

GNED 08 - UNDERSTANDING THE SELF

CHAPTER 7

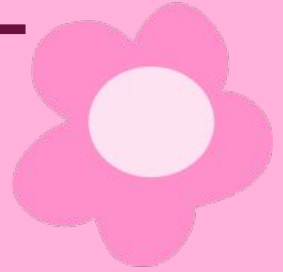


The Sexual Self

Presented By : Group 2 - Reporters



UNDERSTANDING THE SEXUAL SELF



Understanding the sexual self



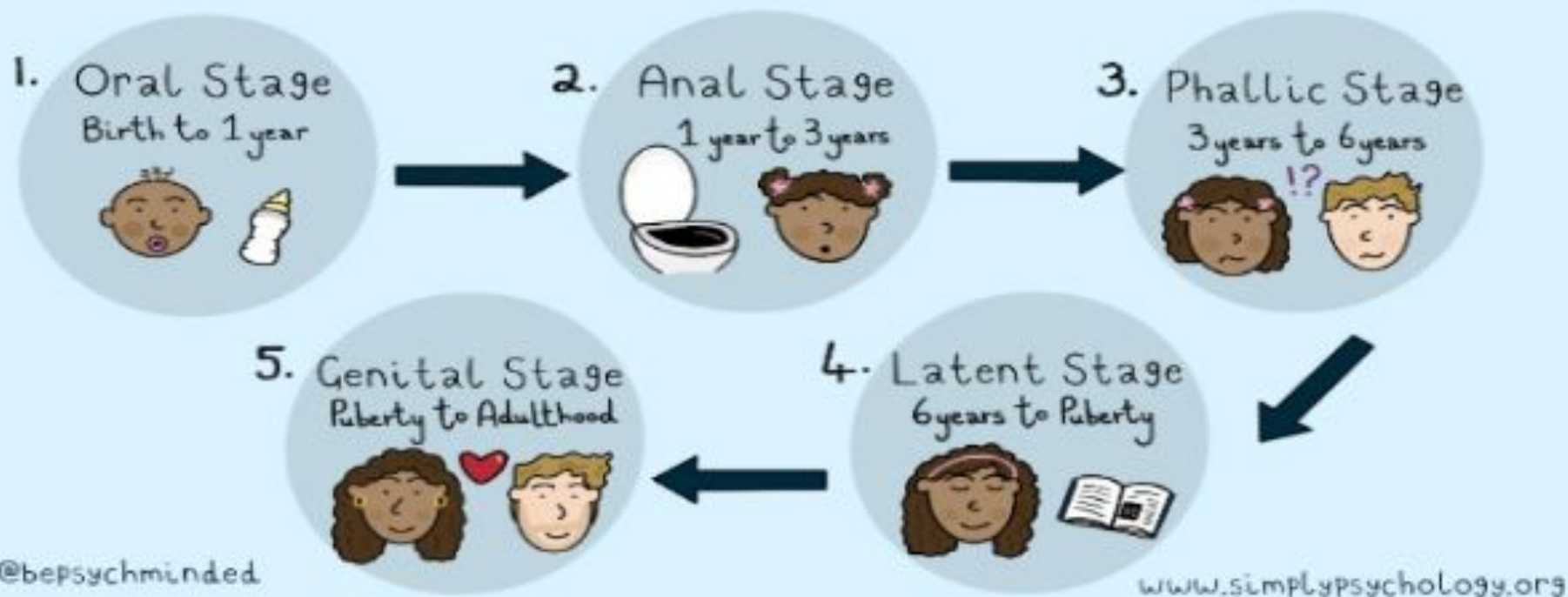
- Psychoanalytical theory states that physical body is the core of human experience as form of construction of self and personality.
- Freud maintained that nature of the conflicts among id, ego and superego changes overtime as a person grows from child to adult.

PSYCHOSEXUAL THEORY AND 5 STAGES OF HUMAN DEVELOPMENT

- Sigmund Freud proposed that personality development in childhood takes place during five psychosexual stages, which are the oral, anal, phallic, latency, and genital stages.
- During each stage, sexual energy (libido) is expressed in different ways and through different body parts.

Psychosexual Stages of Development

Personality Development Theory by Sigmund Freud



SEXUAL BEHAVIOR



Sexual behavior is influenced by:

- Biological factors include hormonal changes, genetic predispositions, and physiological responses to sexual stimuli.
- Psychological factors involve thoughts, emotions, fantasies, and personal preferences.
- Social factors encompass cultural norms, societal expectations, and interpersonal dynamics.

SEXUAL BEHAVIOR



- “sexuality” refers to the capacity for sexual feelings and attraction.
- “sex assigned at birth” refers to how one’s anatomy, physiology, hormones, and genetics are classified (typically as male, female, or intersex).

MEN'S SEXUAL BEHAVIOR

- Men sexual behavior refers to the specific actions, behaviors, and patterns of sexual expression exhibited by males. It encompasses a range of activities and desires that are unique to individuals who identify as male.



FEMALE'S SEXUAL BEHAVIOR



- Female sexual behavior refers to the specific actions, behaviors, and patterns of sexual expression exhibited by individuals who identify as female. It encompasses a range of activities and desires that are unique to females.

THE REPRODUCTIVE SYSTEM

- The reproductive system is a collection of organs and structures in the human body that work together to facilitate reproduction, which is the process of producing offspring.



MALE REPRODUCTIVE SYSTEM



- 1. Testes:** The testes are the primary male reproductive organs. They produce sperm cells and the hormone testosterone.
- 2. Epididymis:** The epididymis is a coiled tube located on the back of each testicle. It stores and transports sperm cells from the testes to the vas deferens.
- 3. Vas Deferens:** The vas deferens is a muscular tube that carries sperm from the epididymis to the urethra during ejaculation.

MALE REPRODUCTIVE SYSTEM



4. Seminal Vesicles, Prostate Gland, and Bulbourethra

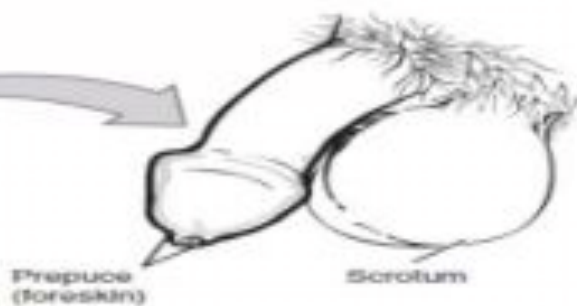
Glands: These accessory glands produce fluids that combine with sperm to form semen. The seminal vesicles contribute the majority of the fluid volume, while the prostate gland and bulbourethral glands add additional substances to support sperm function.

5. Urethra: The urethra is a tube that carries both urine and semen out of the body. It passes through the penis.

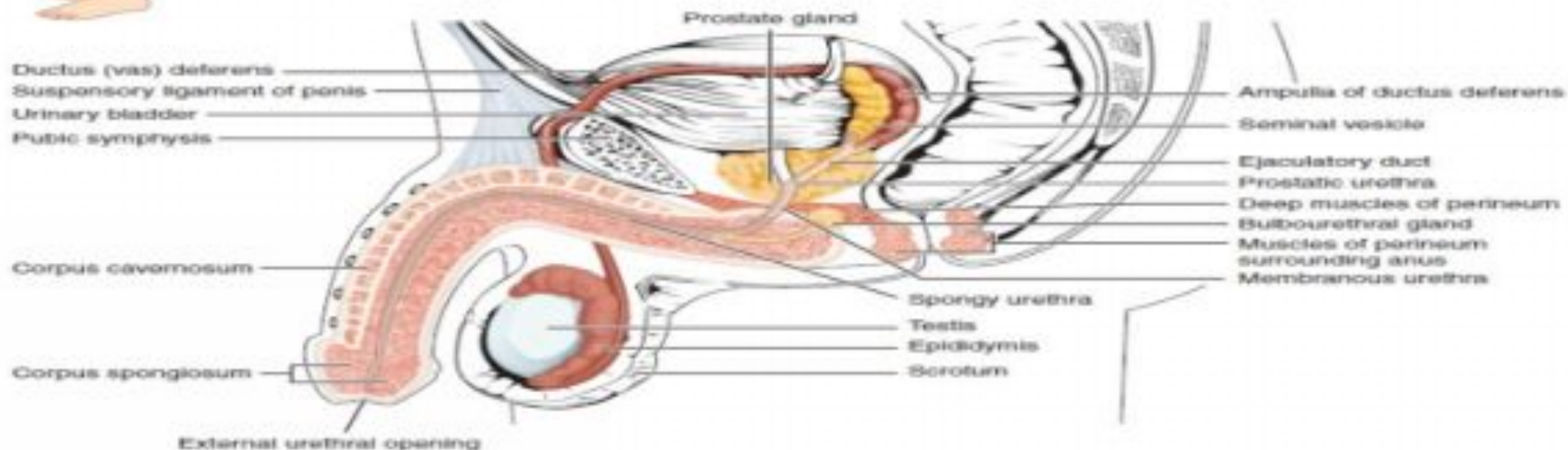
6. Penis: The penis is the external organ of the male reproductive system. It is involved in sexual intercourse as the passageway for both urine and semen.

(a) Uncircumcised penis

(b) Circumcised penis



(c) Male Reproductive System: lateral view



FEMALE REPRODUCTIVE



SYSTEM

1. **Ovaries:** The ovaries are the primary female reproductive organs. They produce eggs (ova) and the hormones estrogen and progesterone.
2. **Fallopian Tubes:** The fallopian tubes are a pair of tubes that connect the ovaries to the uterus. They serve as the site of fertilization, where sperm can meet and fertilize an egg.
3. **Uterus:** The uterus, also known as the womb, is a hollow, muscular organ where a fertilized egg implants and develops into a fetus during pregnancy.

FEMALE REPRODUCTIVE

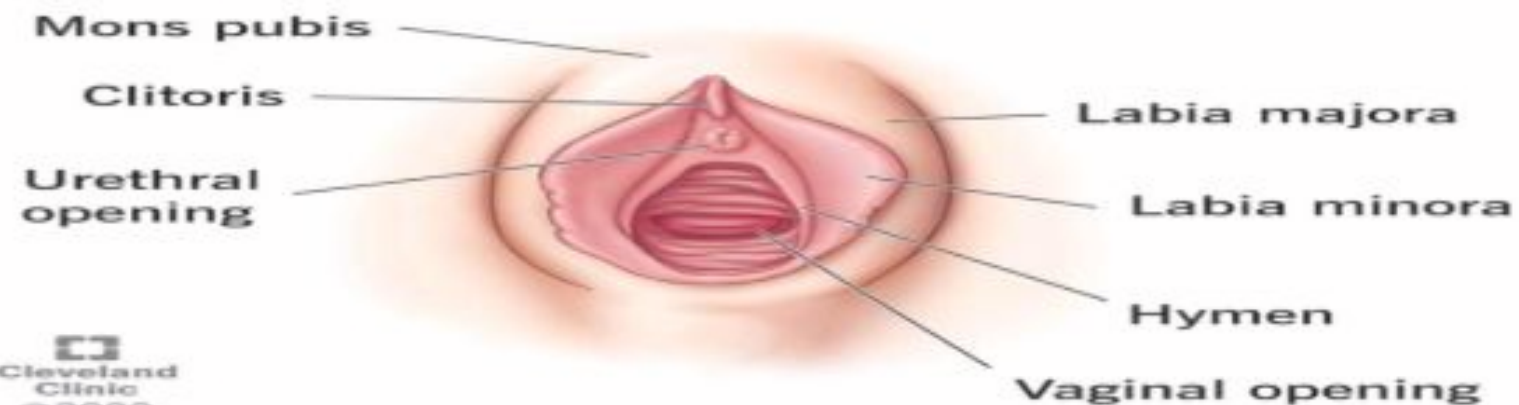
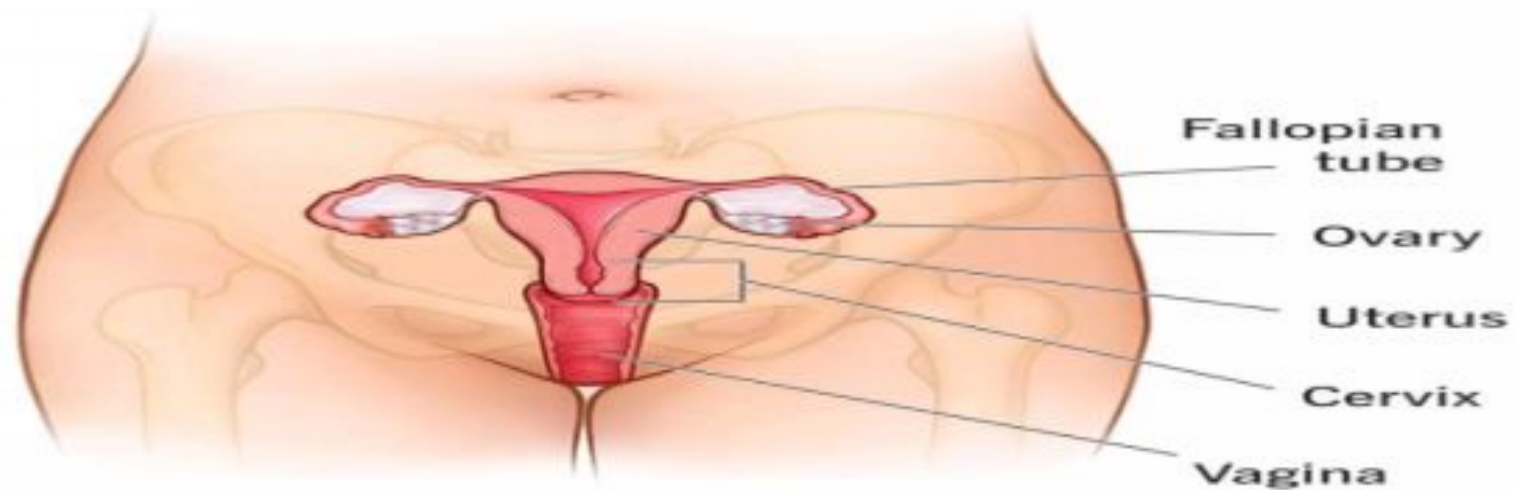
SYSTEM



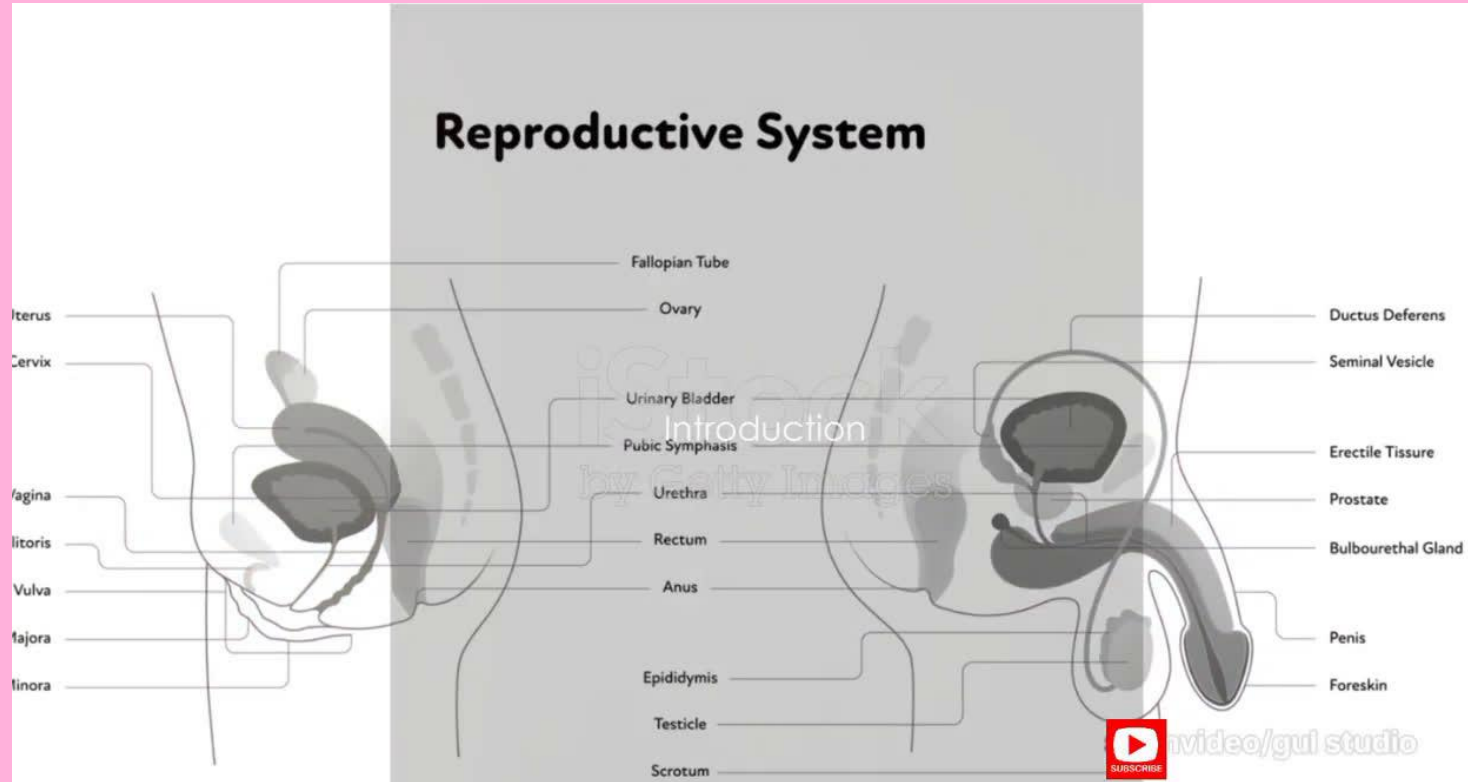
4. **Cervix:** The cervix is the lower part of the uterus that connects to the vagina. It allows the passage of sperm into the uterus and serves as the opening for menstrual blood to leave the body.
5. **Vagina:** The vagina is a muscular canal that connects the cervix to the external genitalia. It serves as the birth canal during childbirth and is involved in sexual intercourse.
6. **External Genitalia:** The external genitalia, also known as the vulva, include the labia, clitoris, and vaginal opening. They protect the internal reproductive organs and are involved in sexual stimulation.

Female reproductive system

Internal and external



THE INTERCOURSE OF MALE AND FEMALE REPRODUCTIVE SYSTEM



PHYSIOLOGICAL ASPECTS OF SEXUAL EXCITEMENT EROGENOUS ZONE

Freud believed that personality developed through a series of childhood stages in which the pleasure-seeking energies of the id become focused on certain erogenous areas. An erogenous zone is characterized as an area of the body that is particularly sensitive to stimulation.



Freud's Psychosexual Stages

Oral Stage: Birth to 1 Year
Erogenous Zone: Mouth



Anal Stage: 1 to 3 Year
Erogenous Zone:
Bowel and
Bladder Control



Phallic Stage: 3 to 6 Year
Erogenous Zone: Genitals



Latent Stage: 6 to Puberty
Libido Inactive



Genital Stage: Puberty to Death
Maturing Sexual Interests



The Oral Stage

Age Range: Birth to 1 Year

Erogenous Zone: Mouth

- During the oral stage, the infant's primary source of interaction occurs through the mouth, so the rooting and sucking reflex is especially important. The mouth is vital for eating, and the infant derives pleasure from oral stimulation through gratifying activities such as tasting and sucking.



The Anal Stage

Age Range: 1 to 3 years

Erogenous Zone: Bowel and Bladder Control

- During the anal stage, Freud believed that the primary focus of the libido was on controlling bladder and bowel movements. The major conflict at this stage is toilet training—the child has to learn to control their bodily needs. Developing this control leads to a sense of accomplishment and independence.
- According to Freud, inappropriate parental responses can result in negative outcomes. If parents take an approach that is too lenient, Freud suggested that an anal-expulsive personality could develop in which the individual has a messy, wasteful, or destructive personality.
- If parents are too strict or begin toilet training too early, Freud believed an anal-retentive personality develops in which the individual is



The Phallic Stage

Age Range: 3 to 6 Years

Erogenous Zone: Genitals

- Freud suggested that during the phallic stage, the primary focus of the libido is on the genitals. At this age, children also begin to discover the differences between males and females.



The Latent Period

Age Range: 6 to Puberty

Erogenous Zone: Sexual Feelings Are Inactive

- During this stage, the superego continues to develop while the id's energies are suppressed.

Children develop social skills, values, and relationships with peers and adults outside of the family.



The Genital Stage

Age Range: Puberty to Death

Erogenous Zone: Sexual Feelings Are Inactive

- During this stage, the superego continues to develop while the id's energies are suppressed. Erogenous Zone: Maturing Sexual Interests
- The onset of puberty causes the libido to become active once again. During the final stage of psychosexual development, the individual develops a strong sexual interest in the opposite sex. This stage begins during puberty but last throughout the rest of a person's life.
- *Unlike many of the earlier stages of development, Freud believed that the ego and superego were fully formed and functioning at this point.



Younger children are ruled by the id, which demands immediate satisfaction of the most basic needs and wants.

Physiological Aspects of Sexual Excite



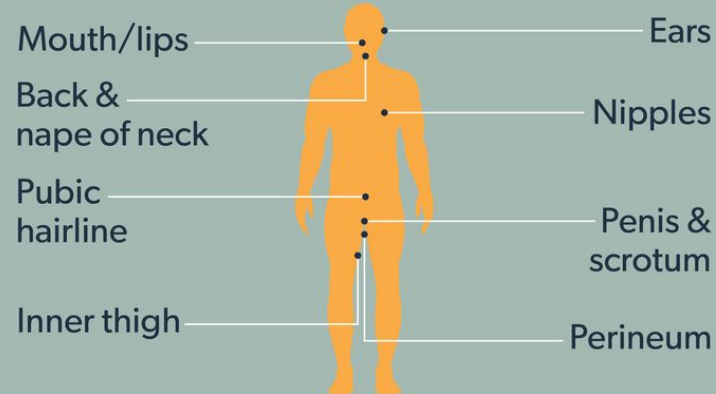
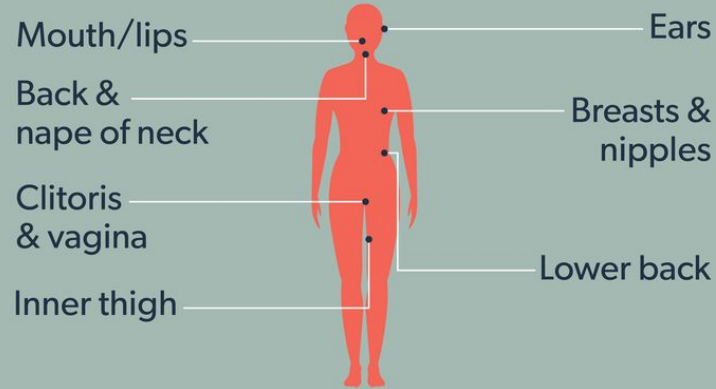
Erogenous Zone



These are part of the body that particularly sensitive to touch, pressure and vibration which contributes to sexual arousal.

Identifying erogenous zone (“hot spots”) gives different reaction and effect to a person. For one, these could bring sexual satisfaction, also, improves sexual health and stimulating different spots may produce different reaction to the body. Female and male erogenous zone are reproductive organ (vagina, penis, scrotum & clitoris), mouth (lips), neck, breast (nipples) and ears.

Erogenous zones for women and men

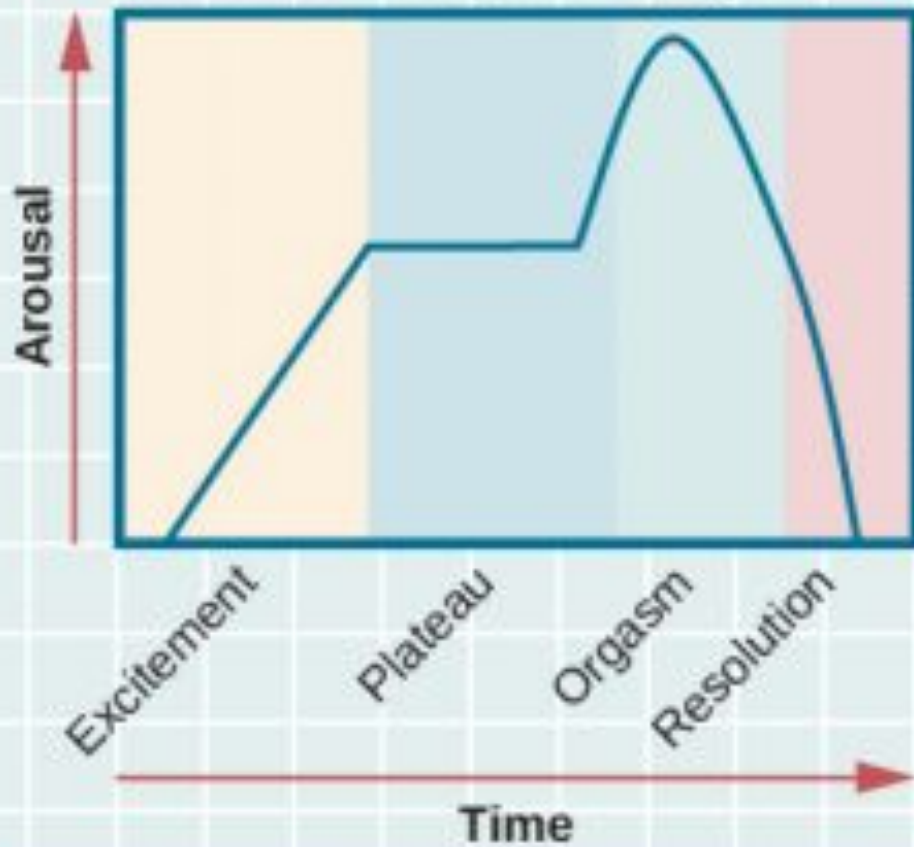


Phases of Sexual Response

Although, erogenous zone brings us to sexual arousal which is unique to each individual, people shares same basic aspects of sexual responsiveness. According to Johnson & Master (1966), sexual response follows a regular pattern consisting of four (4) phases: arousal, plateau, orgasm and resolution



Sexual Response Cycle





The arousal phase is a subjective sense of sexual pleasure. The physiological sign in males is penile tumescence (erection) and vasocongestion to female leads to vaginal lubrication and nipple erection



The plateau phase is a brief period of time before the orgasm. It is the body's preparation for orgasm.



The orgasm phase is an intense, highly pleasurable experience. When this phase is reached, rhythmic muscular contractions occur in the genitals. In male, the contractions expel semen, a fluid containing sperm, a process called ejaculation. For women and men, breathing and heart rates reach maximum.



Last stage of sexual arousal, the resolution stage where the decrease of arousal (particularly in male) happens.


Genitals resume their unaroused state and shape; blood pressure, breathing and heart rate return to normal.


Diversity of Sexual Behavior

Sexual behavior transcends in different forms. It may be influenced by not only the basic physiological aspect of sexuality but also by different expectations, attitudes, beliefs and state of medical and biological knowledge. It made sexual behavior take a more diverse forms such as heterosexuality, homosexuality,

bisexuality



- 
- **Heterosexuality** - It is a sexual attraction and behavior directed to other sex. More than male-female intercourse, it involves kissing, petting, caressing, massaging and other form of sexual activities.
 - **Homosexuality and Bisexuality** - Homosexuals is a romantic and/or sexual attraction between members of same sex. Bisexuals are person who can be romantically or sexually attracted to same sex and the other sex. Some male homosexuals prefer the term Gay and some female homosexual prefer the term Lesbian. Gays and Lesbian as preference for a terminology refer not only to their sexual preference but also as Gender preference. These by which refer to a broader array of attitudes and lifestyle of the individual than the sexuality itself.

- 
- Transsexuality - These are people who believed they were born with the body of the other gender. Men transsexuals believe that they are men in a women's body and women transsexuals believe that they are women in a men's body. Transsexuals sometimes seek sex exchange operations, which undergo several steps such as intensive sexual counseling, hormone injections, living as member of desired sex for several years, surgery.
 - Transgenderism - These are people who view themselves as a third gender, they are transvestites (who wears clothes of the other gender) or those who believed that traditional male-female classifications inadequately characterized them.

Natural and Artificial Method of Contraception



As overpopulation and countless cases of Sexually Transmitted Disease (STD) such as gonorrhea, syphilis etc., along with the threat of Acquired Immuno Deficiency Syndrome (AIDS), the government educates people the importance of Contraception. There are two kinds of contraception; the Natural Contraception and the Artificial Contraception.

- Natural Contraception are type of birth control that depend with observations on woman's body through monitoring and recording different fertility signals during her menstrual cycle. Through there different methods one may predict when it is safe or when a woman will more likely to get pregnant. These may be in a form of abstinence, calendar method, basal body temperature method, cervical mucus method, symtothermal method, ovulation detection, lactation amenorrhea method and coitus interruptus.

- Artificial Method is diverse method of contraception using to prevent conception of a woman. There are different types of artificial contraception but not all types are appropriate for all situation. Using artificial contraception depends on the individual's health status, age, sexual activity and/or number of partners. These are oral contraception, transdermal patch, vaginal ring, subdermal implants, hormonal injection, Intrauterine device (IUD), chemical barriers, diaphragm, cervical cap, male and female condoms, surgical methods (vasectomy and tubal ligation.)



NATURAL METHOD OF CONTRACEPTION & ARTIFICIAL METHOD OF CONTRACEPTION



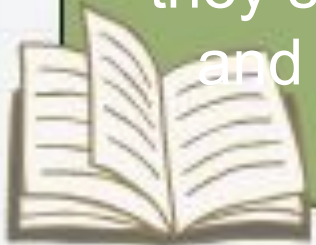
NATURAL METHOD OF CONTRACEPTION

Situational Examples with Natural Methods of Contraception.

1. ABSTINENCE

Example:

Maria is a young woman in high school. Although she has a boyfriend, Juan, they both decided to remain abstinent until they get married. Instead of being physically intimate, they strengthen their relationship by talking, supporting, and working together on their dreams and life goals.



NATURAL METHOD OF CONTRACEPTION

2. CALENDAR METHOD

Example:

Sarah and John are a couple who use the calendar method as a natural form of contraception. Sarah tracks her menstrual cycle and knows that her cycles usually last about 30 days. By marking the first day of her period on the calendar, she can estimate her fertile window to be around days 14 to 17 of her cycle.

During this time, they abstain from unprotected intercourse to avoid pregnancy.



NATURAL METHOD OF CONTRACEPTION

3. BASAL BODY TEMPERATURE

Example:

Emily uses basal body temperature (BBT) tracking as a method of natural contraception. She takes her temperature every morning before getting out of bed and records it on a chart. After tracking for a few months, she notices a slight increase in temperature after ovulation, indicating her fertile window has passed. Based on this information, she and her partner adjust their sexual activity accordingly to avoid pregnancy.



NATURAL METHOD OF CONTRACEPTION

4. CERVICAL MUCUS METHOD

Example:

Laura uses the cervical mucus method to track her fertility. Throughout her menstrual cycle, she observes changes in the consistency and appearance of her cervical mucus. During her fertile window, she notices that her cervical mucus becomes clear, slippery, and stretchy, indicating ovulation. Laura and her partner avoid unprotected intercourse during this time to prevent pregnancy.



NATURAL METHOD OF CONTRACEPTION

5. SYMPTOTHERMAL METHOD

Example:

John and Emily use the symptothermal method to prevent pregnancy. They track Emily's basal body temperature (BBT) and observe changes in her cervical mucus throughout her menstrual cycle. By charting both BBT and cervical mucus, they identify Emily's fertile window and abstain from intercourse or use barrier methods during this time to avoid conception.



NATURAL METHOD OF CONTRACEPTION

6. OVULATION DETECTION

Example:

Sarah tracks her basal body temperature (BBT) and observes changes in her cervical mucus to detect ovulation. She notices a slight increase in her BBT and a change in the consistency of her cervical mucus, indicating that she is likely ovulating. Sarah and her partner decide to have intercourse during this time to increase their chances of conceiving.



NATURAL METHOD OF CONTRACEPTION

7. LACTATION AMENORRHEA METHOD

Example:

After giving birth, Maria breastfeeds her baby exclusively and uses the lactation amenorrhea method (LAM) as a form of contraception. She relies on the natural suppression of ovulation that occurs due to breastfeeding. Maria avoids supplementing with formula, pumps regularly, and feeds her baby on demand to maximize the contraceptive effect of breastfeeding.



ARTIFICIAL METHOD OF CONTRACEPTION

1. ORAL CONTRACEPTION

Example:

Sarah takes a daily oral contraceptive pill to prevent pregnancy. She follows the instructions provided by her healthcare provider, taking one pill at the same time each day. By consistently using the pill, Sarah effectively regulates her menstrual cycle and avoids pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

2. TRANSDERMAL PATCH

Example:

Emily uses a transdermal patch as her method of contraception. She applies a small patch to her skin once a week, and it releases hormones similar to those in birth control pills. By wearing the patch consistently, Emily effectively prevents pregnancy. daily oral contraceptive pill to prevent pregnancy. She follows the instructions provided by her healthcare provider, taking one pill at the same time each day. By consistently using the pill, Sarah effectively regulates her menstrual cycle and avoids pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

3. VAGINAL RING

Example:

Jessica uses a vaginal ring as her method of contraception. She inserts a small, flexible ring into her vagina once a month, where it releases hormones similar to those in birth control pills. By using the vaginal ring consistently, Jessica effectively prevents pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

4. SUBDERMAL IMPLANTS

Example:

Emily chooses a subdermal implant as her method of contraception. She visits her healthcare provider, who inserts a small rod under the skin of her upper arm.

The implant releases hormones that prevent pregnancy for up to three years. Emily enjoys the convenience of long-term contraception without the need for daily administration.



ARTIFICIAL METHOD OF CONTRACEPTION

5. HORMONAL INJECTIONS

Example:

Sarah opts for hormonal injections as her method of contraception. Every three months, she visits her healthcare provider who administers a progestin injection into her muscle. By receiving these injections regularly, Sarah effectively prevents pregnancy without the need for daily administration.



ARTIFICIAL METHOD OF CONTRACEPTION

6. INTRAUTERINE DEVICE

Example:

Jessica chooses an intrauterine device (IUD) as her method of contraception. She visits her healthcare provider, who inserts a small T-shaped device into her uterus during a quick office procedure. The IUD releases hormones that prevent pregnancy for up to five years. Jessica appreciates the hassle-free, long-term protection against pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

7. CHEMICAL BARRIERS

Example:

John and Emily use spermicidal condoms as their method of contraception. Before intercourse, they apply a spermicidal gel to the inside of the condom. The spermicide contains chemicals that immobilize sperm, providing an additional barrier against pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

8. DIAPHRAGM

Example:

Anna uses a diaphragm as her method of contraception. Before intercourse, she inserts the diaphragm into her vagina, covering her cervix to prevent sperm from entering. By using the diaphragm consistently and correctly, Anna effectively prevents pregnancy.



ARTIFICIAL METHOD OF CONTRACEPTION

9. CONDOMS

Example:

Mark and Sarah use condoms as their method of contraception. Before intercourse, Mark applies a condom over his erect penis. The condom acts as a barrier, preventing sperm from entering Sarah's vagina and reducing the risk of pregnancy. By using condoms consistently and correctly, Mark and Sarah effectively prevent pregnancy and protect against sexually transmitted infections (STIs)



ARTIFICIAL METHOD OF CONTRACEPTION

10. SURGICAL METHOD

Example:

After discussing their family planning goals, John and Emily decide to undergo sterilization procedures as a permanent form of contraception. John undergoes a vasectomy, where the vas deferens are cut or blocked, preventing the release of sperm during ejaculation. Emily opts for tubal ligation, where her fallopian tubes are surgically cut, tied, or blocked, preventing eggs from reaching the uterus for fertilization. By choosing surgical methods, John and Emily effectively prevent future pregnancies.

