2. Sexuality theory

Overview
In recent decades there has been a proliferation of scholarship on sexuality, which has resulted in the development of sexuality theory. Despite this, and the spotlight on things sexual that permeates our culture, defining sexuality – how we come to call some things sexual and others not – is often unclear. In this lecture, we will explore sexuality theory to clarify some of the ways in which it is understood as a concept, an identity, and as attraction and behaviour. We will also examine what is known about older people and sexual behaviour in Australia.

Objectives
By the end of this topic you will have:

- Reflected on your own understandings of sexuality
- Explored sexuality theory and constructions of sexuality
- Have explored data about sexual attraction, behaviour and identity in Australia.
- Considered the implications of these data for your professional practice.

Key Concepts
Constructions of sexuality, sexual behaviour and practice,

Required Reading
Casalanti, T.M., Slevin, K.F. (2001). Chapter 4. Sex, Sexuality and Old Age in Gender, Social Inequalities and Aging. AltaMira Press, Walnut Creek pp73-91


Further reading


Activity: What is sexuality?
Think about the word sexuality. Write down what you think the word or concept means in your journal. If you find it difficult to find a clear definition, list all the meanings you can think of, for the word or concept ‘sexuality’.
Look the term up in the dictionary or online. Do the definitions of sexuality you find match yours? How easy or difficult did you find defining sexuality? Write about this in your journal.

Lecture Notes

Defining sexuality

While sexual behaviour is as old as human kind, sexuality, as a concept, was not introduced into the language until the early nineteenth century. Heath (1982) identified the word as first appearing in 1800, specifically in relation to sex as a reproductive function, in both plants and animals. The term was used to refer to the human capacity for the possession of sexual powers, or the capability of sexual feelings for the first time in 1889, by a physician who used it in reference to the surgical removal of a woman’s ovaries. Since then it has appeared regularly, both in medical and other settings, and its meaning has become increasingly complex.

In the nineteenth century, the newly emerging sciences of psychology and sexology, started to classify human sexual behaviour in order to describe and quantify it in every detail. This cataloguing of sexuality resulted in a shift away from sexual relations being seen only as something people do (behaviour), to something they are (identity); thus the object of desire started to define the individual’s sexuality. The study of sexuality took sexual behaviour within heterosexual marriage as the norm, any form of sexual behaviour or attraction outside of marriage was seen as deviant. The cataloguing of human sexual behaviour focused on what was defined as deviant, as a result, the term homosexual was created as an identity (and a pathology) by sexologists in the nineteenth century to describe an age old human sexual behaviour. Heterosexuality was so normalised that it was not even named until much later. Therefore, the term heterosexual post-dates the introduction of the term homosexual {Dyson, 2007 #70}.

How we experience emotional, romantic or sexual attraction towards others has come to be known as sexual orientation. Sexual orientation is different from sexual behaviour in that a person may or may not act on their sexual orientation. It is common for sexual orientation to be thought of in binary terms, that is, a person’s sexual orientation is either heterosexual or homosexual. However, research shows that sexual orientation is far more complex and unpredictable.

Different models have been suggested to describe sexual orientation. For example, Kinsey developed a model based on his ground breaking research into human sexuality in the 1940s and 50s, which placed sexual orientation on a continuum from exclusively heterosexual to exclusively homosexual, with those who prefer sex with people of both the same and opposite sex in the middle, as bisexual.

However, because human behaviour is not so simple, another model that has helped to understand human sexuality was suggested in 1994 by Laumann, Gagnon and Michaels. This model suggests that sexuality – the human experience of the sexual – can be expressed in terms of attraction, behaviour and identity, which may or may not be consistent. This has been framed by Ollis et al (2001) in a model called the sexual trichotomy. In this model, sexual identity (how we self-identify and/or publicly identify), sexual orientation (who we are attracted to) and sexual behaviour (our sexual acts) are presented as fluid and having the capacity to change over time. In other words, someone might be attracted to both sexes, but their behaviour exclusively heterosexual. Or someone might be attracted to the same sex, engage in same sex sexual behaviour but call themselves heterosexual.
Sex in Australia

The Australian Study of Sex and Relationship (2002) surveyed over 9000 men and women aged 16 -59 in Australia. No-one over the age of 59 was included in the study. In terms of sexual behaviour, the older people (aged 50 – 59) in the survey were not very different than those in the 30 – 39 year old group. In this study:

- 92.5% of men and 80.2% of women agreed that an active sex life is important for your sense of well-being.
- 70.9% of men and 63.5% of women in this age group agreed that sex tends to get better the longer you know someone.
- There was little different in the average weekly frequency of sex between those in the 30 – 39 cohort (1.7%) and those in the 50 – 59 cohort (1.5%).
- Most aged 50 – 59 believed that they should not have sex with anyone other than their regular (opposite sex) partner (95.9%), which was also similar to those in their 30s (97.3%) and 40s (94.9%).

Questions for reflection

Reflect on these statistics, and the required reading article by Richters et al. about sexual satisfaction among Australian adults and write your responses in your journal.

- What did you notice about the older group? Was there a difference between women and men?
- Did you find anything surprising?
• Why do you think that people older than 59 were not included in the study?

• Does the study or its results reflect any societal beliefs or attitudes about older people and sexuality? What might these be?

Activity: Constructions of sexuality

Objectives: To examine some understandings about sexuality; to gain an understanding about the constructions and complexity of sexuality

Here are four statements about sexuality. Read them and reflect on how they match your own understanding about sexuality from the activity you did before the start of this lecture.

• Sexuality is a socially constructed category that varies over time and between cultures.

• The term ‘sexual behaviour’ is somewhat limited in its diversity, whereas the term ‘sexual practices’ conveys a more complex meaning that is rooted in social conditions and the discourses that construct them. Sexual practice is about the ways in which people relate to each other and shift according to time and culture (Kippax, 2006).

• Sexuality is constructed within a hierarchical order of man/woman/gay man/lesbian (Roof, 1996).

• It is possible to understand sexuality in at least four different ways:
  1. as a drive, an impulse or form of propulsion directing a subject towards an object
  2. as a series of practices or behaviours involving bodies, organs and pleasures
  3. in terms of an identity. The sex of bodies, now commonly described by the term gender, designates at least two different forms, usually understood by means of the binary opposition of male/female
  4. sexuality commonly refers to a set of orientations, positions and desires, which implies that there are particular ways in which the desires, differences, and bodies of subjects can seek their pleasure (Grosz, 1994).

Journal work: Write your reflections in your journal using the following questions as a guide:

• What do you think about each of the above statements about sexuality?

• What questions or issues arise for you from the statements?

• In your work, what can you do to ensure older people can choose to have satisfying sexual lives.