

Lecture Outline--Atypical Sexual Behavior

- I. Ways of defining atypical sexual behavior
- II. Paraphiliacs
- III. Fetishism
- IV. Voyeurism
- V. Exhibitionism
- VI. Obscene telephone callers
- VII. Sadism/Masochism
- VIII. Pedophilia
 - a. types of pedophiliacs
 - 1. typical
 - 2. regressed
 - 3. aggressive
- IX. Causes of atypical sexual behavior--Learning vs. analysis
- X. Treatment
 - a. conditioning treatments
- XI. Transsexualism
 - a. comparison to transvestites and homosexuals
 - b. childhood profile
 - c. adult profile
 - d. causes of transsexualism
 - e. surgical vs. nonsurgical techniques
 - f. outcome of surgical techniques
 - 1. Pearce N = 22
 - g. Meyer study (1979)
 - h. sexual orientation scale (if time)

Lecture Outline--Coercive Sexuality

- I. Pedophilia--Child Molestation
 - a. problems of research
 - b. definitions and proportions
 - 1. Kinsey, Landis, Swift, Arts
 - 2. boys 1/3-1/2 abused
 - c. effects of pedophilia
 - d. cause of pedophilia
- II. Incest
 - a. types
 - b. profile of offenders
 - c. effects on victim
 - 1. Tsai (1979) study
 - d. myths of incest
 - e. psychological correlates for victims
- III. Sex crimes in Oregon
 - a. rape
 - b. sexual abuse
 - c. sodomy
 - d. sexual penetration with a foreign object (unique to Oregon)
- IV. Rape
 - a. rape trauma syndrome
 - b. myths
 - 1. strangers
 - 2. impulsive/spontaneous act
 - 3. can't get raped unless want to
 - 4. women want to be raped
 - 5. women falsely report
 - 6. woman problem
 - c. self-defense
 - d. profile of rapist
 - e. rape studies
 - f. marital rape
 - g. date rape

Rape--

- 1 every 3 minutes reported
- 1/10 reported

Myths--

- 1) on a dark alley, strangers
 - 70% of women know their attacker--by first name
 - testing ground (social setting)
 - often relative, close friend
 - 50% of rapes occur in home
 - 25% " in a building
 - 10% " at occupational setting
- 2) rape impulsive, spontaneous act for sexual gratification
 - 60-80% planned in advance
 - 95% of gang rapes are planned
 - 2/3 of rapists are in a normal sexual relationship

Point: act of violence; to degrade/humiliate. A lot committed with foreign object, so not sexual.

History of Sex Research

1. Definitions
 - a. plasticity of sexual behavior
 - b. continuity of sexual behavior
2. Discussion of effect of cultural values upon formation of notions of sexuality
 - a. Judeo-Christian ethic--sexuality for procreative purposes
 - b. Havelock Ellis (1859-1939)-- Studies in the Psychology of Sex
 1. moderate pleasure in sex (if married)
 2. homosexuality natural variation
 3. masturbation is acceptable (in contrast to prior religious notions)
 4. the sexes have equal sexual desires
3. Freudian theory
 - a. notion of pleasure principle--i.e., humans strive to maximize pleasure and minimize pain
 - b. introduction of childhood sexuality and psychosexual stages
 - c. females are poor facsimile for male sexuality
 1. sex is a female duty that is not pleasurable
 - d. oral, anal, and masturbatory practices are symptomatic of psychological immaturity
 - e. sexual energy (libido) is a force to be controlled by society
 - f. coitus is permissible
4. Kinsey project--trained zoologist
 - a. review of results of study--check textbook
 - b. review of methodological problems of study
 - point: this study incited shock in our society because it revealed a striking discrepancy between actual sexual practice and culturally prescribed values

Lecture Notes

History of Sex Research

(the following point was left off of your handout on the History of Sex Research. It should be point number 5)

5. Masters and Johnson project - Human Sexual Response
 - a. Results of study--no difference between vaginal and clitoral orgasm
 1. clitoral stimulation responsible for arousal and orgasm
 2. masturbation provided more intense orgasms for women
 3. masturbation, foreplay, and oral practices deemed normal
 4. penis size unrelated to performance
 5. differences --> female doesn't ejaculate and has multiple orgasms
 - b. Discussion of methodological flaws of project
 - c. Discussion of social impact of project

Theories of sex-role development

(the following is a new section of lecture notes for your lecture on that subject)

Definitions

Gender constancy
Gender role
Gender identity
Sexual orientation

1. Psychoanalysis
 - a. Postulates:
 1. existence of unconscious
 2. emphasis of libidinal instinct
 3. bisexuality inherent
 4. indivisibility of abnormal and normal behavior
 5. biological, social, sexual inferiority of women
 6. childhood as critical period of development
 - b. Triadic model:
 1. id--reservoir of unconscious needs, impulses, desires, etc.
 2. ego--executive mediator or id impulses and superego prohibitions
 3. superego--"conscience"--internalization of codes of living via parents
 - c. Psychosexual stages
 1. oral } No sex difference in libidinal attachment
 2. anal } to these erogenous zones
 3. phallic--influences sex role development
 - a. Oedipal (males) boy desires mother, is afraid of castration by father (called castration anxiety) resolution: repression of desire for mother; identification with aggressor (father); internalization of father's superego
 - b. Oedipal (also termed Electra; females) discovers lack of penis --> penis envy and disdain for mother --> resolution: vaginal focus, acceptance of inferiority; identification with mother; desire to have child by father to compensate for penis--can deny sexuality, resolve conflict as described, or can have a clitoral focus. Thus, insufficient superego formation because no castration anxiety.
 - d. Critique
 1. falsifiability
 2. masculine bias in norm
 3. no empirical evidence for Oedipal conflict, penis envy
 4. masculine view of female sexuality
 - e. Contribution is
 1. notion of unconscious

2. notion of childhood sexuality
3. examination of sexual motives
4. notion of attachment
5. importance of early development
6. acknowledgement of relation between biology and behavior

2. Identification theory

Based on psychoanalytic assumption of identification with same-sexed parent which is thought to induce imitative behavior

- a. motivational basis of identification
 1. fear of loss anaclitic identification (girls)
 2. fear of retaliation by aggressor (boys)
- b. assumptions
 1. assumes cross-situational consistency (not empirically supported)
 2. assumes trait approach
 3. assumes behavior stable
 4. assumes presence of internal motivation (no empirical support)
 5. assumes strong emotional attachment to same-sexed parent

3. Social learning theory

Sex-role, i.e., sex-appropriate behaviors are gradually produced via reinforcement and punishment by environment and modelling

- a. canalization--children become familiar with objects and behaviors they are reinforced for; preference develops which increases the probability of sex-appropriate behaviors and decreases the probability of sex-inappropriate behaviors that are also punished
- b. modelling--observational learning (Bandura)
 1. attention
 2. learning
 3. performance

child performs modeled behavior is child learns that the behavior will be reinforced
- c. Hypotheses:
 1. children are exposed to different models
 2. children attend differentially to models

hypothesis b is more likely

4. Cognitive Developmental Theory

Cognitive structures for gender are formed as the intellect of the child develops.

The structures called schema are constantly formed via accommodation and assimilation.

- a. Child makes cognitive decision about his/her gender identity and strives to imitate behaviors that are congruent with that gender identity. Thus, the motive is not reward as with social learning theory, rather mastery and competence of his/her social world is the driving force. (Happens at 3 yrs.)

Lecture Outline--Sexuality and Relationships

Sociobiologist theory--Donald Symons: Biological drive for reproduction governs all relationships. Female has investment in child she produces-->so female wants steady monogamous relationship. Male has investment to propagate gene pool, yet maintains monogamy to assure paternity and territoriality (possession) of female.

Ethologist theory--Ebil Eibesfeldt: Humans naturally social creatures and to survive they need social pair bonding. So, even though intercourse is a part of pair-bonding, it merely serves to reinforce the pair-bond (because it is pleasureable) rather than govern it.

Social anthropologist theory--this theory suggests that relationships are maintained to support family kinship systems and create order within society.

Stages of relationships

- 1) Positive dependence (courtship): striving for acceptance by other partner by revealing commonalities rather than dissimilarities between partners
 - 2) Negative dependence (honeymoon is over): can last from few months to few years. This is stage where partners acknowledge what they are not getting in relationship (projections dissolve). This is time for jockeying for power in relationship-->anger, resentment, and helplessness develop
 - 3) Negative independence (transitional phase): This is where people usually separate as prior rules/contract of relationship is violated, e.g., extrarelationship affairs.
 - 4) Positive independence--working through of previous stage where each partner emerges as an individual.
 - 5) Interdependence--each partner has resolved independence as an individual as well as acknowledging their dependence on partner in a comfortable and cooperative manner.
- * Most relationship issues involve inclusion, affection, and control

Aspects of relationships as suggested by Sager (this is defined as psychodynamic but these dimensions may be generally applied to relationships)

- | | |
|----------------------------|----------------------------|
| 1. independence-dependence | 7. need to possess/control |
| 2. activity-passivity | 8. anxiety |
| 3. closeness-distance | 9. love |
| 4. use/abuse of power | 10. gender identity |
| 5. dominance/submission | 11. acceptance of the self |
| 6. fear of loneliness | 12. cognitive style |

Psychoanalytic perspective

1. mate selection---we choose mates who fulfill our idealized wishes for ourselves. complementarity this does not mean we choose our opposite in terms of practical things like sailing, or food preference. That is, our wishes concerning our ego are involved.
2. This is a collaborative effort by both partners to avert unconscious conflict
3. Each person enters relationship with an unconscious contract regarding expectations of relationship. Purpose of therapy is to bring these contracts to consciousness and develop an explicit unified contract for the couple.
4. Types of partners
 - a. equal
 - b. romantic
 - c. parent
 - d. child
 - e. companionate
 - f. rational
 - g. parallel

Cognitive-Behavioral Paradigm

1. Paige (1978) study--121 couples
DMS measures--
 - a. younger couples--high DMS w/affectional/sexual behavior
 - b. older couples--high DMS w/communicative and companionship behaviors
2. Jacobsen, Waldron & Moore (1980)--Distressed vs. satisfied couples

	+	-
N Dis.	↑ +'s	↓ +'s
Dis.	↓ -'s	↑ -'s

3. Gottman (1979)--N.D. & D. couples--same number of (+) messages but D. couples rated impact of message less positively

4. Robinson & Price (1980)--D. couples underestimate # of positive messages

Elements of maintaining relationship

- | | |
|---------------------------|-------------------------------------|
| 1. Spending time together | 2. Pinpointing |
| 3. Modality check | 4. Time-out (to prevent escalation) |
| a. expressive mode | |
| b. problem solving mode | |

Systems approach to relationships (Minuchin, Bower)

- | | |
|--------------------------------------|-----------------------------|
| 1. Poor differentiation | 4. Enmeshment/Disengagement |
| 2. Mate selection | 5. Communication |
| 3. Distribution & struggle for power | a. rules |
| | b. contract } of system |
- Roots in Psychodynamics

Treatment of Sexual Concerns

A majority of this information is in Chapter 18

1. Notion of spectatoring (see book)

I. Male Dysfunction

2. Erectile Dysfunction--age, symptoms, definition
 - a. primary
 - b. secondary
 - c. cognitive restructuring as treatment
3. Premature Ejaculation--definition
 - a. treatment squeeze or stop-start technique
4. Ejaculating Incompetence--definition
 - a. primary
 - b. secondary
 - c. behavioral shaping as treatment
5. Retarded Ejaculation
6. Painful Intercourse
 - a. causes

II. Female Sexual Dysfunction

1. Vaginismus
 - a. treatment dilation technique--not organic
2. Anorgasmia
 - a. definition--research--5% organic
3. Painful Intercourse--due to any disorder of genitalia

Other difficulties

1. Inhibited sexual desire
2. Sexual aversion (rare)

III. Organic causes--> 70-80% of sexual dysfunctions, especially alcoholism and diabetes

IV. Developmental, personal, interpersonal factors of dysfunctions

V. Format of sex therapy (Masters & Johnson)

VI. Theories of sexual dysfunction

- a. Psychoanalytic--Oedipal
- b. Behavioral--conditioning
- c. Systems--territorial/rank ordering interactions; affiliation/sensory interactions

VII. Comparison of outcome data for each dysfunction

Premature ejac.	90-95% (stop-start)
Retarded ejac.	50-80%
Primary/secondary erec. failure	40-60%/60-80%
Primary/secondary org. dysfunction	85-95%/70-80%
vaginismus	90-95%
ISD	no data

Individual and group therapy equally effective

Lecture Outline--Homosexuality

- I. Historical Overview
- II. Distinction
 - 1) Gender role
 - 2) Choice of sexual partner
 - 3) Sexual identity
- III. Three types of definition
 - 1) Typology
 - 2) Continuum, e.g. Kinsey
 - a. evidence
 - 1. Garner & Smith (1977)
 - 2. McCary (1973)
 - 3) Storms--two-dimensional model of sexual orientation
 - 4) Other evidence
 - a. alcohol studies
 - b. deprivation/situational
 - c. childhood homosexual play
 - d. sexual fantasies
 - e. cross-cultural studies
 - f. tearoom studies
- IV. Bell & Weinberg 1970, 1978
 - 1) Problems of study
 - 2) Coital experience, firm gender identity, counterstereotypic occupations
 - 3) Relationship findings
 - 4) Typology of homosexualities
 - a. close-coupled 10% male, 28% female
 - b. open-coupled 18% male, 17% female
 - c. functionals 15% male, 10% female
 - d. dysfunctionals 12% male, 5% female
 - e. asexuals 16% male, 11% female
- Different types with different implications
- 5) Sexual behavior differences
 - a. rates
 - b. techniques
 - c. comparison of heterosexual and same-sexed sexual response styles
 - d. sexual problems
 - e. differences in sexual behavior
- V. Psychological and social adjustment
 - 1) Hooker (1957)--no difference
 - 2) Saghir and Robins (1970)
 - 3) Bell and Weinberg (1978)
 - 4) Acceptance rates
- VI. Causes--multiple factors
 - 1) Genetics--Kallman (1952)
 - 2) Hormones
 - 3) Social influences
 - a. labelling
 - b. family influences
 - 1. Bieber (1962) } disorder parent-child relations
 - 2. Wolff (1971)
 - 3. Greenblatt (1966) & Siegalman (1974) contradict former studies
 - c. learning theory
 - 1. Bell, Weinberg & Kiefer (1981) studied sexual orientation in adolescence