhances women's pleasure during intercourse (Brown, 1990). Elaborate abdominal scars are considered to be very sexually attractive on women of the Kau culture in Sudan. It is obvious from the lack of universal standards that attitudes about the human body, and what is considered to be sexually attractive, are culturally learned responses.

## Sexual Behaviors and Attitudes

Kissing is a highly erotic and romanticized part of sexual relations in Western cultures. You will probably be surprised to learn, therefore, that this practice is not shared by many cultures, including the Japanese, Hindus of India, and many groups in Africa and South America (Ford & Beach, 1951; Gregor, 1985). "When the Thonga first saw Europeans kissing they laughed, expressing this sentiment: 'Look at them—they eat each other's saliva and dirt'" (Ford & Beach, 1951). Foreplay before intercourse is entirely unheard of in some cultures.

Anthropologists believe that the most sexually permissive group of people in the world are the Manganians, who live on the Cook Islands in the South Pacific (Marshall, 1971). Manganian boys and girls play together until the age of 3 or 4, but after that they separate into age groups according to sex during the day. When the boys approach adolescence, the arrival of manhood is recognized by superincision of the penis (cutting the skin of the penis lengthwise on top). As the wound heals, the boy is instructed in all aspects of sex, including how to bring a girl to orgasm, which is considered important. Girls receive similar instructions from older women. The boy is then given to an experienced woman, who removes the superincision scab during intercourse and teaches the boy an array of sexual techniques. After that, the boy actively seeks out girls at night, having sex an average of 18 to 20 times a week. Manganian adolescents are encouraged to have sex with many partners and engage in all types of sexual activities. Once they reach adulthood, Manganian men and women become monogamous.

Many other societies in the South Pacific, including Samoa and Pohnpei, similarly encourage their teenage children to

## Figure 1–2

Cultures differ widely with regards to what they find to be attractive. In New Guinea, many men wear only a bamboo penis sheath (a), while in Borneo men have penis pins (b). Body scarification is common among Kuba (now Zaire) women (c). In contrast to these customs of nearly complete nudity, Islamic women must keep their faces covered while in public (d). In Samoa, men regard heavy women to be most attractive (e). Along the Ono River in Ethiopia, women use cans as lip ornaments (f), whereas among the Karen in Thailand an elongated neck is considered beautiful (g). Elaborate headdress and ear piercing are attractive among men in Tanganyika (h).

**SOURCE:** (a) Atlantide Phototravel/Corbis Documentary/Getty Images; (b) Peabody Museum of Archeology and Ethnology; (c) Eric Baccage/age fotostock/Alamy Stock Photo; (d) Pakistan Images/Alamy Stock Photo; (e) Douglas Peebles Photography/Alamy Stock Photo; (f) Jonathan Blair/Corbis Documentary/Getty Images; (g) Kevin R. Morris/Corbis/VCG/Getty Images; (h) Haywood Magee/Hulton Archive/Getty Images



(a)



(b)



(c)



(d)



(e)



(f)



(g)



(h)

enjoy sexual relations (Ward, 1989). In some of these cultures, the boys go into the huts where teenage girls live and have sex with them while the girls' parents are present. The parents ignore them and act as if the children are invisible. In all of these societies, the physical pleasure of both sexes is emphasized and emotional attachments come later. They regard our custom of emphasizing love before sex as very strange.

The most sexually repressed society in the world is believed to be the Inis Baeg, a fictitious name (coined by anthropologists to preserve anonymity) for a group of people who live on an island off the coast of Ireland (Messenger, 1971). Any mention of sex is taboo, so that children are never told about things like menstruation and pregnancy, which are greatly feared. Nudity is strictly forbidden. Even married adults do not see each other completely naked—they do not bathe together, and they wear smocks during sexual intercourse. Sexual relations are not regarded as something positive by either sex. Foreplay is unheard of, and intercourse, which is always done in the missionary position, is completed as quickly as possible because men consider it to be dangerous to their health (and, unlike Mangaian women, Inis Baeg women almost never achieve orgasm).

Between the two extremes of the Mangaian and the Inis Baeg is a large range of sexual attitudes and behaviors. You will find that many cultures are more restrictive

(or repressed) than our own. For example, until very recently it was taboo to openly discuss sex in China, Japan, Russia, and many African cultures (Ecker, 1994; Kitazawa, 1994; Rivkin-Fish, 1999). Oral-genital sex is common in Western cultures, but most African cultures consider it disgusting. In many Islamic countries, women's sexuality is suppressed by genital mutilation during childhood (see Box 4–A).

On the other hand, many cultures are more permissive (or tolerant) than our own. In Chapter 9, for example, you will read about the Sambian culture where homosexual relations are expected among young boys and teenaged boys (Box 9–A). Sex with minors is a crime in Western culture, but in the Tiwi culture (Melville Island) girls are married to an adult man at age 7 and begin having sexual intercourse shortly afterward (Goodall, 1971). Incest is also a taboo in Western culture, but marriage between cousins or between uncles and nieces is often expected in other cultures (Box 15–C). Similarly, monogamy is the standard in Western cultures, while in many others polygamy is practiced (Box 12–B). Even the overall approach to sex can differ among cultures. For example, sex in Western cultures tends to focus on genital stimulation, orgasm, and physical gratification, whereas Eastern Tantric cultures emphasize spiritual union during sex (Box 13–A).

## Cultural Diversity Within the United States

To this point, we have referred to Western culture as if it were composed of a homogenous group of people. North America may originally have been settled primarily by Caucasian Christians of European descent, but the population today is much more diverse. A sizable proportion of the U.S. population is made up of African Americans, Latinos, and Asian Americans. However, even within these ethnic groups, there are often distinct subgroups. Among Asian Americans, for example, there are people whose ancestors came from Japan, China, Vietnam, Thailand, Korea, the Philippines, and South Pacific islands. Within each subculture there are several factors that can influence sexual attitudes and behaviors. These include religion, level of education, and socioeconomic status. In short, it is sometimes difficult to make generalizations even about cultural subgroups. With these cautions in mind, what generalizations can we make?

One example of changing cultural differences in sexual behavior in the United States is found when we examine oral-genital sexual relations. This has been a very common behavior among white middle-class (especially college-educated) Americans for at least 60 years (Kinsey et al., 1948, 1953). However, until recently it was practiced by only a minority of African Americans (Laumann et al., 1994). The small proportion of African Americans engaging in this behavior could be explained in part by their African ancestry and also by the socioeconomic status of many black Americans. Oral-genital sex is less common among all low-educated, low-income groups, regardless of ethnic background. Today, with the greater assimilation of African Americans into the middle class, these cultural differences are disappearing and the percentage of blacks engaging in oral-genital sex is close to that for whites (Dodge et al., 2010).

On the other hand, African Americans tend to begin sexual intercourse earlier than Caucasians (Cavazos-Rehg et al., 2009). Asian Americans are generally the least permissive in their sexual attitudes and behaviors (Ahrold & Meston, 2010; Okazaki, 2002). This is partly a reflection of restrictive attitudes about sex in Asian countries but also results from the strong emphasis that people from many Asian countries place on family and social conformity. Asian Americans tend to have very low rates for both premarital intercourse and multiple sexual partners. On the other hand, they have the highest rate (among the subcultures discussed) for abortions. This is not only a reflection of non-Western religious beliefs (that do not question the morality of abortion) but, often, also a result of having immigrated from overpopulated countries where the prevailing attitude is that it is best for the general good to limit the number of children one has.

Another factor that can influence sexual attitudes and behaviors is the number of generations that have passed since one's ancestors immigrated to the United States. As people from other countries become more assimilated to American culture, their attitudes and behavior come to

resemble those of mainstream Americans (e.g., Ahrold & Meston, 2010; Okazaki, 2002). Much of what you will read in the chapters ahead is true for nearly all subcultures in the United States. However, when there are major differences, you will read about them also.

### Personal Reflections

Has your own cultural heritage affected your attitudes about sex? If so, how?

## Historical Perspectives

### 1.2 Explain the historical influence of Judaism, Christianity, the Victorian Era, and the sexual revolution on contemporary attitudes about sexuality.

If the Manganians and Inis Baeg represent the two extremes, where does American culture fall on this continuum? In many ways our behavior is permissive—we live during the so-called sexual revolution—but our attitudes about sex are often less than positive (evidenced, for example, by the fact that parents and children rarely talk about it together). The constant emphasis on sex on TV, in movies, in magazines, and on the radio gives children one type of message—sex is fun, sex is exciting, sex is great. At the same time, these same children get another type of message from their parents, school, and church—sex is not for you! Is it any wonder that many Americans are confused about sex? Sex is something good on the one hand yet bad on the other. We fall somewhere between the Manganians and Inis Baeg. We are permissive yet repressed. To see how we arrived at this point in the 21st century, we must examine the history of sexual attitudes in our own culture.

## Judaism

Life for the biblical Jews was harsh, and they considered it a great advantage to have many children. The Jews were directed to do so in the first chapter of the first book of the Old Testament:

And God blessed them, and God said to them, “Be fruitful and multiply, and fill the earth and subdue it.”

(GENESIS 1:28, Revised Standard Version)

Having many children ensured the survival of the Jewish people and was viewed as an obligation. Thus, the Hebrews recognized that the primary purpose of sex was for *procreation* (to have children). Celibacy was looked upon as neglect of one's obligations and was regarded as sinful.

Sons were especially valued because of their dual roles as providers and defenders. In the strongly patriarchal Hebrew society, daughters and wives were regarded

as property (of fathers or husbands), and there were many rules to guarantee that material property was passed on to legitimate offspring. Thus the Hebrews were very concerned with the social consequences of sex. Sex outside of marriage, for example, was severely condemned and punished. A Jewish woman caught committing adultery was stoned to death, but a man who committed adultery was considered only to have violated another man's property rights. Rape, too, was considered to be a violation of property rights. The punishment for homosexuality and bestiality was death (Leviticus 18:22–29).

In contrast to those harsh views, the Old Testament presents a positive view of sex within a marriage. A good example of this can be found in the Song of Solomon (Song of Songs):

How graceful are your feet in sandals,  
O queenly maiden!  
Your rounded thighs are like jewels,  
the work of a master hand.  
Your navel is a rounded bowl  
that never lacks mixed wine. . . .  
Your two breasts are like two fawns,  
twins of a gazelle. . . .  
You are stately as a palm tree,  
and your breasts are like its clusters.  
I say I will climb the palm tree  
and lay hold of its branches.

(SONG OF SOLOMON 7:1–8, Revised Standard Version)

The human body, including the genitals, was not considered to be obscene, for God had created Adam and Eve in his own image. Mutual sexual pleasure was very important to Hebrew couples. In fact, sex between husband and wife was cause for rejoicing, a gift from God. A married couple could engage in any sexual activity, with only one restriction—the husband had to ejaculate within his wife's vagina (not doing so was considered “spilling of seed” because it could not lead to having children).

### Personal Reflections

The Hebrews of biblical times believed that humans were created in the image of God, and therefore they were not ashamed of any part of their bodies, including their genitals. What do you think about this? How do you feel about your own body? (Do not just respond “good” or “bad,” but explain in some detail.)

## The Greeks and Romans

The ancient Greeks and Romans, like the Jews, placed a strong emphasis on marriage and the family. Although procreation was viewed as the primary purpose of marital

sex, a couple had children for the state, not God. Unlike the biblical Jews, Greek and Roman men were allowed considerable sexual freedom outside marriage. In Greece, sexual relations between men and adolescent boys in a teacher–student relationship not only were tolerated but were encouraged as part of the boy's intellectual, emotional, and moral development.

The Greeks idealized the human body and physical beauty (as is evident in their art), but in the latter part of the Greek era there was a strong emphasis on spiritual development and a denial of physical pleasures. The basis for this change was **dualism**, the belief that body and soul are separate (and antagonistic). Dualism gave rise to an *ascetic philosophy*, which taught that from wisdom came virtue and that these could only be achieved by avoiding strong passions. Plato, for example, believed that a person could achieve immortality by avoiding sexual desire and striving for intellectual and spiritual love (thus the term *platonic* for sexless love). As you will see next, dualism was a major influence on early Christian leaders.

## Christianity

Like the theology of the latter-period Greeks, Christian theology separated physical love from spiritual love. The period of decline of the Roman Empire, which coincided with the rise of Christianity, was marked by sexual excess and debauchery. The views of the early Christians regarding sex were partly the result of an attempt to keep order.

It is written in the Gospel of Matthew that Jesus said, “Everyone who looks at a woman lustfully has already committed adultery with her in his heart” (Matthew 5:27, Revised Standard Version). Thus, it was not enough for a Christian to conform behaviorally; there was to be purity of inner thoughts as well.

The teachings of the early Christian writers reflect their own personal struggles with sexual temptation. One of the most influential was Saint Paul (about A.D. 5–67):

For I know that nothing good dwells within me, that is, in my flesh. I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do.

(ROMANS 7:18–19, Revised Standard Version)

Saint Paul blamed Eve for the expulsion from the Garden of Eden and preached that a celibate lifestyle was the way to heaven. Marriage was only for the weak willed:

To the unmarried and the widows I say that it is well for them to remain single as I do. But if they cannot exercise self-control, they should marry. For it is better to marry than to be aflame with passion. . . if you marry, you do not sin.

(CORINTHIANS 7:8–9, 7:28, Revised Standard Version)

**Dualism** The belief that body and soul are separate and antagonistic.

Some have interpreted these ambiguous passages to mean that Paul believed that sex within marriage was sinful. Scholars now say that Paul did not believe that marital sex was a sin but that he was concerned that married couples who sexually desired one another would become too involved in worldly (physical) concerns (Deming, 1995; Poirier & Frankovic, 1996). Paul's argument was that celibacy was spiritually superior to marriage. Thus, Paul regarded marriage as a compromise (and a rather poor one at that) for dealing with the problems of the flesh.

Saint Jerome (about A.D. 340–420) said that a man who loved his wife too passionately was guilty of adultery:

A wise man ought to love his wife with judgment not with passion. . . . He who too ardently loves his own wife is an adulterer.

(HUNT, 1959, p. 115)

Pope John Paul II created some controversy within the Catholic Church when he appeared to echo the beliefs of Saint Jerome:

Adultery in the heart is committed not only because a man looks in a certain way at a woman who is not his wife. . . . Even if he were to look that way at his wife, he would be committing adultery.

(SERMON, ST. PETER'S SQUARE, October 8, 1980.)

The major influence on Christian beliefs was **Saint Augustine** (A.D. 354–430) (Figure 1–3). As a teenager and young adult he led a promiscuous lifestyle, which included a mistress and son born out of wedlock (Boswell, 1980). He is reported to have prayed, "Give me chastity and continence, but do not give it yet" (*The Confessions*, Book VIII, chap. 7). After reading the works of Saint Paul, he converted to Christianity and thereafter led an ascetic life.

It was Augustine, more than anyone else, who solidified the Church's antisexual attitude. Augustine believed that all sexual intercourse was sinful and thus all children were born from the sin of their parents. As a result of the downfall of Adam and Eve, he argued, sex was shameful and equated with guilt. Augustine recognized that married couples had to engage in sexual intercourse for procreation but denounced sex between a husband and wife for the purpose of pleasure (see Soble, 2009). He even considered marital sex for the purpose of procreation to be an unpleasant necessity:

They who marry. . . if the means could be given them of having children without intercourse with their wives, would they not with joy unspeakable embrace so great a blessing? Would they not with great delight accept it?

(CITED IN GOERGEN, 1975)

**Saint Augustine** Person who was a major influence on Christian beliefs about sexuality.

### Figure 1–3

Saint Augustine (A.D. 354–430) was the major influence on Christian attitudes about sex. He believed that all sexual acts were driven by lust and were therefore evil, including sex within marriage.

SOURCE: PAINTING/Alamy Stock Photo



Augustine not only departed from the Hebrews in denying the pleasures of (marital) sex but in the process also differed from them by showing complete disgust for the human body: "Between feces and urine we are born." Augustine's views on sexual intercourse were shared by nearly all early Christian leaders:

Arnobius called it filthy and degrading, Methodius unseemly, Jerome unclean, Tertullian shameful, Ambrose a defilement. In fact there was an unstated consensus that God ought to have invented a better way of dealing with the problem of procreation.

(TANNAHILL, 1980, p. 141)

The Catholic Church's view that the only reason married couples should engage in sex is for procreation was confirmed by Pope John Paul II as recently as 1993 ("Veritatis Splendor") and 1995 ("Evangelium Vitae"). Although not all Christians today are of the same denomination, they all share the same early history, and thus they all have been influenced by the beliefs of Saint Augustine.

"I grew up being told my body was a filthy thing, sex was a sin, and I would burn in hell if I paid any attention to it. Everybody shoved the word 'sin' down my throat and showed disgust at the slightest infraction, real or imagined, of 'God's rules.' The result is that I had an extremely low self-esteem during adolescence, as well as an inner struggle between Mother Nature and the expectations of 'God,' which about drove me nuts."

(from the authors' files)

### Personal Reflections

Christian views about sex were strongly influenced by Saint Augustine, who believed that the only legitimate reason to engage in sex was to have children. How do you feel about engaging in sex for pleasure? How do you feel about masturbation? With regard to sexual behavior, how has your religious upbringing affected your opinions about what is right or wrong?

## The Victorian Era

The 19th century is often referred to as the **Victorian era**, after Queen Victoria (1819–1901), who reigned in England for most of the century. It was an era of public prudery and purity. All pleasurable aspects of sex were denied. Influenced by conservative reform ideals of the British Evangelicals in the late 1700s and early 1800s, the Victorians came to view women (who just a few centuries before had been considered sexual temptresses) as asexual (i.e., having no interest in sex) and as innocent as children (Cott, 2002). Men were the ones who were viewed as responsible for lust. According to Victorian moralists, a woman's place was in the home, and wives engaged in sex only to perform their "wifely duties." Women's dresses covered the neck, back, and ankles, and the prudery was carried to such an extreme that even piano legs were covered. At the dinner table, it was considered improper to ask for a "breast" of chicken.

The medical views of the 19th century generally supported the antisexuality of the era. A prominent Swiss physician named Tissot had published a book in 1741 in which he claimed that masturbation could lead to blindness, consumption, other physical disorders, and insanity. As early as 1727, Daniel Defoe had written that excess sex leads to "Palsies and Epilepsies, Falling-Sickness, trembling of the Joints, pale dejected Aspects, Leanness, and at last Rottenness, and other Filthy and loathsome Distempers..." (p. 91). Victorian physicians believed that loss of semen was as detrimental to a man's health as loss of blood, a belief that had originated with the Greek physician Hippocrates (Haller & Haller, 1977). Even the thought of sex was believed to be harmful to a man's health:

If the thought is permitted to center upon the sexual relation the blood will be diverted from the brain and the muscles and the entire man will suffer because of the depletion....

(DR. SYLVANNUS STALL, 1897)

**Victorian era** The period during the reign of Queen Victoria of England (1819–1901). With regard to sexuality, it was a time of great public prudery (the pleasurable aspects of sex were denied) and many incorrect medical beliefs.



**SOURCE:** Archival material from Playboy magazine. Copyright © 1993 by Playboy. Reprinted with permission. All rights reserved.

As a result of these beliefs, parents often went to ridiculous lengths to prevent masturbation (Hall, 1992) and nocturnal emissions ("wet dreams," or spermatorrhea, as it was called then), including having their boys circumcised or making them wear antimasturbation devices to bed at night (see Stephens, 2009). Between 1856 and 1932, the U.S. government awarded at least 33 patents for sexual restraint devices (Schwartz, 1973); even more were awarded in England. Three such inventions are shown in Figure 1–4.

Adults were supposed to show restraint in their desires for sexual intercourse as well, even within marriage. Here is an example of the attitudes that prevailed during that time:

At this point, dear reader, let me concede one shocking truth. Some young women actually anticipate the wedding night ordeal with curiosity and pleasure! Beware such an attitude! One cardinal rule of marriage should never be forgotten: give little, give seldom, and above all give grudgingly.

(RUTH SMYTHERS, *Instruction and Advice for the Young Bride*, 1894)

The amount of misinformation that was distributed by the medical community during the Victorian era is really quite appalling. For example, a group of British doctors claimed to have evidence that touching a menstruating woman could spoil hams (*British Medical Journal*, 1878). Consider also a book titled *Perfect Womanhood* by Mary Melendy, "M.D., Ph.D.," published in 1903. It was a book of advice for women, and in addition to the usual warnings about masturbation and excessive sex, it contained the following advice about when it was safest to have intercourse (to avoid pregnancy):

It is a law of nature—to which there may be some exceptions—that conception must take place at about the