

SEXUALITY

Introduction

Sexuality is a normal part of the human experience. However, the types of sexual behaviour that are considered normal vary greatly within and among different cultures. In fact, it may be impossible to define "normal" sexuality. There are wide variations not only in "normal" sexual behaviour but also in the frequency of or need for sexual release. Some people desire sexual activity several times a day, whereas others are satisfied with infrequent activity (for example, a few times a year).

Although younger people are often reluctant to view older people as sexually interested, most older people remain interested in sex and report quite satisfying sex lives well into old age. Problems with sexual function, such as erectile dysfunction in men and dyspareunia, vaginismus, or anorgasmia in women, affect people of all ages, although such problems tend to be more common in older people.

Societal attitudes about sexuality change with time. Examples of such changes can be seen regarding masturbation, homosexuality, and frequent sexual activity with different sex partners.

Masturbation

Masturbation, which was once regarded as a perversion and even a cause of mental disease, is now recognized as a normal sexual activity throughout life. It is estimated that more than 97% of males and 80% of females have masturbated. In general, males masturbate more frequently than females, even if involved in a sexually gratifying relationship. Although masturbation is normal and is often recommended as a "safe sex" option, it may cause guilt and psychological suffering that stems from the disapproving attitudes of others. This can result in considerable distress and can even affect sexual performance.

Homosexuality

As with masturbation, homosexuality, once considered abnormal by the medical profession, is no longer considered a disorder; it is widely recognized as a sexual orientation that is present from childhood. An estimated 4 to 5% of adults are involved exclusively in homosexual relationships throughout their lives, with an additional 2 to 5% of people periodically engaging in sex with someone of the same sex (bisexuality). Adolescents may experiment with same-sex play, but this does not necessarily indicate an enduring interest in homosexual or bisexual activity as adults.

Homosexuals discover that they are attracted to people of the same sex, just as heterosexuals discover that they are attracted to people of the opposite sex. The attraction appears to be the end result of biologic and environmental influences and is not a matter of choice. Therefore, the popular term "sexual preference" makes little sense in matters of sexual orientation.

Most homosexuals adjust well to their sexual orientation, although they must overcome widespread societal disapproval and prejudice. This adjustment may take a long time and may be associated with substantial psychological stress. Many homosexual men and women experience bigotry in social

situations and in the workplace, adding to their stress. Discrimination based on sexual orientation (or perceived sexual orientation) remains widespread.

Frequent Sexual Activity With Different Partners

For some heterosexuals and homosexuals, frequent sexual activity with different partners is a common practice throughout life. This behaviour may serve as a reason to seek professional counselling, because the transmission of certain diseases (for example, HIV infection, hepatitis, syphilis, gonorrhoea, cervical cancer) is linked to having many sex partners and because having many sex partners may signify difficulty in forming meaningful, lasting relationships.

Gender Identity

Gender identity is how a person sees himself or herself, whether masculine, feminine, or somewhere in-between. Gender role is the objective, public presentation in our culture as masculine, feminine, or mixed. For most people, gender identity is consistent with gender role (as when a man has an inner sense of his masculinity and publicly acts in ways that support this feeling).

Gender identity is well established by early childhood (18 to 24 months of age). During childhood, boys come to know they are boys, and girls come to know they are girls. Children sometimes prefer activities considered to be more appropriate for the other sex. However, this does not mean that a young girl who likes to play baseball and wrestle, for example, has a gender identity problem, as long as she sees herself as, and is content with being, female. Similarly, a boy who plays with dolls and prefers cooking to sports or to rough types of play does not have a gender identity problem as long as he identifies himself as, and is comfortable with being, male.

Children born with genitals that are not clearly male or female do not have a gender identity problem if they are decisively reared as one sex or the other, even if they are raised in the gender role that is opposite their biologic sex pattern. There have been some highly publicized cases, however, in which this approach has failed.

Gender Identity Disorder and Transsexuality

People who experience a significant discrepancy between their anatomy and their inner sense of self as masculine, feminine, mixed, or neutral often have a gender identity disorder. The extreme form of gender identity disorder is called trans-sexuality.

People who are transsexuals believe that they are victims of a biologic accident and that they are cruelly imprisoned within a body incompatible with their gender identity. Most transsexuals are biologic males who identify themselves as females, usually early in childhood, and regard their genitals and masculine features with repugnance. Trans-sexuality appears to occur in about 1 of 30,000 males and 1 of 100,000 females.

Transsexuals may seek psychological help, either to assist them in coping with the difficulties of living in a body that they do not feel comfortable with or to help them through a gender transition. Many transsexuals appear to be helped most by a combination of counselling, hormone therapy, electrolysis, and genital surgery.

Some transsexuals are satisfied with changing their gender role by working, living, and dressing in society as a member of the opposite sex, which may include obtaining identification (such as a driver's license) that reinforces their change in gender role. They may never seek to actually alter their anatomy in any way. Many of these people, who are sometimes referred to as "transgenderists," meet no criteria for a mental health disorder.

Other transsexuals, in addition to adopting the behaviour, dress, and mannerisms of the opposite sex, also receive hormone treatments to change their secondary sex characteristics. In biologic males, use of the female hormone oestrogen causes breast growth and other body changes, such as wasting of the genitals (genital atrophy) and the inability to maintain an erection. In biologic females, use of the male hormone testosterone causes such changes as the growth of facial hair, deepening of the voice, and changes in body odour.

Still other transsexuals seek to undergo sex reassignment surgery. For biological males, this involves removal of the penis and testes and the creation of an artificial vagina. For biological females, this involves removal of the breasts and the internal reproductive organs (uterus and ovaries), closure of the vagina, and creation of an artificial penis. For both sexes, surgery is preceded by use of the appropriate sex hormone (oestrogen in male-to-female transformation, testosterone in female-to-male transformation).

Although transsexuals who undergo sex reassignment surgery are unable to have children, many are able to have quite satisfactory sexual relations. The ability to achieve orgasm is often retained after surgery, and some people report feeling comfortable sexually for the first time. However, few transsexuals endure the sex reassignment process for the sole purpose of being able to function sexually in the opposite sex. Confirmation of gender identity is the usual motivator.

Paraphilias

Paraphilias are attractions that in extreme forms are socially unacceptable deviations from the traditionally held norms of sexual relationships and attractions.

The key features of a paraphilia include repetitive, intense, sexually arousing fantasies or behaviours that usually involve objects (for example, shoes, underwear, leather or rubber products), the infliction of suffering or pain on oneself or one's partner, or having sex with non-consenting people (for example, with children, with helpless people, or in rape situations). Once these arousal patterns are established, usually in late childhood or near puberty, they are often lifelong.

Some degree of variety is very common in healthy adult sexual relationships and fantasies. When people mutually agree to engage in them, non-injurious sexual behaviours of an unusual nature may be an intrinsic part of a loving and caring relationship. When taken to the extreme, however, such sexual behaviours are paraphilias, psychosexual disorders that seriously impair the capacity for affectionate,

reciprocal sexual activity. Partners of people with a paraphilia may feel like an object or as if they are unimportant or unnecessary in the sexual relationship.

Paraphilias may take the form of fetishism, transvestic fetishism, pedophilia, exhibitionism, voyeurism, masochism, or sadism, among others. Most people with paraphilias are men, and many have more than one type of paraphilia.

Fetishism

In fetishism, sexual activity makes use of physical objects (the fetish), sometimes in preference to contact with humans. People with fetishes may become sexually stimulated and gratified by wearing another person's undergarments, wearing rubber or leather, or holding, rubbing, or smelling objects, such as high-heeled shoes. People with this disorder may not be able to function sexually without their fetish.

Transvestic Fetishism

In transvestic fetishism, a man prefers to wear women's clothing, or, far less commonly, a woman prefers to wear men's clothing (cross-dressing). In neither case, however, does the person wish to change his or her sex, as transsexuals do. Cross-dressing is not always considered a mental health disorder and may not adversely affect a couple's sexual relationship.

Transvestic fetishism is a disorder only if it causes distress, results in impairment of some type, or involves "daredevil" behaviour likely to lead to injury, loss of a job, or imprisonment. Transvestites also cross-dress for reasons other than sexual stimulation, for example, to reduce anxiety, to relax, or, in the case of male transvestites, to experiment with the feminine side of their otherwise male personalities.

Paedophilia

Paedophilia is a preference for sexual activity with young children. In Western societies, paedophilia is defined as sexual fantasy about or sexual relations with a child younger than 13 by a person 16 or older. Some paedophiles are attracted only to children, often of a specific age range or developmental stage, whereas others are attracted to both children and adults.

Although state laws vary, the law generally considers a person older than 18 to be committing statutory rape if the victim is 16 or younger. Statutory rape cases often do not meet the definition of paedophilia, highlighting the somewhat arbitrary nature of selecting a specific age cut off point in a medical or legal definition.

Paedophilia is much more common among men than among women. Both boys and girls can be victims, although more reported cases involve girls. Paedophiles may focus only on children within their families (incest), or they may prey on children in the community. Force or coercion may be used to engage children sexually, and threats may be invoked to prevent disclosure by the victim.

Paedophilia can be treated with psychotherapy and drugs that alter the sex drive, with varying results. Such treatment may be sought voluntarily or only after criminal apprehension and legal action. Incarceration, even long-term, does not change paedophilic desires or fantasies.

Exhibitionism

In exhibitionism, a person (usually male) exposes his genitals to unsuspecting strangers and becomes sexually excited when doing so. Further sexual contact is almost never sought, so exhibitionists rarely commit rape. Most exhibitionists are younger than 40 and may or may not be married. Exposure of genitals to unsuspecting strangers for sexual excitement is rare among women. Provocative dressing by women is increasingly accepted by society as normal. In addition, social venues in which women can expose themselves are not uncommon, and such behaviour may not constitute a mental health disorder.

Voyeurism

In voyeurism, a person becomes sexually aroused by watching someone who is disrobing, naked, or engaged in sexual activity. It is the act of observing (peeping) that is arousing, not sexual activity with the observed person. Some degree of voyeurism is particularly common, more among boys and men but increasingly among women. Society often regards mild forms of this behaviour as normal. As a disorder, voyeurism is much more common among men; it may become the preferred method of sexual activity and consume countless hours of watching. The amount and variety of sexually explicit materials and shows available to men and women have increased significantly, but engaging in these activities lacks the element of secret observation that is the hallmark of voyeurism. The Internet has made voyeurism easier to engage in without the neighbourhood prowling traditionally associated with this behaviour.

Sexual Masochism and Sadism

Sexual masochism involves acts in which a person derives sexual excitement from being humiliated, beaten, bound, or otherwise abused. Sexual sadism involves acts in which a person derives sexual pleasure from inflicting physical or psychological suffering on another person. Some people act out their sadistic urges with a consenting partner (who may have sexual masochism); rarely, some act them out on non-consenting victims. Fantasies of total control and dominance are often important, and the sadist may bind and gag the partner in elaborate ways.

Some amount of sadism and masochism is commonly play-acted in healthy sexual relationships, and mutually compatible partners often seek one another out. For example, the use of silk handkerchiefs for simulated bondage and mild spanking during sexual activity are common practices between consenting partners and are not considered sadomasochistic.

In contrast, the disorder of sexual masochism or of sexual sadism takes these acts to an extreme and can result in severe bodily or psychological harm and even death. For example, masochistic sexual activity may involve asphyxiophilia, whereby the person is partially choked or strangled (either by a partner or

by the self-application of a noose around the neck). A temporary decrease in oxygen to the brain at the point of orgasm is sought as an enhancement to sexual release, but the practice may accidentally result in death.