

DOWNLOAD PDF ITS NOT WHAT YOU THINK : DEFINING NORMAL SEXUALITY

Chapter 1 : Children with Sexual Behavior Problems: What is normal and what is not?

You may be curious about how often others have sex or what types of sexual activity they have. Don't be embarrassed. It's perfectly natural to wonder about sexual behavior and how you fit in.

Yes No You can see how confusing it can get. Is "sex with anybody" still a useful measure? Many of us would like to set the bar somewhere in the middle: I think x, y, and z is sick. First, God cares about us AND the other person. Secondly, His wisdom and love for us is unsurpassed. So what does God give as His standards? Sex is one of the first topics discussed, at the very beginning of the Bible. God designed sex to be enjoyed as an expression of permanent unity, where the two "become one flesh. Several areas of sex are NOT okay with God: But sexual sins are not the only sins God mentions. And you might agree with Him. God desires to come into each of our lives and be in a close relationship with us. This is what He wants to build into our lives: When we enter a relationship with Him, He produces these qualities in our lives. He is not demanding that we become loving, joyful, peaceful, patient, kind people. Instead, His love, which we come to know on a personal level, so affects us that we can on a deeper level love others, be patient with others, treat each other respectfully, etc. A relationship with God is so valuable and so remarkable that it affects our relationships with others. God wants us to be free from the consequences of sex that cause heartbreak. Things like STDs, unplanned pregnancies, habits that would make a partner wonder if the other one is being faithful. All other sins a man commits are outside his body, but he who sins sexually sins against his own body.

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Chapter 2 : What Is Sexual Addiction?

When you feel criticized in this way, ask that your mate discuss her or his concerns about your behavior, not about your character or your sexuality. For example, if s/he says you want sex all the time "and that's not normal," invite her/him to talk about your contrasting desires as a couple, rather than talking about your problem.

Our individual preferences vary greatly and fluctuate throughout our lives. Societal attitudes also change over time. How often do most people have sex? That depends on what you consider sex to be. Marital status, age, and health also make a difference. The only thing that really matters is your own satisfaction and that of your partner. According to the National Opinion Research Center , people aged 18 to 29 have sex about 84 times a year. In their 40s, most people drop off to around 63 times a year. In fact, survey respondents reported more than 40 combinations of sex acts. Vaginal intercourse is the most common shared activity, but oral sex and partnered masturbation are also popular. According to NSSHB, vaginal intercourse is condom-protected 25 percent of the time in the United States, and 33 percent of the time among single people in the United States. It also found that African-Americans and Hispanic-Americans have a higher rate of condom use than whites and other groups. The lowest rate of condom use is among people over age 65. Condom users were just as likely to have a pleasurable experience in this survey as those who did not use condoms. According to the same survey of sexual behaviors, approximately 85 percent of men say their partner had an orgasm the last time they had sex. Only 64 percent of women say they had an orgasm during their last encounter. For men, vaginal intercourse is the type of sex most likely to lead to orgasm. Women orgasm more often when oral sex or another form of stimulation is included. Sexual orientation Approximately 7 percent of females and 8 percent of males identify themselves as gay, lesbian, or bisexual, according to the NSSHB. Historically, prevailing social attitudes made it difficult for people to identify as gay. Sexual development in children Children develop at their own rate. Your child may fall outside the normal range of development, but this may be OK. From birth to 5 years of age, curious children explore their own bodies. By 5 years old, most children ask questions about body parts and functions, gender differences, and where babies come from. From 6 to 10 years of age, children become modest about their bodies and more curious about adult sexuality. They may begin talking about sex with their peers and engage in some form of masturbation. With the onset of puberty at 11 or 12 years, children become aware of sexual desires. Teen talk Despite all the talk to the contrary, most teenagers are not having frequent sex. Forty percent said they had, but only 27 percent said they had in the previous three months. Sex is not just for the young According to a study commissioned by AARP , people over age 45 say sexual activity is a very important part of their lives and has a direct impact on the quality of their life. Of all study participants, 36 percent reported having sexual intercourse at least once a week. They reported a variety of sexual interests. They also enjoy touching, caressing, and hugging. They like sex and say they would not be pleased to give it up. Among older Americans who no longer have sexual relations, declining health is a common culprit. Lots of people are reluctant to talk candidly about their sexual activities. Suffice it to say that a fair number of us indulge in other sexual behaviors, including:

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Chapter 3 : Defining a "Metrosexual Male" - It's Pronounced Metrosexual

They are not paraphilias since they encompass a far larger perversion of the normal sexual instinct than what arouses. The term perversion is used non-judgmentally, to indicate deviations from the scientific norm of expected behavior.

In most animals sexual motivation is under stricter hormonal control than is the case in humans. The female of most species is not interested in sexual behaviour until cyclic hormonal changes produce estrus. The male, however, is usually sexually ready but is prevented. Types of behaviour Human sexual behaviour may conveniently be classified according to the number and gender of the participants. There is solitary behaviour involving only one individual, and there is sociosexual behaviour involving more than one person. Sociosexual behaviour is generally divided into heterosexual behaviour male with female and homosexual behaviour male with male or female with female. If three or more individuals are involved it is, of course, possible to have heterosexual and homosexual activity simultaneously. In both solitary and sociosexual behaviour there may be activities that are sufficiently unusual to warrant the label deviant behaviour. The term deviant should not be used as a moral judgment but simply as indicating that such activity is not common in a particular society. Since human societies differ in their sexual practices, what is deviant in one society may be normal in another. Solitary behaviour Self-masturbation is self-stimulation with the intention of causing sexual arousal and, generally, orgasm sexual climax. Most masturbation is done in private as an end in itself but is sometimes practiced to facilitate a sociosexual relationship. Masturbation, generally beginning at or before puberty, is very common among males, particularly young males, but becomes less frequent or is abandoned when sociosexual activity is available. Consequently, masturbation is most frequent among the unmarried. Fewer females masturbate; in the United States, roughly one-half to two-thirds have done so, as compared to nine out of ten males. Females also tend to reduce or discontinue masturbation when they develop sociosexual relationships. Neither is there evidence that masturbation is immature behaviour; it is common among adults deprived of sociosexual opportunities. While solitary masturbation does provide pleasure and relief from the tension of sexual excitement, it does not have the same psychological gratification that interaction with another person provides; thus, extremely few people prefer masturbation to sociosexual activity. The psychological significance of masturbation lies in how the individual regards it. For some, it is laden with guilt; for others, it is a release from tension with no emotional content; and for others it is simply another source of pleasure to be enjoyed for its own sake. The majority of males and females have fantasies of some sociosexual activity while they masturbate. The fantasy not infrequently involves idealized sexual partners and activities that the individual has not experienced and even might avoid in real life. Orgasm in sleep evidently occurs only in humans. Its causes are not wholly known. The idea that it results from the pressure of accumulated semen is invalid because not only do nocturnal emissions sometimes occur in males on successive nights, but females experience orgasm in sleep as well. In some cases orgasm in sleep seems a compensatory phenomenon, occurring during times when the individual has been deprived of or abstains from other sexual activity. Most orgasms during sleep are accompanied by erotic dreams. A great majority of males experience orgasm in sleep. This almost always begins and is most frequent in adolescence, tending to disappear later in life. Fewer females have orgasm in sleep, and, unlike males, they usually begin having such experience when fully adult. Orgasm in sleep is generally infrequent, seldom exceeding a dozen times per year for males and three or four times a year for the average female. Most sexual arousal does not lead to sexual activity with another individual. Humans are constantly exposed to sexual stimuli when seeing attractive persons and are subjected to sexual themes in advertising and the mass media. Response to such visual and other stimuli is strongest in adolescence and early adult life and usually gradually declines with advancing age. There is great variation among individuals in the strength of sex drive and responsiveness, so this necessary exercise of restraint is correspondingly difficult or easy. Page 1 of 8.

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Chapter 4 : Sociology of Gender – The Other Sociologist

Fantasies of submission and domination are usually considered outside of the norm of cultural acceptability, but a recent study suggests that they're far more common than we might think.

This may not come as too much of a surprise in a culture of 50 Shades of Grey. Yet a scientific understanding of the difference between normal sexual fantasy and sexual deviance could have important implications for our acceptance of sexual differences and medical treatment of sexual pathology. Part of the problem lies in definition: There has yet to be any real scientific agreement on what types of erotic desires are considered typical or atypical. Instead, most discussions of "deviancy" rely on a cultural or moral judgment. But new research from two institutions affiliated with University of Montreal sought to scientifically define sexual deviancy for the first time ever. So there is a certain amount of value judgment in the DSM The participants answered an online questionnaire describing their fantasies, and also describing their favorite fantasy in detail. The results pointed to a wide range of sexual desires, and significant gender differences in sexual fantasy. Some of the most surprising findings were the rate of sadomasochistic fantasies among both men and women, and the significant number of people who fantasized about performing both submission and domination, according to Joyal. Here were some common fantasies described by study participants: More than half of women 52 percent fantasized about being tied up to obtain sexual pleasure, compared to 46 percent of men. Between 30 and 60 percent of women described fantasizing about themes associated with submission for instance, being tied up, spanked, or forced to have sex. Ten percent of men, compared to 3. More than 40 percent of women said they fantasized about having a partner ejaculate on them. Around one-third of women, and 44 percent of men, fantasized about being filmed or photographed while having sex. Men reported more fantasies overall and described them more vividly than did women. Women were more likely to draw a distinction between fantasy and desire, for example those who described extreme submission fantasies domination by a stranger, for instance also said that they did not want those fantasies to actually come true. Most men, however, indicated they were interested in enacting their fantasies in real life. Among coupled respondents, women were more likely to incorporate their spouses into their fantasies. The study also found, interestingly, that the percentages of men and women who fantasized about homosexual activities were much greater than the number of men and women who declared themselves to be bisexual or homosexual. More than a third of women fantasized about having sex with another woman, while around a fifth of men fantasized about having sex with another man.

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Chapter 5 : Human sexual behaviour | calendrierdelascience.com

You can have a very fulfilling sex life even though you may not be functioning like the average married couple. Every couple has a unique sexual relationship. Accept yours for what it is and enjoy working toward wholeness as a couple.

Nature versus nurture Certain characteristics may be innate in humans; these characteristics may be modified by the physical and social environment in which people interact. The sexual drive affects the development of personal identity and social activities. Freud believed sexual drives are instinctive. He was a firm supporter of the nature argument; he said there are a large number of instincts but they are reduced into two broad groups: Eros the life instinct, which comprises the self-preserving and erotic instincts, and Thanatos the death instinct, which comprises instincts invoking aggression, self-destruction, and cruelty. His instinct theory said humans are driven from birth by the desire to acquire and enhance bodily pleasures, thus supporting the nature debate. Freud redefined the term sexuality to make it cover any form of pleasure that can be derived from the human body. His developmentalist perspective was governed by inner forces, especially biological drives and maturation, and his view that humans are biologically inclined to seek sexual gratification demonstrates the nature side of the debate. A number of them, including neo-analytic theories, sociobiological theories, social learning theory, social role theory, and script theory, agree in predicting that men should be more approving of casual sex sex happening outside a stable, committed relationship such as marriage and should also be more promiscuous have a higher number of sexual partners than women. Observed gender differences regarding the number of sexual partners are modest, with males tending to have slightly more than females. They also deal with the influence of biological factors on other aspects of sexuality, such as organic and neurological responses, [17] heredity, hormonal issues, gender issues, and sexual dysfunction. As adults, they have different reproductive mechanisms that enable them to perform sexual acts and to reproduce. Men and women react to sexual stimuli in a similar fashion with minor differences. Women have a monthly reproductive cycle, whereas the male sperm production cycle is more continuous. This is a small area at the base of the brain consisting of several groups of nerve cell bodies that receives input from the limbic system. Studies have shown that within lab animals, destruction of certain areas of the hypothalamus causes the elimination of sexual behavior. The pituitary gland secretes hormones that are produced in the hypothalamus and itself. The four important sexual hormones are oxytocin, prolactin, follicle-stimulating hormone, and luteinizing hormone. Human male reproductive system Males also have both internal and external genitalia that are responsible for procreation and sexual intercourse. Production of spermatozoa sperm is also cyclic, but unlike the female ovulation cycle, the sperm production cycle is constantly producing millions of sperm daily. The male genitalia are the penis and the scrotum. The penis provides a passageway for sperm and urine. Two of these bodies lie side-by-side in the upper portion of the penis called corpora cavernosa. The third, called the corpus spongiosum, is a tube that lies centrally beneath the others and expands at the end to form the tip of the penis glans. The urethra runs through the shaft, providing an exit for sperm and urine. The root consists of the expanded ends of the cavernous bodies, which fan out to form the crura and attach to the pubic bone and the expanded end of the spongy body bulb. The root is surrounded by two muscles; the bulbocavernosus muscle and the ischiocavernosus muscle, which aid urination and ejaculation. The penis has a foreskin that typically covers the glans; this is sometimes removed by circumcision for medical, religious or cultural reasons. Millions of sperm are produced daily in several hundred seminiferous tubules. Cells called the Leydig cells lie between the tubules; these produce hormones called androgens; these consist of testosterone and inhibin. The testicles are held by the spermatic cord, which is a tubelike structure containing blood vessels, nerves, the vas deferens, and a muscle that helps to raise and lower the testicles in response to temperature changes and sexual arousal, in which the testicles are drawn closer to the body. The first part of this system is the epididymis. The testicles converge to form the seminiferous tubules, coiled tubes at the top and back of each testicle. The second part of the duct system is the vas deferens, a muscular tube that begins at the lower

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end of the epididymis. The third part of the duct system is the ejaculatory ducts, which are 1-inch 2. It consists of two main zones: Female anatomy and reproductive system[edit] External female anatomy[edit] External female genitals depilated. The mons veneris, also known as the Mound of Venus , is a soft layer of fatty tissue overlaying the pubic bone. It has many nerve endings and is sensitive to stimulation. The labia majora are two elongated folds of skin extending from the mons to the perineum. Its outer surface becomes covered with hair after puberty. In between the labia majora are the labia minora, two hairless folds of skin that meet above the clitoris to form the clitoral hood, which is highly sensitive to touch. The labia minora become engorged with blood during sexual stimulation, causing them to swell and turn red. Near the anus, the labia minora merge with the labia majora. It is the main source of orgasm in women. These opening have many nerve endings that make them sensitive to touch. They are surrounded by a ring of sphincter muscles called the bulbocavernosus muscle. Underneath this muscle and on opposite sides of the vaginal opening are the vestibular bulbs, which help the vagina grip the penis by swelling with blood during arousal. Within the vaginal opening is the hymen , a thin membrane that partially covers the opening in many virgins. The hymen can be ruptured by activities other than sexual intercourse. The urethral opening connects to the bladder with the urethra; it expels urine from the bladder. This is located below the clitoris and above the vaginal opening. Western culture is one of the few in which they are considered erotic. Breasts develop during puberty in response to an increase in estrogen. Each adult breast consists of 15 to 20 milk-producing mammary glands , irregularly shaped lobes that include alveolar glands and a lactiferous duct leading to the nipple. The lobes are separated by dense connective tissues that support the glands and attach them to the tissues on the underlying pectoral muscles.

Female reproductive system The female reproductive system. The vagina is a sheath-like canal that extends from the vulva to the cervix. It receives the penis during intercourse and serves as a depository for sperm. The vagina is located between the bladder and the rectum. The vagina is normally collapsed, but during sexual arousal it opens, lengthens, and produces lubrication to allow the insertion of the penis. The vagina has three layered walls; it is a self-cleaning organ with natural bacteria that suppress the production of yeast. This area may vary in size and location between women; in some it may be absent. Various researchers dispute its structure or existence, or regard it as an extension of the clitoris. During ovulation, this thickens for implantation. If implantation does not occur, it is sloughed off during menstruation. The cervix is the narrow end of the uterus. The broad part of the uterus is the fundus. Finger-like projections at the ends of the tubes brush the ovaries and receive the ovum once it is released. The ovum then travels for three to four days to the uterus. The lining of the tube and its secretions sustain the egg and the sperm, encouraging fertilization and nourishing the ovum until it reaches the uterus. If the ovum divides after fertilization, identical twins are produced. If separate eggs are fertilized by different sperm, the mother gives birth to non-identical or fraternal twins. The ovaries are suspended by ligaments and are the source where ova are stored and developed before ovulation. The ovaries also produce female hormones progesterone and estrogen. Within the ovaries, each ovum is surrounded by other cells and contained within a capsule called a primary follicle. At puberty, one or more of these follicles are stimulated to mature on a monthly basis. Once matured, these are called Graafian follicles. On days one to four, menstruation and production of estrogen and progesterone decreases, and the endometrium starts thinning. The endometrium is sloughed off for the next three to six days. Once menstruation ends, the cycle begins again with an FSH surge from the pituitary gland. Days five to thirteen are known as the pre-ovulatory stage. During this stage, the pituitary gland secretes follicle-stimulating hormone FSH. A negative feedback loop is enacted when estrogen is secreted to inhibit the release of FSH. Estrogen thickens the endometrium of the uterus. A surge of Luteinizing Hormone LH triggers ovulation. On day 14, the LH surge causes a Graafian follicle to surface the ovary. The follicle ruptures and the ripe ovum is expelled into the abdominal cavity. The fallopian tubes pick up the ovum with the fimbria. The cervical mucus changes to aid the movement of sperm. On days 15 to 28â€”the post-ovulatory stage, the Graafian follicleâ€”now called the corpus luteum â€”secretes estrogen. Production of progesterone increases, inhibiting LH release. The endometrium thickens to prepare for implantation, and the ovum travels down the Fallopian

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tubes to the uterus. If the ovum is not fertilized and does not implant, menstruation begins. This model was created by William Masters and Virginia Johnson. According to Masters and Johnson, the human sexual response cycle consists of four phases; excitement, plateau, orgasm, and resolution, also called the EPOR model. During the excitement phase of the EPOR model, one attains the intrinsic motivation to have sex. The plateau phase is the precursor to orgasm, which may be mostly biological for men and mostly psychological for women. Orgasm is the release of tension, and the resolution period is the unaroused state before the cycle begins again.

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Chapter 6 : How do you set your sexual standards? Moral values - moral issues

You might be able to have an orgasm when you masturbate but not when you have sex with a partner. All of these differences are normal. Experimenting with what feels good can help you understand your body and what feels good for you.

Romantic orientation Asexuality is sometimes called ace, while the community is sometimes called the ace community, by researchers or asexuals. If at any point someone finds the word asexual useful to describe themselves, we encourage them to use it for as long as it makes sense to do so. These other identities include how they define their gender and their romantic orientation. Regarding romantic or emotional aspects of sexual orientation or sexual identity, for example, asexuals may identify as heterosexual, lesbian, gay, bisexual, queer, [19] [20] or by the following terms to indicate that they associate with the romantic, rather than sexual, aspects of sexual orientation: While the term gray-A may cover anyone who occasionally feels romantic or sexual attraction, demisexuals or semisexuals experience sexual attraction only as a secondary component, feeling sexual attraction once a reasonably stable or large emotional connection has been created. One term coined by individuals in the asexual community is friend-focused, which refers to highly valued, non-romantic relationships. Other terms include squishes and zucchinis, which are non-romantic crushes and queer-platonic relationships, respectively. Terms such as non-asexual and allosexual are used to refer to individuals on the opposite side of the sexuality spectrum. The original scale included a designation of "X", indicating a lack of sexual behavior. Smith of The Guardian is not sure asexuality has actually increased, rather leaning towards the belief that it is simply more visible. He also included a category he called "X" for individuals with "no socio-sexual contacts or reactions. Lehmiller stated, "the Kinsey X classification emphasized a lack of sexual behavior, whereas the modern definition of asexuality emphasizes a lack of sexual attraction. As such, the Kinsey Scale may not be sufficient for accurate classification of asexuality. The survey included a question on sexual attraction, to which 1. Since less sexually experienced people are more likely to refuse to participate in studies about sexuality, and asexuals tend to be less sexually experienced than sexuals, it is likely that asexuals were under-represented in the responding participants. The same study found the number of homosexuals and bisexuals combined to be about 1. Results showed that asexuals were more likely to have low self-esteem and more likely to be depressed than members of other sexual orientations; A similar trend existed for depression. Nurius did not believe that firm conclusions can be drawn from this for a variety of reasons. The results of male and female participants were included in the findings. The same was found for female asexual participants over their heterosexual counterparts; however, non-asexual, non-heterosexual females had the highest rates. Asexual participants of both sexes were more likely to have anxiety disorders than heterosexual and non-heterosexual participants, as were they more likely than heterosexual participants to report having had recent suicidal feelings. Those who identify as asexual usually prefer it to be recognized as a sexual orientation. Because of these facts coming to light, it is reasoned that asexuality is more than a behavioral choice and is not something that can be cured like a disorder. Two Invisible Groups, by Myra T. Johnson, is explicitly devoted to asexuality in humans. She portrays them as invisible, "oppressed by a consensus that they are nonexistent," and left behind by both the sexual revolution and the feminist movement. Johnson argued that society either ignores or denies their existence or insists they must be ascetic for religious reasons, neurotic, or asexual for political reasons. Storms of the University of Kansas outlined his own reimagining of the Kinsey scale. Whereas Kinsey measured sexual orientation based on a combination of actual sexual behavior and fantasizing and eroticism, Storms used only fantasizing and eroticism. Storms, however, placed hetero-eroticism and homo-eroticism on separate axes rather than at two ends of a single scale; this allows for a distinction between bisexuality exhibiting both hetero- and homo-eroticism in degrees comparable to hetero- or homosexuals, respectively and asexuality exhibiting a level of homo-eroticism comparable to a heterosexual and a level of hetero-eroticism comparable to a homosexual, namely, little to

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none. This type of scale accounted for asexuality for the first time. Based on the results, respondents were given a score ranging from 0 to for hetero-eroticism and from 0 to for homo-eroticism. Respondents who scored lower than 10 on both were labeled "asexual". Results showed that asexuals reported much lower frequency and desired frequency of a variety of sexual activities including having multiple partners, anal sexual activities, having sexual encounters in a variety of locations, and autoerotic activities. Asexuality and Its Implications for Theory and Practice, suggests that asexuality may be somewhat of a question in itself for the studies of gender and sexuality. The asexual movement challenges that assumption by challenging many of the basic tenets of pro-sex feminism [in which it is] already defined as repressive or anti-sex sexualities. Feminist and Queer Perspectives, a collection of essays intended to explore the politics of asexuality from a feminist and queer perspective. Each part contains two to three papers on a given aspect of asexuality research. One such paper is written by Ela Przybylo, another name that is becoming common in asexual scholarly literature. Her article, with regard to the Cerankowski and Milks anthology, focuses on accounts by self-identified male asexuals, with a particular focus on the pressures men experience towards having sex in dominant Western discourse and media. Three men living in Southern Ontario, Canada, were interviewed in , and Przybylo admits that the small sample-size means that her findings cannot be generalized to a greater population in terms of representation, and that they are "exploratory and provisional", especially in a field that is still lacking in theorizations. Przybylo argues that asexuality is made possible only through the Western context of "sexual, coital, and heterosexual imperatives". In this article, Przybylo once again asserts the understanding of asexuality as a cultural phenomenon, and continues to be critical of its scientific study. Chasin states that asexuality has the power to challenge commonplace discourse of the naturalness of sexuality, but that the unquestioned acceptance of its current definition does not allow for this. Chasin also argues there and elsewhere in Making Sense in and of the Asexual Community: Navigating Relationships and Identities in a Context of Resistance that is important to interrogate why someone might be distressed about low sexual desire. Chasin further argues that clinicians have an ethical obligation to avoid treating low sexual desire per se as pathological, and to discuss asexuality as a viable possibility where relevant with clients presenting clinically with low sexual desire. This definition of asexuality also makes clear this distinction between behavior and desire, for both asexuality and celibacy, although Bogaert also notes that there is some evidence of reduced sexual activity for those who fit this definition. He further distinguishes between desire for others and desire for sexual stimulation, the latter of which is not always absent for those who identify as asexual, although he acknowledges that other theorists define asexuality differently and that further research needs to be done on the "complex relationship between attraction and desire". First, he suggests that there could be an issue with self-reporting i.

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Chapter 7 : How to Understand Asexual People: 8 Steps (with Pictures)

What was normal 20 years ago, now is not, and what was abnormal 20 years ago, now is normal. People learn they get away with a behavior, then the behavior catches on, then the behavior becomes normal.

When our firstborn was very young, we overheard her talking to herself as she grappled with the concept: As with most things in science, the concept of boy versus girl is more complicated than it appears at first glance. In common use, it came to denote masculinity and femininity. Its main application was in grammar, where words were classified as having masculine, feminine, or neuter gender. In , Henry Fowler argued that it was a purely grammatical concept that should not be used in other spheres. The modern academic sense of gender was popularized by the feminist movement. As a result, scientists have sometimes chosen to extend the use of the word to biological differences in an attempt to show their sympathy with feminist goals. Many factors combine to determine sex and gender, and not one of them is simple black and white Chromosomal sex. Males are XY, females are XX. How are these anomalies to be categorized? How do they affect behavior and gender role? In congenital adrenal hyperplasia CAH , a female fetus XX is exposed to high levels of adrenal hormone and is born looking like a boy. In androgen insensitivity syndrome AIS , a male fetus is unresponsive to androgens and is born looking like a girl. In 5-alpha reductase deficiency 5-ARD , androgen levels are normal but an enzyme necessary for male genital development is missing; these individuals may appear to be female and may be raised as girls, but at puberty they develop masculine secondary sex characteristics. Are there testes or ovaries? Is there an ovotestis? Is there a penis? In concealed penis, a penis is normally developed but hidden from view under fat in varying locations. In 1 in 10 million male births, there is aphallia: The sex of rearing. Was the individual raised as a boy or a girl? In the case of 5-ARD, if it is known they will develop the appearance of males at puberty, rearing may be ambiguous. Is the individual attracted to men, women, both, neither? To children, animals, or fetish objects like shoes or cars? Is suffering or humiliation a turn-on? Are non-consenting partners preferred? If you think you know about the wondrous variety of sexual interests, check out this list of paraphilias and you may discover a new one. I was intrigued to discover plushophilia, the sexual attraction to stuffed toy animals. Does the individual act on those sexual desires or suppress them? Does the individual play the role expected of a male or female in society? All the time, or part of the time? Do friends and associates perceive the individual as male or female? Do the other patrons object? Gender can be legally changed after sex-change surgery. The laws may make different provisions for males and females draft registration, maternity leave , and may prohibit same-sex marriage. Pension systems often have different retirement ages for men and women. Is it a mild discomfort or an overwhelming conviction? Does it lead to changes in behavior? Surgically altered external genitalia. What do we call someone who has undergone sex change surgery? What do we call someone who wants the surgery and is waiting for it? At what point in the long sex-change process can the sex be assumed to actually have changed? Are there parallels in animals? There are examples of intersex and sex chromosome abnormalities in animals. Homosexual behaviors have now been reported in species of animals. In animals, particularly fish, there are examples of organisms that are born as a male and change sex to become a female, and vice versa. There are also bidirectional sex changers that have both male and female gonads and change sex according to social status. Animals have frequently been observed attempting copulation with animals of other species. Sex is a spectrum on several axes Science has not been able to categorically distinguish a male from a female. And science has not conclusively shown which characteristics are biologically determined. Each axis has its own continuum, with degrees of strength. A person can fall at the male end of the spectrum on some axes and at the female end of the spectrum on others. So what are we to do? Reject the very ideas of sex and gender and stop trying to classify people? The binary classification is sufficient for most practical purposes and is very useful. In medicine, the knowledge that a patient is male or female helps to guide diagnosis and treatment. We know that men and women have different responses to medications and different incidences of various diseases. Science is not simple. We try

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to categorize, but nature is infinitely inventive.

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Chapter 8 : Abnormal Sexual Psychology/Definition - Wikibooks, open books for an open world

When studying sex and sexuality, sociologists focus their attention on sexual attitudes and practices, not on physiology or anatomy. Norms regarding gender and sexuality vary across cultures. In general, Canada tends to be less conservative than the United States in its sexual attitudes.

Paraphilia Definition Paraphilias all have in common distressing and repetitive sexual fantasies, urges, or behaviors. These fantasies, urges, or behaviors must occur for a significant period of time and must interfere with either satisfactory sexual relations or everyday functioning if the diagnosis is to be made. There is also a sense of distress within these individuals. In other words, they typically recognize the symptoms as negatively impacting their life but feel as if they are unable to control them. This means they are viewed as clinical syndromes or symptomatic personality functions that are evidenced in long lasting symptoms. **Personality Disorders** Personality Disorders are mental illnesses that share several unique qualities. While many disorders vacillate in terms of symptom presence and intensity, personality disorders typically remain relatively constant. They cannot be "fixed", but their effects can be suppressed. They should not be looked at as mere preferences. A person can like looking at naked members of the opposite sex, and get aroused by this. This is natural behavior. A person with a paraphilia, on the other hand, has varying levels of difficulty in becoming aroused when their specific trigger is not present. A "standard" pedophile might be able to become aroused by adults of the gender s they are attracted to. An "exclusive" pedophile is unable to become aroused at all except by a pre-adolescent child. A person with exclusively masochistic tendencies will be unable to function in a relationship without such overtones. They will be incapable of keeping such desires hidden from their sexual partners, and in some cases, may need to engage in autoerotic satisfaction of such desires merely to get through the day. This takes it beyond a mere preference or something that is enjoyed. The other reason this is classified as a disorder is that the person with a paraphilia has no ability to control their desires. Pyrophilia is extremely dangerous both for the risk of arson and to the person suffering it, but pyrophiliacs are unable to control themselves. There is research indicating that paraphiliacs have higher libidos than normal people, and are more likely to experience sexual addictions related to their paraphilia. The history of symptoms can be traced back to adolescence or at least early adulthood. Symptoms are seen in at least two of the following areas: Thoughts, Emotions, Control, Interpersonal Relationships Levels of Exclusivity[edit] Each type of paraphilia is subclassified by individual on the level of exclusivity the person demonstrates for it. Many psychologists try to find patterns of behavior to distinguish between "levels" of paraphilia, to measure how much the paraphilia affects the individual. DSM-IV does not adopt such terminology, but most psychologists agree that there are three levels of paraphiliac exclusivity. Referred to as "standard", "optional", and "low level". Referred to as "preferred" and "mid level". Referred to as "focused", "exclusive", and "high level". For the purposes of this book, we will use the "standard-preferred-focused" line of terminology. A person with a standard paraphilia is very strongly aroused by the subject of the paraphilia, but can still find at least some level of arousal through more conventional methods. A masochist may achieve a higher level of arousal through pain, but can still be aroused normally. This is the lowest functional level of paraphilia, and is the most common. However, indulging in the paraphilia results in the activity becoming more and more preferred. Most fantasies involve the paraphilia, but they are rarely acted on, or if acted on are kept hidden and quiet. A person with a preferred paraphilia is extremely aroused by the subject of the paraphilia, and achieves primary arousal through that means. They can only achieve arousal through conventional methods with great difficulty, and sexual relations may fail if conducted without referral the paraphilia. A masochist with this level of preference experiences most of their arousal through pain, and has difficulty without it. The person has a harder time not indulging in their preferences on a regular basis, even in a non-sexual way. All fantasies involve the paraphilia. The person may change their lifestyle to more closely fit their needs, and may act on their desires. A person with focused paraphilia is uncontrollably aroused by the subject of the paraphilia. Their

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entire thought process begins to focus on their desires. They are incapable of arousal except through the subject of their paraphilia. Interpersonal relationships that are not founded on their desires will also fail. The person will usually begin becoming anti-social or uncommunicative. Sexual addictions and obsessive compulsive disorders are common at this high level of paraphilia. A person with multiple focused paraphilias is usually incapable of functioning normally in society. In particular, persons who have the following combinations withdraw from society or are criminalized: Paraphilia Definition The primary characteristic in this category is the impairment in normal sexual functioning due to uncommon distressing and repetitive sexual fantasies, urges, or behaviors. This can result in an inability to perform or reach an orgasm in the absence of these factors, a strong repulsion of sexual activity outside of the factors that attract, or an exaggerated sexual response cycle or sexual interest. The following seven paraphilias are set aside due to their unique and easily segregated effects There are seven clinically recognized paraphilias. These are considered to be the most common paraphilias, and each one is distinct. DSM-IV is close to recategorizing everything according to a new system, in which paraphilia would be broken down into three classes: According to the DSM-IV, fetishism is the use of inanimate objects or parts of the human body as a stimulus to achieve sexual arousal and satisfaction. This means that some paraphilias are not clinical paraphilias but do not qualify as fetishes either, particularly "action" based paraphilias like biastophilia or lust murder. For the purposes of this book, fetishism will include the so-called "Other paraphilias not otherwise specified", code Working Definition of Fetishism Fetishism the use of inanimate objects,actions with living or non-human beings, actions taken, or parts of the human body as a stimulus to achieve sexual arousal and satisfaction. Cultural Meaning[edit] The word paraphilia, or fetish, is a loaded term in society. Most people fail to understand the differing criteria used to identify real paraphilias from "things that turn people on". The breast fetishist would be aroused by any breasts, and would have extreme difficulty in achieving arousal or orgasm without such stimulus. Homosexuality and Bisexuality are important since in older version of the DSM they were considered mental illnesses or paraphilias. Some misinformed people today still term them as such. They are not paraphilias since they encompass a far larger perversion of the normal sexual instinct than what arouses. The term perversion is used non-judgmentally, to indicate deviations from the scientific norm of expected behavior. Unfortunately, this sort of language does not serve to segregate these actions from the stigma of being "unnatural" to most heterosexuals. Transgender individuals do not have a fetish, either. Transvestic Fetishism is arousal by dressing up as or pretending to be a member of the opposite sex. A transgender or transsexual person is someone who undergoes surgical, hormonal, and psychological procedures to shift their sex to the opposite sex. Transgenderation is not a paraphilia. Pedophilia is perhaps the most problematic large-scale paraphilia and, since it involves children, the most reviled. Some versions of the DSM-IV would lump pedophilia in with the more arcane term of chronoastiphilia, or attraction to younger people. But pedophilia is specific. Throughout history, younger individuals have engaged in sexual congress with older members of the community through marriage, etc. A 25 year old male engaging in sexual contact with a 15 year old female is not pedophilia. Pedophilia specifically refers to children under 13 years of age who are typically not sexually or mentally mature enough to have a developed sex drive or physically developed enough to safely engage in sex. Due to the large number of molestation cases from parents, priests, etc. Other paraphilias and fetishes, such as zoosadism, necrophilia, and crush fetishes, are so limited in their exposure that the mere existence of such things often shocks people who were unaware of them. Typically speaking, the more extreme the paraphilia, the less known it tends to be. Unfortunately, the most dangerous and criminal paraphilias are almost unknown outside of certain circles. Sexuality and Paraphilia[edit] Obviously, since paraphilia is a sexual disorder, it should come as no surprise that any discussion of it is tied up heavily with a discourse on sexuality itself. Paraphilia is , in the simplest terms, an attraction to things beyond the norm. Interactions[edit] One large issue with sexuality and paraphilia is that they are not always mutual in nature or at their core. Thankfully, many paraphilias go extremely well together. A masochistic raptophilic who has algolagnia a person who enjoys pain, enjoys being raped, and derives sexual pleasure from physical pain

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beyond their control is a natural match for a sadistic biastophilic person who enjoys raping and causing pain. With the popularity and anonymity the internet affords, more and more people are finding others who match their sexual fetish. There are dangers in paraphilia relationships, however. This is why many paraphilia websites and groups stress the importance of education and offer events where newcomers may learn about various fetishes and how to safely execute them. Safe words and other tools are used to make sure consent is always given, though some members of paraphilia groups have reported and written articles where they claim to feel ashamed if they use their safe word. Another danger to a paraphilia relationship is mental. A person may find that they enjoy this in fantasy, but it is damaging to them in reality. Partners in such a relationship should keep an eye out for indications of this, as the person being derogated may not realize how it is affecting them. There are sex-positive therapists who will deal with those kinds of situations, allowing the person to not feel ashamed for their needs while at the same time exploring their boundaries so that they know what is too much for them. This can lead to sexual frustration, a feeling of being abnormal and "wrong", and cause emotional problems that could potentially lead to violent behavior. This is especially true of those who fetishize life threatening injuries or death. There is a major debate on whether it is better to allow porn or computer generated fake porn of various paraphilias in the theory that they would calm sexual frustration and decrease violent acts, or if it is better to disdain or even make certain paraphilia porn illegal on the theory that extreme porn promotes extreme or violent behavior. Neither side has made any headway in the debate, though both sides have scientific studies they claim are unbiased and prove their argument. There are different levels of extreme in any paraphilia relationship, and though one couple may have the same fetish as another they may go to completely different extremes or satisfy their urges in completely different ways. Criminal concerns[edit] Other paraphilias are so outre and unacceptable, such as pedophilia, that there is no legal way for a person suffering from them to pursue them. A person with focused pedophilia will end up having sex with young children until he or she is caught and imprisoned.

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Chapter 9 : Asexuality - Wikipedia

nice to know im not alone. ive had really bad anxiety and depression and its horrible, you feel like you're going mad, but the fact is SO many people go through it and its not something to be.

Join or donate to help support social justice media. Is your ringtone from Kimpossible? Those are givens, sure, but it goes a bit deeper. And so it was started. The idea that a guy can care about fashion, be concerned about his appearance, and not be gay, and that we should be okay with that. Simpson and I disagree on what it means to be metro. One conflict revolves around the ideas of consumerism and narcissism. Metro is about looking good, and many people who are metro are likely narcissistic, but you can have one without the other. I, for example, believe that my metrosexuality is rooted in insecurities in my appearance. That, and the love-handles I boasted as a kid read: But Simpson argues that a metro male likely falls into one of two categories of narcissism: The latter certainly applies to me, as I hope to find peace and love with my appearance someday, in that after-school-special, psychologically-healthy kind of way, but I would think that to be the case with most everyone, metro or non-. Metrosexual [equals sign] Well-Groomed The one thing you can say that applies to all metrosexuals out there is that we are a well-groomed bunch. We like to look our best. We present ourselves well. This is derived from many areas: Metro is about gender. This is my biggest issue with the Wikipedia entry, and with the history of the word. This is problematic because the well-groomed well-dressed gay man is a positive stereotype, but a stereotype nonetheless, and even positive stereotypes are potentially harmful. We are taught to assume particular roles in society and express ourselves in certain ways based on our biological sex. Men like working in the mud, getting dirty. But do you know how hard it is for me to say that? Being metro is all about breaking gender roles. It makes many people uncomfortable to hear about a guy who takes more time to get ready to go to dinner than his sisters do. Men can want to look good in jeans, too. And straight men and gay men and bi- men can all wait in line for a fitting room with a , , and inch pair of jeans, hoping they fit the 32, knowing they should probably by the 34, and only holding the 30 the same way someone orders a diet coke with their whopper: Gay men can be metrosexual, too. A few last thoughts. And I think we should leave our mark. Define these things for yourself, in your own terms, and it will give you a better sense of where you stand. Are you okay with gender roles dissipating? Can you live without the categories? Until we all can, terms like metrosexual are helpful in making sense of things. I am a metrosexual male. I always have been, and I likely always will be.