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Human Sexuality - Assignments W4-W8

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**Part W-4**

Virginia Johnson and Masters William developed a four-stage model that exemplified different stages of sexual arousal and intimacy. The excitement, plateau, orgasm and resolution phases of males and females are unique yet, at the same time, distinct. In other words, across the gender divide, the sexual response cycles are similar in some aspects but are known to have a broad range of dissimilarities. The similarities and differences are both physiological and emotional.

**Differences**

During the sexual excitement phase, males typically have a higher arousal rate than the females. As such, males are easier to arouse compared to females who take longer before real sexual excitement commences (Stoléru, Fonteille, Cornélis, Joyal, & Moulrier, 2012). Also, unlike females, males, mostly, can experience intense sexual arousal without the stimulation of erogenous zones. In females, erotic stimuli can increase the rate at which they develop sexual excitement. In females, the excitement stage is manifested through the swelling of the vagina, the labia majora and the labia minora (Georgiadis & Kringelbach, 2012). The vagina walls then start secreting a lubricating fluid at the same time that the uterus' size enlarges and the nipples become hard. In males, the testes swell which results in the discharge of a lubricating fluid at the same time that the penis becomes erect and hard.

During the plateau phase, the lubrication of the vagina increases. Also, the clitoris becomes highly sensitive while in men the testes become firmly entangled to their bodies which lead to the release of the pre-ejaculatory lubricant that prepares the path for the ejection of semen

during the orgasm stage. Additionally, according to Weiner and Avery-Clark (2014), while there is a contraction of the urethral sphincter in men, there is a swelling of the tissues of the vagina.

The final two stages are also different for both sexes. At the orgasm phase, males ejaculate semen while the women's vaginal walls stiffen. The major difference is that while males can orgasm once before they recover to begin another cycle, women can have several orgasms with short time periods (Greenberg, Bruess & Oswalt, 2014). During the resolution phase, men experience fatigue while women experience a comparatively lighter exhaustion.

### **Similarities**

The sexual response cycles for both genders also have a common ground. During the first stage, there is a rise in blood pressure and a sharp increment of the heartbeat and breathing rates. Additionally, muscle tensions increase. At the plateau juncture, the physiological changes in part one become more intensive for both the females and men. Both gender experience an elevation of sexual pleasure which pushes the circulation levels further up (Weiner & Avery-Clark, 2014). However, if the stage proceeds for too long, both gender are likely to become frustrated. During the orgasmic phase, both men and their female partners release the sexual tension that developed during the earlier stages of the response cycle. This causes a temporary period whereby both genders lose their self-awareness (Greenberg, Bruess & Oswalt, 2014). The final similarity is at the resolution period whereby both men and women become drowsy at the same time in which they sweat. Besides, the circulation rate and blood flow to sensitive erogenous zones drop drastically.

**Conclusion**

The four phases of sexual response are vital in the enhancement of fulfilling sexual lives. In both genders, there are unique features that exhibit the differences between different stages of the cycle. There are also particular similarities that form the common ground in females and females.

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**Part W-5**

Communication is essential before a sexual encounter begins. Not only does effective communication set the ground rules for sex, but ascertain that sexual partners remain comfortable during the actual intercourse session (Greenberg, Bruess & Oswalt, 2014).

According to del Mar Sánchez-Fuentes, Santos-Iglesias, and Sierra, (2014), when sexual partners communicate their feelings, concerns, and issues that they consider as relevant to their interim and long-term interests, they, in turn, increase the chances of having more satisfying intimacy. This part presents a role-play conversation between a single Muslim mother and married Christian man who decides to discuss testing for HIV before becoming sexually intimate.

**Conversation Script**

Married Christian man: Hi?

Single Muslim mother: Hi there.

Married Christian man: How are you doing?

Single Muslim mother: Am fine. What about you?

Married Christian man: Am doing fine too.

Single Muslim mother: That is nice.

Married Christian man: Are you ready for sex?

Single Muslim mother: Yes

Married Christian man: That's good darling. Would you mind if we do medical tests for STIs?

Single Muslim mother: {Feeling embarrassed}No, I don't mind.

Married Christian man: {Raising the tone of his voice gently}Hey dear you seem shy, are you?

Single Muslim mother: Yes I am.

Married Christian man: Why?

Single Muslim mother: I know it important that we go for testing, but I just cannot explain in words why I feel so ashamed.

Married Christian man: I hope, I did not offend you when I asked whether we could go for tests.

Single Muslim mother: Certainly not, dear, do not worry; I will be fine, the tests are for in the best interests of both of us. Remember you have a wife and I have four kids of my own.

Married Christian man: In that case, am delighted that both of us understand the significance of the tests.

Single Muslim mother: Thank you. I can't wait to feel your love. Am waited for this moment for so long.

Married Christian man: My heart also yearns to have you in my arms, but we just have to take the tests first.

Single Muslim mother: I understand, I am ready right away.

Married Christian man: Alright, I have an instant HIV self-check kit.

Single Muslim mother: Wow. {Laughs}You are full of surprises. That means that it is really

possible to know our HIV status in a matter of minutes.

Married Christian man: You are right.

Single Muslim mother: That is quite impressive.

Married Christian man: Thank you.

Single Muslim mother: {Joking} So do you have the kit in your office?

Married Christian man: No

Single Muslim mother: Where is it then

Married Christian man: I have it right here.

Single Muslim mother: Don't you think we need a more elaborate medical test in scientific

laboratory, probably in a clinical setting so that we can verify the results of the instant self-check test?

Married Christian man: Darling, the instant HIV check kit is typically sufficient since it meets the international standards of HIV test kits. Anyway, it would be much better if we also take a more comprehensive test later.

Single Muslim mother: That is true my dear.

Married Christian man: That will enable us to enjoy our intimacy even more without having to contemplate about each other's status when enjoying our grand time.

Single Muslim mother: That's my man!

Married Christian man: Are you ready to accept the outcomes of the tests?

Single Muslim mother: Yes, why not?

Married Christian man: Thank you, I was just trying to prepare you psychologically to

Acknowledge the results, either way.

Single Muslim mother: I understand that the results have a direct implication on how we will  
have sex.

Married Christian man: Yes, we may have to use protection or may not need them at all.

Single Muslim mother: I understand, are you ready to accept the results yourself?

Married Christian man: Certainly yes.

Single Muslim mother: Thank you.

Married Christian man: I love you.

Single Muslim mother: I love you so much.

Married Christian man: {Smiling} I love you more.

Single Muslim mother: {Returning the smile} Me too.

### **Conclusion**

Setting ground rules for sex is imperative to sexually fulfilling intimacies. From the above communication script, it is apparent that single Muslim mother and her married Christian partner have reached conciliation about testing for HIV. The dialogue between the two depicts the magnitude that communication can have in bringing forth sexually fulfilling encounters and sessions. Research has shown that women are moderately embarrassed in initiating sexual

discussions (Montesi, Conner, Gordon, Fauber, Kim & Heimberg, 2013). This is where men step in since their confidence levels are significantly higher in initiating such conversations. Effective communication tactics entail the establishment of win-win situations, especially on issues of testing for sexually transmitted diseases (Yoo, Bartle-Haring, Day & Gangamma, 2014). From a critical angle, the supposition that Yoo, Bartle-Haring, Day, and Gangamma (2014) made shows that communication instills confidence that has a critical effect on the ability of partners to get pleasure from sex. This discussion is vital to further research in one unique way. Human sexuality researchers can apply the explications of this conversation script to study the role that communication can play in outcomes of temporary sexual relationships.

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**Part W-7**

In modern times, issues of sexual tolerance are becoming less controversial compared to the 19<sup>th</sup> and 20<sup>th</sup> centuries. In this century, according to the study that NeJaime (2012) did, sexual tolerance is eliciting less emotive debate due to significant policy changes that espouse issues of sexual tolerance as part of human rights. In the earlier centuries it would be considered as uncalled for if individuals of the same gender would public declare their interest in getting married. This implies that human sexuality has evolved to a level where sexual tolerance can be summarized from unique points of view (Greenberg, Bruess & Oswalt, 2014). This section explores the legality of same gender marriages as the selected issue of sexual tolerance. The discussion focuses on a material change in policy and legal frameworks about sexual tolerance.

Same-sex marriages in the U.S. are constitutional. According to Chappell (2015), the Supreme Court determined that same-gender marriages are legal in America. In 2014, the judges declared that prohibiting such marriages does not reflect the interests of an all-inclusive America. The ruling came after several legal battles involving various critics who had gone to court to oppose President Obama's signing of a congressional bill that enshrined such marriages into the constitution. Justice Kennedy articulated that the freedom to marry is an elementary one. The judge went ahead to explain that America's legal frameworks do not define marriage. As such, across all the states of the U.S., same-sex marriages are legal. The tendency of same-partners to become increasingly public, shows that sexual tolerance is increasing.

As can be expected, individuals and public opinion about same-sex marriages are divided. Wilson (2012) has mentioned that those who support such matrimones argue out that everyone has the right to enjoy their rights to the full. Such proponents also opine that members of the same sex can understand each other's psychological and physiological changes quite

easier. On the other hand, the critics of same gender matrimonies hold the opinion that such levels of sexual tolerance have a downward effect on the inculcation of moral and ethical living standards among youngsters. Most of the opponents of the legality of such marriages are usually members of the major religious fraternities. Their opposing views are based on the teaching of their religion which only promoted opposite-gender matrimonies.

Other also hold the opinion that such a practice could increase child-trafficking cases. This according to Wilson (2012), is because same gender couples will obviously have to adopt a child children to make their families complete. As such, the demand for minors to be adopted will shoot up which, in turn, will lead to a sharp increase in illicit child adoption strategies. It is apparent that child-trafficking cases are on the rise after President Obama's assented to the legality of same-gender marriages.

To sum up, the acceptance of choices that various individuals make regarding their preferred gender orientations and gender preferences vary widely among different citizens of America. In the United States, people of the same sex can get married and lead a normal life the same way that those of the opposite gender do. Although many have contested the constitutionality and the ethics of the legality of such marriages, many Americans have also supported the policy changes that protect same-sex matrimonies. This shows that sexual tolerance is improving.

### Part W-8

Institutions have a mandate to uphold the ethics and integrity of their operations. An ethical dilemma that many institutions face is that of including birth control coverage to their staff. For educational institutions, the litmus test surrounding contraception remains debatable. While technological advancements in reproductive medicine have brought about diverse contraception alternatives such as diaphragms, oral pills, and intrauterine devices, this issue has not been received with acclaim in certain societies and religious fraternities. The supporters of contraception and the opponents have different reasons for their preferences (Greenberg, Bruess & Oswalt, 2014). For married persons, the use of birth control is comparatively less objectionable compared to the use of birth control among teenagers, the unmarried and students. This discussion explores whether it is ethical for Wheaton College and Hobby Lobby to end birth control coverage. The discussion focuses on specific aspects of contraception and the ethical lenses that can elucidate the principles of decent behavior for institutional behavior.

#### The Promiscuity Debate

By declining birth control coverage both Wheaton College and Hobby Lobby indirectly discourage acts of promiscuity among irresponsible individuals. When educational institutions offer birth control coverage, they send the wrong message to their students. Students start developing the notion that they can engage in sex anyway they want since the fear of unplanned pregnancy disappears into thin air. From a critical angle, the promotion of contraception use among students promotes irresponsible sexual behavior while, concurrently, stopping or minimizing instances of unexpected pregnancies. Therefore, the decisions of Wheaton College and Hobby Lobby are ethically permissible in the sense that they discourage negligent sexual conduct.

### **Health Risks Linked to Birth Control**

Birth control mechanisms are only appropriate in so far as the individuals who use them do so appropriately. Bader, Kelly, Cheng, and Witt (2014) established that students who have access to contraception, mostly, fail to adhere to the recommendations of proper or different birth control strategies. For this reason, the learners put their lives at risk. At times, misuse of birth control can jeopardize the essence of the means of contraception. For example, the misuse of morning pills can have long-term repercussions on the ability of a female to conceive properly. Other such as the intrauterine devices (IUDs) have the potential of ripping apart the uterine walls (Arcidiacono, Khwaja & Ouyang, 2012). The affected individuals can subsequently develop adverse reproductive complications and bacterial infections that result from the wrong use of birth controls. From an ethical perspective, the use of birth controls should entirely be left to mature married people.

### **Undermines the Religious Beliefs**

Religion has been one of the greatest shapers of human conduct. Many people base their behaviors on the teachings and assertions of their religions. Therefore, it would be unethical for Wheaton College to engage in any activity that violates the foundational principles of Christianity. In as much as birth control does not directly violate the code of Christianity, the use of any form of contraception among unmarried people promotes illicit sexual encounters. Christianity espouses that sex should occur between married partners. In this light, the presence of birth control as part of health cover breaches the purity of sex (Turchik & Gidycz, 2012). The message that such covers send to students is unacceptable from an ethical lens. Therefore, from this line of argument, the decision to end all student health coverage is ethical since it would send the correct moral signals to learners at the institution. Although the students contested the

college's resolution, it is true that when examined from a critical angle, the decision reflects the ethical standards of human behavior.

### **Birth Control Does not Protect Against STIs**

Birth control mechanisms, also, do not reduce the risk catching sexually transmitted infections (STIs). For this reason, many students have the notion that if birth controls can protect against unplanned pregnancies, they can also protect an individual from STIs. Conversely, the opposite is true. According to Turchik and Gidycz (2012), the use of birth controls significantly increases the chances of catching such infections due to the growing possibility of having numerous sexual partners. This means that the diseases can quickly spread on the basis of the assertion that the fears of unexpected pregnancies are non-existent. Notably, one of the major factors that motivate youthful members of any society from engaging in pre-marital sex is the fear of unforeseen pregnancies. Usually, such pregnancies affect the affected person's quality of life. For students, particularly, an unplanned pregnancy can affect the schooling negatively. This shows that it is ethical for Wheaton College to end birth control cover so as to discourage students from taking part in risky sexual encounters. This is the fundamental premise of ethics.

### **Autonomy of Decision-Making**

Educational institutions strive to meet the needs of their students and stakeholders. In this light, they have the autonomy of making decisions that do not infringe on the rights of the people they serve. Therefore, when Wheaton College made a firm decision concerning birth control, it was ethically justifiable to make such a decision since the verdict was in line with the interests of the institution of higher learning, their sponsoring organizations and the students. By opting to end the birth control coverage, the institution made an ethical decision based on its ability to

make decisions autonomously. Since the educational institution's objectives conflicted with those of the Affordable Care Act, it was prudent for the organization to make a decision that would ensure that its health cover provisions do not conflict with those of the Obamacare legislation.

### **Decision-Making at the Individual Level**

The other aspect that justifies the ethics for declining the birth control cover is that issues of contraception are best left for individuals to handle. This means that when institutions such as Hobby Lobby and Wheaton continue with birth control coverage, individuals will develop the supposition that such crucial issues are best handled at the organizational level. Organizations are instead only supposed to play a pivotal role in empowering people to make decisions that reflect their real-life interests.

### **Conclusion**

To sum up, both Wheaton College and Hobby Lobby behaved ethically when they determined to end all birth control coverage to their workers and student. Although birth control strategies are known to be effective in population control and in minimizing the cases of unplanned pregnancies, it is apparent that both institutions did not overstep moral boundaries. At the general point of view, such contraception covers defy the principles of the governing organizations that have invested a significant amount of their finances in establishing the institutions. This discussion has created the necessary groundwork for future research on the importance of developing a multi-sectoral approach to creating awareness among the youthful members of modern societies to shun engaging in sexual activities before marriage.

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