

Sexuality: Issues in Adulthood

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Human sexuality in Western cultures is generally comprised of emotional intimacy, sexual identity, and sexual behavior. Sex is understood and experienced differently by people as aspects of identity (e.g., culture, race, class, gender, ability, size, religion, sexual identity) affect sexuality. Although engaging in sex is not necessary for a fulfilling life, the majority of adults in the U.S. participate in sexual activity, and regular sexual activity correlates with improved mental health (Brody, 2010).

Sexual acts include, but are not limited to, kisses, embraces, masturbation, manual stimulation, penile-vaginal, penile-anal, oral sex, and cybersex. Although William Masters and Virginia Johnson, pioneering sex researchers, defined sex in four clear stages (excitement, plateau, orgasm and resolution), many researchers regard the experience as more complex. Most societies privilege penile-vaginal sex because it is reproductive, which is heterosexist¹, cissexist², and ageist³. Societies also privilege two-partner sex, although sex can also occur individually and in groups. Various institutions in Western societies (such as religion, marriage, and government) classify certain sexual acts as “normal” and others as “abnormal,” which affects how people think about sex and therefore how and with whom they have sex.

¹ Heterosexism promotes the idea that heterosexuality is natural and normal, which leads to discrimination against lesbian, gay, bisexual, pansexual, queer, and other sexual minority communities.

² Cissexism promotes the idea that cisgender identity is natural and normal, which leads to discrimination against transgender and gender expansive people.

³ Ageism is discrimination against older adults based on factors related to age.

Adults of all ages may also experience sexual dysfunctions, which include problems with orgasm, desire, arousal, and sexual pain. These can stem from psychological, societal, and/or physiological issues; some people benefit from sex therapy.

There has been an increasing international commitment to promoting positive sexual health and well-being for all. For instance, the World Health Organization defines sexual health as a: "...state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" (World Health Organization, n.d.). There are emotional, psychological, physical, intellectual and spiritual benefits to sexual health.

Emerging Adulthood

Many young adults experience a period of less committed dating for a few years before a live-in relationship. 80% of U.S. undergraduates have participated in a *hook-up* (Schneider & Katz, 2017), and *friends-with-benefits* relationships are also common. Unfortunately, oppressive beliefs about sexuality often create shame around the sexual activity of women and feminine people. The same socially constructed value system rewards men and masculine people for engaging in frequent sexual activity with multiple partners. Psychologist Erik Erikson suggested that, during and after emerging adulthood (ages 19-40), people struggle with *Intimacy versus Isolation*. According to his theory, in this stage, people either have loving, intimate relationships or feel lonely and fear commitment.

Pregnancy

Pregnancy, for many, can be a time for frequent and satisfying partnered and solo sexual activity. Many cisgender⁴ women have riskier penile-vaginal intercourse (without a condom) during pregnancy. However, intercourse typically decreases gradually for cisgender, heterosexual couples during and after pregnancy; this decrease can be due to hormonal shifts and the social and psychological impacts of parenting.

Marriage

Marriage is generally a social expectation in U.S. society, and committed relationships are often regarded as essential to providing adults with communication, intimacy, and sex. Married emerging adults have less frequent and adventurous sex than their single peers. Married middle and older adults tend to have more sex than those who are unmarried, although less adventurous. In general, married adults experience high physical and emotional satisfaction from their sex lives, but marital satisfaction tends to decline over time (especially for cisgender women). One-third of marriages ends in divorce within the first ten years; some couples experience frequent, satisfying sex until separation, regardless of simultaneously occurring relationship issues.

Middle Adulthood and Older Age

Traditional feminine beauty standards deem emerging adulthood to be the “sexiest” time in a cisgender woman’s life. Due to systemic sexism, cisgender women over 35 are no longer considered youthful and therefore not “sexy.” However, sexual activity does not end after 35; heterosexual, cisgender, middle-aged people have sex about three to six times per month. Cisgender men tend to experience a peak in “sexual capacity” between 30 and 40. They usually

⁴ Cisgender people have gender identities that align with the sex they were assigned at birth. Please note that pregnancy can be experienced by some cisgender women along with some transgender and gender expansive people. We refer to cisgender women specifically here because not much research exists about transgender and gender expansive people’s experiences with pregnancy.

experience a gradual decrease in arousal and fertility beginning at middle-age, although some report that levels of sexual interest continue to increase after 50. For most cisgender women, menopause occurs between 50 and 60. They generally continue to experience the same quantity and quality of orgasms, sex dreams, and masturbation until 55-60, when these tend to gradually decrease (although for some, these sexual experiences remain constant or increase with age). Aging cisgender sexual minority women have the lowest frequency of sex in older adulthood when compared to cisgender sexual minority men and straight cisgender people. A surge in sexual activity often occurs shortly after married people become empty-nesters due to increased time and lower likelihood of unplanned pregnancy. Middle and aging adulthood sexuality is described by Erikson's psychosocial stage of *Generativity versus Stagnation*, in which people between 40 and 65 years old either value generosity in relationships or have few relationships and feel disconnected from others.

Although Western society desexualizes older people, in a 2016 study of adults over 65, participants were "highly satisfied with their sexual lives" and possessed "moderate to high sexual self-esteem" (Santos-Iglesias, Byers, & Moglia, 2016, p. 92). Though older adults tend to experience more sexual dysfunctions due to aging, this same study found that participants were less distressed by their sexual difficulties than younger populations. In adults over 60, 16% to 35% continue to masturbate (Hensel & Fortenberry, 2014) and 50% to 80% engage in partnered sex (Thomas, Hess, & Thurston, 2015). Sex researchers have concluded that although sexual activity typically decreases with age, sexual interest remains constant.

Author's Note: Most of what we know and believe about sex comes from sexologists.

Historically influential sexologists have been mainly white, cisgender men. Sex research often

excludes people of color, same-sex couples and aging people; it almost always excludes transgender⁵ people, intersex⁶ people, people with disabilities, and asexual⁷ people. Not much research exists about the sexual experiences of these populations. In addition, it is important to acknowledge that other factors (such as sexual violence, sexually transmitted infections, sexual education, etc.) affect individuals' sexual experiences, desires, and dysfunctions. The topic of adulthood sexuality is vast and nuanced, and we are unable to explore it fully here.

⁵ Transgender people have gender identities that do not align with the sex they were assigned at birth. This is an umbrella term that can include transgender women, transgender men, gender expansive, nonbinary, two-spirit, and other gender diverse people.

⁶ Intersex people are born with reproductive anatomies, sexual anatomies, and/or genetic attributes that do not fit normative definitions of male or female.

⁷ Asexual people may have little interest in having sex, even though most desire emotionally intimate relationships. The asexual community is comprised of a wide spectrum of identities and experiences. Some asexual people have romantic and/or sexual relationships.

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