



Sexual Development Across the Lifespan

Sex, Gender & Sexuality > Sexual Development Across the Lifespan

Table of Contents

Abstract

Keywords

Overview

Human Sexual Development

Applications

Childhood Sexual Development

Adolescent Sexual Development

Adulthood & Sexual Development

Sex & Older Adults

Viewpoints

Sigmund Freud

Homosexuality

Elderly Sexual Activity

Conclusion

Terms & Concepts

Bibliography

Suggested Reading

sexual development indicate relevant themes from research and implications for extended research.

Overview

Human Sexual Development

According to DeLamater and Friedrich (2002) human sexuality might be described as a developmental process manifesting different characteristics throughout the human lifespan resulting in stages and milestones comprised of biological and behavioral components. Four stages of development can be identified and characterized in accordance with resulting biological and behavioral manifestations:

- Childhood sexual development,
- Adolescent sexual development,
- Adult sexual development, and
- Sex among older adults

In his model of sexual development, Bancroft (1989) distinguished three different strands of sexual development, which can be identified as “gender identity, sexual response and the capacity for close, dyadic relationships” (p. 149). Janssen (2007) added to the conversation regarding human sexual development by arguing that cultural aspects affect human sexuality in multiple ways. All of these factors create the context for better understanding the different stages of human sexuality and provide a framework for understanding not only the biological and behavioral attributes of human sexuality, but may also contribute to the cultural interplay, as well.

Applications

Childhood Sexual Development

De Graaf and Rademakers (2006) indicated that developing an improved insight into the sexual behavior and feelings of children has become increasingly important. Western society parents and educators find it difficult to decide how to react to children’s sexual behaviors or questions about sexuality asked by children due to a

Abstract

The sexual lifespan includes childhood sexual development, adolescent sexual development, adult sexual development, and sex in older adults. Impacts include puberty, menarche, and adolescent issues such as teen pregnancy, use of birth control and statistical applications. Marriage and sexual activity is also presented. Applications related to the roots of sexual development theory are also given. Issues concerning homosexual

Keywords

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Gender Identity

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Human Sexuality

Marriage

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Menopause

Reproduction

growing societal fear regarding the risks of sexual victimization by adult predators. According to research that is available on child sexual development and a general consensus of empirical evidence, many opportunities for enhanced understanding regarding increased knowledge of childhood sexual developmental stages now exist which seems to point out “which sexual behaviors and feelings should be considered “normal” for children of certain ages, genders, or cultural backgrounds” (p. 2).

According to Masters, Johnson, and Kolodny, (1982) sexual response in infants was found to be evident from birth. For example, vaginal lubrication has been identified in female infants within 24 hours after birth, and in male infants, erections have also been triggered and documented. Moreover, Martinson (1994) indicated that infants have been identified fondling their genitalia, and digitally manipulating their genitalia from 2 ½ to 3 years of age. Moreover, the touching of genital parts has been documented in early childhood and even before birth (Brenot & Broussin, 1996). “After birth boys of 6 to 8 months of age and girls of 8 to 11 months of age reportedly discover their genitals by unintentionally touching them” (de Graaf & Rademakers, 2006, p. 4). Masturbation can be identified as a behavior that is solitary in nature and occurs when an individual touches or stimulates his or her own genitals typically for the purpose of stimulating sexual arousal (Bancroft, Herbenick, & Reynolds, 2003; Goldman & Goldman, 1988). Friedrich, Fisher, Broughton, Houston and Shafran (1998) indicated that masturbatory behaviors are normal and can be observed and indicated by the sexual play of young children, and becomes more clandestine in children aged 6 to 9 after children become more aware of cultural norms attributed to sexual behavior (Reynolds, Herbenick, & Bancroft, 2003). Other sexual expressions might be rooted in

pervasive sucking behaviors, cuddling, and other kinds of stimulation (de Lamater & Friedrich, 2002, p. 10).

Bowlby (1965) indicated that attachments form between infants and their parents that impact the quality and capability of relationships and form the basis for a child’s sexual and emotional attachments and relationships throughout the lifespan. Goldberg, Muir, and Kerr (1995) argued that appropriate and positive physical contact offers the opportunity to provide stable and fulfilling emotional attachments in adulthood. Moreover, the role of gender identity typically forms around the age of 3 and can be described as an individual’s sense of “maleness” or “femaleness.” At the same time biological identity forms, a behavioral manifestation of gender-role identity is being socialized by others in relationship to the child (Bussey & Bandura, 1999). Goldman and Goldman (1982) further identified that children from ages 3 to 7 demonstrate an increased level of sexual interest, practiced by playing house or assuming other adult roles tending toward gender specificity. Moreover, children might engage in “playing doctor” and demonstrate an increased interest in the genitals of other children or adults (Okami, Olmstead, & Abramson, 1997).

Indicated by multiple researchers, the showing and touching of genitals can also be part of mutual sexual experiences between children in which both children play an active role (Goldman & Goldman, 1988; Haugaard, 1996; Lamb & Coakley, 1993; Larsson & Svedin, 2002; Reynolds, Herbenick, & Bancroft, 2003). As a result of increased sexual interest, parents may restrict the information they provide their children, and children may resort to gaining information from their peers (Martinson, 1994) leading to potential misinformation resulting in misinterpretation and misidentification. It should be noted that experiences with no direct genital contact, such as talking about sex, kissing and hugging, and exposure of genitals are most common in children up to 12 years. Finally, experiences with oral-genital contact, vaginal or anal insertion with an object or finger, and vaginal or anal intercourse are highly unusual between children 12-years-old and younger (de Graaf & Rademakers, 2006, p. 11).

Adolescent Sexual Development

Thome (1993) indicated that during the stage of preadolescent sexual development, children organize themselves into homosocial groups, which can be described as a social division of males and females. One theory as to why this occurs is due to the sexual exploration and learning that occurs in homosocial groups involving individuals of the same gender. Children at this stage gain experience with masturbation as identified by a study indicating that 38% of men surveyed and 40% of women surveyed recalled masturbating before the onset of puberty (Bancroft, Herbenick, & Reynolds, 2003). Furthermore, preadolescents at the ages of 10 to 12 years begin to experience sexual attraction followed by sexual fantasies occurring from several months to one year later (Bancroft et al, 2003; Rosario, Meyer-Bahlburg, Hunter, Exner, Gwadz, & Keller, 1996). Indicatively, homosocial interactions and subsequent exposures from these relationships may initiate the capacity for sustained intimate relationships (Thome,

1993). Simultaneously, behavioral changes are accompanied by biological changes associated with puberty which begins from 10 years of age to 14 years of age. From a physiological perspective, gonads, genitalia, and secondary sexual characteristics enlarge and mature during this time (Tanner, 1967) all leading to an increased sexual interest and rising levels of sexual hormones and accompanying sexual fantasies.

During adolescence bodily changes stimulate physical growth, increases in genital size and female breast size combine with the onset of facial and pubic hair. Reportedly, these changes signal to the adolescent and to others that sexual maturity is occurring. In addition to increased testosterone and estrogen levels and other biological factors, behavioral manifestations create opportunities for sexual interactions which facilitate or inhibit sexual expression (Udry, 1988). Bancroft, et al (2003) reported that males typically begin masturbating between the ages of 13 to 15, and girls somewhat later. However, precipitating factors for increased masturbation and heterosexual intercourse may be attributed to father absence and permissive attitudes regarding sexual behavior, contrasted by regular "church attendance and long-range educational and career plans," both of which may delay female sexual activity (de Lamater & Friedrich, 2002, p. 11).

According to researchers, adolescents are having heterosexual and homosexual intercourse at earlier ages than in the past, which can be attributed to several factors. First, the age at which females have their first period has been falling since the beginning of the twentieth century. Today, the average Caucasian female has her first period at 12.7 years of age and the average African American female has her first period at 12.5 years of age (Hofferth, 1990). Additionally, young men and women are increasingly delaying marriage. In 1960, women, on average, married for the first time at 20.8 years of age, while men, on average, married for the first time at 22.8 years of age. In 1998, the age of first marriage was 25 years of age for women and 26.7 years of age for men (U.S. Bureau of the Census, 1999). Additionally, since increasing numbers of individuals are marrying later there has been a substantial gap between biological readiness and age of marriage of typically 12 to 14 years. Finally, that the rate of teen pregnancies increased between the 1970s and 1991 would appear to indicate that teens used birth control only sporadically during these years; however, the teen pregnancy rate declined by 18% between 1991 and 1997, potentially reflecting an increased access to birth control by teens, increased attention in society to the importance of preventing pregnancy for adolescents, and increased economic opportunities for teenagers (Ventura, Mosher, Curtin, Abma, & Henshaw, 1998). Additional research should be conducted in the areas of sexual education, STDs and teenagers, and birth control and consistent teen use.

Studies on teen homosexual behavior indicate that between 5% and 10% of adolescent males have had sexual encounters with other males, while 6% of adolescent females have had sexual encounters with other females (Bancroft et al., 2003; Turner, Rogers, Lindberg, Pleck, Sonenstein, & Turner, 1998). The adolescents participating in these studies generally reported that these encounters were with a peer. Some of the participants also indi-

cated that these encounters were initiated out of curiosity and that the behavior was not ongoing.

According to findings from the national Youth Risk Behavior Survey, 48% of U.S. high school students had had sexual intercourse at least once (YRBS, 2007). Adolescence is certainly a pivotal time in human sexual development (de Lamater & Friedrich, 2002, p. 11).

Adulthood & Sexual Development

Factors regarding sexual maturity continue into adulthood. Several factors play a role in adult sexual development and include effective communication between partners engaged in intimate relationships, making informed decisions regarding reproduction and the prevention of sexually transmitted infections (such as HIV) as well as decisions regarding sexual lifestyles, sexual satisfaction, and relationship factors.

Today, adults may choose among many relationship choices and lifestyles. Lifestyle choices include living single, remaining celibate, participating in a single, long-term monogamous relationship, participating in sexual relationships with several individuals, or engaging in serial monogamous relationships involving fidelity with one partner at a time for the duration of each relationship. According to the U.S. Census Bureau (2000) African American men and women more often remain single than Caucasians. In 1999, 41% of African American males and 38% of African American females were never married as contrasted with 20% of Caucasian men and 16% of Caucasian females. Among reporting singles, 26% of the men and 22% of the women usually had sex at least twice a week, while 22% of the men and 30% of the women had not had sex for at least one year (Laumann, Gagnon, Michael, & Michaels, 1994).

Despite relationship alternatives, as of ten years ago, marriage was still categorized as the most prevalent sexual lifestyle choice in the United States. In 1999, 80% of women and 73% of men had been married at least once, and by the age of 45, 95% of all women were reportedly married once (U.S. Bureau of the Census, 1999). According to Laumann, Gagnon, Michael, and Michaels (1994) average American couples engage in sexual intercourse 2 to 3 times per week, and marriage presents the most legitimate social context for sexual expression. In the context of marriages in the United States monogamy has been a widely accepted so practice (Wiederman & Allgeier, 1996) and extramarital sex among marital couples are significantly disapproved within the societal context (Johnson, Stanley, Glenn, Amato, Nock, & Markman, 2002); however, 34% of men and 19% of women reported engaging in extramarital sex at some point in their lives (Wiederman, 1997).

Amos (2006) stated: "Our view of marriage, its goals and its purposes have undergone a seismic shift during the last 50 years" (p. 270). Amos (2006) indicated that during the 1960s and 1970s "a time of radical change began," theoretically constituted by an increased availability of contraception which offered different alternatives to women than was available in previous eras (p. 270). As a result of changing female roles, and other contributing factors,

cohabitation or “living together” is an increasing option, which can be characterized as a public statement regarding commitment and sexual relationship. While cohabitation may be temporary with one-third lasting less than 1 year, according to the United States Bureau of the Census, (1999) 7% of all women living in the United States were living with males in a cohabitative relationship.

Sex & Older Adults

In addition to the changing context of coupling in America, other factors play a role in adult sexual development, as well. For example, Smith (1994) reported a decline in the frequency of sexual intercourse with age. Additionally, biological factors that include physical changes and illness may be contributors to diminished sexual expression. Gallicchio, Schilling, Tomic, Miller, Zacur and Flaws (2007) indicated that menopause lasts approximately 4 years and begins in the mid-to-late forties with a reported decline in sexual activity during the menopausal transition (pp. 132 – 133). This occurrence might indicate that sexual frequency is tied directly to biological as well as relationship factors. The relationship between the menopausal transition and decreased sexual function has been observed in women despite relationship variables. These relationship variables include “general well-being, physical and mental health, the occurrence of menopausal symptoms, and life situation (p. 133). Moreover, a “hallmark of the menopausal transition is a decline in ovarian function, resulting in dramatic changes in hormone levels” (p. 133). Additional studies should be considered on the impacts of biological, physical, relationship, emotional and mental health impacts of aging and sexual development.

In contrast with women, men experience andropause (Lamberts, van den Beld, & van der Lely, 1997) which can be described as a ADAM-androgen decline that occurs as men age, resulting in a gradual decline in testosterone production, which can occur as early as age 40 (Morales, Heaton, & Carson, 2000). During this time, erections may occur more slowly, and men may experience increased control over their sexual response. According to AARP (1999) older, healthy humans 74 years and older may continue to have regular opportunities for satisfying sexual expression in all forms including masturbation and homo-sexual behavior (de Lamater & Friedrich, 2002, p. 13). It would seem that much more research exists in terms of female menopause as opposed to male andropause. Additional research should be considered in this area.

Viewpoints

Sigmund Freud

From a developmental application, the study of childhood sexuality is rooted in the work of Sigmund Freud. According to Galatzer-Levy & Cohler, (1993) Freud approached theories related to childhood sexuality from the viewpoint of a male child. Indicatively, Freud postulated that life could best be understood from the viewpoint of a child, and he believed post-adolescent development was non-existent. Moreover, Freud viewed sexual-

ity as “a generalization of the pleasures associated with mucous membrane stimulation, and as the central motive for relating to other people” (p. 5). Anzieu (1975) indicated that much of Freud’s beliefs regarding sexual development were rooted in his own experiences, postulating that Freud was jealous of his own father and had formed an erotic attachment to his mother.

Moreover, many of Freud’s theories toward childhood sexuality and fascination could be exemplified by the Shakespeare’s character, Hamlet, who similarly possessed an incestuous desire toward his mother and possessed ambivalence toward his dead father, later displaced by a burgeoning hatred toward his stepfather (pp. 235 – 236). Anzieu (1975) argued that Freud’s work was greatly influenced by his treatment of a man who suffered from an obsessional neurosis and homicidal thoughts, ailments which Freud identified in himself (Cohler & Galatzer-Levy, 2008). While seemingly a potentially strange application, Freud’s work is considered to be a key developmental aspect of human sexuality and deserves additional research into the foundations of developmental psychology and sexuality.

Homosexuality

Significant issues related to human sexual development are those related to gay and bisexual men, which has received some research in the social sciences (Berger, 1996; Grossman, D’Augelli, & Hershberger, 2000; Lee, 1989; Vacha, 1985). Significant gaps in the literature have especially related to HIV risk and prevention. Murry and Adam (2001) researched and identified several themes regarding homosexuality and human sexual development. Some of the themes included public image as represented by the media, relationships between younger and older men and the orientation of youthfulness in gay culture, a search for intimacy at all ages, and the impact of an entire generation marked by AIDS/HIV. All of these issues were indicated to have played a significant role in the human sexual development of homosexual males. From a research perspective, it would be interesting to determine lesbian correlates in order to better understand how female homosexual orientation might be manifested.

Elderly Sexual Activity

Another important issue regarding human sexuality and development relates to attitudes, especially those which define specific behaviors as appropriate or inappropriate. According to DeLamater & Friedrich (2002) sexual attitudes especially relate to age factors and sexual expression and the elderly. Sexual attitudes and prejudice are perpetuated by the unacceptable notion that individuals over 75 should not engage in sexual activity, especially masturbation. A derivative of these attitudes is directly linked to negative attitudes in elder care facilities and nursing homes. Often times, sexual behavior between aged individuals in these kinds of facilities are prohibited. “These attitudes affect the way the elderly are treated, and the elderly may hold such attitudes themselves. These attitudes may be a more important reason why many elderly people are not sexually active than the biological changes they experience” (p. 13). Additional work should be considered in creating a “system of diversity” for all

individuals regardless of age or sexual orientation.

Conclusion

Human sexual development across the lifespan is a dynamic phenomenon with multiple facets. According to researchers, studies of childhood sexuality are difficult to obtain, because of the potential victimization of children. However, studies that do exist demonstrate that children of all ages display behaviors or have feelings that could be identified as sexual in nature. DeLamater & Friedrich (2002) indicated that human sexual development begins in infancy and certainly extends across the lifespan of humans. Conclusively, human sexuality integrates both behavioral and biological factors manifested in aging, child development, adolescence and puberty, adulthood, and old age. Development at all of these stages shapes sexual attitudes and sexual identity and directly impact sexual behavior. While humans certainly share similarities in their sexual progression, it is further indicated that differences are also present (p. 13). Additional research should be considered in all areas of human sexual development in order to shed light on this area of continued interest and importance in sociological studies and society.

Terms & Concepts

Childhood Sexual Development: Childhood sexual developmental can be described as stages that take place throughout childhood which seems to point out which sexual behaviors and feelings should be considered “normal” for children of certain ages, genders, or cultural backgrounds.

Cohabitation: Cohabitation can be described “living together,” which can be characterized as a public statement regarding commitment and sexual relationship as an alternative to marriage.

Gender Identity: Gender identity can be described as a process that begins to develop typically around the age of 3 and can be described as an individual’s sense of “maleness” or “femaleness.”

Homosocial Groups: Homosocial groups can be described as a social division of males and females in group settings.

Human Sexuality: Freud believed that human sexuality is a driving force in people’s relations with one another.

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