narrow range of occupations such as nursing or teaching, while men have been expected to hold a wide variety of jobs outside the home in business, politics, and industry.

Although certain common beliefs regarding the way each sex should behave are present across societies, substantial variations exist between cultures when examining sex roles and their accompanying stereotypes. For example, after studying the behaviors of men and women in three cultures in New Guinea, Margaret Mead found that each culture had its own sex roles and stereotypes. Interestingly, few of them corresponded to the stereotypes expressed in industrialized nations. This finding provides some support for sex roles as cultural constructions. The diverse characteristics associated with sex roles are not biologically determined, but rather culturally transmitted.

Stereotyping itself is a normal cognitive process. In fact, this act of forming general impressions is of great help in allowing us to categorize the tremendous amount of information we continually experience. However, the excessive use of masculine and feminine labels can place undue restrictions on people’s behaviors and attitudes. Certain beliefs about sex-appropriate behaviors can determine the types of experiences to which we are exposed during the course of our lifetime. For example, some grade school teachers may form quick assumptions about a student’s scholastic abilities largely on the basis of his or her sex. As a result, a boy may be encouraged in math class while little effort is given to refining his talent for writing poetry. At more advanced levels, males may be more encouraged than females to enroll in mathematics, science, and engineering courses.

**Sex-role socialization**

From infancy to adulthood, people receive informal but potent impressions of the role they are expected to play in society. As infants, little girls may be cuddled and handled in a more delicate manner than little boys. As children mature, family members continue to cultivate masculinity and femininity by encouraging a child to act in ways and develop interests the family members feel are appropriate for the child’s sex, while at the same time discouraging any conduct considered inappropriate. For example, parents may reward a daughter’s interest in sewing and housekeeping with praise and encouragement while actively discouraging a son who shows similar interest. Once a child is of school age, his or her peers generally provide additional information about what is considered acceptable or unacceptable within one’s own sex role.

In the 1960s, social learning theorists such as Walter Mischel and Albert Bandura emphasized the role of both direct reinforcement and modeling in shaping children’s sex-role behavior and attitudes. Boys and girls learn new sex roles by observing and imitating their parents or some other person important to them of the same sex. For instance, little girls copy their mother’s grooming activities by putting on makeup and dressing up in her jewelry while young boys imitate their father’s behaviors by pretending to shave or work in the garage. Furthermore, parents seem to reinforce sex-typed activities in their children by either rewarding (e.g., a smile or laughter) their son for playing with trucks and their daughter for playing with dolls. They may also respond negatively (e.g., a frown or removal of the toy) when the form of play does not meet sex-role expectations. Another explanation for sex-role development is found in a cognitive developmental theory proposed by Lawrence Kohlberg. It is based on the view that children play an active role in the reinforcement of appropriate sex roles. Once children become aware of their gender label, they come to value behaviors, objects, and attitudes associated with their sex. Each child becomes highly motivated to learn about how members of his or her own sex act and then behaves in the way that is considered appropriate for that gender.

Sex-role development has been an area of extensive research over the past several decades. The first step in this process consists of acquiring gender identity. This is the point at which the child is able to label herself or himself accurately and can categorize others appropriately as male or female. For example, a two-year old child who is shown pictures of a same-sex child and an opposite sex child and is asked “which one is you?” will correctly choose the same-sex picture. By age four, most children understand that they will remain the same sex throughout their life, a concept known as gender stability. A child’s ability to recognize that someone remains male or female despite a change of clothing or altered hair length demonstrates the development of true gender constancy that is not typically achieved until about the age of five or six.

Since the 1960s, sex roles in North America have become increasingly flexible. Whereas “masculinity” and “femininity” had long been considered to be opposite ends of the same continuum, (meaning a person could be one or the other but not both), psychologists today conceive of masculinity and femininity as two separate dimensions. Therefore, a person can be both compassionate and independent, both gentle and assertive. Many people no longer regard fearfulness or tenderness as unmanly emotions nor is it considered unfeminine if a woman is assertive. Men and women can also hold jobs that were once considered inappropriate for their sex. For instance, most women work outside their homes and are, in increasing numbers, entering professions tradi-
tionally considered to be almost exclusively male occupations such as medicine, engineering, and politics.

Timothy Moore

Further Reading

Sex therapies
Various psychological treatments for the correction of sexual dysfunction which cannot be identified by a biological inadequacy.

Changing attitudes towards sex

Sex therapy, the treatment of sexual disorders, has evolved from early studies on sexual behavior made over 50 years ago. During these 50 years, the approach to sex therapy has changed immensely. When William Masters and Virginia Johnson published *Human Sexual Inadequacy* in 1970, the sexual revolution, born in the 1960s, was not yet in full force. Due in part to the development of the oral contraceptive known as "the pill" and the rise in the politics of feminism, society began to take a different, more open view of sexuality. For many, the sexual morals of the Victorian age and strict religious backgrounds had lingered even into the years after World War II. Traditionally, women were afraid to admit an interest in or even pleasure from sex. Men were permitted even less freedom to discuss sexual problems such as impotence. The rise in sex therapy addressed those issues as they had never been addressed before, in the privacy of a doctor's office.

In addition to shifting attitudes about sex, developments in medicine allowed more people to experience a satisfying sex life. By the 1990s, medications were developed that addressed the biological nature of sexual dysfunctions. Before these developments, if a man or a woman had trouble functioning sexually, the cause was often considered merely "psychological" and not a medical matter. Such medical treatments as penile implants, the prescription drug Viagra, and surgery or hormone replacement therapy for women can now be used to solve sexual disorders. If medical treatment does not solve a patient's disorder, sexual pleasure becomes a key issue for therapists.

Masters and Johnson out, postmoderns in

Masters and Johnson were pioneers in sex therapy. Their research focused on three basic ideas: first, on encouraging couples to engage in completely new experiences; second, on persuading couples to perform in a previously prohibitive way that would hopefully dissolve their sexual conflicts; and third, on allowing couples to openly discuss such taboo subjects as premature ejaculation. By the 1990s, however, other researchers began noting that this form of therapy was not as useful with the coming of what is termed the "postmodern" age. In this new era, a different approach to sex therapy was deemed necessary.

Love and intimacy in the postmodern era affords the luxury of modern medicine and biology. Once medical factors are ruled out, a more ominous issue arises, that of desire disorders. Postmodern sex therapies consider many complex problems when approaching sexual dysfunction. According to current research, sexual disorders might have a host of underlying causes. These causes might even make sexual dysfunction desirable to the person suffering from such problems. For example, if a couple is having problems with intimacy, trust, or control in their relationship, creating sexual problems might be a way of avoiding dealing directly with the real issues. Low self-esteem, unresolved family or parental conflicts, or using energy for performance at work instead of for sex are all examples of problems that a couple must address before any promising sex therapy can begin.

Benefits

If medical issues have been ruled out, once a person resolves whatever problem is causing a difficulty with intimacy, loving sexual relationships will be able to proceed. In an age of mobility with computers and email replacing interpersonal contact, avoiding intimacy is rather easy. Such technological "advances" as relying on automatic teller machines to hand out money, using computer keyboards to order products and services, and even machines to check out groceries all eliminates the opportunity for conversation or to release tension through personal contact. When people are allowed, or even expected, to become self-absorbed, sexual desire becomes even less necessary. In this age of over-achievers and cyberspace millionaires, living a life of all work and no play is considered a virtue. With so many issues at hand, a qualified sex therapist is often needed to help a person reach to the core of his or her problems. Most experts agree, sex therapies that address people and their personal histories, and not only problems that are manifested at the time of therapy, are those that have the best chance for success.

Jane Spear