

Free book review on mhs6470 human sexuality

[Technology](#), [Development](#)



Summer C 2013

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Short Answer Questions (2 points each)

- List 6 common myths about male sexuality as highlighted in your text.

Men have a fertility cycle, erectile dysfunction only occurs in older men, this penis is a muscle the average western penis is larger, sexual peak is at age 18, certain foods may increase the libido

2. Describe the difference between a sexual problem and a sexual disorder as identified in the text.

A sexual problem is a problem that occurs during sex. A sexual disorder involves acts or behaviors that can be described as deviant.

3. List three premises of Solution Focused Therapy as listed in your text.

Focus on the present or future, respectful curiosity, questions that focus on exceptions to problems

4. List the 5 stages of the Integrative Treatment Model presented in the text.

Intentional integration, multidimensional integration, multitheoretical integration, strategy-based integration, and relational integration

5. List the four elements from the Wheel of Assessment.

intuition, feeling, sensation, thinking

6. Identify this : _ _ _ _ _

cohabitating non-marital relationship between a man and a woman in a pedigree analysis

7. List the six steps in the development of a meaningful treatment plan as listed in your text.

Identify primary and secondary problems, describe the problem's behavioral manifestations, make a diagnosis based on DSM/ICD criteria, specify long-term goals, create short-term objectives, select therapeutic interventions.

8. What are the elements of the sexual response cycle as presented in the DSM-IV.

excitement, plateau, orgasm, and resolution

9. Name 4 of the 8 elements of intimacy as listed in your text.

Honor, trust, allowance, gratitude

10. Identify the 2 significant 6 categories of Female Orgasmic Disorder.

Primary and Secondary orgasmic disorder

11. List three of the five common sexual problems that may result from childhood sexual abuse as identified by Maltz in your text.

Avoiding, fearing, or lack of interest in sex, approaching sex as an obligation, having difficulty getting around or feeling sensations

12. List 2 possible interventions for male hypoactive sexual desire disorder listed in your text.

Exogenous testosterone, treatment of underlying psychological issue

13. List two possible issues that Rolland identifies in your text which may be important to consider when working with couples affected by disabilities.

Understanding the physical effects of disability, appreciation of the disability as a psycho-social problem.

14. The Stop-Start technique is used to treat what disorder?

Premature ejaculation

15. How many stages are there to the disease caused by the Treponema Pallidum bacterium?

There is primary, secondary, latent, and tertiary syphilis, as well as congenital.

16. HIV is transmitted via which 3 possible methods?

Blood, semen, breast milk

17. Identify two psychosocial aspects of aging as it relates to sexuality.

Social isolation, death of significant others

18. Identify three possible treatments for 302. 72.

exercise, sildenafil, prosthetic implants

19. Mixoscopy is listed within which DSM-IV category?

Paraphilia NOS

20. List the three goals identified in your text for working with more severe atypical sexual behavior.

Help manage urges, maintain healthy sexual activities, prevent harm to others

21. What are the two primary conditions listed in your text which make rape traumatic?

Unexpected, and against the individuals will

22. During which phase of the sexual response cycle do most male sexual problems occur?

Ejaculation stage

23. What occurs during the stage known as validation of the treatment process?

Proof of the effectiveness of the method, and acceptance of it.

24. List 3 possible techniques that may be used to treat Sexual Aversion Disorder

couples therapy, desensitization, cognitive behavioral therapy.

25. What event marks the beginning of the gay liberation movement?

The Stonewall riots of 1969

Essay question (50 points-1 page doubled space minimum)

Describe yourself and your development as a sexual human being and discuss how your values on sexuality may impact your work in this area.

My personal sexual development has been a long process that began in my early years and is continuing to this day. At the age of 29, I am settled in my conservative morals and values. Ultimately, I believe that sex should only take place in committed relationships and sexual intercourse should only take place if you actually see yourself having a child with your partner. This element is important, because though we may use contraception, it may fail, and ultimately whenever sex occurs there is a possibility of pregnancy and a resultant child.

My primary influence on my sexual development and my notions of relationship modeling was my family. Growing up, I saw both sets of grandparents holding hands and being affectionate and from an early age I began to develop a sense that intimacy was a life long commitment.

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Furthermore, watching my parents and their behavior towards each other reinforced this. Obviously on occasion would get into quarrels, and sometimes it would take a little bit of time to resolve, but inevitably they would come together again and work out their issues. Thus my primary relationship role models always tried to make their relationship work and continue, and this greatly effected how I view male/female-committed relationships.

I like to believe that my values will not substantially effect how I work with patients. Sexual deviance can be difficult to process, but with enough exposure from the academic literature I believe nothing can actually surprise me as a practitioner. In my value system there is an enormous appreciation for empirical proof and the scientific method. Treating people with sexual problems and disorders with the most accepted methods will be my mission as a result of these values. I understand that sexuality is a normal aspect of life, and my training has taught me that 'normal' is actually a continuum, and my values have taught me a respect for the differences in people.

In sum, my primary development as a sexual human being is an ongoing process that started at a young age. This development was started by the simple observation of a child of the ordered pairings around me. In time, obviously I went to school, and the gossip of adolescence and teen years probably also had a substantial effect. Today, my values and morals are slightly conservative and I still believe in life partners for intimate relationships. This will benefit my future patients insofar I think it is a good model to work from if the patient has some sort of fear of their deviance.