FORM A
FOUNDATIONS OF HUMAN SEXUALITY

DIRECTIONS: Select one question from the questions provided below and respond to it. Please make sure that you follow the instructions on the disk and print out three copies of your response. Please make sure that your test number is on the upper right-hand side of each page. Also, please specify the number of the question that you are answering. You have 90 minutes to write this response.

2. Though the field of formal sexuality education is relatively young, many educators, researchers, therapists and non-sexologists have contributed historically in some way to the content, curricula and methodologies we use today.

A. Select (6) individuals (presently living or dead) who, in your opinion, have contributed the most to the field of sexology.

1. Sigmund Freud (From Wikipedia, the free encyclopedia.) (1856-1939) was an Austrian neurologist, who became interested in helping the mentally ill. Freud, his theories, and his treatment of his patients were controversial in 19th century Vienna, and remain hotly debated today. Perhaps the most significant contribution Freud has made to modern thought is his conception of the unconscious. The concept of the unconscious was groundbreaking in that he proposed that awareness existed in layers and there were thoughts occurring "below the surface." Crucial to the operation of the unconscious is "repression." According to Freud, people often experience thoughts and feelings that are so painful that people cannot bear them. He proposed that the unconscious was divided into three parts: Id, Ego, and Superego. The Id represented primary process thinking — our most primitive need gratification type thoughts. The Superego represented our conscience and counteracted the Id with moral and ethical thoughts. The Ego stands in between both to balance our primitive needs and our moral/ethical beliefs. A healthy ego provides the ability to adapt to reality and interact with the outside world in a way that accommodates both Id and Superego. Freud believed that humans were driven by two instinctive drives, libidinal energy/eros and the death instinct/thanatos. Freud's description of Eros/Libido included all creative, life-producing instincts. The Death Instinct represented an instinctive drive to return to a state of calm, or non-existence and was based on his studies of protozoa. Freud also believed that the libido developed in individuals by changing its object. He argued that humans are born "polymorphously perverse," meaning that any number of objects could be a source of pleasure. He further argued that as humans developed they fixated on different, and specific, objects—first oral (exemplified by an infant's pleasure in nursing), then anal (exemplified by a toddler's pleasure in controlling his or her bowels), then phallic. Freud argued that children then passed through a stage where they fixated on the parent of the opposite sex. Freud sought to anchor this pattern of development in the dynamics of the mind. Each stage is a progression into adult sexual maturity, characterized by a strong ego and the ability to delay need gratification. Freud's model of psycho-sexual development has been criticized from different perspectives. Some have attacked Freud's claim that infants are sexual beings (and, implicitly, Freud's expanded notion of sexuality). Others have accepted Freud's expanded notion of sexuality, but have argued that this pattern of development is not universal, nor necessary for the development of a healthy adult. Instead, they have emphasized the social and environmental sources of patterns of development. Moreover, they call attention to social dynamics Freud de-emphasized or ignored (such as class relations).
2. Magnus Hirschfeld (From Wikipedia, the free encyclopedia.) (1868-1935) was a prominent German physician, sexologist, and gay rights advocate, who developed the theory of a third, "intermediate sex" between men and women. In 1897, Hirschfeld founded the Scientific Humanitarian Committee to defend the rights of homosexuals and to repeal Paragraph 175, the section of the German penal code that, since 1871, had criminalized homosexuality. The motto of the Committee, "Justice through science," reflected Hirschfeld's belief that a better scientific understanding of homosexuality would eliminate hostility toward homosexuals. Receiving the epithet "the Einstein of Sex," he saw himself as a campaigner and a scientist, investigating and cataloging many varieties of sexuality, not just homosexuality. He coined the word "transvestism." Hirschfeld's work was controversial at the time, and it still is. In 1919, Hirschfeld opened the Institut für Sexualwissenschaft (Institute for Sexual Research) in Berlin. When the Nazis took power, one of their first actions was to destroy the Institut and burn the library.

3. Dr. Ruth Westheimer (From Women’s International Center www.wic.org) (1928) is a Psychosexual Therapist who helped pioneer the field of Media Psychology with her radio program "Sexually Speaking" which began in September, 1980. (From Keppler Associates www.kepplerassociates.com) She immigrated to the U.S. in 1956 where she obtained her master’s degree in sociology from the graduate faculty of the New School of Social Research and a Doctorate of Education (Ed. D.) in the Interdisciplinary Study of the Family from Columbia University. She worked for Planned Parenthood for a time, prompting her to further her education of human sexuality by studying under Dr. Helen Singer Kaplan at New York Hospital-Cornell University Medical Center. Dr. Ruth is currently an adjunct associate professor at New York University. A fellow of the New York Academy of Medicine, she has her own private practice and leads regular seminars for residents and interns in pediatrics on adolescent sexuality at Brookdale Hospital, which is affiliated with Downstate Medical Center. Dr. Ruth has made wide use of the mass media to help spread what she has labeled “sexual literacy.” Her most recent works include: Dr. Ruth’s Couple’s Guide to Pregnancy (1998); Dr. Ruth’s Guide to Grandparenting (1998); Dr. Ruth's Good Sex Night-to-Night Calendar; and a board game titled Dr. Ruth's Game of Good Sex, which also has a computer version.

4. Mary S. Calderone, M.D. (1904-1998), was internationally recognized as a pioneer in the field of human sexuality. She was former President of the Sex Information and Education Council of the United States, which she co-founded in 1954, and for which she was Executive Director and President until 1982. From 1953-1964, she was the Medical Director for Planned Parenthood Federation of America. She was an Adjunct Professor, Program in Human Sexuality, in the New York University Department of Health Education. Her writings included: Questions and Answers About Sex and Love; Sexuality and Human Values; Manual of Family Planning and Contraceptive Practices; The Family Book About Sexuality, and Talking With Your Child About Sex. She was noted in major publications such as 50 Most Influential Women in America and America's 75 Most Important Women. She was also listed in the World Almanac among the 200 Most Influential People in the World. Awards honoring her vast contributions include such acknowledgments as Lifetime Achievement Award from the Schlesinger Library, Radcliffe/Harvard; Browning Award for Prevention of Diseases, American Public Health Association: Margaret Sanger Award, Planned Parenthood Federation of America; Elizabeth Blackwell Award for Distinguished Services to Humanity and many others. She had received twelve honorary doctorates from such notable institutions as Columbia, Brandeis, Adelphi, Dickinson, Bucknell and Hofstra Universities. Dr.
Calderone was the mother of three daughters, a grandmother of three and a great-grandmother of three.

5. David Schnarch (From the Marriage and Family Health Center www.passionatemarriage.com) is a licensed clinical psychologist and the author of numerous books and articles on intimacy, sexuality, and relationships. David served eight years on the Board of Directors of the American Association of Sex Educators, Counselors, and Therapists (AASECT), throughout which time he chaired the Professional Education Committee. He is an AASECT Certified Sex Therapist and Certified Sex Therapy Supervisor, and a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT). For seventeen years David was an Associate Professor in the Depts. of Psychiatry and Urology at Louisiana State University Medical School training physicians and therapists in sexual health care. In 1991, David wrote the landmark book, Constructing The Sexual Crucible: An Integration of Sexual and Marital Therapy (W. W. Norton & Co.). It is now used in clinical training programs across the country and read by therapists around the world. The Crucible Approach® is widely regarded as the most sophisticated integration of sexuality, intimacy, spirituality, personal development, and marital therapy developed to date. His book, Passionate Marriage: Sex, Love, and Intimacy in Emotionally Committed Relationships (W. W. Norton & Co., March 1997), is a perennial best seller, and offers the general public his revolutionary approach in a pragmatic and easy-to-understand form. His latest book, Resurrecting Sex: Resolving Sexual Problems and Rejuvenating Your Relationship (HarperCollins, August, 2002), offers hope to millions of couples and singles of all ages. Dr. David Schnarch is the first recipient of the "Professional Standard of Excellence" Award from the American Association of Sex Educators, Counselors, and Therapists (AASECT), given in recognition of his outstanding contributions to professional practice.

6. Alfred Kinsey (From Wikipedia, the free encyclopedia en.wikipedia.org) (1894-1956) was an entomologist and zoologist at the Indiana University at Bloomington who founded the Institute for Sex Research at Indiana University at Bloomington, now called the Kinsey Institute for Research in Sex, Gender and Reproduction. Kinsey formally created the academic field of sexology. His Kinsey Reports led to a storm of controversy, and were regarded by many as a trigger for the sexual revolution of the 1960s. Indiana University's president Herman B Wells defended Kinsey's research in what became a key test of academic freedom. Kinsey's work continues to cause controversy decades after his death. While academic investigation into sex stimulated by Kinsey has resulted in an explosion of knowledge about topics previously considered taboo, there continue to be claims that the Kinsey Reports on male and female sexuality are handicapped by statistical and ethical problems, and that the enormous amount of data he collected should therefore not be quoted. These claims are disputed, and thus far none of Kinsey's critics have claimed to produce more reliable data.

7. William R. Stayton, M.Div., Th.D. (From his own Curriculum Vitea) (1933) was born in Kelso, Washington and received his Th.D. from Boston University in 1967. In 1971, he received an NIMH Postdoctoral Grant for Professors of Pastoral Care: Marriage Council of Philadelphia, Division of Family Study, in the Department of Psychiatry, University of Pennsylvania School of Medicine. Currently he is a Professor of Education and Coordinator of the Human Sexuality Program at Widener University, an Adjunct Associate Professor in the Graduate School of Education at the University of Pennsylvania. In addition to his work in sexuality education and clinical practice, Dr. Stayton has written numerous Chapters of books and articles and many media
appearances in the United States and abroad pushing his agenda for comprehensive sexuality education, positive attitudes toward human sexuality and values clarification. He is an advocate for marginalized sexual minorities and a pioneer in sex therapy and education. Dr. Stayton has spent the last 40 years working to build up the field of sexology through active governance and participation in important organizations within the field including SIECUS, Society for the Scientific Study of Sexuality, The Center for Sexuality and Religion, the Pennsylvania Association of Marriage and Family Therapists, and the American Association of Sex Educators, Counselors and Therapists (AASECT). Dr. Stayton has been appointed to the World Health Organization and World Association for Sexology Consultation on “The Function of the Health Sector in Sexual Health Promotion: Conceptualization of Sexual Health and Recommendations for Action” and as a facilitator for the Surgeon General of the U.S. and Office of Population Affairs’ Invitational on “Promoting Responsible Sexual Behavior”.

8. Janice Irvine is an educator in the Sociology department at University of Massachusetts, Amherst. She specializes in issues of culture and sexuality studies. She has written several influential texts including: 1) Talk About Sex: The Battles Over Sex Education in the United States (University of California Press, 2002) (Book review courtesy of Amazon.com) In this lively book, Janice M. Irvine offers not only the first comprehensive history of the culture wars over sex education but also an important examination of the politics of sexual speech in the United States. Exploring the clash between professional sex education advocates on the one hand and the politicized Christian Right on the other, Irvine vividly demonstrates the crucial role that sexual speech plays in cultural politics. Examining a range of issues played out in living rooms and schools since the 1960s, she shows how a newly emerging Christian Right chose sex education as one of its first battlegrounds, then went on to dominate the public conversation on the subject. Talk about Sex is a rich and fascinating consideration of American sex education's strategic place in the long history of efforts to regulate sexual morality by controlling sexual speech. Irvine's original argument shows how sex education served as a bridge issue between the Old Right and the New Right. Exploring the political uses of emotion as it relates to sexuality, Irvine demonstrates how this movement draws on the tenacious power of sexual shame and fear in order to galvanize opposition to sex education. This book skillfully demonstrates how-by framing sex education as radical, dangerous, and immoral-the Right has fostered a climate in which it is risky, as former Surgeon General Joycelyn Elders found, to speak out in support of sexuality education. 2) Sexuality Education Across Cultures: Working with Differences, S.F.: Jossey-Bass, 1995. (Book review courtesy Amazon.com) A guide for sexuality educators to the ways different cultures shape sexual attitudes and behavior, with suggestions for developing culturally appropriate education programs. Useful for anyone who communicates information about sexuality, including social workers, teachers, psychologists, nurses and doctors, community organizers, and parents. 3) Sexual Cultures and the Construction of Adolescent Identities (Temple University Press, 1994) (Book review courtesy of Amazon.com) This rich collection of essays presents a new vision of adolescent sexuality shaped by a variety of social factors: race and ethnicity, gender, sexual identity, physical ability, and cultural messages propagated in films, books, and within families. The contributors consider the full range of cultural influences that form a teenager's sexual identity and argue that education must include more than its current overriding message of denial hinged on warnings of HIV and AIDS infection and teenage pregnancy. Examining the sexual experiences, feelings, and development of Asians, Latinos, African Americans, gay man and lesbians, and disabled women, this book
provides a new understanding of adolescent sexuality that goes beyond the biological approach all too often simplified as "surging hormones." and 4) Disorders of Desire: Sex and Gender in Modern American Sexology, Philadelphia: Temple University Press, 1990. (Book review courtesy of Temple University at www.temple.edu) This is the first book to examine the development and impact of sexology—the scientific study of sex—in the United States. Briefly recounting its century-long history, Janice Irvine begins with the pioneering research of Alfred Kinsey and analyzes the attempt by sexual scientists to associate themselves with biomedical methodology in order to achieve the status of respected professionals in this country. Considering the development of modern sexological research and the clinical practice of sex therapy in the context of a broader social history of sexuality and gender, Irvine reveals how the content and direction of sexual science has been shaped by concerns for professional legitimacy, cultural authority over issues of sex and gender, and the creation of a market for information and therapy. Evolving from the rigorously empirical research of Kinsey, contemporary sexology is generally associated with biomedical laboratory investigations or psychotherapy. Cautious about the possibility of public censure or the restriction of public funding, research sexologists have been careful to present themselves as staid and dispassionate scientists engaged in ideologically neutral work. The book examines the social and political changes that have created an identity crisis within modern sexology as it has confronted formidable external challenges. In the cultural turbulence of the late 1960s, a group of sexologists, inspired by the human potential movement, introduced controversial new methods of clinical practice that involved nudity, bodywork, and sexually explicit films. At the same time, the emerging feminist and gay liberation movements rejected the conventional behaviors and gender role prescriptions privileged by biomedical experts in sexology and articulated the connection between personal and political freedom. Modern sexology now is rife with conflict. "As a field in which scientists, pornographers, feminists, transvestites, therapists, and others uneasily share the podium," Irvine comments, "sexology's recent history can be characterized as a turf war among constituents over the control of cultural definitions of sexuality and gender." Disorders of Desire documents how sexology has failed to transcend factionalism and remains unable to control contemporary sexual discourse. Irvine shows how its volatile debates over issues such as the G-Spot, the research of Shere Hite, childhood gender treatment centers, and AIDS represent fundamentally different constructs of human sexuality and individual freedom.

B. State your reasons for choosing each of the six and support your choices with evidence from the literature.

C. Use the contributions from these six (6) to develop the rationale for a course in human sexuality.

3. Because of your expertise in Human Sexuality/Sexology, you have been asked to address a group of medical professionals who traditionally have approached sexuality from a disease or medical trauma model. Your role is to convince them to find ways to approach their role in a more holistic, sex positive way. Choose one of the topics below
   a. Why We Must Find a Way to Create a More Sex-Positive Society
   b. Why We Must Abandon Efforts to create a More Sex-Positive Society

and using the depth and breadth of your understanding of the literature of sexuality/sexology complete the following two tasks:
1. Through comparison and contrast, evaluate the merits of both positions.
   
a. Human sexuality is one of the age old paradoxes of our time. On the one hand, our sexuality plays a most critical role in who we are, how we define ourselves and our role in society, and of course, how we continue to populate the earth. At the same time, throughout recorded history, we have seen a disparity in the way societies shape sexual attitudes and behaviors. This “pendulum swing” has been a common way in which the human family has viewed sexuality since the beginning. Unfortunately, we live in a time in which the span of the earth seems smaller by the ability to communicate and travel with ease to other countries and cultures. As a result, the tension about different sexual attitudes and practices has gotten even greater. We can see clear dichotomies in which some cultures clash over sexual differences while others are more successful at integrating and adapting to cultural differences. But this has also shown that there are problems that arise form our ability to move about the earth so easily. In the 1980’s we became aware of a new and deadly disease called HIV that causes AIDS. This disease knows no cultural boundaries and is an equal opportunity killer. Now, not only can we readily compare our own cultural experiences with others, we can also see how this comparison can influence cultures to begin sharing practices and traditions.

2. After your preceding analysis, prepare and deliver (write) your address on the position that you have taken.
3. Intersexuality, genetic mosaics and hormonal sensitivities not only influence reproductivity and anatomical physiology, but also, in some cases, psychosocial development. These are issues that school personnel should be sensitive to, but tend to be uninformed about. You have been asked to run a workshop for educators and school counselors concerning atypical sex/gender development. Design a lesson plan for a full day workshop including as many sexual developmental conditions as possible. Include ONE handout that provides summary information for your audience.

4. Today abstinence education is more prevalent in schools and requested by more school boards than at any other time in the past forty years. There are many abstinence-only (sometimes labeled fear-based) or abstinence-based curricula which have been developed and used widely in public and private schools. The research which has been completed on these curricula have not yield results which suggest that the programs developed and implemented do in fact contribute to abstinence as a choice (or delayed initiation of intercourse as the research literature describes it) for an adolescent. As a sexuality education scholar, write a testimony (using the research literature, learning theories and the political, social, religious climate) that supports or refutes the importance of abstinence-only curricula for use with adolescents.
FORM C I
RESEARCH IN HUMAN SEXUALITY

DIRECTIONS

In form C, you will be given a choice of research problems pertaining to your degree area (i.e. Human Sexuality).
You are to prepare a minim-proposal (500-750 words in length).

- The proposal should establish at least one plausible research question that addresses the problem.
- Then describe a research investigation that would answer the question and be publishable as an article or a dissertation.

- Keep in mind that you only have 90 minutes to complete this assignment. Therefore you want to achieve a balance between main ideas and supporting details.
- You will need to address all the items in the outline that follows, so it will make your task easier if you simply follow the outline.
- An outline format for your response will be acceptable assuming that you have included explanatory information.
- Professors reading your examination need enough detail to comprehend your answer.
- You may adopt either a quantitative or a qualitative approach. Be aware that if you blend the two approaches you might increase the amount of time needed to compose an answer.

Sample Problem - This is only a SAMPLE subject to change. You must address all items in this outline.
C. One suggestion for curbing the growing rate of HIV in the U.S. is to encourage institutions and agencies to provide condoms for their workers and clients/students. Design a study that would provide information for the support or denial of this action if it were to be funded by private or governmental monies.
1. Establish at least one plausible research question that

Research Question: Does the distribution of condoms reduce the incidence of sexual intercourse and the subsequent spread of HIV/AIDS?

Terms and Definitions: It is important that the understanding of “sexual intercourse” be defined accurately and consistently in all case samples. For our purposes, we would have to define “sexual intercourse” as any sexual behavior in which bodily fluids are exchanged or potentially exchanged, as in penile-anal intercourse, penile-vaginal intercourse, and penile and/or vaginal oral intercourse. The risk of HIV transmission is highest in the act of penile-anal intercourse, followed by a slightly reduced risk in penile-vaginal intercourse. While oral intercourse poses the least likely threat of transmission, it is still possible and more plausible in transmission through penile-oral intercourse; Vaginal intercourse being the least plausible threat. There is empirical support in the literature that suggests open-mouth kissing poses no threat of HIV transmission, and therefore this behavior would not be included in the definition of “sexual intercourse.”

Population Sample: In this particular study, it is critically important that the population sample be of significant size and demographic to provide for a reliable and valid result. The first threat to validity is the idea that there are two or more comparable samples that could be used to compare data samples
before, during and after the study. Sample groups would need to be closely related in demographic make-up: income, race, level of education and other pertinent information would have to be similar for the sample and control groups. For the purpose of this study, I would want to have a minimum of three different population samples that are as closely related as possible. The population would have to have the following characteristics measured and compared for similarities:

1) What is the general locale of this population? Large metropolitan urban areas (e.g. New York City) would be an ideal locale.

2) What is the setting of the agency? Ideally, this would be some sort of neighborhood clinic or public health provider. We would need to have past information about various treatments for STD’s, sexual behaviors, etc. Ethically, this facility would have to provide condoms on demand.

3) The age of participants: For general ethical acceptability, the participants would need to be 18 years of age or older. I would also limit the age to 28 years or younger because research supports changes in sexual attitudes and behaviors over time.

The Study: Provided that there are two or more demographically similar facilities, I would recommend the following structure for the study:

The Test Sample

1) Any person who came to the facility between the ages of 18 and 28 would be invited to participate. To encourage participation, subjects would be given a full health checkup, including tests for any STD including HIV/AIDS.

2) Willing participants would then be given a questionnaire that would ask for demographic information like age, sex, race, education level, marital status, and a self-report of “sexual intercourse” behaviors as outlined above. It is important to include a report as to whether or not the sexual intercourse behaviors include one or different partners, the frequency of such behaviors and whether or not a condom is used sometimes, always or never. The questionnaire would also assess the subject’s attitudes toward sexual intercourse behaviors and condom use. This information would not be tied to a name, but to a control number for confidentiality.

3) Educational Intervention: Each participant would then be shown a demonstration film about the benefits and proper use of condoms, including unwanted pregnancies and STD prevention. In addition, they would be given a supply of 30 condoms and told that they may return at any time for more.

4) For the next three months, they agree to come to the facility for monthly health screenings and to answer confidential self-reports about their sexual intercourse behaviors for that month including frequency and condom use. These questionnaires would not measure attitudes, only behaviors. Each time, they would be given a supply of 30 condoms unless they requested more than thirty.

5) After three months, the final questionnaire would be given that assesses the behaviors and attitudes about sexual intercourse and condom use.

6) The data gathered from this sample will be compared to data gathered from the control sample described below.

The Control Sample: The control sample will undergo the same criteria described above for the test sample, with the exception of #3 they will not be given the educational intervention and at no time would they be offered a supply of condoms. If they request condoms, they will be given as many as are requested. Data will be collected from them for the same three-month period.

At the conclusion of the study, the data will be compared to see whether or not there are significant statistical differences in the following categories:
1) Were there any incidents of unwanted pregnancies for either group?
2) Has there been any increase in STD’s from subjects of either sample group?
3) Was there any significant change in the frequency of sexual intercourse behaviors for either group?
4) Was there any significant difference in the total number of condoms requested and/or used by either group?
5) Were there any significant differences in attitudes about sexual intercourse behaviors or condom use between the groups?

Weaknesses: As in any sexuality study, there is a requirement that information about behaviors is on a self-report basis. This will always pose some threats to validity because there is a possibility that participants will not be honest with their replies and answer questions in a way that they believe are socially acceptable or desirable. Secondly, the research question deals with the transmission of HIV/AIDS, which is not being addressed directly by this study. What this study does though, is measure those behaviors that are more likely to result in the transmission of HIV and any other STD. While the consistent and correct use of condoms is not guaranteed to prevent all forms of STD’s, we can assume that it will significantly reduce the transmission of many of them and also the incidence of unwanted pregnancy.