Human Sexuality – Unit III

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Communication in Sexual Relationships

Communication does play a vital role in establishing and maintaining a healthy sexual relationship, just as it is important in any relationship. Unique to a sexual relationship is the often *delicate nature* of the issues and concerns that may arise. Added to this are related feelings of *vulnerability* and a need for a sense of *trust, loyalty, and devotion*. One simply can't discuss ways to enhance the experience of sex in the same way one gives tips to a teammate on how to improve their pool game or bowling score. But effective communication can enhance and contribute to the overall satisfaction of an intimate relationship. Some of the basics of communication involve creating a certain degree of comfort, openness, a sense of mutual empathy, and unconditional positive regard.

Comfort - Ease into the topic, and keep it as light as possible. Make it clear that you want to discuss the topic, not just file a list of complaints. This needs to be a sharing of information, not a situation in which one person is trying to prove who's right and who's wrong. Avoid confrontational stances; the other person more than likely will just become defensive. Be willing to look at the other side of the situation with an open mind. Be willing to compromise and accept that any discussion may only be one step in a longer process of resolution.

Openness - Express yourself, but also let the other person express what they feel, want, and desire. Ask questions, and allow for feedback. Try to draw them out if they are reluctant to discuss such matters. Keep the lines of communication open, honest, clear, and precise. Regularly discuss things so that parties become more at ease. Don't wait and let things fester until they become a big deal.

Mutual Empathy - Convey a sense of caring, both parties need to sense care and understanding. There should be a perceived reciprocity of these feelings.

Unconditional Positive Regard - Avoid any placing of blame or generating perceptions of guilt. Make it clear that if there are problems, both parties are contributing to them, and both parties can contribute to resolving them. Keep it clear that certain behaviors are undesirable, but that doesn't necessarily mean you're mad at, or don't like, the other person. Also make it clear that whatever is said will not later be used against the other person, this will add to the openness of the discussion as well.

Difficulties in being able to discuss aspects of a sexual relationship can occur for a number of reasons, and these may affect one or both parties.

Clueless - In introducing sex into a relationship one party simply may not have a clue that the other has an interest in moving on and establishing a sexual relationship. Be aware that the nature of a relationship may have changed for the other person (especially if changes have occurred in that person's other relationships). Once it has been presented it is important to recognize the attempt, acknowledge you are aware of it, and whether you do or do not want to pursue it. In an ongoing sexual relationship it is important to recognize that a problem may exist, and that your partner is trying to convey this to you. In both situations, be careful and don't jump to unwarranted conclusions either. Generally, always try to maintain some awareness of the status of your relationships, especially those that are of importance to you (often these are the most easily overlooked).

Socialization - Sexual behavior and the willingness to discuss it both are tied to the social setting in which an individual was raised to some degree. The overall culture, particular religious background, and how the individual's family treated these issues all play a role. The degree of comfort one has regarding the discussion of sexuality may especially reflect the upbringing and openness there was in the family regarding these topics. It's safe to say most parents don't discuss their own sex lives in front of, or with, their children. But some parents never discuss sexuality with their children. Some only have the obligatory sex talk when a child hits a certain age. Yet some freely discuss sexual topics with their children. Related to this are the degree to which the family was concerned with nudity, bodily functions, and physical expressions of affection. The extent to which an individual is open to sexual experimentation may reflect these same factors of upbringing.

Language - Language can limit the very way we think, by way of setting up particular mental categories along the lines of linguistic categories. In cultures where sexuality is not discussed a great deal, the language itself is not well suited to pursue the topic. In English the common terms are either crude and vulgar, or they are cold and technical. Although they can be used to describe sexual behaviors, neither really reflects sexual expression. Avoid getting stuck on language issues that get the conversation off track. Point out when a term or expression is not exactly what you have in mind, but as close as you're able to get to it. Remember that sexuality is often used to express thoughts and feelings that one has difficulty putting into words, so it shouldn't be surprising that one may have difficulty expressing

issues regarding sexuality by way of language. If a picture is worth a thousand words, then one's experience of sex should be worth considerably more.

Gender - Men and women often have different goals when discussing sexuality. Men may discuss sex with other men in order to enhance status - bragging. Women may discuss sex with other women in order to get advise - learn how others have dealt with similar situations. Within a relationship men are more often concerned with negotiating, a kind of I'll do this for you if you do this for me sort of thing. Women are more often concerned with making the experience more intimate, more of a mutual sharing. These characteristics are not always the case. The important point is that men and women may have very different perspectives when discussing sexuality, and very different purposes for doing so.

Anxieties - Both upbringing and gender may be reflected in the kinds of things individuals worry about in regards to sexuality. Men are most likely to have anxieties regarding performance issues. Women may have more anxieties tied to their fantasies, and be less open and honest when discussing issues related to fulfillment and satisfaction.

Introducing the topic in conversation may in and of itself be awkward. Because of the difficulties already mentioned, discussing sexuality may be more problematic than having sex itself. For many having sex is quite natural, but discussing it is not. Yet there are times in a relationship when sexual issues need to be discussed. In some cases the decision to have sex may need to be discussed, in some cases it may be a spontaneous thing. At some point a discussion of past histories, at least with regard to protection from STIs, may be useful. Other events such as deciding whether to have an exclusive arrangement, deciding to get checked for STIs before dropping the use of some protective measures, dealing with sexual shortcomings or problems, and deciding to have a child are also going to involve a certain degree of discussion. For some issues it's fairly obvious some discussing is warranted, other issues may need to be brought up more subtly.

Obvious and Straight Forward - Sometimes it's just obvious that a particular issue needs addressing, such as adding sex to an ongoing relationship after a certain amount of time. It's just the next step sort of thing. Another is when there hasn't been any sex for quite some time. In these cases it may be best to bring up the subject in a fairly straightforward manner. For some people nearly any aspect of the sexual relationship can be discussed like this, but for others only a few issues may be readily discussed this way.

Subtly - There are a number of ways to ease into a discussion of sexuality. Set up cues and drop clues. Comment on movie or television scenes that are relevant to something you would like to discuss (Isn't that romantic? Oooo, I bet that would be fun. That's very sexy lingerie. I wonder what the trapeze is for?). Bring up issues in terms of hypothetical situations. Talk about what other people have mentioned about their lives (real or contrived), then move the discussion to your own relationship (What do think about Pat and Jamie deciding to ...?). Yes, it is okay to use some trickery to get the other person involved in a discussion or to reveal things they would otherwise avoid.

Seemingly Unrelated Topics - Discussing the histories of family or friends may be a good lead into a discussion of personal histories. And knowing a partner comes from a very stable family with parents still married after 25 years versus a family in which the parents had affairs and divorced may make it easier to understand that individual's personal history. The same holds true regarding the peers they grew up with and the examples they provided.

Games - This can be a good way to approach the topic. I'll tell you one of my fantasies if you tell me one of yours. Let's wrestle. Let's play twister (and as long as you're there ...). And there are various erotic versions of card and board games you could explore. Or invent your own erotic game such as putting 'Start Here' somewhere on your body and arrows leading to different places (We're gonna play a board game, and I'm the board.).

However, avoid playing annoying games. No one enjoys guessing games when it comes to sexuality. These often result in a great deal of frustration. Phrases like 'You figure it out,' 'I shouldn't have to spell it out to you,' 'You know,' and 'If you loved me ...' generally beg the question. Obviously they don't know or it wouldn't be an issue.

Listening is just as important as expressing your own take on an issue. There are a number of factors involved in playing the role of a good listener.

Attention - Make it clear you are listening, direct your attention to the other person and minimize distractions (e.g. take off the headphones, turn off the T.V.). Turn towards the other person. Make *eye contact.* Ask them to repeat or rephrase things you don't get.

Active Listening - Participate to some degree. Don't just stare blankly. Provide *feedback*. Ask them to *clarify*, to repeat or rephrase things you don't get. Ask *questions.* Attempt to *paraphrase* or summarize what you feel they are trying to say.

Supportiveness - It can be very difficult to discuss certain topics, especially those having to do with sexual issues.

Both sides need to support each other's efforts in order to decrease fear and anxiety, and to increase comfort, openness, and build up the level of communication over time.

Unconditioned Positive Regard - As discussed before, listen, don't get defensive, or attempt to place blame or guilt. Make it clear that this is a situation where either party can say whatever they feel without fear of reproach or reprisal. And make it clear that what is being said is being heard. The goal should be to develop the freedom needed to have such conversations so as to provide information and improve the relationship.

Exchanging Information. This is the point of any form of communication. It is all the more so when dealing with aspects of a relationship. You should be there to *discuss* things, not to turn it into an argument, and then try to win the argument and get your way. At best this will provide only a temporary fix, at worst it will immediately make the situation worse. The question that should guide the exchange is, *"How can we find out what each other wants?"*

Self-Disclosure - Don't be shy about saying what you feel, or at least trying to express it. Be clear and precise if you can do so. Lay things out for the other person. Openly discuss fantasies, desires, and so forth. Make it clear that both parties are free to do so.

Questions - Some types of questions are better than others. Avoid rhetoric, avoid yes or no questions that provide little discussion of the issue, it's not a court case. Instead, ask *open ended questions*, "How do you feel about ...?" Or direct the conversation a little more by asking *'either / or' questions*, thus providing options and structure to the dialog.

Compare Notes - Again this is the idea of providing feedback. Paraphrase and summarize your position and your perception of the other person's. You want to know where you're both headed, to decrease the whole trial and error approach. At this point you may want to reach some level of compromise, perhaps only a temporary one as a stepping-stone to further innovations to be taken up later.

Give Permission - Agree to try new innovations, for both parties to do so. Encourage the other person to try out what you've discussed. Reassure the other party that you're open to trying it (e.g. "Okay, let's try it." "Now would be a good time to try ...").

Seeking Satisfaction: This can be embarrassing at times, or one may feel demanding or selfish. However, there are times that you feel something is lacking and subtle hints have not been picked up on by the other person. There's no point in keeping what you want a secret.

Personal Responsibility - It's okay, and sometimes necessary, to take responsibility for pursuing your own pleasure.

Specific Requests - If there is something you would like to try, or something you'd like to experience more often say so. Don't shy away from asking for what you want. But don't be vague. As already noted, guessing games are not fun when it comes to sexuality. So be specific. Make it clear as to what you want. In most cases a partner will be willing to accommodate you, once they know what it is you want.

'I' Language - How you phrase things can make a difference. Put the emphasis on what you want, not on what the other person isn't doing or should be doing. Saying things like 'Why don't <u>you</u> ever …' convey a sense of blame. Change it to '<u>I</u> would like if you …'. This conveys more of a sense of what you want without placing blame.

Registering Complaints: Utilize constructive criticism and request changes. Point out what you <u>do</u> like, and then suggest what could be improved.

Be Aware of Your Motivation - The goal should be to improve the overall experience for both partners. It shouldn't be just to get what you want, especially if that is at the expense of your partner's enjoyment and satisfaction. Although you may really want to try something, or do something more often, it may be particularly distasteful to your partner. Be willing to compromise, to find something that could lead to mutual satisfaction. In some cases you may have to initially settle for something less than what you ultimately want and build up to it as your partner becomes more comfortable.

Timing - Choose the right time and place to register a complaint. Right after sex is not the time to say, 'That really sucked, why don't you ever ..." It's also not productive to bring up the topic in the middle of a totally unrelated argument. And it's pointless to bring up the subject if there isn't time to discuss it. In these cases the other person is more than likely to take a defensive stance, which is not going to lead to improvement. Pick a time and place when you're both relaxed and have time to discuss whatever issues there might be, without any outside distractions. Before you're going to have sex might be a good time to suggest doing something differently 'this time'.

Criticism with Praise - Again point out what you <u>do</u> like, and then suggest what could be improved. This will help to generate positive feelings. Your partner is less likely to become defensive and should be more willing to cooperate.

Limit Complaints - Don't come at your partner with a list of complaints. That can be overwhelming and lead to a

defensive reaction. If there are a number of areas you feel are in need of improvement try to narrow things down and present just one or two items at a time. So what should you start with? Either what you feel is the worst problem, especially if it is something that you really dislike that detracts from the sexual experience as a whole. Or start with something simple that could be easily fixed, so as to open the door to further improvements in the future.

Nurture Small Steps - It may not be possible for your partner to change all at once. Your partner may need to gradually ease into certain activities, perhaps overcoming certain inhibitions or aversions along the way. So encourage small steps toward change. Acknowledge the effort he or she is making.

Receiving Complaints: Be as open about receiving suggestions to improve your own sexual performance as you are about suggesting ways your partner can improve his or hers.

Empathize and Paraphrase - Express to your partner that you understand his or her specific needs and that you want to work together to make your sex life as good as it can be. Let your partner know you're listening by repeating back to them what you feel he or she is trying to say, and what he or she wants.

Acknowledgement and Common Ground - Make it clear that you understand that there is a problem and that you're willing to work on it. Try to find common ground. Determine together what is working, and what is not. Then working together develop a common plan for improving things.

Clarifying Questions - Ask questions to get a clear idea of what your partner wants. Encourage them to be specific, so you understand the problem. Understanding the problem is key to fixing it.

Express Your Feelings - Let your partner know how you feel, be honest. If you didn’t' realize there was a problem, let them know. That may clue them into the fact that they need to address problems more directly. If you feel hurt, let them know. It's perfectly natural to feel that way. In the future your partner may be more tactful if there is a problem. And both of you may become more comfortable giving and receiving criticism if you're both aware of the feelings involved. And if you have strong feelings about certain activities let your partner know. Don't go along with something you really don't want to do just to please your partner. That will only lead to further problems later, such as resentment. Let them know you're uncomfortable with a certain activity. In some cases it may not be a big deal, your partner may have just wanted to try it for the sake of trying it. In other cases some sort of compromise might be worked out. But if your partner isn't willing to compromise and doesn't respect your feelings it's a bad sign. Your partner should be just as concerned about your enjoyment and satisfaction as his or her own.

Focus on Future Changes - A common mistake is to focus on what is wrong, how long the problem existed, why your partner didn't tell you sooner, and so forth. This is relatively pointless, since you can't go back and change things. But you can change what happens in the future. So that is where you attention should be focused, solutions designed to make things better in the future.

Nonverbal Sexual Communication: This can be an extremely valuable means of exchanging information. It can have a great deal of *immediacy* and can be used *during sex* itself (even by those who may not be comfortable with talking a lot during sex). It can provide feedback on what is particularly enjoyable, and what is perhaps not. Nonverbal communication can help direct sexual activity and mutual satisfaction, as long as both partners are in tune. So don't keep what you like a secret, send signals. It's just like driving, you signal, you don't try to keep your desire to turn left a secret. And just like driving, it's important to send clear signals and be consistent.

General Body Language - Convey to the other person when you are or aren't in the mood. If you want to have sex get closer, if you don't keep your distance. Be aware of your partner's stance and reactions. If he or she backs away from your advances then you should back off.

Facial Expressions - Look at each other. Make eye contact (pupil dilation is a sure sign of arousal). Provide expression, if you're happy then smile. If you like what your partner is doing, show it. If you want your partner to attend to a specific area divert your eyes there to direct his or her attention. At the same time be aware of your partner's expression to gauge their reactions.

Touching - Obviously touching is integral to sexual behavior. Touching your partner in certain places, or in certain ways, can be arousing. This is a great way to initiate sex. Touching can also communicate what you want. How it's done makes all the difference. Touch your partner in ways you want to be touched.

Sounds - It's natural to make sounds during sexual activity. Don't be overly shy. Actively trying to suppress those sounds can be a great distraction and reduces enjoyment. Making certain sounds adds to the release we get from sexual activity. And the sounds made during sex can often enhance arousal, both your own and your partner's. So if you feel like going 'Mmmm,' then do it. And of course the sounds you make can indicate to your partner what does and doesn't

feel good. At the same time, listen to the sounds your partner is making. Use those sounds as a source of feedback to direct your own actions.

Family Planning - Population Issues

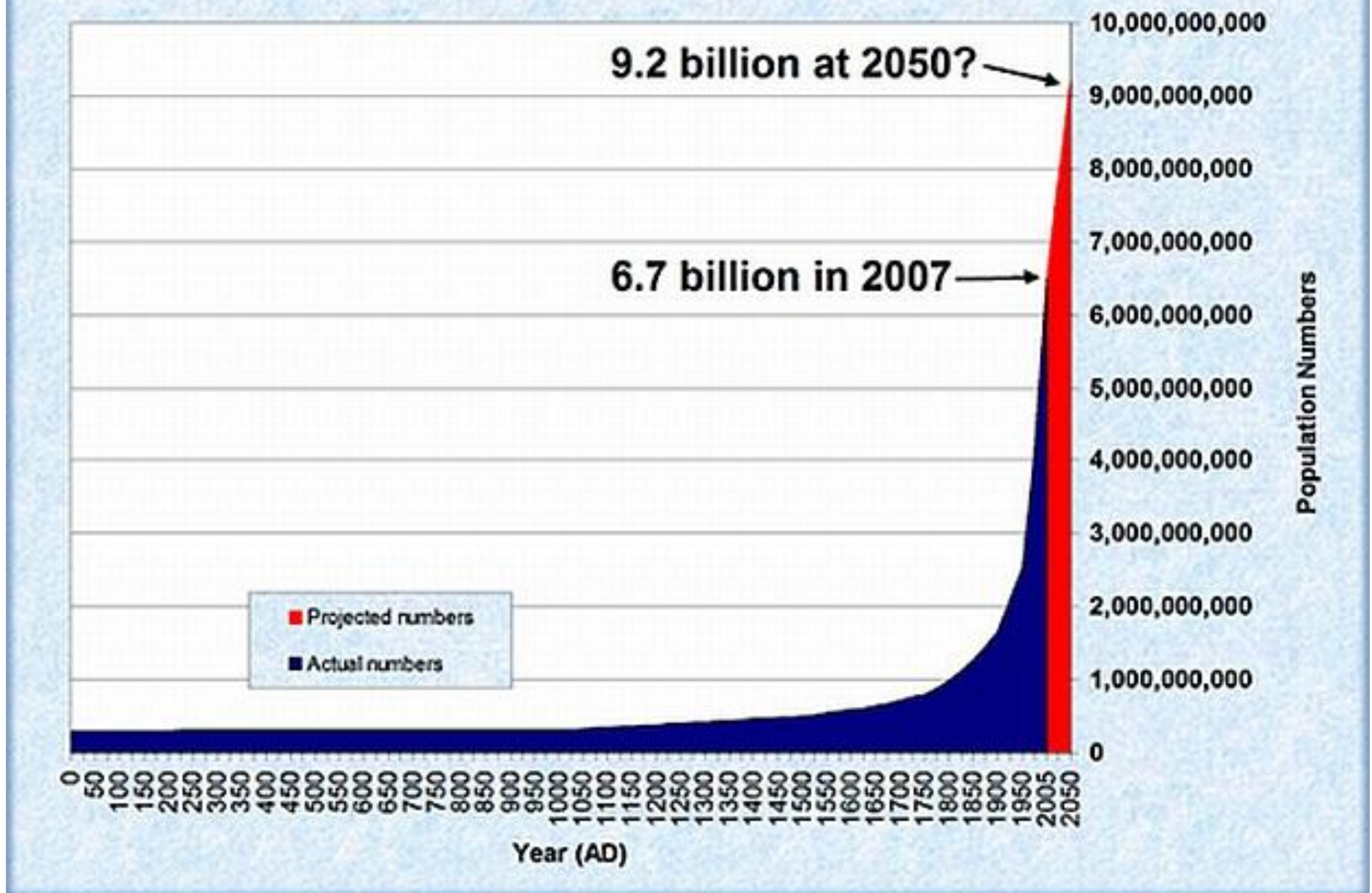
Family planning entails a great deal of personal responsibility, as there are a number of practical and moral considerations that must be taken into account. Decisions regarding the use of contraception, terminating a pregnancy, or having children obviously affect those directly involved. However, these decisions also have far-reaching implications. Most of those are related to the ever-increasing human population on this planet. How are we going to deal with ever-increasing demands for food, water, energy, housing, and waste disposal? How many people can the earth support? Are we, or will we soon be, past the number that can be sustained? At some level these things need to be considered, and that may eventually lead to measures aimed at restricting the rate of global population growth. But at the same time, individual decisions about whether or not to have children, and how many, are just as pertinent to the issue.

Sexual behavior, particularly intercourse, is tied to reproduction. And reproduction is how a population is maintained. However, the factors that worked to hold the human population in check in times past do not necessarily apply to the modern world. Certainly, few humans are killed by predators any longer. Likewise, we now know a great deal about the spread of various diseases, and how to control them, such as cholera, malaria, and yellow fever. In addition, there are immunizations and vaccines for many of the major illnesses. Other illnesses that once decimated whole populations such as the black plague and small pox have been virtually eradicated (as has polio). Modern methods of agriculture, and the use of fertilizers and pesticides allow us to produce more food than ever before. The end result is that there is nothing holding back the growth of the population. However, at some point that unchecked growth may no longer be a good thing.

Jonathan Swift (1667-1745) was one of the first to point to this problem in a satirical essay he wrote concerning the recurring famines in Ireland. The economist Thomas Malthus (1766-1834) was the first to try to analyze the implications of an ever-growing human population and of eventual overpopulation. Simply put his theory states that as we are able to produce more food, the population will grow until it is all used. Moreover, population growth tends to be exponential, while increases in food production tend to be arithmetic. That means that the ability to produce more food generally cannot keep up with the increases in population. As soon as we are able to produce more food, there are already people there to consume it. Often there is not enough to go around, a trend that can only get worse as food production is continually outpaced by population growth. Added to this is the idea of what is known as *carrying capacity*. At some point, no matter how advanced our agricultural technology, there is a limit to how much food can be produced. This applies to certain regions of the world, and also to the planet as a whole. Carrying capacity dictates how many people a certain region or the planet can ultimately sustain. Keep in mind this applies not only to food supplies, but also fresh water, energy demands, housing, and sanitation.

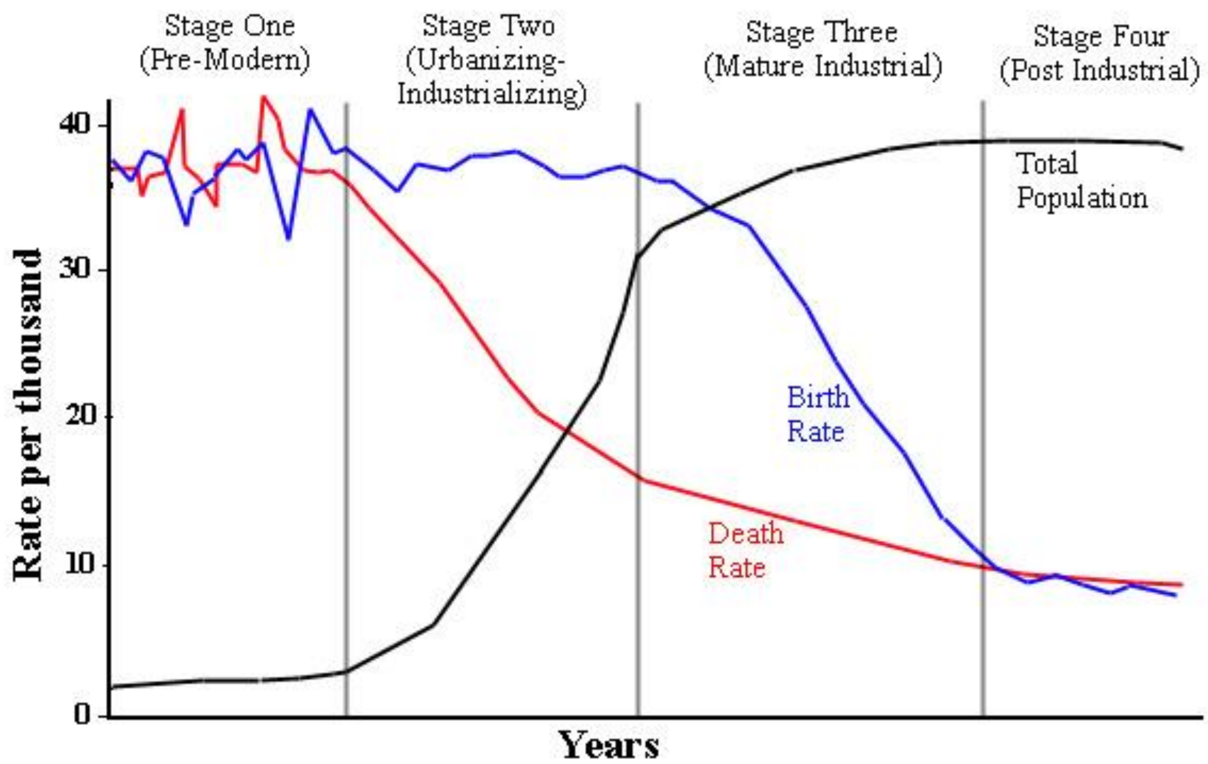
Now like it or not we're stuck on this rock. Despite all the science fiction that has become a part of our culture, we're not going anywhere in the near future. We are far from reaching the kind of speeds needed to cover the vast distances involved in colonizing other worlds. As far as things stand right now, only Mars and a few of Jupiter's or Saturn's moons have even close to the necessary requirements of atmosphere, temperature, gravity, and proximity that would allow for limited colonization. And if that does happen, it's doubtful it will be within your children's lives. So the issue of overpopulation is going to remain with us and require earthbound solutions. We're not going to be shipping the extras off anytime soon.

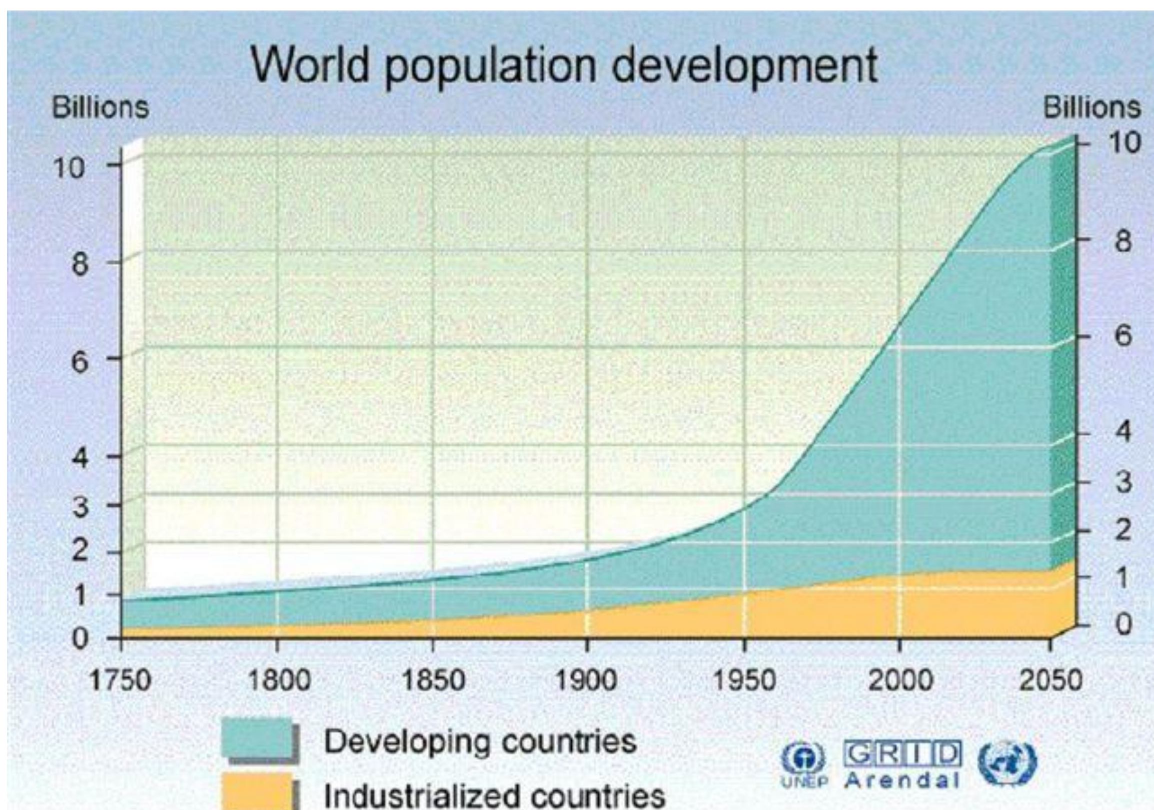
So how many people are there, and how many will there be in the years to come? First it's interesting to look at how the human population has increased over time. It certainly supports Malthus' theory that uncontrolled population growth tends to be exponential. Consider that modern human beings emerged about 40,000 to 50,000 years ago. For most of that time the human population totaled less than 10 million. A big turning point was the emergence of agriculture around 10,000 to 8,000 B.C. The world population began to climb. Ten thousand years later, at the height of the Roman Empire the world population was around 200 million. It continued to rise century by century, but it wasn't until around 1830 that the world population reached 1 billion. Although it took all of human history to reach 1 billion people worldwide, it only took another hundred years to increase the population by another billion, bringing it to 2 billion in 1930. By 1959 there were 3 billion people in the world, 4 billion by 1974, 5 billion by 1987, 6 billion by 1999. Currently we are adding another 75,000,000 people every year. So as of November 2010 the world population was approximately 6,880,000,000. And by 2012 the world population is expected to reach 7 billion. By mid-century world population is expected to pass 9 billion.



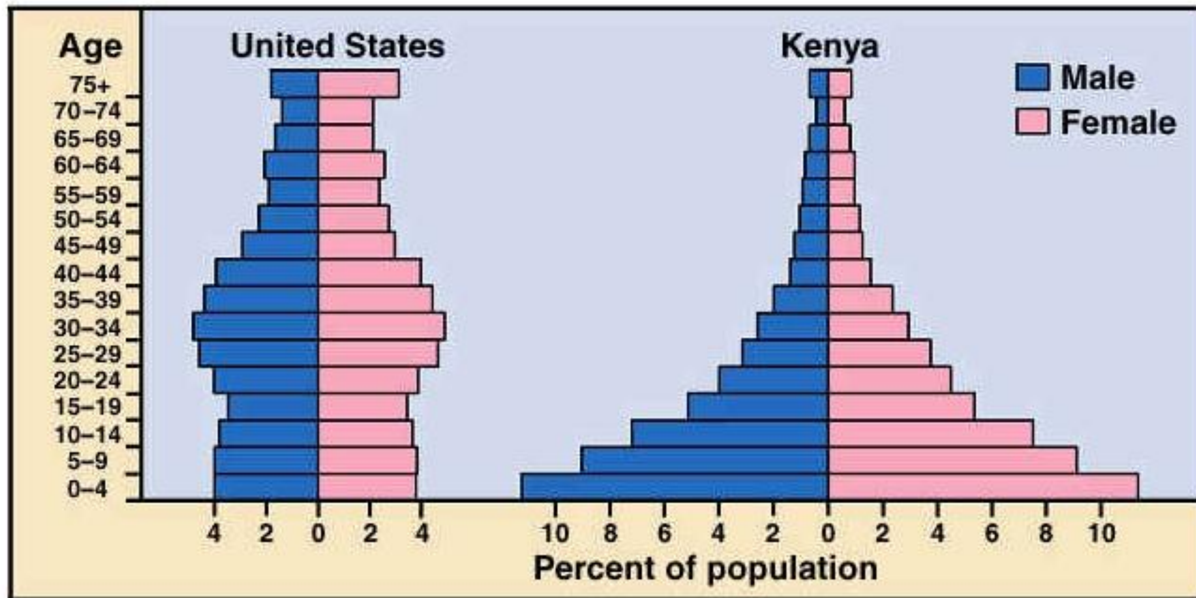
Even if zero population growth family planning (i.e. two offspring per couple) were initiated immediately across the globe the population would still increase for at least another generation or two. This is because of overlap. Parents don't simply drop dead immediately after their second child is born. Parents and offspring share a good deal of their life spans together, and that time is going to increase as more and more people live into their 70's and beyond. We're not going to reach a balance until all age groups are fairly even in number, such that the birth and death rates become fairly equalized. Even with extensive long term planning this isn't likely for a couple generations, by which time we'll have reached a minimum of ten billion.

It is also of interest to examine how and where the population is growing. In general the most dramatic increases in population are found in undeveloped countries, while the tendency is for population growth to level off in more developed nations. So what's going on? In extremely primitive societies the death rate is quite high, particularly infant mortality. The birth rate is high to compensate for this. So over time the birth and death rates are roughly equal and the population remains relatively stable. However, most of the undeveloped countries of the world today receive humanitarian aid from the developed nations in the form of food relief to prevent starvation, and medical care to prevent disease. So the death rate drops, but the birth rate often remains high. And as a result the population climbs rapidly. Now in developed nations people come to realize that infant mortality is low so it's no longer necessary to have 'extra' children. Instead they have fewer children, in whom they invest a great deal of time and resources. And again over time the birth and death rates equalize and the population stabilizes. The problem right now is that few countries have reached that level, so in many parts of the world birth rates are substantially higher than death rates and populations continue to grow rapidly. In fact, the overall growth rate of the world population still reflects this pattern.


Stage One
(Pre-Modern)
Stage Two
(Urbanizing-
Industrializing)
Stage Three
(Mature Industrial)
Stage Four
(Post Industrial)
Rate per thousand
40
30
20
10
0
Total
Population
Birth
Rate
Death
Rate
Years


World population development
Billions
Billions
10
8
6
4
3
2
1
0
1750
1800
1850
1900
1950
2000
2050
Developing countries
Industrialized countries
UNEP
GRID
Arendal

Population Pyramids from 1990



World Midyear Population by Age and Sex for 2010

AGE	BOTH SEXES POPULATION	MALE POPULATION	FEMALE POPULATION	SEX RATIO
Total	6,853,019,414	3,451,948,881	3,401,070,533	101.5
0-04	621,862,368	321,440,681	300,421,687	107.0
05-09	601,126,842	311,273,294	289,853,548	107.4
10-14	595,000,326	307,959,624	287,040,702	107.3
15-19	597,568,265	307,867,875	289,700,390	106.3
20-24	599,528,485	306,686,933	292,841,552	104.7
25-29	548,381,864	279,340,160	269,041,704	103.8
30-34	504,146,415	256,565,242	247,581,173	103.6
35-39	492,326,890	250,077,602	242,249,288	103.2
40-44	462,282,445	233,723,431	228,559,014	102.3
45-49	408,593,315	204,283,287	204,310,028	100.0
50-54	348,336,085	172,760,944	175,575,141	98.4
55-59	303,922,211	149,110,731	154,811,480	96.3
60-64	237,519,723	115,495,234	122,024,489	94.6
65-69	178,676,343	85,029,265	93,647,078	90.8
70-74	144,894,446	66,325,879	78,568,567	84.4
75-79	102,587,783	44,780,769	57,807,014	77.5
80-84	63,786,649	25,424,046	38,362,603	66.3
85-89	30,220,186	10,410,951	19,809,235	52.6
90-94	9,482,690	2,761,877	6,720,813	41.1
95-99	2,420,308	562,554	1,857,754	30.3
100+	355,775	68,502	287,273	23.8

Even more problematic is where this rapid population growth is taking place. It's in some of the most unproductive regions on the planet as far as food production is concerned. Population growth is exceptionally high in the semi-arid and desert regions of Africa and the Middle East. It's also high in other areas of Africa, India, Southeast Asia, and Latin America where dense jungles and rain forests are found. And once cleared the soil actually isn't very fertile. Other areas of India, China, and Latin America are covered by vast mountain ranges, where once again few crops can be grown.

Many of these areas cannot support their current populations without outside food supplies coming in even when climatic conditions are at their best. In other words, these regions are already at carrying capacity. In bad years there may be drought or flooding, virtually wiping out all the local food supplies. Starvation is avoided only by means of foreign aid. Yet for the most part little is done to provide contraception so the populations continue to increase and the problems and dependency continue. So as the world population continues to grow where is all the food going to come from? In countries like the United States much of the best land now produces only two crops: Lawns and parking spaces! Suburban houses, strip malls, parking lots, and roadways cover what in many cases was once farmland. Existing farms have in many cases been over-worked. Topsoil levels are nearly half of what they were a century ago. And in developing high yield crops other properties have been lost such as resistance to disease and insects. Modern agriculture requires the use of fertilizers to compensate for fewer nutrients in the soil and pesticides to ward off insect infestations. And after the fact there are still the problems of continued erosion and pollution from farm runoff (especially those same pesticides and fertilizers). The oceans aren't the answer either, declines in many prime fishing regions have already been noted. Yet were going to need enough food to feed the already existing 6,880,000,000 people, plus those continually adding to that number. How long can we sustain that level of consumption, 50 years, 100, 200?

Food is just one item necessary to survival. There's also the question of fresh water supplies. Not only is this a problem in many undeveloped nations, it's even a problem in the United States. We're already seeing water shortages in areas of the United States like San Diego, Los Angeles, and Phoenix. The Great Lakes constitute the largest reservoir of fresh water on the planet. But you can't draw anymore than what is replaced by rainfall, or eventually they'll be gone. Now the oceans of course, dwarf them. But seawater is undrinkable and desalination is still relatively expensive. If countries like the United States can't afford it how are undeveloped countries going to afford the technology, provided they even have access to seawater.

And after we've eaten and enjoyed a beverage, well what goes in comes out. What do we do with all the crap? Given a population of 6,880,000,000 the amount of crap produced every year is staggering. Should we dump it all into the ocean, where we plan on getting more and more of our food and drinking water from? And speaking of waste

products, there's us. Eventually everyone alive now is going to die, most over the course of the next 70 to 80 years. What are we going to do with nearly 7 billion bodies? That's a lot of dead folk. In places like China, Mexico City, and New Orleans you don't stay buried forever anymore. You're interred for 50 or 100 years and then what's left is sent to relatives and somebody else takes your spot in the cemetery. In the future we're going to have to drastically change some of these customs, it simply won't be practical any longer. However, the *Soylent Green* option (as a form of recycling) is unlikely to catch on, as most of us aren't particularly fond of this solution. And don't forget all those bodies will be replaced with another 7 to 10 billion over that same time frame.

All of this is just looking at the minimum for survival. But we're used to a little more, and most of the developing countries want more too. But a decent standard of living means housing, heating, travel, and stuff! This comes to a question of fuel and other resources, for both direct consumption and manufacturing. The standard of living in the United States is very high and based on the highest per capita consumption of energy in the world. The problem is that everyone is going to want to approach that standard of living. Now the United States could not begin to approach the current standard of living on only 1 barrel of oil per person, per month. But even at 1 barrel per month for all of the 7 billion or more people in the world as they begin increasing their standard of living we would require far more oil than the current level of production worldwide. And to make all this happen there's also a need for infrastructure, that's roads and other facilities to connect it all (and the land needed to put them on). In addition, don't forget that all our toys break. So we throw them away. That's a lot of trash and landfill space (even for just diapers, old tires, and lighters).

So consider that in the United States right now we are becoming increasingly aware of crowding, especially in urban areas as we sit in traffic, deal with holiday shopping, and so forth. Life has changed just here in San Diego County over the last 15 years as the population has grown. Government is way behind in finding solutions, just look at the freeway traffic. Again, it's in the realm of the social sciences where we're going to get people to address these issues realistically. Are we willing to drastically cut back on our lifestyles so that everyone who wants to have a child at any age, by any means, without any parental skills whatsoever can have one (or more)? Or are we going inform people of some of the consequences that are on the horizon if we don't start to promote zero population growth? Enough, I think you get the idea of how enormous and complex this problem really is going to be in the very near future.

Family Planning - Contraception

What is Contraception? The goal in contraception is to avoid pregnancy. Pregnancy begins with conception, when one of the male's sperm locates and penetrates the female's ovum (egg) as it travels down the fallopian tube. This is the point of conception, when fertilization occurs. From there the fertilized egg begins to divide and grow, eventually attaching itself to the uterine lining (wall). Contraception involves circumventing this process at some point, generally before conception or very soon afterwards. Once pregnancy passes a certain point, usually when the fertilized egg has successfully attached itself to the uterine wall, the terminology changes. Measures to terminate a pregnancy are referred to as abortion procedures. Whether one considers abortion as another form of contraception is a matter of individual ideology. For the purposes of this course that is how it will be treated, as a last resort form of contraception. Of course, various moral and religious ideologies have very different views regarding what is ethically and morally acceptable in terms of contraception.

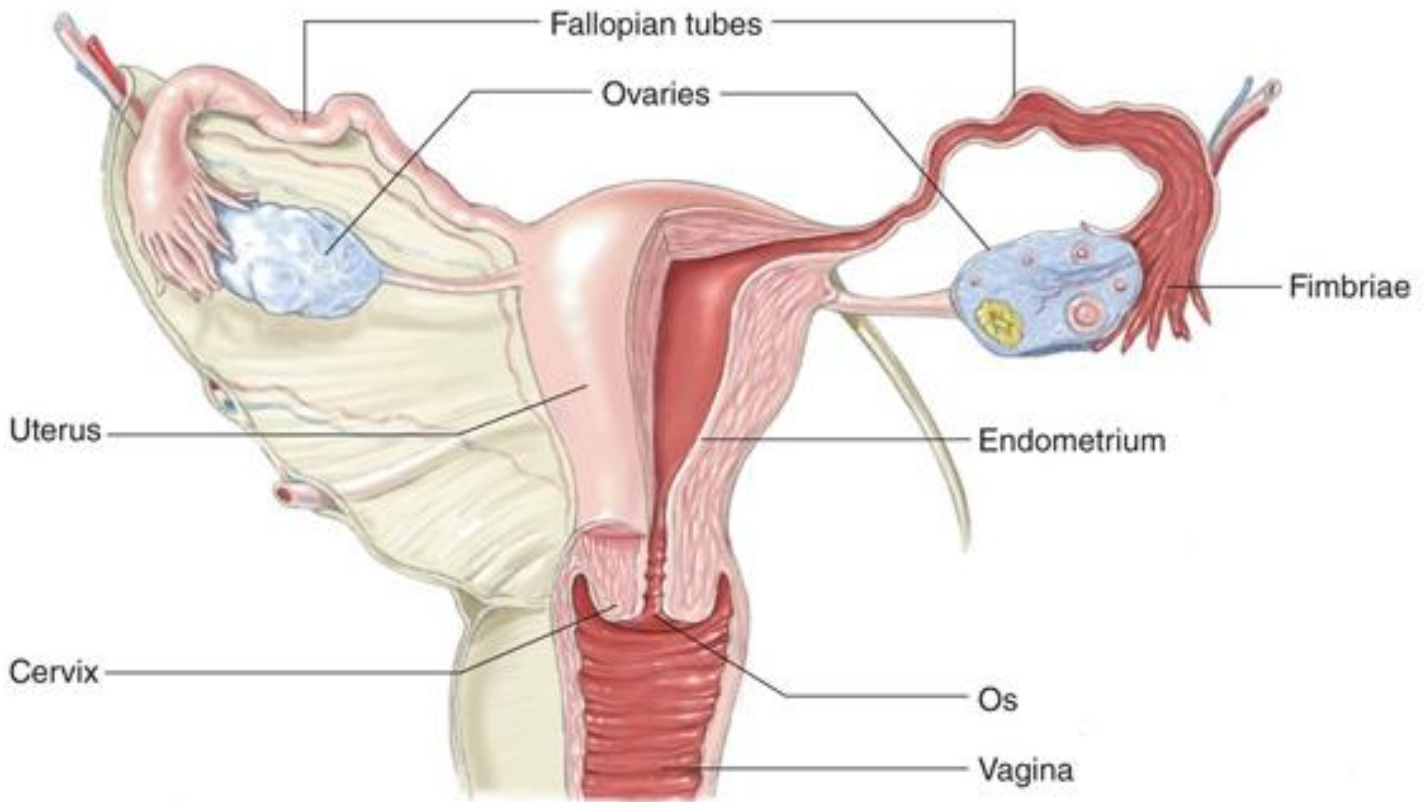
Forms of Contraception: There are a number of different ways to circumvent pregnancy. Some methods rely on timing intercourse in such a way that there is no ovum present at the time for the sperm to fertilize. Some methods rely on blocking the way, so that sperm and ovum never meet. Some methods involve the administration of hormones to prevent the release of the ovum or prevent a fertilized ovum from attaching to the uterine wall. And other methods involve surgical procedures designed to more or less permanently prevent either the release of sperm or ova.

Abstinence - Not engaging in intercourse is certainly one way to avoid pregnancy. Continuous or complete abstinence is simply not having intercourse, and it is quite effective. Of course, other forms of sexual activity can still be engaged in. Periodic abstinence involves timing of sexual intercourse such it that occurs when the woman is least likely to conceive. Related to abstinence is the method of withdrawal, wherein intercourse occurs but the man withdraws his penis prior to ejaculation.

Condoms - This is one of several 'barrier' methods. The male condom slips over the penis and prevents sperm from entering the vagina.

Over-the-Counter Methods - Female condoms, along with various spermicidal products (film, foam, sponge) are used by women to prevent fertilization. Another barrier method, the female condom blocks the sperm from entering the vagina, much as the male condom does. Spermicidal products immobilize the sperm so that they are unable to reach the ovum.

Cervical Barriers - A number of different devices are used to block the cervical entrance (os) to the uterus and fallopian tubes, thus preventing the sperm form reaching the ovum. These barrier methods include diaphragms, cervical caps, the FemCap, and Lea's Shield. All are more or less a variation on the same theme. Some of these devices need to be properly fitted to the woman's unique anatomy.

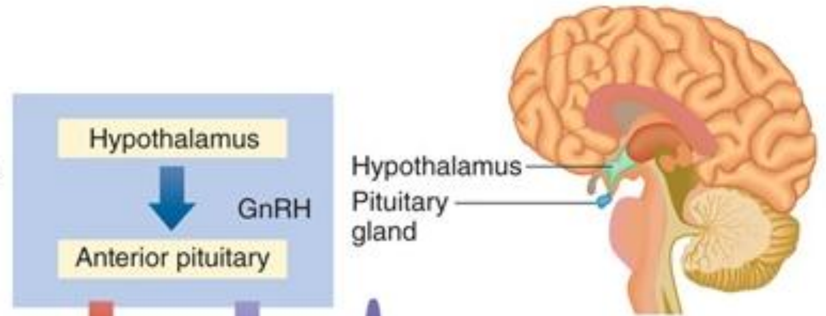


Intrauterine Devices (IUDs) - Placed in the uterus, these devices serve several functions. To a certain extent they may block sperm from reaching the ovum. But the main function is to slightly irritate the uterine lining. Certain uterine fluids are released that prevent the sperm from reaching the ovum, making fertilization more difficult. IUDs also make it so a fertilized egg will not be able to attach itself to the uterine lining. In addition, some IUDs release progesterone which serves to thicken cervical mucous (blocking the os) and they may also prevent ovulation.

The Pill - Birth control pills use a combination of the hormones estrogen and progesterone to prevent ovulation. In essence the pill mimics the hormone levels that occur following ovulation, so the body doesn't initiate ovulation because it seems as though it has already occurred. As a result an ovum is not released to ever become fertilized.

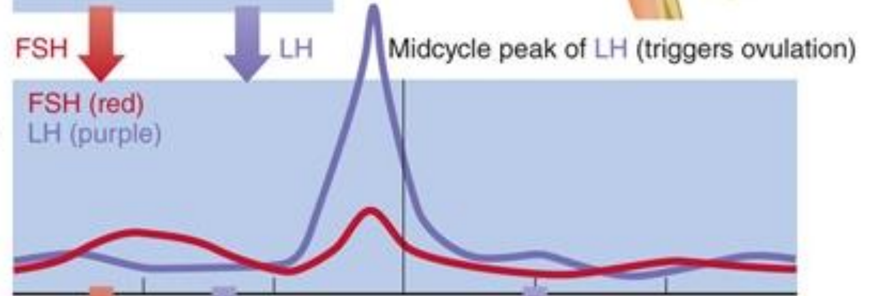
(a) **Brain**

The hypothalamus in the brain measures levels of hormones and releases GnRH (gonadotropin-releasing hormone) to stimulate the pituitary to secrete FSH and LH into the bloodstream.



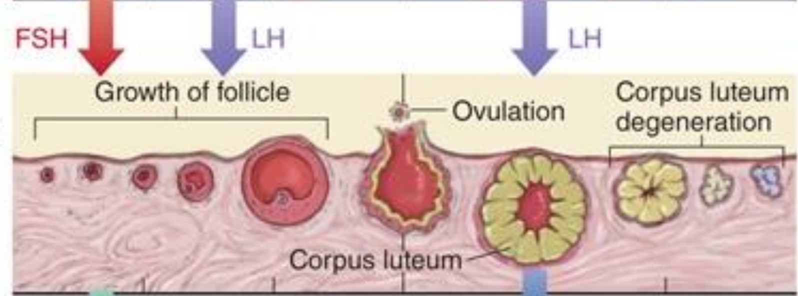
(b) **Blood Levels of FSH and LH**

The levels of FSH (red line) and LH (purple line) vary during the complete cycle.



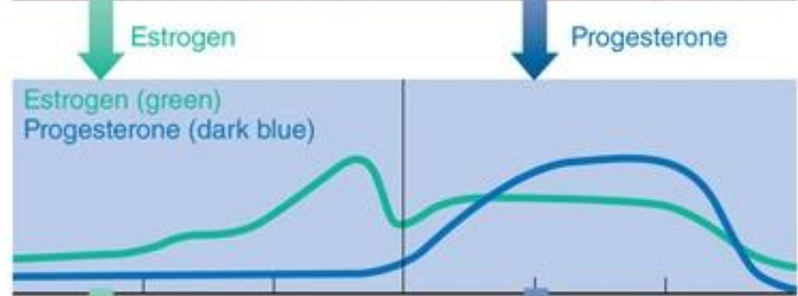
(c) **Ovary**

Ovarian changes during the phases of the cycle.



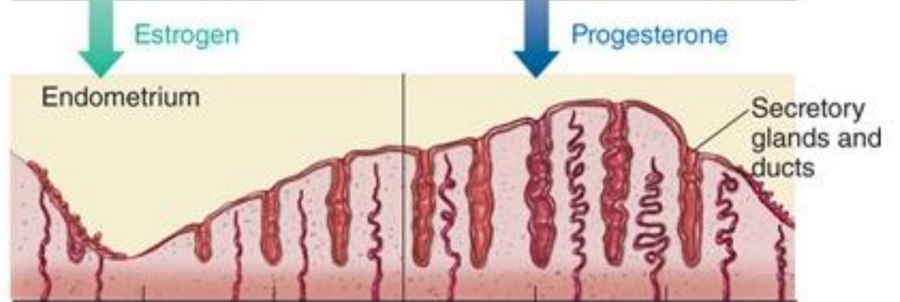
(d) **Blood Levels of Estrogen and Progesterone**

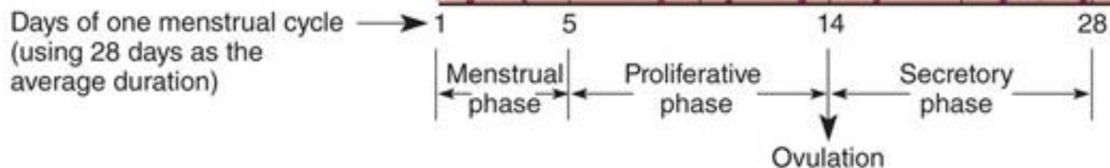
Fluctuations in blood levels of estrogen and progesterone produced by the ovaries.



(e) **Endometrium of Uterus**

Effects of estrogen and progesterone on the lining of the uterus. After ovulation, the glands and ducts inside the endometrium (drawn as vertical tubes and spirals) develop and secrete nutrients that, if the woman became pregnant, would support the embryo.





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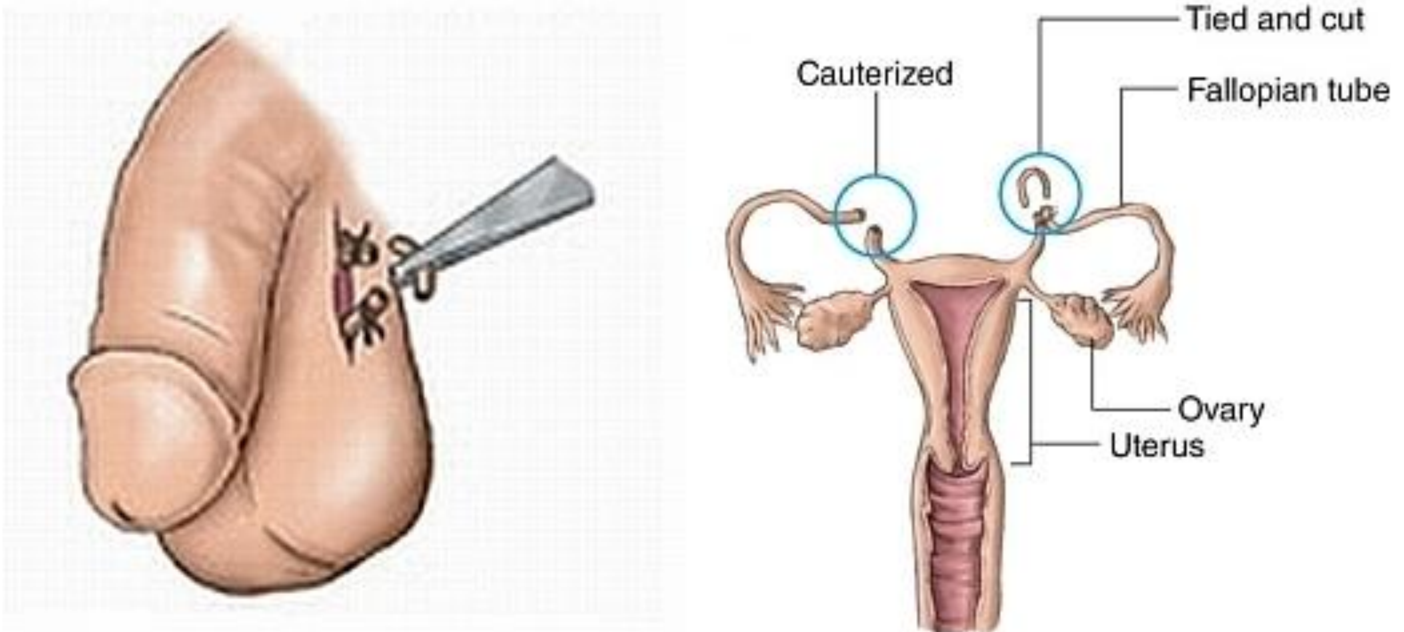
Other Hormonal Methods - Like the pill, these methods work by manipulating the woman's hormones to mimic the post-ovulatory stages of the female cycle. These are simply different methods of administering the hormones that don't involve remembering to take a pill everyday. They include the monthly Ortho Evra patch and NuvaRing. Longer acting methods include Depo-Provera injections and the implantation of Norplant or Implanon rods.

Emergency Contraception - Primarily used after the fact if unprotected intercourse occurred or if the primary means of contraception failed, or might have. A large dose of a progesterone-like hormone is taken that prevents ovulation and also alters both the cervical mucous and the uterine lining. So even if fertilization has taken place the egg cannot attach itself to the uterine lining. If taken within 24 hours after intercourse they are 95% effective, and are still 75% effective after 72 hours.

Pill Brand	Manufacturer	1st Dose	2nd Dose (12 hours later)
Progestin-only Pills			
Plan B®	Barr	1 white pill or 2 white pills in one dose	1 white pill
Ovrette®	Wyeth-Ayerst	20 yellow pills or 40 yellow pills in one dose	20 yellow pills
Combined Hormone Pills			
Alesse®	Wyeth-Ayerst	5 pink pills	5 pink pills
Aviane®	Duramed	5 orange pills	5 orange pills
Cryselle®	Barr	4 white pills	4 white pills
Enpresse®	Barr	4 orange pills	4 orange pills
Lessina®	Barr	5 pink pills	5 pink pills
Levlen®	Berlex	4 light orange pills	4 light orange pills
Levlite®	Berlex	5 pink pills	5 pink pills
Levora®	Watson	4 white pills	4 white pills
Lo/Ovral®	Wyeth-Ayerst	4 white pills	4 white pills
Low-Ogestrel®	Watson	4 white pills	4 white pills
Lutera™	Watson	5 white pills	5 white pills
Nordette®	Wyeth-Ayerst	4 light orange pills	4 light orange pills
Ogestrel®	Watson	2 white pills	2 white pills
Ovral®	Wyeth-Ayerst	2 white pills	2 white pills
Portia®	Barr	4 pink pills	4 pink pills
Seasonale®	Barr	4 pink pills	4 pink pills
Seasonique®	Barr	4 light blue-green pills	4 light blue-green pills
Tri-Levlen®	Berlex	4 yellow pills	4 yellow pills
Triphasil®	Wyeth-Ayerst	4 yellow pills	4 yellow pills
Trivora®	Watson	4 pink pills	4 pink pills

Sterilization - Surgical procedures can also be employed that are designed to more or less permanently prevent either the release of sperm or ova. For males a *vasectomy* is performed. Two small incisions are made on either side of the scrotum and a small section of the vas deferens is removed, thus severing the route taken by the sperm during ejaculation. For females a *tubal ligation* may be performed in which one or two small incisions are made though the abdominal wall. Via these incisions the fallopian tubes are then either tied off, cut, clipped, or cauterized to prevent the sperm from reaching the ovum. Another option for females is *transcervical sterilization* in which a small coil is inserted into the opening of each fallopian tube via the cervix. The device promotes tissue growth that in a few months time blocks the fallopian tubes and prevents the sperm from reaching the ovum.



Summary - Decisions as to what method of contraception is preferred involve a number of considerations. Does a particular method also provide protection from STIs? Convenience is an issue, there's no point in adopting a method that you won't use consistently. How well your body, or your partner's, is able to tolerate a particular method is also an issue. Some people are sensitive to latex, others to spermicidal products, others to the hormones used in the pill and other hormone methods. When considering surgical procedures one must keep in mind that these are relatively permanent procedures. Although most are reversible, there is no guarantee that the procedure can be reversed in your particular case. And finally there is cost to consider. Again, there's no point in adopting a method of contraception that you can't use consistently.

Abortion: In addition to contraception aimed at somehow preventing pregnancy there are various procedures used to terminate a pregnancy once it has begun. The choice of abortion is usually a last resort. Much like emergency contraception, abortion occurs after the fact if unprotected intercourse occurred or if the primary means of contraception has failed. Indeed, some consider emergency contraception to be a form of abortion. Generally an abortion occurs later, once pregnancy is confirmed.

Moral Considerations - There is a great deal of controversy surrounding the issue of whether or not a woman has a right to an abortion. Central to this are a number of questions such as when human life begins, when does a fetus stop being part of the woman's body, when does the fetus become a person, and when does a fetus gain rights of its own (if ever)? People's ideologies differ as to exactly when this point is reached, and whether one of these determinations necessarily entails all of the others. So a person may believe human life begins at one point, but that that life may not yet be a person in every sense of the word.

- At the instant of conception, when sperm and ovum combine to produce full set of chromosomes.
- Not until the fertilized egg begins to divide and grow.
- Not until the fertilized egg attaches to the uterine wall.

- Not until the cells start to differentiate and generate the organ systems of the body.
- Not until the fetus is recognizably human in appearance.
- Not until the fetus can be sustained outside the mother's body (perhaps with extensive medical support).
- Not until the fetus is viable and can be sustained outside the mother's body with minimal medical support.
- Not until full term and birth.
- Not until sometime after birth.

The answer to this question determines the status of the fetus. It determines when the fetus is to be considered a person, which entails that it may also have certain rights.

Naturally Occurring Abortion - Keep in mind that many pregnancies naturally abort due to a number of medical complications. It is estimated that one in seven known pregnancies end in spontaneous abortion or miscarriage before the 20th week of pregnancy. The number may actually be far greater, as women may spontaneously abort without ever realizing they were pregnant. After the 20th week, a fetus that does not survive is termed stillborn. Around 26,000 pregnancies end in stillbirth in the United States each year. In most of these cases there is little effect on the woman's ability to have children in the future.

AT A GLANCE

TABLE 11.1 Prime Suspects: Possible Causes of Miscarriage
Maternal age greater than 35 years
More than 5 alcoholic drinks per week
More than 375 mg of caffeine per day (2–3 cups of coffee)
Rejection of abnormal fetus
Cocaine use
Damaged cervix
Chronic kidney inflammation
Abnormal uterus
Infection
Underactive thyroid gland
Autoimmune reaction
Diabetes
Emotional shock
Aspirin and nonsteroidal anti-inflammatory drugs early in pregnancy
Obesity

Sources: Lash & Armstrong (2009) and Speroff & Fritz (2005).

The idea that many pregnancies are naturally terminated raises the pertinent question of whether an aborted fetus (by the woman's choice) would have survived anyhow. This is a question most of those opposing a woman's right to abortion never even consider. It is also why many prefer determinations of when a fetus becomes a person based on later stages of pregnancy. It is interesting to note that a number of religions do not consider the fetus to be imbued with a soul until the later stages of pregnancy. Until the late 1860s even the Catholic Church held that the soul developed after conception, 40 days later for males, 90 for females. It was Pope Pius IX who first officially declared that human life began at conception. Consider also, that in some cultures babies are terminated after birth, especially if they are considered to be of the wrong (translate that to 'female') gender. No doubt there will always be some debate on these issues.

Deciding on Abortion - Ultimately this decision must be made by the woman, no one else should be allowed to make it for her. And the decision to abort a pregnancy is seldom made without some degree of painful deliberation on the part of the woman, or couple, involved. Is it then the intention of our laws pertaining to free speech to have other people shouting obscenities and so forth as these women enter the treatment facility? How can killing an abortion clinic doctor be justified? Is this really a legal or political issue? Doesn't if fall more within the realm of a solely moral issue, much like one's choice of religion, or one's views on various sexual practices and so forth?

Types of Abortion - Different types of abortion are appropriate to different stages of pregnancy. Over 60% of elective abortions occur within the first nine weeks of pregnancy. Medical abortions, which block the hormone progesterone and prevent the embryo from clinging to the uterine wall, are 99% effective in the first 7 weeks. Various surgical procedures are used during later stages of pregnancy. Before legalized abortions in the United States, and in many countries where abortion is still illegal, the end result is not the elimination of abortion. Rather, it is a much higher mortality rate for women seeking to terminate an unwanted pregnancy as they are forced to resort to more risky procedures.

Family Planning - Conception

Not Having Children: Choosing to have children should be just that, a choice. In fact, being 'kid free' has become a much more popular option than in the past. While only 9% of women 40-44 were childless in 1975, that percentage doubled to 18% by 2002. There are advantages to not having children, whether or not one is in a long-term relationship. Those without children have more time for personal pursuits, have a more flexible lifestyle, have more time and energy to devote to relationships, are able to fully pursue career goals, and have greater financial resources.

Having Children: Nevertheless, most people do have children and cite many benefits from doing so. The security of a family unit, the unconditional love one has for and receives from one's children, and the sense of continuity that children bring are all benefits of having children. Raising children may also enhance the love between the parents. And successfully overcoming the challenges of parenthood may boost one's self-esteem and provide a sense of accomplishment. But those benefits do come at a certain cost. It is important for a woman to realize all that pregnancy, birth, and raising a child entails. Before trying to get pregnant, or committing oneself to carry an existing pregnancy to term, there are a number of considerations to be weighed and questions to be asked.

TO BE OR NOT TO BE A PARENT

Many of us learn during childhood that people (implying *all* people) grow up, get married, and have a family (two kids and a dog, to be exact)—in that order. Despite the fact that many people do not opt for this path in life, it is still generally assumed to be "normal" to do so, and people who opt not to have children are often questioned or pressured by family and friends. Think about your own situation: If you are already a parent, did you *assume* that parenthood was in your future, or did you recognize it as a choice, not a given? If you do not have children yet, what are your assumptions about becoming a parent?

If you haven't already had children or if you are considering having another child, you might want to think about the questions below. Keep in mind that your answers to these questions can change dramatically in the future, and you might want to assess yourself again sometime (such as the next time you decide to forgo using contraception!).

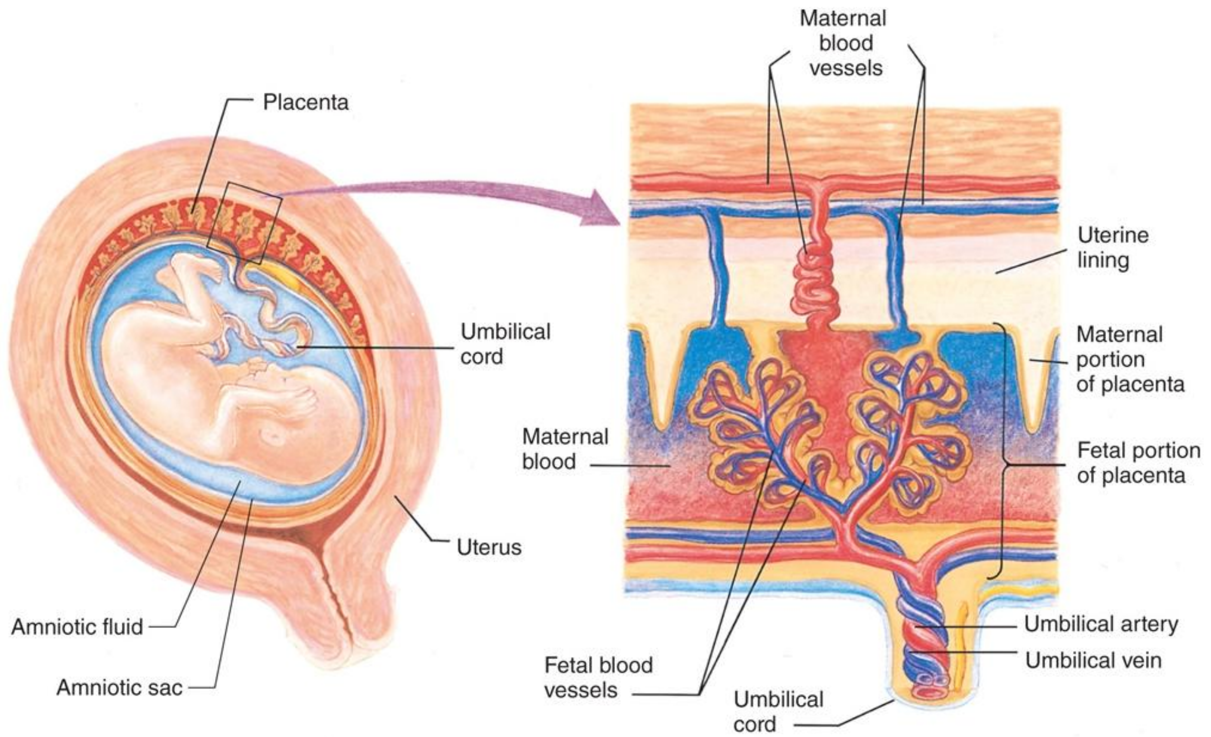
1. How do I rate my energy level and general health?
2. Could I handle the demands of both a job and a child?
3. How do I define personal freedom? How important is it to me?
4. Is doing what I want when I want to important to me?
5. How flexible am I? How do friends and family rate my flexibility? Am I able to change directions and plans easily with little fuss?
6. How much of my social life am I willing to curtail in order to care for a child?
7. Have I fully considered what it will mean to my own growth and development to devote the greatest portion of my time to a child for the next 18–20 years? Is this the number-one way I want to spend the next two decades of my life? If not, what is?
8. Am I happy now? In what ways would a child make me happy?
9. Do I feel as if I am incomplete without children? If so, is this a good reason to have a child?
10. Do I feel pressure to have children from friends, family, the culture in general? Would I feel like I fit in if I had children? Are these good reasons to have children?
11. Do I enjoy being with children? Do I like children?
12. Am I patient by nature?
13. Do I have a temper that is difficult to restrain?
14. Is control a major issue for me?
15. Am I critical or judgmental by nature?
16. What is my history with intimate relationships? Divorce?
17. Is loving someone easy for me? Am I affectionate?
18. Do I enjoy teaching or explaining things?
19. What is my view of discipline? How well could I discipline a child?

SOURCE: Adapted from Lafayette, 1995

Pregnancy Is Not Easy: For the woman involved pregnancy involves a great deal. The mother's general health and nutrition must be good. Carrying a child puts a great deal of strain on a woman's body, often resulting in extreme fatigue. Pregnancy can be uncomfortable because of the added weight and the positioning of the fetus. Back pain, digestive disturbances, constipation, and frequent urination are all common maladies associated with pregnancy. There are also changes in a woman's hormone levels that result in morning sickness and mood swings.

Conception occurs when the ovum is fertilized as it travels down the fallopian tube. Once attached to the uterine wall the fetus will connect to the mother's blood supply via the placenta. The fetus needs oxygen and nourishment which it

gets from the mother's blood supply. And as the fetus grows it will take whatever it needs from the mother's body. If the mother isn't getting adequate nutrition, the fetus will rob nutrients from the mother's body itself. Quite simply, the baby comes first, whether the mother realizes it or not. At the same time, any harmful substances a mother's body takes in will be transferred to the fetus as well. The early stages of development are particularly crucial for the formation of many of the fetus's systems.



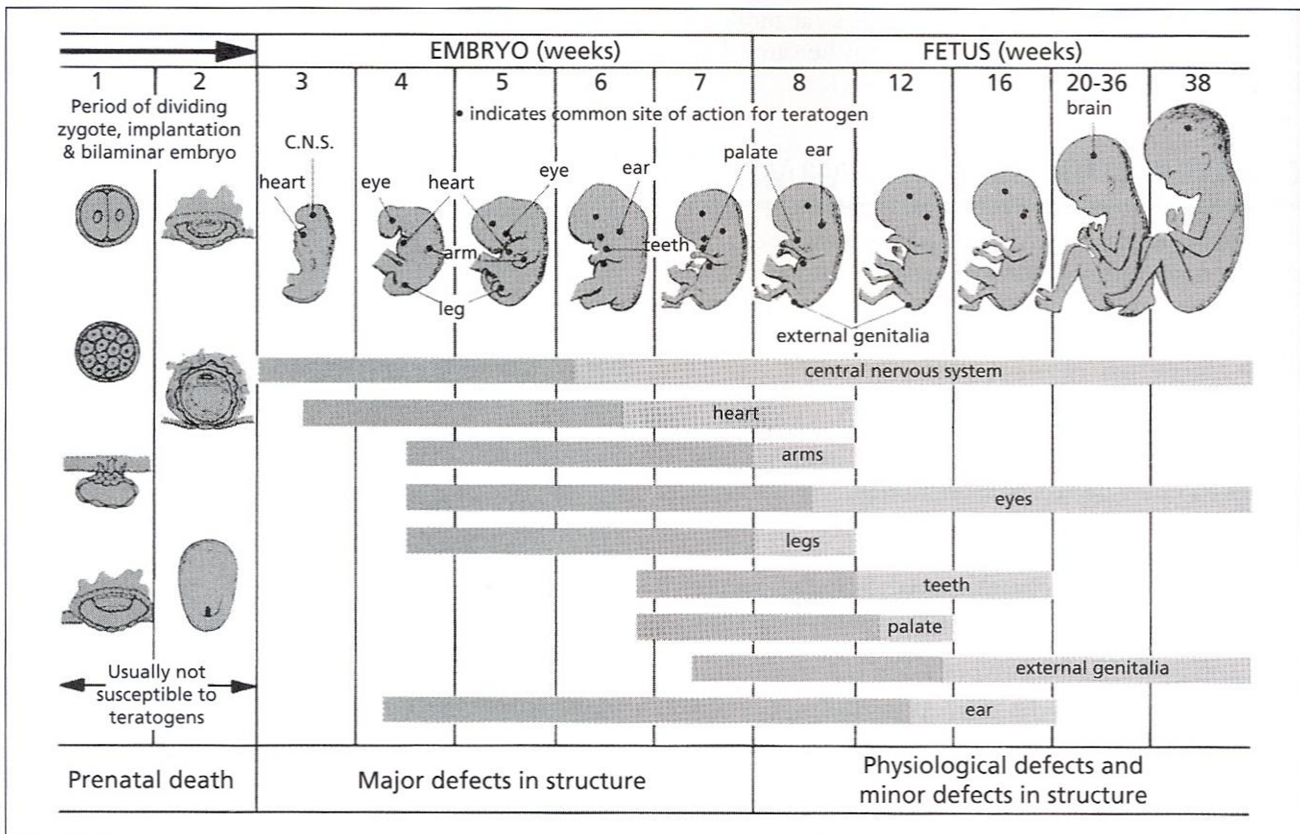


Figure 7–8 Critical periods in prenatal development. Darker shading represents highly sensitive periods; lighter shading represents less-sensitive periods.

A pregnant woman should take vitamin supplements, particularly folic acid, thiamine, and iron. These will prevent anemia and aid in the production of red blood cells, which carry oxygen to the fetus. At the same time she should refrain from alcohol, nicotine, and other drugs. Fetal Alcohol Syndrome (FAS) is the number one cause of birth defects in the United States. Nicotine, along with a number of other drugs lead to lower birth weight. The lower the birth weight, the higher the risk of complications. And in some cases, such as the use of cocaine or amphetamines, a baby can be born drug addicted. Starting life by dealing with withdrawal symptoms is not easy. If a woman isn't willing to give up these substances for the length of her pregnancy she should seriously reconsider her decision to have the baby in the first place. Oddly enough, although there are many who appose abortion and maintain the fetus has a right to life there are few who concern themselves with the quality of that life. Many of the states that put restrictions on abortion do not provide much in the way of prenatal care for low-income expectant mothers. More to the point, should states impose bans on what activities a woman can engage in while pregnant? You can't legally buy cigarettes until you're 18, or drink alcohol until you're 21. And these laws are arbitrarily based on age alone. Yet there isn't a ban during pregnancy despite documented evidence of low birth weight, premature birth, and birth defects (FAS) when the mother consumes them. Does the government have an obligation to intervene on behalf of the unborn child and make it illegal for pregnant women to smoke or drink? What is the balance of rights between the mother and unborn child? Remember that some of these children may be so damaged that they will be unable to support themselves for their entire lives, and thus be a burden on the state for that entire time.

Infertility: Sixty percent of couples become pregnant within three months once they start trying. However, some 12% of couples in the United States experience fertility problems (failure to conceive within 12 months). The problem may be due to either partner, or both partners. Better than 85% of infertility cases can now be successfully treated.

Female Infertility - Primary causes are failure to ovulate and blockage of the fallopian tubes. Female fertility peaks between the ages of 20 to 24, and are reduced to just over half that by age 35. Weight also plays a role. Being 10-15% below normal weight can inhibit ovulation. If a woman is of normal weight, and there is no evidence of scarring or other blockage of the fallopian tubes, then medications are given to increase the rate of ovulation. However, these may cause the release of additional ovum resulting in an increased chance of a multiple birth. Other possible causes of infertility include problems with the cervical mucous. It can either block the cervix so the sperm cannot enter or contain antibodies that attack the sperm. Other infections or abnormalities of the vagina, cervix, uterus, fallopian tubes, or ovaries may also destroy sperm or block them from reaching the ovum.

Male Infertility - For men the problem usually involves a low sperm count. This is often due to elevated temperatures in the scrotum affecting the testes, which are normally kept about four degrees cooler than the rest of the body. A varicose vein in the scrotum may cause blood to pool in the scrotum and raise the temperature. Initial treatment may simply entail switching underwear, avoiding hot baths, and cutting down on bicycle riding all of which tend to elevate temperatures in that area. Other problems may be due to blockage of the vas deferens as a result of infection. Drugs and other environmental toxins can affect either the quantity or quality of sperm. In cases where sperm count or semen quality cannot otherwise be compensated for Intracytoplasmic Sperm Injection (ICSI) may be employed. It involves injecting single sperm cells directly into harvested eggs that are then delivered to the woman's uterus.

Treating Infertility - There are a number of other ways to compensate for a couple's infertility. Artificial insemination involves injecting semen into a woman's vagina, cervix, or uterus. Approximately 70,000 babies are born from donor sperm in the United States each year. Surrogate mothers are artificially inseminated via the male partner and carries the baby to term for the couple, then gives it up to them for adoption. In vitro fertilization, test-tube babies, involves removal of mature eggs from the woman's ovaries and fertilizing them in a laboratory. The fertilized embryos are then inserted into the woman's uterus. Often excess fertilized embryos are frozen for future use as needed. Since the first test-tube baby was born in 1978 over two million have since been born worldwide. Zygote intrafallopian transfer is a variation on the in vitro fertilization technique where the fertilized embryo is transferred to one of the fallopian tubes rather than the uterus. Gamete intrafallopian transfer involves placing sperm and ovum directly in one of the fallopian tubes, where fertilization can then take place.

All of these procedures can help a couple having problems conceiving using their own sperm or ova, or by using donated sperm or ova. But as an extension of that a single women can also conceive, as can lesbian couples. However, there is another side to all of this. Many of these procedures end up resulting in multiple births. And there's nothing stopping a woman past the age of childbearing to conceive, even once in her 60s and even her 70s. Should we really be using extraordinary measures to achieve pregnancy in any case so long as the people involved can afford the

procedures? Most people question the idea of using valuable medical resources to transplant a heart or kidney to someone in his or her 80's or beyond. Should we then use such resources to allow post-menopausal women to get pregnant? What's the difference between renting out your body as a prostitute and renting out your body as a surrogate mother? And if we allow people to make deals to sell their unborn babies, why not organs for transplant such as kidneys and lungs? What about deciding to sell the baby after it's born? What if the natural or surrogate mother changes her mind about the whole thing? And isn't this whole question of selling human beings reminiscent of the issues regarding slavery? What happens when it becomes possible to alter or implant genes for various traits (i.e. designer babies)? By the way, we're actually getting close to this technology. How about when medical technology develops an artificial womb? Does everyone have a right to these advances, or just those who can afford them? And even if we can do it, should we?

Adoption: The focus is on finding more ways to have children, not adopting. That means that the children being shuffled from foster home to foster home will remain in that situation. Rather than finding real homes for these children we look for ways to make more children. Even the text for this class only mentions adoption once (not in this section, in the section on sexual orientation when discussing adoption by same-sex couples). It's all become about having 'your own' kid. Of course that kid may be the product of both donor sperm and ovum. It's utterly ridiculous to no longer consider adoption as an alternative when facing infertility especially with all the issues we already discussed regarding overpopulation. To those who think a biological link, passing on your genes, is all that counts consider the following: You have a child and raise it. When the child is around twelve a routine blood test reveals that the hospital made a mistake and switched your baby with someone else's child. How easily would you be able to trade that child for the one you were supposed to have been given years before?

First Trimester:

1st trimester week 1 to 12

- Crucial time for pregnancy
- Setting stone as far as the anatomy of your body
- Discover that you are pregnant
- Huge growth in four weeks
- Baby grows by 8 times

Change may include:

- Extreme tiredness
- Tender or swollen breast, nipples might stick out
- Upset stomach with or without throwing up (morning sickness)
- Craving or distaste for certain food
- Mood swings
- Constipation
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

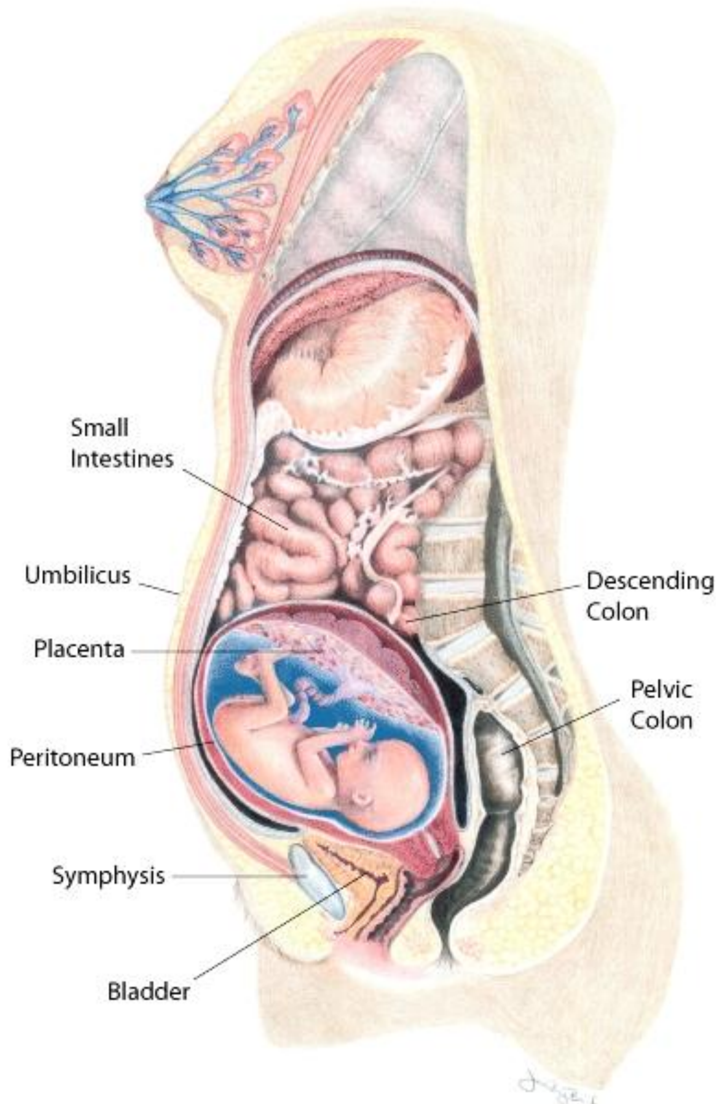
Second Trimester:

- Not having any tummy to huge tummy
- Sugar test (you are not developing diabetes)
- Triple screen blood test (abnormality in baby)
- Spina bifida and Down syndrome
- An ultrasound for anatomy is done (between 16, 18 & 20 weeks)

Body changes:

- Body aches (back, abdomen, groin or high pain, stretch marks)
- Darkening of skin around nipples
- A line on the skin running from belly bottom to pubic hairline
- Patches of darker skin (cheek, forehead, nose, upper lip)
- Numb or tingling hands, called carpal tunnel syndrome
- Itching, Loss Of Appetite, Vomiting, Jaundice
- Swelling of the ankles (preeclampsia)

2nd trimester week 13 to 28



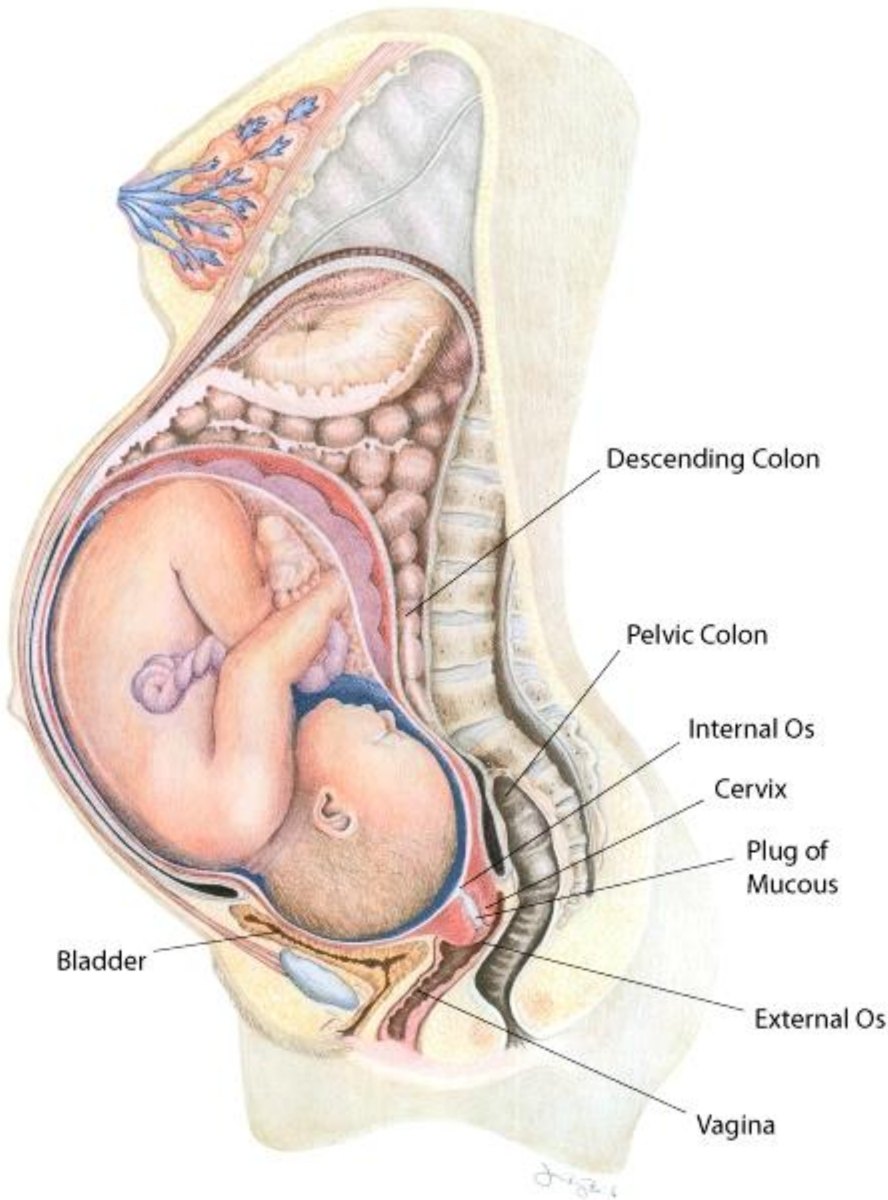
Third Trimester:

3rd trimester week 29 to 40

- Baby gets huge
- Backache, heartburn, gas pain, constipation, hemorrhoids, leg cramps, swellings
- Baby is moving all over the place
- Sonogram at this time for the baby's growth
- Blood test for diabetes about the 28th week

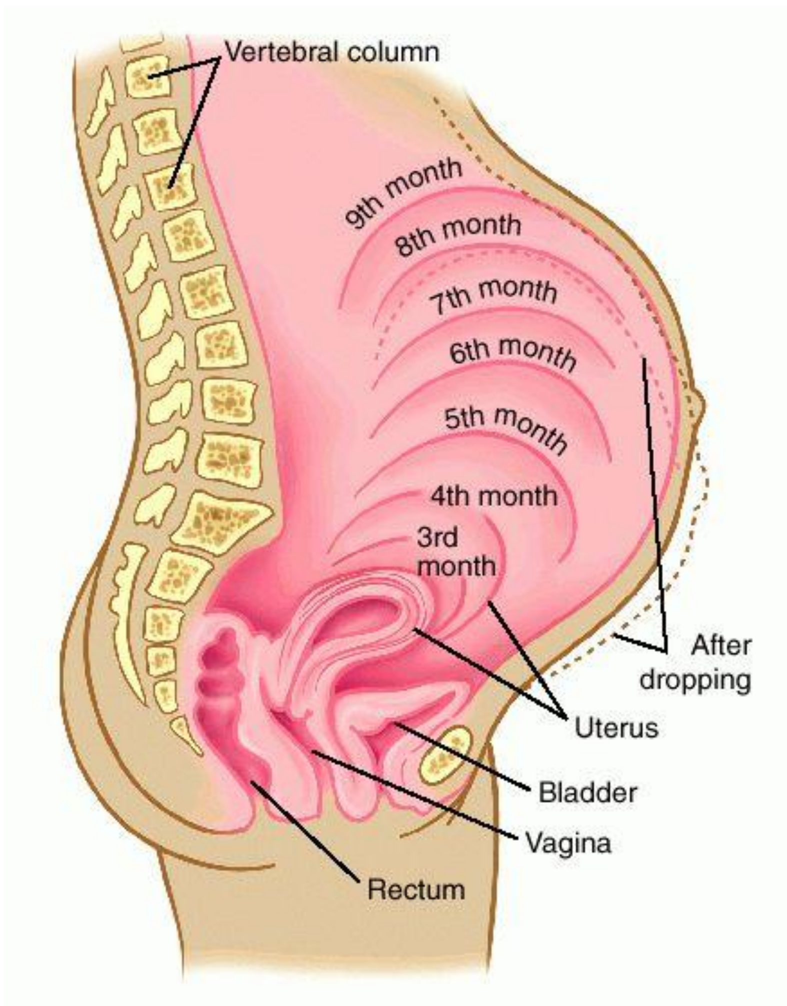
Body changes:

- Shortness of breath
- Heartburn
- Swelling of the ankles, fingers, and face
- Hemorrhoids
- Tender breasts (colostrum)
- Your belly button may stick out
- Trouble sleeping
- The baby "dropping", or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor

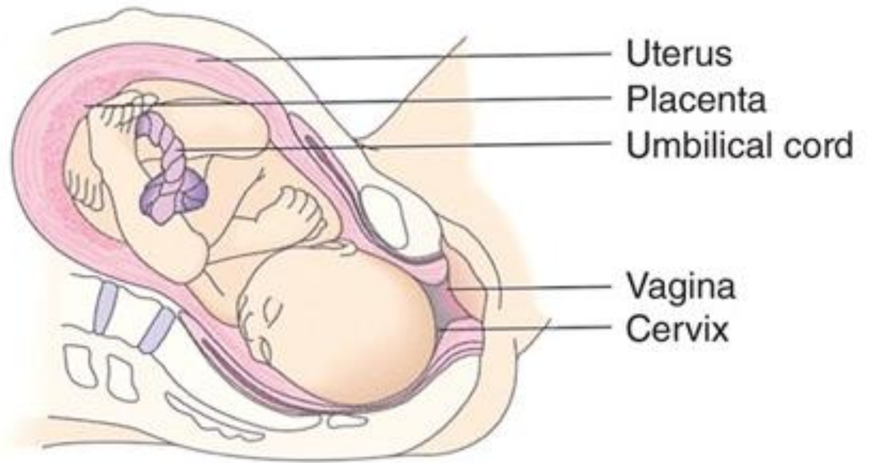


Other Considerations: Moderate exercise, Back Pain, Older Women and Twins.

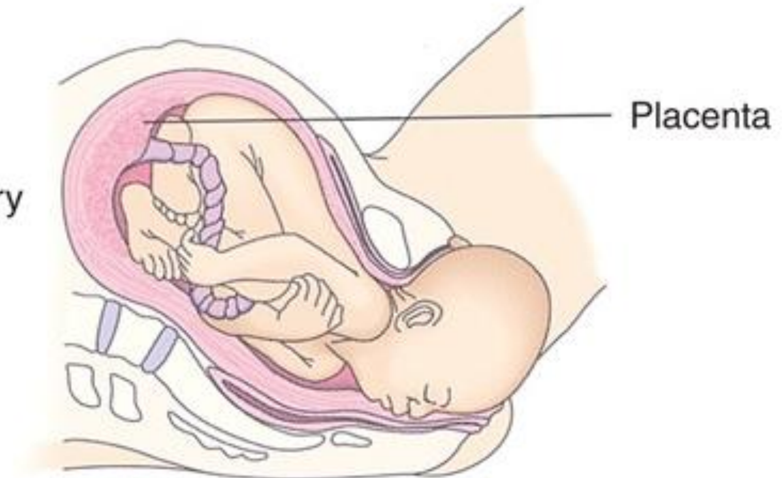
Delivery:



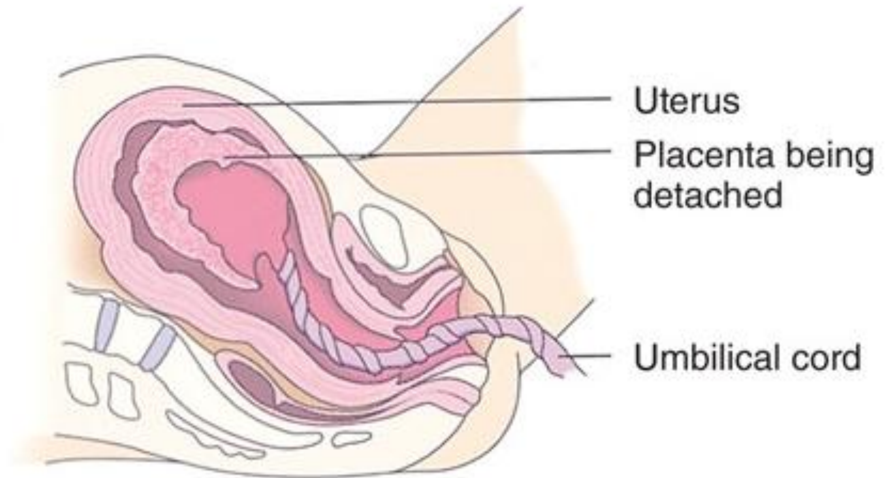
First stage
Dilation of cervix, followed by transition phase, when baby's head can start to pass through the cervix



Second stage
Passage of the baby through the birth canal, or vagina, and delivery into the world



Third stage
Expulsion of the placenta, blood, and fluid ("afterbirth")



Postpartum:

POSTPARTUM

It is a latin word post (after) + partum (birth)
The postpartum period lasts for 6 weeks

Three phases:
Immediate Postpartum: the 24-hour period immediately following delivery. **Early Postpartum or puerperium**: up to 7 days. **Remote postpartum or puerperium**: up to 6 weeks.

Body changes:
- Body tissues, especially the reproductive system reverts back to the pre-pregnant state, both anatomically and physiologically.
- **Involution** the process by which the uterus is transformed from pregnant to non-pregnant state.
- Back ache, hemorrhoids, constipation, varicose veins
- Coping with fatigue
- Limit exercise to the gentle pelvic floor and abdominal exercises
- Weight loss
- Pain in the perineum
- Incontinence
- Diastasis recti
- Symphysis pubis dysfunction
- Coccydynia (Pain in coccyx)

Final Considerations: What about training? You need a license to fish and to drive. What about legally compelling future parents to take some sort of training class so they have some clue as to how to raise a child? When does punishment become abuse? The point here is that having a child is not quite as simple as getting a puppy. And by the way, there are plenty of laws pertaining to the care, neglect, and abuse of animals. If we want to minimize the role of government in family issues, then it is the social sciences that must educate people with regard to these issues.

Atypical Sexual Behavior

What constitutes atypical sexual behavior? Responding sexually to forms of stimulation that do not commonly elicit sexual arousal and are not linked to sexual gratification for most people. In the past these particular interests or behaviors would have been described as perverted, abnormal, or deviant. Referring to them as atypical sexual behaviors alludes to the uncommon and unique character of these predilections without making judgments. The term *paraphilia* has also been introduced as a general term encompassing all forms of atypical sexual behavior. Literally it means beyond the usual or uncommon love, and refers to uncommon types of sexual expression. Note that as in other areas of human sexuality what constitutes atypical is a matter of degree. Most of us may have a certain degree of interest or have even experienced arousal to similar thoughts or situations. The difference is the degree to which one acts upon those tendencies. It is also of note that atypical sexual behaviors tend to cluster, that is they occur jointly. The presence of one paraphilia is a strong indicator that others will also be manifested, simultaneously or sequentially. Part of this may be due to the fact that some of these behaviors are rather similar. But it is more likely because once an individual has allowed the expression of one such behavior it is easier to further express other such behaviors.

Who is more likely to manifest atypical sexual behavior? In most reported cases of atypical sexual behaviors the agents performing certain acts are male according to the American Psychological Association. This is not to say that women do not express these feelings as well, but that this behavior is more prevalent in males. It could be that there are differences in reporting certain behaviors. For instance, it may be more acceptable for women to engage in exhibitionism or cross-dressing than it is for men. But assuming that men are more likely to engage in these kinds of behavior one theory that has been proposed concerns the male erotosexual differentiation. This refers to the greater complexity in the development of sexual arousal in response to various kinds of images or stimuli for males than for females. This greater complexity results in the system being more subject to errors. An alternative may simply be that a wider range of stimuli trigger sexual arousal in men. That may then increase the likelihood of sexual arousal being associated with uncommon forms of stimuli.

Effects on Relationships: Often those that engage in atypical sexual behaviors are less likely to be comfortable in social or sexual relationships. Their paraphilia does not improve things. They tend to become increasingly isolated. As a result their paraphilia becomes their only form of sexual expression. So there is a cyclical nature to it and these persons becoming increasingly withdrawn and more involved with their paraphilia.

AT A GLANCE

TABLE 16.1 Summary of Several Paraphilias		
Name	Description	Classification
Fetishism	Sexual arousal associated with focus on inanimate object or body part	Noncoercive
Transvestic fetishism	Sexual arousal derived from wearing clothing of other sex	Noncoercive
Sexual sadism	Association of sexual arousal with pain	Noncoercive
Sexual masochism	Sexual arousal through receiving physical or psychological pain	Noncoercive
Autoerotic asphyxia	Enhancement of sexual arousal by oxygen deprivation	Noncoercive
Klismophilia	Sexual pleasure associated with receiving enemas	Noncoercive
Coprophilia and Urophilia	Sexual arousal associated with contact with feces or urine, respectively	Noncoercive
Exhibitionism	Sexual arousal associated with exposing one's genitals to unwilling observer	Coercive
Obscene phone calls	Sexual arousal associated with obscene telephone conversation with unwilling recipient	Coercive
Voyeurism	Sexual arousal associated with observing naked bodies or sexual activities of people without their consent	Coercive
Frotteurism	Obtaining sexual pleasure by pressing or rubbing against another person in a crowded public place	Coercive
Zoophilia	Sexual contact between humans and animals	Coercive
Necrophilia	Sexual gratification obtained by viewing or having intercourse with a corpse	Coercive

Non-coercive Paraphilias: Non-coercive forms are marked by atypical sexual behavior in which paraphilia is either a solo act, involves consenting adults, or involves those who tolerate the behavior. These are considered harmless acts.

Fetishism: Obtaining sexual excitement primarily or exclusively from an inanimate object or a particular part of the body. Only when a person becomes focused on these objects or body parts to the exclusion of everything else is the term fetishism truly applicable. In the extreme case a person is unable to experience sexual arousal and orgasm in the absence of the fetish object. In other instances where the attachment is not so strong sexual arousal is diminished when the object is not present. The fetish can also substitute for human contact when a partner is not available. While these fetishes may seem strange, rarely do they develop into an offense that might harm someone. On occasion fetishism does result in burglary to support the addiction.

- How does fetishism develop?

1. Classical Conditioning: Often through fantasy or masturbation in which the body part or object is incorporated and the reinforcement of orgasm strengthens the association between the object and fetishism.

a) An experiment by Rachman was conducted that further proved the legitimacy of this theory. Male subjects were exposed to photographs of women's boots that were immediately followed by nude photographs. The subjects later began to show sexual response to the boots alone. Two additional studies conducted provided evidence for classical conditioning.

b) Symbolic Transformation: Looks into childhood for an explanation, this theory states that a child may learn to associate sexual arousal with objects that belong to an emotionally significant other. The child, usually male responds to the object as he might react to the actual person.

2. Stimulation of Adjacent Neural Pathways: Consider that the most common forms of fetishes are foot fetishes and shoe fetishes. The somatosensory cortex devotes a fairly large area to both the genitals and the feet, more so than

is devoted to any other areas below the waist. And these cortical areas are adjacent to each other. So it's possible that stimulation of the genitals may 'spill over' to the areas devoted to the feet. This could result in sexually related responses becoming associated with stimulation of the feet. Likewise, stimulation of the feet may 'spill over' and be interpreted as genital stimulation, perhaps even leading to arousal.

Transvestic Fetishism: Deriving sexual arousal from wearing clothing of the other sex. Transvestic fetishism occurs predominantly among men and primarily among married men with heterosexual orientations. Most of these men do not disclose this information prior to marriage believing that the feelings will subside. Usually the urge does not subside once settled in marriage and the wives do eventually find out. Statistics show that the wives tolerate but don't support their husbands' habits.

- Some reported beginnings of transvestic fetishism.
  1. A child self-initiating trying on clothes of the opposite sex.
  2. A parent dressing their child in the opposite sex's clothing to be "cute", possibly wishing their child was the opposite sex.
  3. Forcing the child to dress in other sex clothing as punishment. Thus, punishment via humiliation.
  4. A heterosexual male wanting to explore his feminine side in a very masculine world.
  5. As a way of relieving the stress of a male economically burdened society. Allowing themselves to temporally escape the pressures of the male by transcending into a female role.

Sexual Sadism and Sexual Masochism

- Sadomasochistic behavior involves the association of sexual expression with pain.
- Sexual sadism is the act of obtaining sexual arousal through giving physical or psychological pain.
- Sexual masochism is the act of obtaining sexual arousal through receiving physical or psychological pain.
- A recent survey suggests that 25% of men and women occasionally engage in some form of SM activity with a partner.
- Sadomasochistic practices have the potential for being psychically dangerous but most participants generally stay within mutually agreed upon limits. Such things as being whipped, cut, pierced, bound or spanked may arouse people with masochistic inclinations.

Other Non-coercive Paraphilias

- *Urophilia*: A sexual paraphilia in which a person obtains sexual arousal from contact with urine. Expressed by urinating on someone or being urinated on, this is commonly termed as "golden showers" or "water sports."
- *Coprophilia*: A sexual paraphilia in which a person obtains sexual arousal from contact with feces. Excitement is achieved from watching someone defecate or by defecating on someone. On rare occasions arousal is achieved by having someone defecate on them.
- *Klismaphilia*: An unusual variant in sexual expression in which an individual obtains sexual pleasure from receiving enemas. Even less common is sexual arousal associated with giving enemas.
- *Autoerotic Asphyxia*: The enhancement of sexual excitement and orgasm by pressure-induced oxygen deprivation.
  1. An extraordinarily rare and life-threatening paraphilia
  2. Usually male
  3. Normally achieved by applying pressure to the neck by a rope, belt etc.

Coercive Paraphilias: Coercive forms are paraphilia acts that involve non-consenting recipients. Although most of these are illegal the majority are considered only minor offensives.

Exhibitionism is the act of exposing one's genitals to an unwilling observer. This person usually masturbates shortly after exposing one's self or uses the mental images of the observer's reactions to increase his sexual arousal.
Some reach orgasm at the actual point of exposure and still others replay the images in their minds during sex with willing partners.

- Profile of an Exhibitioner: Almost always a male, usually in his 20's or 30's. More than half are married. They are often very shy, nonassertive people who feel inadequate and insecure and suffer from problems with intimacy.
- Why do they expose themselves?
  1. Affirmation of their sexuality.
  2. Feeling isolated and seeking attention.

3. Hostility toward people, particularly women.
4. To shock or frighten the people they see as source of their discomfort.
5. Emotionally disturbed or mentally disabled.

Obscene Phone Calls (a.k.a. Telephone Scatologia)
- Callers experience sexual arousal when their victims react in a horrified/shocked manner. They may masturbate during/immediately after a "successful" phone call.
- Profile of an obscene phone caller: Typically male, often suffering from pervasive feelings of inadequacy and insecurity.
- What is the best way to handle obscene phone calls?
1. Most likely he picked your name randomly from a phone book or perhaps knows you from some other source and is just trying to see what kind of reaction he can get. He "wants" you to be horrified or disgusted.
2. The best response is usually not to react overtly. Slamming down the phone may reveal your emotional state and provide reinforcement to the caller.
3. Simply set it down gently and go about your business. If the phone rings again immediately, ignore it. Chances are he will seek out another victim.
4. Feign deafness. ("What is it you said? Speak up, I'm hard of hearing, you know!")
5. Screening calls via caller ID, voicemail, or an answering machine. You may also need to change your phone number to an unlisted one. In extreme cases call tracing can be used to identify the offender.

Voyeurism: The act of obtaining sexual gratification by observing undressed or sexually interacting people without their consent. To be a true case of voyeurism these observations must be preferred to sexual relations with another person or indulged in with some risk. Often people engaging in this activity are sexually aroused when the risk of discovery is high. Examples include the classic "Peeping Tom" looking into bedroom windows. Others station themselves in front of women's bathrooms, lurk around locker rooms and showers, or bore holes in the walls of public dressing rooms. And some employ small hidden cameras in restrooms and other locations.

Other Coercive Paraphilias
- *Frotteurism*: Obtaining sexual pleasure by pressing/rubbing against another in a crowded or public place.
1. Most common form of contact: between the man's clothed penis and a woman's buttocks or legs.
2. Less commonly: He may use his hands to touch a woman's thighs, public region, breasts, or buttocks.
3. Often contact is inadvertent and woman may not notice.
4. What do these men achieve: Arousal and orgasm during the act. And he incorporates the mental images of his actions into masturbation fantasies at a later time. They are frequently plagued with feelings of social and sexual inadequacy. It allows them to include others in their sexual expression in a safe, non-threatening manner.
- *Pedophilia*: A condition in which the individual considers children to be sexually arousing. We will consider this problem at greater length in the context of sexual victimization as it often involves child abuse.
- *Zoophilia*: Person has sexual contact with other species, with animals. Considered a coercive paraphilia because it is reasonable to assume that the involved animals are also unwilling participants, and the performed acts are often both coercive and invasive.
1. Calves, sheep, goats, donkeys, large fowl (ducks and geese), dogs, and cats are most commonly used in these sexual acts. Males are most likely to have contact with farm animals and to engage in penile-vaginal intercourse or to have their genitals orally stimulated by the animals. Women are more likely to have contact with household pets, involving the animals licking their genitals or masturbating a male dog. Some adult women have trained a dog to mount them and engage in coitus.
2. The reasons for these sexual activities vary. In some cases sexual contact with animals is a transitory experience, especially for young people to whom a sexual partner is inaccessible or forbidden. For adults it's a "sexual adventure". However, it is sometimes due to a man harboring a pathological hatred for women that expresses his contempt for them by choosing animals in preference to women as sexual partners.
- *Necrophilia*: Obtaining sexual gratification by viewing/having intercourse with a corpse. Found exclusively among males. Men who engage in this almost always manifest severe emotional disorders. They may both fear and hate women. They may be driven to remove freshly buried bodies from cemeteries or to seek employment in morgues or funeral homes. However, the vast majority of people working in these settings do not have tendencies toward necrophilia. May kill someone in order to gain access to a corpse. Some prostitutes cater to this desire by powdering

themselves to produce the pallor of death, dressing in a shroud, and lying very still during intercourse. Any movement on their part may inhibit their customers' sexual arousal.

Treatment of Coercive Paraphilias: Getting treatment can be problematic. People who engage in one or more coercive paraphilias usually do not voluntarily seek treatment, nor do they feel they will benefit form it. They often claim they are unable to control their urges. As a result therapeutic treatment, regardless of techniques or strategies, is often unsuccessful. This is especially true for clients resistant to change. Any successful treatment program needs to break through the client's belief that he or she is powerless to change. The client must also be willing to accept responsibility for his or her actions.

- *Psychotherapy*: Noninvasive procedures involving verbal interaction between a client and therapist designed to improve a person's adjustment to life. Cognitive therapies are based on the premise that most psychological disorders result from distortion in a person's cognitions or thoughts. The therapist needs to demonstrate to the client how his or her distorted and irrational thoughts have contributed to his or her difficulties. Therapy must then work to change what the person thinks.
- *Behavior Therapies*: Therapy based on the assumption that maladaptive behavior has been learned and therefore can be unlearned. Focuses on the person's current behaviors that are creating the problem. Draws heavily on the extensive body of lab research on strategies for helping people to unlearn maladaptive behaviors.
  1. *Aversive Counter-Conditioning*: Behavior therapy method that substitutes a negative response for positive response to inappropriate stimuli. Example: An undesired sexual behavior, such as masturbating while replaying mental images from previous episodes of exhibitionism, is paired repeatedly, with an aversive stimulus such as a painful but not damaging electric shock, an unpleasant odor, or a drug.
  2. *Systematic Desensitization*: Behavior therapy technique that pairs slow, systematic exposure to anxiety-inducing situations with relaxation training. This can help people to overcome their anxieties about relating to others by conditioning them to relax in socio-sexual situations can help to replace inappropriate paraphilia behaviors with more healthy expressions of intimacy and sexuality. This can be used to break the link between sexual arousal and inappropriate paraplilic behavior by substituting relaxation for arousal.
  3. *Orgasmic Reconditioning*: The client is instructed to masturbate to his usual paraphilic images and fantasies. However, when he feels his orgasm is imminent, he switches to more socially appropriate imagery, on which he is told to focus during orgasm. By doing so, he will be accustomed to having orgasms in conjunction with more healthy imagery/fantasies.
  4. *Satiation Therapy*: Technique used to reduce arousal to inappropriate stimuli by first masturbating to orgasm while imagining appropriate stimuli and then continuing to masturbate while fantasizing about paraphilic images. The theory behind this approach is that a lower level of arousal and response will accompany the post-orgasmic masturbation to paraphilic images and eventually result in these inappropriate stimuli becoming unarousing and perhaps even irritating.
- *Drug Treatment*: Antiandrogen drugs are administered that may block out inappropriate sexual arousal patterns by lowering testosterone levels. The two most commonly used are medroxprogestrone acetate (a.k.a. Depo-Provera) and cyproterone acetae. These are used to treat sex offenders, including those whose paraphilic behaviors have brought them into contact with the legal system. Drug treatment of coercive paraphilias is most affective when combined with other therapeutic methods such as psychotherapy or behavior therapy.

Sexual Victimization

Sexual victimization encompasses a broad range of unsolicited and unwanted sexually related behaviors. It may entail exposure to sexually related speech, actions, or images against one's will. In more extreme cases of sexual victimization the victim is deprived of free choice and is coerced or forced to comply with sexual acts under duress. Sexual victimization also includes situations in which a relationship of trust is violated, even if the victim may have consented.

I. Sexual harassment - Unwanted attention of a sexual nature from someone in the work place or an academic setting.

A. Kinds of sexual harassment.

1. "Quid pro quo" - Compliance with unwanted sexual advances is made a condition for securing or advancing in a job or for educational benefits. A trade of sex for special consideration is implied.
2. Hostile or offensive environment - One or more supervisors, coworkers, teachers or students engage in persistent, inappropriate behaviors that make the work place or academic environment hostile, abusive, and generally unbearable. Does not necessarily involve power or authority differences.

B. Varieties and severity of sexual harassment incidents on the job.

1. Mild general forms - Remarks of a sexual nature, jokes involving sexual content, sexist comments, offensive and crude language, and/or displaying sexually oriented objects, materials, or pictures.
2. Mild individually specific forms - Unwelcome attention, whistling and/or leering, violations of personal space, repeated unwelcome requests for a date.
3. Intermediate level forms - Inappropriate graphic comments about a person's body or sexual competence, verbal abuse of a sexual nature, unwelcome sexual propositions or advances, and unwanted physical contact whether sexual in nature or not.
4. Severe forms - On the job a boss or supervisor may require sexual services from an employee as a condition for keeping a job or getting a promotion, unwanted physical contact or conduct of a sexual nature.
5. Extreme form - Sexual assaults.

C. Dealing with sexual harassment on the job.

1. If harassment has stopped short of attempted rape or assault, confront the person that is harassing you. He or she may not be aware of the offensive nature of his or her actions.
2. If the offender does not stop the harassment after direct confrontation it may be helpful to discuss your situation with your supervisor and/or the supervisor of the offender.
3. Consult and look for support from coworkers. Their support may produce sufficient pressure to terminate the harassment. And others may even have had similar problems with the same person.
4. You may wish to pursue legal action to resolve your problem with sexual harassment. Lawsuits can be filed in federal courts under the civil rights act. They can also be filed under city or state laws prohibiting employment discrimination.
5. If the harassment includes actual or attempted rape or assault you can file criminal charges.

D. Sexual harassment in academic settings.

1. There is a unique nature to academic settings that implies trust. Sexual harassment violates that trust.
2. Because of the unique nature of the academic setting even sexual relationships with consenting students is not condoned, including cases where the student initiates sexual interaction.
3. Teachers and professors have an obligation to discourage someone they are having a sexual relationship with from taking a class they are teaching.
4. A student's work may not be graded fairly if they are sexually involved with a teacher or professor. Their grade may be inflated or their work may be graded more critically in an effort to avoid bias.
5. Students may experience coercive pressure to comply associated with the need to obtain a good grade, a letter of recommendation, or a desirable work or research opportunity.
6. There is a higher incidence of male teachers or professors harassing female students.
7. In 1992 the US Supreme Court ruled that school districts are liable for hostile sexual environments created by school employees and can be sued for damages.

E. Dealing with sexual harassment in academic settings.

1. Do not initiate a sexual relationship with a teacher or professor, nor consent to enter into one.

2. Do not take a class being taught by someone with whom you are having a sexual relationship.
3. In cases where you feel you are being pressured t comply confront the person that is harassing you. Make it clear that you are not going to do so. At the same time make it clear that you expect to be treated fairly as far as grades and other academic considerations are concerned.
4. Consult with a trusted teacher or professor who may act as your advocate and work with you to solve the problem, bring the situation to the attention of the school administration, or file charges.
5. Depending on what type of institution you are in inform the relevant parties such as the department chair, principal, dean, or school administration of the situation.
6. Consult and look for support from other students. They may even have had similar problems with the same person.
7. You may wish to pursue legal action to resolve your problem with sexual harassment. Lawsuits can be filed in federal courts under the civil rights act. They can also be filed under city or state laws prohibiting employment discrimination, which may also apply to cases of this sort. If the victim is under age, city and state laws related to child molestation apply.
8. If the harassment includes actual or attempted rape or assault you can file criminal charges.

II. Sexual Assault: Rape - Sexual intercourse that occurs without consent as a result of actual or threatened force.

A. Types of rape.

1. Statutory Rape - Intercourse with a person under the legal age of consent, regardless of the apparent willingness of that person.
2. Acquaintance Rape - Forced sexual assault by a friend, acquaintance, or date.
3. Date Rape - Forced sexual assault by an acquaintance when on a date.
4. Stranger Rape - Rape of a person by an unknown assailant.

B. Factors the deter women from reporting a rape.

1. The rape was committed by an acquaintance of the victim.
2. Self Blame - " I shouldn't have had so much to drink." It is not uncommon for others to blame the victim as well.
3. Concern for the rapist.
4. An attempt to block their recall of a traumatic experience.
5. Mistrust of the police of legal system.
6. Fear of reprisal by the offender or his family.
7. Concern about unwanted publicity.
8. Social stigma connected to rape and victims of rape still persists to some degree.

C. False beliefs about rape.

1. "You can't thread a moving needle" - Assumes that women are raped because they don't put up enough resistance.
2. "Women say no when they mean yes" - Women send out confusing signals and rape is just a matter of miscommunication.
3. "Many women 'cry rape'" - The idea that a rape victim consented at the time, then changed her mind about it later.
4. "All women want to be raped" - Based in part on the assumption that since many woman have sadomasochistic fantasies they also want to experience them in reality.
5. "It could never happen to me" - False sense of security based on beliefs that only certain people get raped or only people that put themselves in a vulnerable position.

D. The psychosocial bases of rape.

1. Sociocultural Factors Associated with rape.
   a. Males in our society often learn that power, aggressiveness, and getting what one wants are often part of the male role.
   b. Males frequently learn that they should seek sex and expect to be successful.
   c. Many American men view aggression as a legitimate means to achieve sexual access to women.
   - Men whose peer groups openly legitimize and support these attitudes and behaviors are particularly likely to victimize women sexually.
2. The impact of sexually violent and degrading media.
   a. Research demonstrates that exposure to violent pornography can decrease men's sensitivity to the damaging impact of rape on the victim.

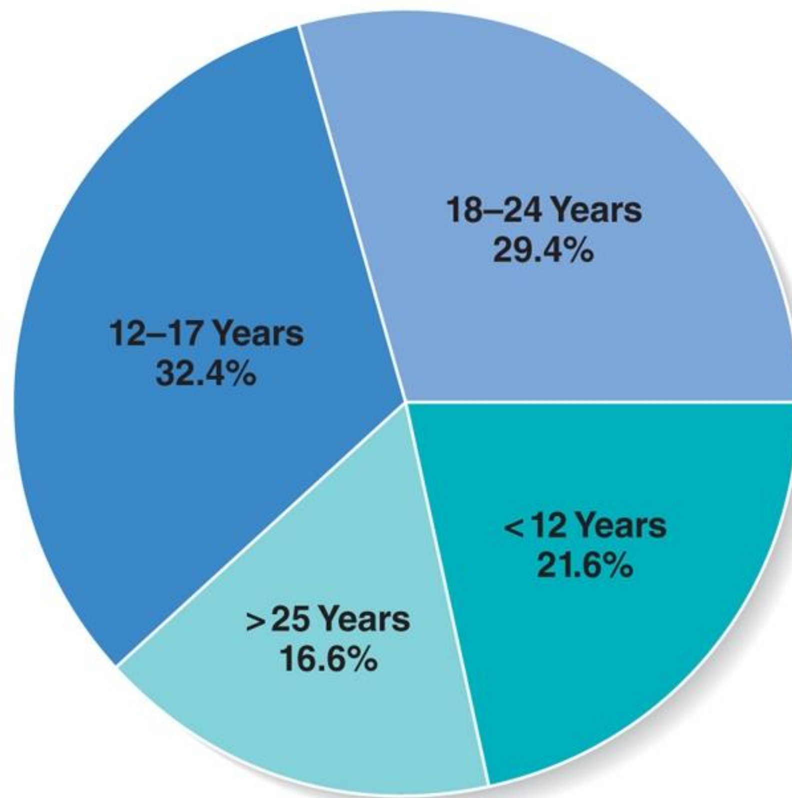
b. It can also increase men's likelihood of condoning aggressive acts against females
c. It may even increase their willingness to admit that they would commit a rape if they thought they could get away with it.
3. Characteristics of men who commit rape.
a. Embrace traditional gender roles.
b. Self-centered personalities.
c. Harbor anger toward women in general.
d. Alcohol use.

E. Types of rapes and rapists
1. Anger rape - An unpremeditated savage, physical attack promoted by feeling of hatred and resentment. Often characterized by the use of physical violence far in excess of the amount necessary to force sexual submission. The victim of anger rape is usually a total stranger. She may be forced to engage in acts such as fellatio and anal intercourse, and sometimes foreign objects are used to penetrate her vagina or anus.
2. Power rape - The primary motivation is to exhibit control over another human being. The power rapist has a desire to demonstrate that he can dominate and control his victim. Such an offender may rape women in an effort to resolve disturbing doubts about his masculine identity and worth or in an attempt to combat deep seated feelings of insecurity and vulnerability. He usually employs only enough force to cause the woman to cooperate in a submissive fashion. His intention is not to physically injure her but to achieve control over her. Power rapes are usually premeditated and happen more frequently.
3. Sadistic rape - This is a preplanned ritualistic assault, frequently involving bondage, torture, and sexual abuse, in which aggression and sexuality become inseparable. Power, anger, or both may be eroticized. The motivational forces underlying sadistic rapes are complex and more difficult to delineate than in anger and power rapes. The rape may represent a perverse attempt to regain some sense of control and psychological equilibrium while discharging pent up frustration over unresolved conflicts. The rapist is likely to exhibit a strong preoccupation with violent pornography.
4. Sexual gratification rape - The rapist is interested in obtaining sexual gratification and willing to use varying degrees of force to obtain it. More than likely sexual gratification rape is the most common kind of rape committed in our society.

F. Acquaintance rape and sexual coercion.
1. Most rapes are committed by someone who is known to the victim.
2. A significant number of the rapes occur in dating situations.
3. It is likely that a majority of acquaintance rapes fit the sexual gratification category.

G. Preventing sexual assault.
1. Avoid situations that put you at risk.
a. Letting someone you don't know well into your home.
b. Walking alone late a t night.
2. Avoid certain areas, especially those where incidents have been reported.
3. Be aware of your surroundings.
a. Take note of potential hiding places where attackers could be lurking.
b. Take note potential escape routes for yourself in case of attack.
c. Take note of objects nearby that could be used as defensive weapons.
4. Perhaps dress in a less appealing manner in certain circumstances.
5. To avoid harm, turn down the charm. If threatened act in ways that may make you less attractive to a potential assailant.
6. Take a self-defense course and/or carry some form of deterrent such as pepper spray so as to physically ward off an attacker.
7. Whenever possible go places with other people, attackers shy away from groups.

H. The aftermath of rape.
1. Emotional repercussions.
a. Acute phase - Begins immediately following the rape and may continue for hours, days, or several weeks. It encompasses a wide range of feelings (shame, anger, fear, etc.), as well as physical symptoms due to the assault itself.
b. Long term reorganization phase - The women may fear retaliation by the rapist. Survivors may associate sexual touches or sex talk with the trauma of their assault.



III. Sexual abuse of children.

A .Child sexual abuse - An adult engaging in behaviors of a sexual nature or content of any kind with a child.

1. Pedophilia - A condition in which the individual considers children to be sexually arousing. It's not uncommon to note that a child is particularly cute or even to speculate that the child will grow up to be especially attractive. But it's a far different thing to be aroused by children themselves, to fantasize about sexual acts involving children, or to act on those feelings.
2. Child molestation - The act of sexually abusing a child.
3. Incest - Sexual contact between two people who are related. In many cases an adult family member coerces a child into sexual activity. There is a greater frequency of incest in families experiencing marital conflict, spouse abuse, alcoholism, emotional illness, and/or unemployment.

B. Prevalence of childhood sexual abuse is not fully known.

1. Child molestation is unlikely to be reported at the time. The child may not recognize that what has transpired is improper because he or she may be unable to distinguish between expressions of affection and illicit sexual contact.
2. Victims of incest frequently do not reveal what is occurring at the time and may not utter a word about it until reaching adulthood.
3. The abuser will often tell the child to keep their activities secret, that it's something special to be kept just between them.
4. Because of the traumatic nature of these experiences the child may repress his or her memory of the events.
5. The child may fear reprisal from the abuser or punishment from his or her parents.
6. Even when a child does inform his/her parents of improper sexual advances, the parent may not believe the child.
7. Sex education for grade school students may help them learn what are and are not appropriate forms of touching and to report anything out of the ordinary even if they're not sure.

C. The aftermath of child sexual abuse.
1. Child sexual abuse often reveals memories of a joyless youth filled with pain.
2. Survivors speak of their loss of childhood innocence, the contamination and interruption of normal sexual development, and a profound sense of betrayal at the hands of a beloved family member or trusted friend.
3. The abused individual may have problems in their relationships, especially sexual relationships.

D. Characteristics of child sex offenders.
1. No "classic" profile of the pedophile offender has been identified. However, most are male and known to the victim.
2. Many pedophile offenders, especially those that are prosecuted, tend to be shy, lonely, poorly informed about sexuality, and very moralistic or religious.
3. Alcoholism, severe marital problems, sexual difficulties, and poor emotional adjustments are frequently experienced by pedophiles.

IV. Treatment of offenders - See the section on treatment of coercive paraphilias under atypical sexual behaviors. Much the same methods are employed. However, treatment of offenders often entails more extended therapy and is usually mandatory as part of overall sentencing.

Pornography and Prostitution

What is Pornography? It's a seemingly easy question on the surface, but get below the surface and it's a whole different story (A rather appropriate metaphor as well). Definitions vary widely across time and cultures. There really is a continuum from art, to free expression, to erotica, to mild pornography, to hard-core pornography, to obscenity (vulgarity), to forms of prostitution. The term itself comes from Greek and literally translates to "writing about prostitutes". Throughout history there has been pornographic literature, stories, and jokes. There have also been a great number of paintings, frescos, and sculptures. In modern times pornography has been primarily associated with images, images of a sexual nature.

'Definition' of Pornography - Any written, spoken, or visual material describing or depicting genital exposure or sexual conduct that is [intended to be] arousing to the viewer. Another definition might be sexually explicit material that is primarily designed to generate sexual arousal in listeners or viewers. Although these definitions more or less exclude anatomy textbooks, the text for this class, and many works of art depicting nudes since they are not intended to produce arousal they still leave questions. How do you gage whether material was intended to produce sexual arousal? What is sexually explicit? It varies over time and across cultures. During the Victorian era the display of a woman's uncovered ankle was considered risqué. In many contemporary cultures bare female breasts are not all that out of the ordinary. And nudity itself is not always explicit, nor does it necessarily arouse the viewer. Nudity in and of itself may be more a form of art or free expression. So most definitions emphasize genital exposure and/or depiction of sexual acts as defining features. Part of this may also involve situational factors and questions of suitability. What is permissible in one context, or for one group of individuals, may not be so in another. Is it okay to sit in a public park looking at the latest issue of Penthouse? Consider some of the photographs used in the textbook. Are they suitable for a junior high school sex education class? What about using the computers at the local library to access pornographic material, even mildly offensive material?

Erotica - This is a newly employed category to include nudity or sexuality that is artfully depicted, displaying mutual consent, participation, and enjoyment. There are elements of respect, balance of power, affection, and romance.

Obscenity - This is the other extreme, pornographic material that is considered offensive. This is usually based on some vague concept of community standards. However, this is really a personal judgment. People differ a great deal regarding what is offensive and what is obscene. And there are things beyond sexually explicit material that are also considered offensive or obscene by some people such as racism, religious persecution, war, and genocide. When discussing pornographic material determining if it is obscene often involves questions about context and specific content. Who is participating, what is being depicted, and who is allowed access. Common criteria invoked include elements of aggression, violence, degradation, dehumanization, depravity, and degree or intent of corruption. And the depiction of certain behaviors such as sex with children, bestiality, and necrophilia are cited as examples. Another aspect that defines obscenity is if the material is devoid of any socially redeeming value (no serious literary, artistic, moral, political, or scientific value).

Age as a Factor - What is considered not only obscene, but also illegal, is far different if the subject is under or over the age of 18. This may even be relevant long after the fact. Possession of a pornographic Tracey Lords video is still illegal because she was under 18 at the time. So what about all of those bare baby butts selling diapers, cute or child pornography?

Censorship - Pornography is often subject to censorship, especially if it is deemed obscene. Questions regarding censorship center on First Amendment rights to freedom of expression that are often at odds with obscenity laws. W.C. Fields and Mae West both had numerous legal battles over censorship and obscenity laws. Others have dealt with similar issues. In a 1996 court case Larry Flint, the publisher of Hustler magazine declared, "If the First Amendment will protect a scumbag like me, then it will protect all of you." Flint was later shot and subsequently paralyzed from the waist down by a protester who felt he was immoral, reflecting a certain degree of overzealous hypocrisy on the part of the gunman.

Cultural Acceptance of Pornography: In the last 25-30 years as pornography has become increasingly accessible it has also become increasingly accepted. References to pornography are common on television shows. Some have even devoted entire episodes to the topic such as *Friends* and *South Park*.

Obvious Examples of Pornography	Less Obvious Examples of Pornography
Literature, Poetry, and Music	Romance Novels

Paintings, Frescos, and Sculptures	Advertisements
Magazines such as Playboy, Penthouse, and Hustler	Promotion of Political Causes
Cable TV Channels	Posters and Calendars
Videos and DVDs	Cheerleaders
Internet Sites: Lots of Internet Sites!	Beauty Contests
Erotic Dancing in Clubs and Bars	Sports Illustrated Swimsuit Issue
	Victoria's Secrets and other Catalogs
	Most Films*
	String and Thong Bikinis

* Even mainstream films will often contain gratuitous nude scenes, usually involving a female, that has no necessity or bearing on the story.

The point is that pornography is very pervasive in the contemporary culture of the United States. Amazingly, there's really very little in the Tabloids (must be the result of their efforts to uphold a high standard of journalistic integrity).

The Business of Pornography: In recent times pornography has become a major industry in most of the developed nations of the world. Reflecting it's growing cultural acceptance it's now referred to as 'the adult entertainment industry.' In some contexts this term may also encompass gambling. It is currently an 8 to 10 billion-dollar industry in the United States. The adult entertainment industry has it's own trade publication and an annual trade show and convention. In 2004 there were over 800 million rentals of adult videotapes and DVDs in the United States. More than 900 companies are involved in the business of pornography. Some are major corporations. Every major cable television provider offers adult programming, as do satellite providers like Direct TV. Every major hotel and motel chain offers pay per view adult movies. In California alone 12000 people are employed in some aspect of the adult entertainment industry.

Legitimate Uses of Pornography?

- Viewing pornography, at least mild pornography, may benefit adolescents curious about sex by answering some of their questions and so decrease the likelihood of their engaging in actual sexual experimentation.
- Viewing pornography to learn techniques that may improve your personal sexual experiences.
- Viewing pornography may open new lines of communication between partners, allowing them to express fantasies as well as their openness to exploring new settings and techniques.
- Viewing pornography can serve as an aid for generating sexual arousal, especially for older couples.
- Viewing pornography may provide a means of obtaining sexual gratification for atypical sexual desires without resorting to other methods that may not be socially acceptable or that could be harmful to others.

Prostitution: So what exactly constitutes prostitution?