

desirable. Family and cultural practices related to parental control of eating and meal customs also exert influence on eating patterns. Many of us were raised with the “you must clean your plate” rule before we could leave the table. This attempt at control by parents over children can carry over into adult eating behavior.

**Eating Behaviors Out of Balance: Obesity** Over human history, thrifty genes directing us to eat fatty foods have evolved as an adaptation for when food was scarce. Now that high-fat, high-sugar food is no longer scarce, that gene has become maladaptive. Many genes related to body weight regulation vary among individuals and contribute to obesity. The Pima Indians of Arizona have a high level of obesity within their culture for those following a modern high-fat diet. For those who follow a more traditional low-fat diet, obesity is much less common.

Once fat cells increase in the body, they seldom decrease in number. Early childhood eating patterns as well as adult overeating contribute to the increase in the number of fat cells. Weight-loss diets can usually shrink fat cells, but they do not destroy them. While we may have a set point, it can get reset by the body when it increases in size. A person’s metabolism can also have an impact on body weight. The lower the metabolism, the easier it is to gain weight. There is that one friend in just about every group who “has a hollow leg” and “eats like a horse” and never gains weight—that lucky situation shows genetics and metabolism at work. A challenging problem with weight-loss diets is that while they can help a person shed pounds, they can also lower a person’s metabolic rate—making it even harder to lose weight.

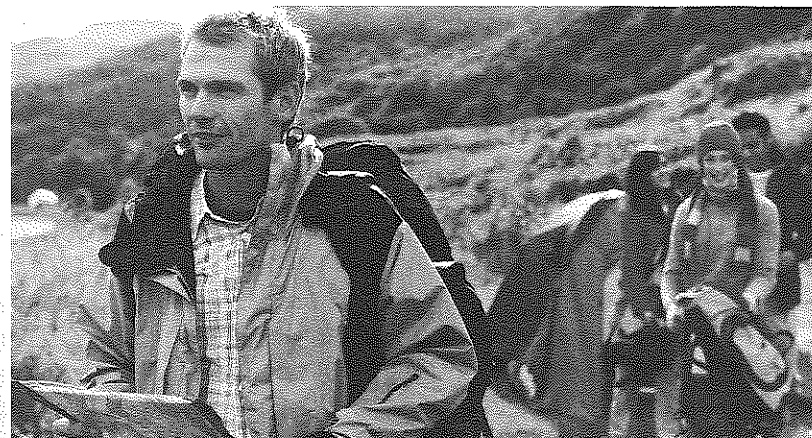
Some parents will use food to placate children. This practice can create a system that becomes unbalanced very quickly. One child who cried every time he was hungry was given food to calm him. By the time he was twelve, he weighed 300 pounds. Many such children have been in the news over the past few years, and their parents are being held accountable for endangering their health.

In the United States, high-calorie fast foods are available in even the smallest of towns. The documentaries *Fast Food Nation* and *Super Size Me* show just how widespread fast food is and how challenging to health it has become. The media contribute to the problem with ads describing or showing these foods as irresistible. In some places, fast food is the only affordable food.

While genetics and predispositions are factors in weight and health issues, you can also exert control if you are concerned about your own health. For example, try examining your portion size. Rather than use a full dinner plate, use smaller plates and smaller cups and glasses. Resist eating everything you are served in a restaurant: The larger plate size and portion size in American restaurants does lead to increased caloric intake. Another way to keep an eye on your calories and your mix of carbohydrates, fats, and proteins is to use a fitness or weight app on your phone. Simply keeping track of what you eat can reduce

overeating. Research shows that obesity can contribute to such health problems as diabetes (blood sugar/insulin issues), joint problems, high blood pressure, and stresses on the heart, so preventing or reducing it is a step toward good health.

One current definition of obesity is based on a measurement of BMI, or body mass index. BMI is a ratio of weight to body size and assumed body fat. Though BMI provides some useful information when examining entire populations, its value for use on an individual person is questionable. Some people who are considered obese—that is, who have a high BMI—can run more than ten miles several times per week or are professional athletes. Other people who are considered too thin can also perform at high levels. In short, do not use BMI scores for finding your appropriate weight for your height. More important indicators of health are physical fitness and underlying measurements of cholesterol levels, blood pressure, insulin resistance, and cardiovascular abilities.



Fitness comes in a variety of dimensions.

Rather than focusing on what the scale or BMI measure says, focus on how you feel. Are you able to go hiking and enjoy the experience, or do you need to stop every hundred yards because you are out of breath? Can you run a mile or more? Are you getting quality sleep, or is severe snoring (possibly a sign of sleep apnea) getting in the way?

You only get one body. What are you going to do with it? Will you take care of it—eat in a healthy way and exercise? Or will you fill it with junk and mistreat it so that it breaks down? If you want to lose weight, avoid falling for diet fads or “cleanses.” They are not based in science and only end up hurting your body. Healthy habits are the only way to properly take care of your body.

### **Sexual Motivation**

**Sexual motivation** is the desire to have erotic experiences that are pleasurable. Sexual desire and romantic love are not always connected with each other. Sexual desire has roots in mating and passing along one’s genes, while romantic love has attachment in concert with sexual desire. Each has distinct brain

and hormonal mechanisms. Attachment is connected with increased levels of the hormones oxytocin and vasopressin. Sexual desire alone is connected to androgens and estrogens released into the body from the **gonads** (testicles in males, ovaries in females).

Sexual desire ties in to many cognitive and behavioral processes and sociocultural norms. Think back to Chapter 9 on associative learning. Animals seek pleasure and repeat behaviors that lead to pleasure. External and internal stimuli associated with sexual arousal can become rewarding in and of themselves. Sociocultural factors can determine the preferred characteristics of a desirable partner—his or her weight, body type, body size, and body adornment (decoration such as jewelry, hairstyles, and tattoos). Most cultures also tend to have common preferences in hip-to-waist ratios in females. Facial symmetry tends to be highly prized, as does youth, especially in females, since it signals health in parenting.

Evolution has contributed to what we tend to find attractive, since sexual desire was rooted in the ability of our ancestors to reproduce successfully. Though sexuality can be thought of in purely reproductive terms, in humans, sexuality is one part of the complex web of identity, relationships, and social lives.

All cultures have rules about which sexual practices and partners are appropriate. Some cultures avoid cousin-cousin mating, while others encourage it. In virtually all cultures, incest—mating with close family members—is taboo.

**The Human Sexual Response Cycle** Researchers William Masters (1915–2001) and Virginia Johnson (1925–2013) conducted research in a laboratory where they measured, watched, and/or filmed 10,000 sexual cycles of more than 300 male and 300 female volunteers. Among other findings, they discovered that what people had been told about sex was largely wrong, and their research supported the importance of learning about and improving the sexual experience.

Masters and Johnson identified a four-part series to the **sexual response cycle**—the physiological changes from arousal back to a normal state. This cycle begins with the *excitement stage* when men’s and women’s genital areas became engorged with blood, a woman’s vagina expands, and an internal lubricant is secreted. Her breasts and nipples may enlarge. During the *plateau stage*, breathing becomes more rapid as does the heart rate and blood pressure. For men, the penis will become fully erect and some fluid may appear at the tip of the penis (fluid that contains sperm enough to create conception). For women, vaginal lubrication continues to increase.

Masters and Johnson observed muscle spasms all over the body for both males and females during the *orgasm phase*. There were increased breathing and heart rates, and blood pressure continued to rise. Brain activity appears to be similar for men and women during orgasm, as are their descriptions of the

feelings. The female orgasm was found to be an adaptive response as it kept the sperm closer to the uterus in order to increase the possibility of conception.

After the orgasm, the body returns to its normal resting state during the fourth stage, called the *refractory period*. The body needs to reset itself before it can go through the process again and have another orgasm or resolution. One key difference between males and females is that for men the refractory period can last from a few minutes to longer than a day; for women the period lasts from seconds to minutes.

Another pioneering sex researcher was **Alfred Kinsey** (1894–1956) of Indiana University. He gained his data mostly through interviews that culminated in the Kinsey Reports. The books were heavily criticized for their methods, but they did get people talking slightly more openly about sex and nonheterosexuality. He created what became known as the Kinsey scale, a continuum from heterosexuality to homosexuality. His research, though criticized, allowed people to begin opening their eyes to a possibility that there were more than just straight men and women and the occasional “other.” Through his initial work and the work of many other researchers and activists, the notion of straight/gay and masculine/feminine is beginning to be questioned as a social creation (construct) and is not set in stone (Figure 13.7).

**Factors Affecting Sexual Motivation** During puberty, the development of sexual characteristics begins to change how adolescents view the world around them. More of the world becomes sexualized due to the increase of **androgens** (male hormones, especially testosterone) and **estrogens** (female hormones, such as estradiol). These hormones activate sexual urges and

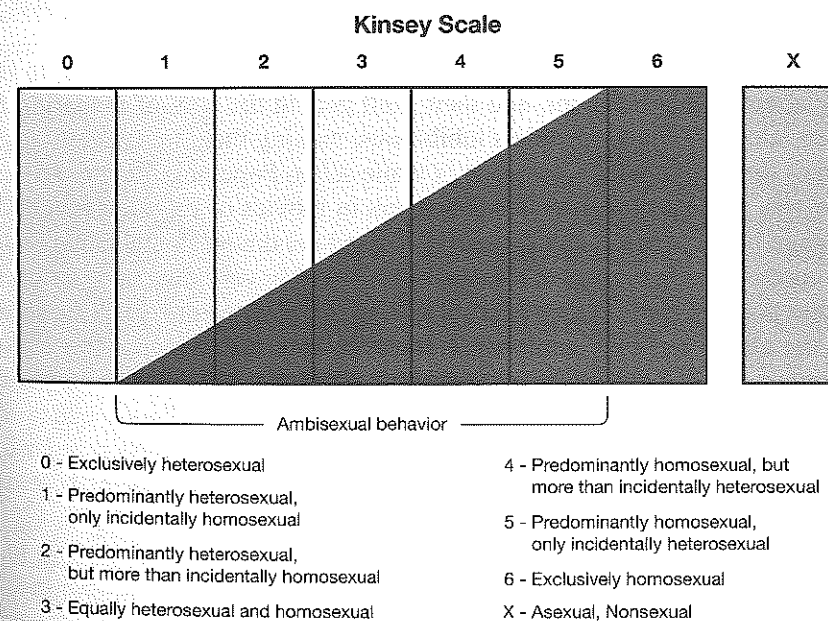


Figure 13.7

behavior in most adolescents. Dreams become more sexual; secondary sex characteristics such as hair, breasts, menarche, and nocturnal emissions change perceptions.

Society contributes to the sexual maturation of adolescents. Depending on the structure and value system of their families, children and adolescents may become exposed to sexual content that is available on television, in movies, and on the Internet. The media, especially advertising, has an obsession with using sexuality to sell.

Though schools and parents have attempted to filter and hide pornography from children, they have been mainly unsuccessful in doing so, since explicit sexual content permeates popular culture. Repeated exposure can have lasting effects, such as believing that a behavior is normal just because it is in explicit material. As you read in Chapter 10 on social learning, people attempt to imitate models to which they are exposed. Teens' exposure to sexual content can contribute to superficial sexual sophistication, which in turn can lead to many problems over time, such as unrealistic expectations about what a potential partner should look like and do.

**Adolescent Sexuality** Some teenagers will have sex, and although rates of teenage pregnancy are decreasing, it does still occur, partly because of ignorance. In many communities, parents assert control over the information their children are exposed to in schools. Teens then turn to one another—not necessarily the best place to find reliable answers about sex and sexuality—and myths continue to spread. Many schools are unable or unwilling to communicate with teenagers about birth control and how to prevent pregnancy and **sexually transmitted infections (STIs)**. For the most up-to-date rates on STIs, visit the website of the Centers for Disease Control.

Another reason for unwanted teen pregnancies is that many people feel guilty about sexual behavior, and their guilt gets in the way of preparing for it. Also, alcohol reduces people's inhibitions, making them more likely to act on urges that they would not engage in while sober. Popular culture is no help. When was the last time you saw characters in movies or on television about to engage in sex? How many couples discussed condoms? dental dams? other birth control or disease prevention actions? Probably very few, maybe none.

One popular form of sex education over the past twenty years or so has been the abstinence-only campaign. However, even those teens who choose abstinence often engage in other risky behaviors that still increase the possibility of STIs. In fact, in areas where there is abstinence-only education, teens do not prepare for the possibility of sex, so they are unprepared when their urges get the best of them. These areas have the highest rates of teenage pregnancy and STIs.

**Sexual Dysfunctions and Paraphilias** Sexual dysfunctions are problems that consistently interfere with a person's ability to function properly or be aroused for sexual contact. One dysfunction, *premature ejaculation*, is a

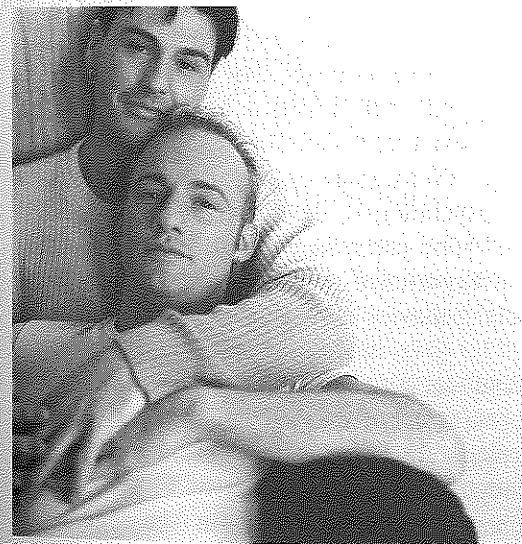
male's ejaculation before he and his partner want it. A second problem is an *erectile disorder* that occurs when a male is not able to maintain an erection. Female sexual dysfunction occurs persistently over time and may consist of painful intercourse, lack of desire, or inability to attain orgasm (*female orgasmic disorder*). If these conditions interfere with a healthy and enjoyable sex life, they can sometimes be solved through therapy or medication.

*Paraphilias* are sexual interests that fall outside a societal norm—that is, abnormal sexual desires. The *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, states there are eight paraphilias: *exhibitionistic* disorder (desire to perform sexually in front of others), *fetishistic* disorder (experiencing sexual arousal only with objects not considered to be normally erotic), *frotteuristic* disorder (inappropriately touching or rubbing against strangers while in public places, such as on a train or bus), *pedophilic* disorder (sexual desire for children), *sexual masochism* disorder (unhealthy desire to receive pain in connection to sex), *sexual sadism* disorder (unhealthy desire to give pain to others in connection to sex), *transvestic* disorder (becoming sexually aroused by dressing in the other gender but finding the act distressing), and *voyeuristic* disorder (primary sexual arousal from secretly watching others undress, bathe, or engage in sex).

**Sexual Orientation** One's sex is biologically determined—that is, a person's genitalia is the primary marker for one's sex, though some people are born with genetic variations that create multiple genitalia or a lack of genitalia. **Gender**, in comparison, is culturally and socially created. What is considered masculine or feminine in a society is not agreed on worldwide.

**Sexual orientation** is a sexual identity based on the gender to which one feels enduring sexual attraction. People attracted to the same biological sex as their own are gay or lesbian. People attracted to a different biological sex as their own are heterosexual, and those attracted to both are bisexual.

The lesbian, gay, bisexual, and transgender (LGBT) population is estimated to be between 1.5 and 5.5 percent. Those who identify as **transgender** (that is, feel as though they were born into a body of the wrong sex) make up approximately 0.3 percent of the population. Areas with greater acceptance of differences in sexual orientation tend to have larger LGBT populations.



Some people extend the identification of sexual orientation to include a nonbinary (not either-or) result. This view proposes that the nonheterosexual population cannot all be labeled simply as LGBT. Proponents of this view add Queer, Questioning, Intersex (once called *hermaphrodite*), and Asexual, Ally, and Pansexual—LGBTQQIAAP. Given the relatively recent social construction of “gay” and “straight,” activists argue that the additional labels are necessary to give voice to the entire spectrum of human sexuality.

Research on the origins of sexual orientation indicates that fraternal birth order is one factor. The more sons in a family, the increased likelihood the later son(s) will be gay. Other research has found that the hypothalamus size in nonheterosexuals is smaller than in heterosexuals. Serotonin levels may play a role in sexual orientation as well, as might prenatal hormones during development. There is also a genetic component (you will recall that environments can alter how genes are expressed). However, though the exact mechanisms behind sexual orientation cannot be identified, our orientation is not a conscious choice but rather a complex, biologically-created set of phenomena.

### ***Social Motivation: Balance and the Need to Belong***

Several theories have attempted to explain what motivates us to interact with others as we do. Fritz Heider (1896–1988) proposed a **balance theory** of social motivation, suggesting that humans have a need for congruence in their social interactions and that social behavior is motivated by a desire for social balance. He illustrated this theory through the use of a triad made up of two people and an object. A triad might be you and your father (the two people) and your dog (the object). A balanced triad would be one in which both you and your father love your dog. Another balanced triad would be one in which both you and your father do not love your dog. But if you love your dog and your father does not, the triad is out of balance, and you will be socially motivated to find a way to balance it. Leon Festinger (1919–1989) also proposed that we are motivated in part by a desire for congruence, that conflicting beliefs or behaviors cause us discomfort and we are motivated to relieve that discomfort by adjusting either our beliefs or our behaviors. (See page 600 for more on cognitive dissonance.) Kurt Lewin (1890–1947), a Gestalt psychologist, developed a theory based on how people see their “life space”—the arena in which they make social decisions. He theorized that people experience psychological tension until they fulfill their intentions, and social behavior is motivated by the desire to resolve that tension.

Both laboratory experiments and social observation have shown that people need each other and need groups in order to survive and thrive. Our need to be with others is partly neurologically based. The hormone oxytocin is released by the pituitary gland whenever humans bond socially. The release of oxytocin triggers the release of the neurotransmitter serotonin (see page 109),

which increases the feeling of well-being. In other words, we are biologically motivated to be with others because doing so makes us feel better. Being ostracized or left out has the opposite effect. Studies show the brain’s pain center is activated when a person feels left out.

The evolutionary approach asserts that the human need to affiliate aids in survival. People in groups stand a better chance of surviving a battle than does the lone warrior. We have a need to belong—in a romantic relationship, family, team, organization, religion, ethnicity, or nation. Even gang membership fulfills a need for some, especially those for whom other groups—family and neighborhood, for example—do not provide sufficient support to satisfy the **affiliation** need. Being a part of something bigger than ourselves makes us feel good and avoids the distress associated with being alone.

### **Motivational Conflicts**

There are times in our lives when we are faced with conflicting motives, when we must make a choice between two things that pull us in different directions. If the choice is between two desirable options, it is called an **approach-approach conflict**. Do I go to one concert with my best friends or another concert with my significant other? Should I study abroad in Spain or in Italy? A second conflict is called **avoidance-avoidance conflict**, the choice between two undesirable options. For example, do I want to do unpleasant homework or unpleasant housecleaning?

A conflict in which one event or goal has both attractive and unattractive features is called an **approach-avoidance conflict**. Marriage, for example, has positives and negatives. The positives include togetherness, creating memories together, and companionship, among others. Some potential negatives are challenging finances, arguments, and inevitable compromise. **Multiple approach-avoidance conflict** is a choice between two or more things, each with desirable and undesirable aspects. Suppose that marriage decision, for example, also involves moving to a different city and taking a different job, one with higher pay but also higher stress.

### **Achievement Motivation**

What drives people to achieve goals in their lives? First is the desire for significant accomplishment, as Maslow theorized (see page 307). High achievers are often driven to accomplish goals they themselves have set, such as writing a book or climbing a mountain, rather than goals set by others. They tend to see difficulty as a challenge rather than as an impediment to success. In fact, failure only fuels high achievers. They understand that learning comes with discomfort and mistakes, and they see those as opportunities for growth. The highest achievers tend to want to learn as much as they can and to keep learning.