

chapter **12**



The role of sexuality in human lives varies across the life span.

# *Sexuality across the Life Span*

*No two lives are alike, yet sexuality does unfold in a somewhat predictable manner across the life span. In fact, a person's age is one of the best predictors of their sexual behavior and relationships. Sex researchers tend to focus on a narrow age range within the total life span—from adolescence to midlife—when sexuality has its greatest social relevance. Here we try to expand that view and develop a conception of sexuality as a work that is already in progress at birth and that remains so until death.*

## Is Childhood a Period of Sexual Innocence?

Given all the taboos that surround the topic of sexuality, it is difficult enough to study the sex lives of adults. When it comes to the question of children's sexuality, however, the difficulties are magnified many times over. Most Americans believe, or would like to believe, that children are sexless—that they lack all sexual feelings, engage in no sexual behavior, and have little or no knowledge about sex. In this conception, children are like Adam and Eve before the Fall—they are sexually “innocent,” and this innocence needs to be protected at all costs. Only molestation by an adult makes children aware of sex, according to this theory, and then only in a fashion that inflicts lifelong psychological wounds. Even asking children about their knowledge of sexual matters is often viewed as a form of molestation—a violation of their right to know nothing.



Do young children have a sex life? There are wildly diverging opinions on this question.

A polar opposite perspective was offered by Sigmund Freud (Freud, 1975), as described in Chapter 7. Freud believed that young children, especially infants, have a sex life that is more active, more passionate, and far less restrained than that of adults. According to Freudian theory, the infant's libido, or sex drive, undergoes several dramatic transformations, passing sequentially through oral, anal, and genital phases. At the age of about 3 years, children fall in love with their opposite-sex parent (the **Oedipal phase**). This attachment triggers all kinds of conflicts and anxieties, including castration anxiety in boys and penis envy in girls. Eventually, children deal with these conflicts by banishing them from consciousness. There ensues a period of **latency**, which begins at about the age of 5 or 6 and extends to the time of sexual reawakening at puberty. Memories of the early sexual period do not return to consciousness, but they help shape many aspects of adult sexuality, including sexual orientation.

## The Study of Childhood Sexuality Faces Practical Difficulties

Does the truth lie at one of these two extremes, or somewhere in between? There are several possible ways one might try to answer this question. One is to ask adults to recall their sexual feelings and sexual behavior during their childhood. Another is to ask children themselves about their sex lives. Yet another is to observe children's sexual behavior directly, or to obtain such observations secondhand from parents or other caregivers.

None of these approaches is terribly satisfactory. Adults have very limited memories of their childhood and none of their infancy. Those memories that they do have may have been distorted by frequent rehearsal or by the attempt to “use” a memory for some purpose, such as to explain a sexual dysfunction in adult life. Infants cannot be interviewed about their sex lives. Older children can be interviewed, but their understanding may be limited and their replies may be too easily influenced by suggestion. In addition, parents may be reluctant to permit questioning of their children on sexual matters except under unusual circumstances, such as in the case of a suspected sexual assault. Direct observation of children's sexual behavior may be difficult if the behavior is infrequent. There are also likely to be serious questions of interpretation—that is, of the purpose or meaning of the behavior to the child itself—as well as ethical or legal considerations that may limit the use of this approach.

For all these reasons, we cannot expect to reach definitive conclusions about childhood sexuality. Nevertheless, it is a topic that is well worth studying, for two important reasons. First, childhood sexuality, if it exists at all, is presumably the antecedent to adolescent and adult sexuality, and may therefore help us understand how the diversity of adult sexual behavior arises. Second, a knowledge of normal childhood sexuality seems like a precondition for understanding how children are affected by sexual abuse and for developing strategies to help them mend the damage caused by that abuse.

## Primates Display Sexual Behavior Early in Life

All of the higher nonhuman primates exhibit a variety of sexual behaviors before puberty. Infant rhesus monkeys, for example, start engaging in presenting and mounting

behaviors (copulatory behaviors that are typical of adult females and males, respectively) pretty much as soon as they begin to wander away from their mothers (Wallen, 2000). These behaviors are not accompanied by actual coitus, however. They seem in part to be play behaviors that serve a rehearsal function, but in addition, they are used as a form of aggression or submission. Juvenile males do most of the adultlike (“footclasp”) mounting (see the photo on page 148), but presenting is done by both males and females.

### Cultures Vary in Their Attitudes toward Childhood Sexuality

Cross-cultural studies indicate that human children also readily engage in sexual behavior, but societies vary in whether they encourage, tolerate, or suppress it (Frayser, 1994). An example of a society that encourages childhood sexuality is the Chewa people of Malawi. Chewan parents encourage their children to play at being husband and wife in little huts situated away from the village. The Lepcha (the aboriginal people of Sikkim in the Himalayas, now part of India) believe that coitus is necessary for girls to mature into women. Similarly, several tribes in New Guinea believe that male-on-male fellatio is necessary for boys to develop into men (Herdt, 1981). Polynesian peoples are generally very tolerant of childhood sexual expression: boys and girls may masturbate in public without punishment or censure (Ford & Beach, 1951, and see Chapter 8). In some cultures, such as that of the Hopi Indians of the American Southwest, adult men manually stimulate the genitals of boys while singing them to sleep. Women of the Siriono people of Bolivia used to engage in sexual relations with the prepubescent brothers of their husbands.

More commonly, however, adults exert some degree of restraint on children’s sexual expression. There are usually mild restraints on heterosexual play or masturbation during early childhood, but they may become stronger during later childhood. These restraints tend to be stronger in societies in which sexual restraint is expected of adults; thus, children are essentially being trained to develop the sexual attitudes they will show in adulthood. In societies in which there is a sexual double standard in adulthood (that is, in which women are expected to show more sexual restraint than men), that double standard is inculcated in childhood.

### In Contemporary Western Culture, Children Are Insulated from Sex

Western culture has gone through radical changes that have greatly altered the experience of childhood. Indeed, the very concept of children as a distinct group of people entitled to special treatment barely existed before the sixteenth century (Jackson, 1993). Before the nineteenth century, families generally slept together, so young children observed adult sexual behavior. Also, because farming was the commonest occupation, children frequently saw sexual behavior and parturition among animals. Young children frequently went naked, so they were not prevented from exploring their own bodies or investigating the anatomy of their many siblings.

By the end of the nineteenth century, however, the belief that children needed to be kept in a state of sexual innocence was fully engrained. While there have been changes since then, especially in terms of formalized sex education, these educational programs have tended to present sex as something dangerous, marked by three special risks: disease, pregnancy, and sexual deviance.

To some extent, children get a more positive image of sex from television, although many would argue that the representation of sex on TV errs in the opposite direction, too often failing to show the possible negative consequences of sexual interactions. Furthermore, television deals mainly with the romantic aspects of sex and is resolutely uninformative when it comes to the nitty-gritty of sexual anatomy and sexual behaviors. A particularly ludicrous example of this occurred in 2000, when comedian Tom



Nudity allows children to familiarize themselves with anatomical sex differences.

## Box 12.1 Research Highlights

### Children's Sexual Knowledge

In a 1982 book, sexologists Ronald and Juliette Goldman described their studies of the sexual knowledge of children aged 5 to 15 in Australia, Britain, Sweden, and North America (Canada and the United States) (Goldman & Goldman, 1982). One of the questions they asked the children was, "How can anyone know a newborn baby is a boy or a girl?" The Goldmans categorized the children's answers into three groups:

**Group 1** included answers that were noninformative (no answer), based on irrelevancies ("If it's bigger it's a boy"), authoritarian ("The doctor puts a name tag on the wrist"), or fanciful ("Boys come out here and girls here").

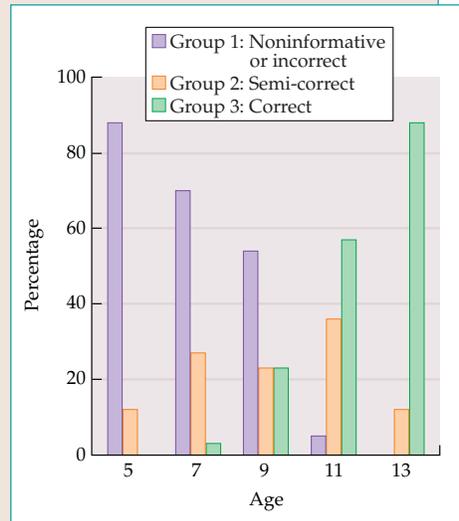
**Group 2** included descriptions of semi-recognized physical differences ("Boys stand up to go to the wee-wee and girls don't," "They're different down there") or physical differences recognized by pseudonyms ("A boy has those things—it's very rude—we call them wallies").

**Group 3** included answers that accurately described or named body parts ("It's embarrassing, but the boy doesn't have a

slit down the middle but has a round tube," "You can see if the baby has a penis or not—the girl has a vagina").

The distribution of answers to this question given by North American children is plotted in the figure at right. Even at the age of 9, most North American children were unable to give an accurate answer to this question. Children in Sweden, where universal sex education begins in kindergarten, were far better able to answer this and all other sex-related questions (data not shown).

It is possible, of course, that embarrassment, rather than ignorance, prevented some children from giving correct answers. There may also have been some improvement since the time of the Goldmans' study. Still, the level of apparent ignorance is remarkable. Among other things, it casts doubt on the notion that 3- to 5-year-old children experience penis envy or castration anxiety, as Freud claimed, since these feelings were supposed to be triggered by the recognition of anatomical sex differences between girls and boys.



Green—a survivor of testicular cancer—attempted to demonstrate testicular self-examination on his MTV show. The volunteer's genitals were "tiled out," so that viewers could only surmise that something indecent was going on between his knees and his navel. All in all, it seems that children in contemporary Western culture—especially in the United States—are likely to be less knowledgeable about some basic facts of life than are children in many non-Western cultures or children in our own culture a few centuries ago (Box 12.1).

### Witnessing Parental Sex Does Not Harm Children

One way that children might acquire sexual knowledge is by observing their parents naked or witnessing their sexual encounters. In some families this may happen by accident, but for families who live in crowded conditions (as do many low-income families) it may be an inevitable part of life.

Many parents do not permit their children to see them naked or to witness their sexual encounters, in part because clinicians and therapists have suggested that these experiences are harmful to children and may even represent a form of sexual abuse (Kritsberg, 1993). Research on this topic has led to reassuring findings, however. In one 18-year longitudinal study—the UCLA Family Lifestyles Project—young children who saw their parents naked or engaging in sex were no more likely to experience psychological problems in later childhood or adolescence than children who did not (Okami et al., 1998). In fact, there was a tendency for them to have *fewer* problems—a result that is in line with another, retrospective study (Lewis & Janda, 1988).

## Children Engage in a Variety of Sexual Behaviors

What about children's actual sexual behavior? Newborn babies may already exhibit penile erections or vaginal lubrication (Martinson, 1976; Masters et al., 1982). In fact, erections have been detected in male fetuses several weeks before birth by means of ultrasound imaging. These physiological processes continue to occur through infancy and childhood. They are not necessarily brought about by what we would normally consider *sexual* stimuli, however. According to Kinsey's group (Kinsey et al., 1948), penile erections in young boys are triggered by a wide variety of physical stimuli (the motion of a car, sitting in warm sand) or exciting or fearful events (playing exciting games, being asked to go to the front of the class, punishment, looking over the edge of a building). Thus it seems that erections in young boys are part of a generalized arousal response.

Masturbation is a very common practice among children of both sexes. Infants may touch or fondle their genitals in a fairly casual fashion. By about 6 to 12 months children engage in more purposeful self-stimulation, such as rubbing or thrusting their genitals rhythmically against bedding or a doll. Later, as control of the hands improves, manual masturbation is seen. Some children of both sexes reach a climax of excitement followed by relaxation, very comparable to orgasm in adults—though boys do not ejaculate, of course (Kinsey et al., 1948; Kinsey et al., 1953).

It is also common for young children to show their genitals to adults or to other children and to attempt to view the genitals of others. In adults, such behaviors would be called **exhibitionism** and **voyeurism**, respectively, and would probably be considered pathological (see Chapter 14), but parents and preschool staff report that most—or at least sizable minorities of—normal young children show these behaviors (Davies et al., 2000; Friedrich et al., 1991).

In addition, there may be sexual or quasi-sexual contacts between children. Children often kiss and hug each other. They may also attempt to touch each other's genitals. Sometimes these behaviors are incorporated into games such as "show," "doctor," "house," and the like. In "doctor"—just in case your childhood memories are hazy—one child complains of some pain and another investigates its cause. The genitals are often examined—even if the "pain" is an earache. In the UCLA Family Lifestyles Project, about half the mothers reported that their children had engaged in play-sex of this kind before the age of 6. Children who did so were no more likely to be maladjusted as teenagers than children who did not (Okami et al., 1997).

## Children Rarely Engage in Adulthood Sexual Behaviors

In the studies just mentioned, only very small numbers of children engaged in more adulthood sexual behaviors, such as pretended coitus, oral sex, body-on-body rubbing, or inserting a finger or an object into the vagina or anus. At first glance, this might seem surprising, given that coitus-related behaviors (presenting and mounting) are almost universal among the young of nonhuman primates. Bear in mind, however, that children (at least in contemporary American culture) have little opportunity to observe adults engaged in sexual behavior beyond kissing and hugging. If imitation forms the basis of interpersonal sexual behaviors in childhood, one would not expect to see many children attempting coitus or other forms of penetrative sex.

According to parents' reports, children's overt sexual activities are most frequent around the age of 3 or 4; they become gradually less common from then until the age of 12 (Friedrich et al., 1991). It is not clear whether this change represents a real decline in sexual feelings and behaviors, however, or a concealment of them in response to the admonitions of parents and other adults. In studies in which older children or adolescents have been asked directly about their current or earlier sexual behaviors, a different picture emerges; namely, one of increasing sexual interest and activity before and during the onset of puberty. This is particularly true for boys (Rutter, 1971). In terms of play-sex, children may graduate from "doctor" to more adulthood games such as "7 minutes in heaven," in which two children are put in a closet and given that much time to kiss or fondle, while the others giggle outside. In general, unforced sexual encounters between similarly aged children or preadolescents—even between siblings—seem to

have no deleterious effects on those children's psychological or sexual adjustment in later life (Greenwald & Leitenberg, 1989; Leitenberg et al., 1989).

### ***Some Children Have Sexual Contacts with Adults***

Significant numbers of children have sexual contacts with adults or adolescents. There have been no random-sample surveys of children inquiring about their sexual experiences with adults, but a number of surveys have asked adults to recollect such experiences from their childhood. In these surveys, about 15 percent of women and 7 percent of men report that they had at least one childhood sexual experience involving physical contact with an adult (Gorey & Leslie, 1997). Adults in different age brackets are about equally likely to recall such experiences, suggesting that the frequency of their occurrence has not increased or decreased greatly over the last few decades. If one includes noncontact experiences, such as exposure of a man's genitals to a child, the percentages are higher.

### **Most Child-Adult Contacts Involve Older Children and Are Single Encounters**

According to the NHSLs data, most children who have sexual experiences with adults or adolescents have only one such experience, or if they have multiple experiences, they are all with the same partner. For girls, that partner is most often an adult male, and less often an adolescent male. For boys, it is most commonly an adolescent female, less often an adolescent male, and even less often an adult male. The data also showed that 80–90 percent of adult-child contacts involve the adult touching the genitals of the child. Oral contacts and vaginal or anal penetration are much less common.

How old are children when they have sexual contact with adults or adolescents? The most likely age bracket for a child to have sexual contact with a male is 7–10 years, but about one-third of such contacts occur in the under-7 age bracket. The most likely age bracket for a child (nearly always a boy) to have contact with a female is 11–13 years. Since the females involved are usually adolescents, as mentioned above, we are talking about contacts between two individuals who differ in age by only a few years.

Who are the adults that have sex with children? We will postpone discussion of their psychological characteristics until Chapters 13 and 14, where we consider adult-child sex from the perspective of the adult. Here we consider their relationship to the child. As shown in Table 12.1, only a very small percentage of these adults are strangers to the children with whom they have contact. Most are relatives or family friends. Boys are most likely to have contacts with family friends, while girls are most likely to have contacts with relatives. As the table shows, girls as a group are equally likely to have contacts with fathers and stepfathers. Many more girls live with their fathers than live with stepfathers; thus, a girl who lives with a stepfather has a relatively higher likelihood of experiencing a sexual contact with him.

### **Some Kinds of Adult-Child Sex Are Much More Harmful than Others**

The effects of adult-child sex on children are controversial. In the minds of most members of the public, politicians, and jurists, as well as some therapists, such contacts are always extremely harmful to the child. Adult-child sex is widely referred to as "sexual abuse of children." It is a criminal offense on the part of the adult everywhere in the United States, and people convicted of it ("child molesters") are punished more severely than almost any other criminals. Sentences of 60 or more years of imprisonment may be imposed, even in cases in which the adult does not use force (Tran, 2001). Just writing down a fictitious description of (highly abusive) adult-child sex in his private journal cost one Columbus, Ohio, man a 10-year prison sentence (Doulin, 2001).

On the other hand, cross-cultural studies suggest that adult-child sex may not always have serious harmful consequences. We have mentioned several examples of cultures in which such contacts are or were common, accepted, and without obvious damaging

**TABLE 12.1** *Percentage of adult-child sexual contacts involving different relationships of the adult to the child*

Relationship of adult to child	Child's sex	
	Girl	Boy
Father	7	1
Stepfather	7	1
Older brother	9	4
Other relative	29	13
Teacher	3	4
Family friend	29	40
Mother's boyfriend	2	1
Older friend of child	1	4
Other person known to child	19	17
Stranger	7	4

Source: Data from NHLS.

Note: The percentages add up to more than 100 because some children had contacts with more than one adult.

effects. These are often cultures, like that of ancient Greece, in which young unmarried men have little sexual access to women and have sexual contacts with pubertal or pre-pubertal boys instead. (Of course, we lack detailed information about the mental health of the affected children in this particular case, so we cannot be sure that they were unharmed.)

Many studies have focused on the effects of adult-child sexual contacts in the United States and other contemporary Western cultures. These include studies of children known to have had such contacts as well as surveys of adults who recollect such contacts from their childhood. When children who have had sexual contacts with adults are viewed as a single group, they do experience more negative consequences than control groups of children who have not had such contacts. The harmful consequences include both short-term effects (fearfulness, depression, inhibition of emotions, hostility, and antisocial behaviors) and long-term effects (mood disorders, phobias, panic disorders, antisocial personality, suicidality, substance abuse, poor academic performance, sexual promiscuity, and sexual victimization of others) (Green, 1992; Paolucci et al., 2001).

A somewhat different picture emerges, however, when the details of the adult-child contacts are taken into account. The children who are most likely to experience adverse effects are, not surprisingly, those who were coerced into a sexual contact (Molnar et al., 2001). Sexual contacts that are repeated over a long period of time, that are with a family member (incest), or that involve a very large age difference may also be more likely to cause harm than isolated or nonincestuous contacts or those with a small age difference between the child and the older person. Girls are also more likely to suffer harm than boys. According to meta-analyses and original studies by psychologist Bruce Rind of Temple University and his colleagues, most children who experience sexual contacts with adults suffer no long-term adverse consequences, or only mild ones (Rind, 2001; Rind et al., 1998). Rind's work has ignited a firestorm of political and academic controversy (Box 12.2).

### Memory Problems Bedevil Sexual Abuse Cases

The issue of adult-child sex and its consequences is greatly complicated by problems of recall. Ideally, children would give reliable testimony about sexual contacts that they had recently experienced, and adults would have accurate memories of sexual experiences during their childhood. Unfortunately, neither is necessarily the case. Children can be induced to believe and report events that didn't happen, and adults can be induced to "recover" supposedly repressed memories of childhood sexual abuse, even when such memories are demonstrably false (Box 12.3).

## Box 12.2 *Society, Values, and the Law*

### When Science Meets Politics: The Rind Affair

In 1998, psychologist Bruce Rind, an adjunct professor at Temple University in Philadelphia, published (along with two colleagues) an article on adult-child sex in *Psychological Bulletin*, a journal of the American Psychological Association (Rind et al., 1998). The article was a meta-analysis—a mathematical reworking of data from 49 previous studies that had asked college students about their sexual experiences as children. Rind's group found that college students who reported childhood sexual contacts with adults were, on average, slightly less well adjusted than students who reported no such contacts. On its face, this result suggested that sexual contacts with adults do have long-lasting harmful effects on children, albeit only mild ones. However, Rind found that the students who had experienced sexual contacts with adults as children had also experienced a relatively poor family environment, and that this poor environment accounted for most or all of the difference in adjustment between the two groups of students. Rind's group concluded that adult-child sex does not inevitably inflict long-term harm.

For a while, Rind's study did not attract public attention, but some months later a caller to Laura Schlessinger's radio talk show complained about it. This discussion alerted a number of conservative groups, which began attacking the APA. The paper "gives pedophiles a green flag," said a spokeswoman for the Family Research Council, a fundraising group for conservative causes. This opinion was echoed by Tom DeLay, majority whip of the U.S. House of Representatives, and in July 1999 the House passed a resolution "rejecting the notion that sex between adults and children is positive."

In an attempt to protect itself, the APA did everything short of disowning Rind's paper: it adopted a resolution "opposing child abuse," told its journal editors to be more mindful of the social implications of

controversial studies, and asked the American Association for the Advancement of Science to check Rind's conclusions. (The AAAS declined.) Many academics were dismayed by the APA's reaction; psychologist Edward Katkin of the State University of New York, Stony Brook, called it "groveling and cowardly."

The controversy might have died down at this point, had not psychologist Scott Lilienfeld of Emory University written an analysis of the Rind affair and submitted it to APA's flagship journal, *American Psychologist*. Although Lilienfeld's paper was critical of the APA's behavior, it was accepted for publication. In early 2001, however, the editor of *American Psychologist*, Richard McCarty, got cold feet: he withdrew his acceptance and asked Lilienfeld to write a revised paper without any mention of Rind's study. Outraged, Lilienfeld unleashed a barrage of emails to the psychological and sexological communities, accusing the APA of bending to political pressure. Lilienfeld received so much support that McCarty was obliged to reverse himself and publish the article, although it was accompanied by critical commentaries.

Undaunted, Rind himself continued the same line of research. In 2001 he published a study in which he asked 129 gay and bisexual men about their adolescent sexual contacts with adult men. The men who reported such experiences (at as early as 12 years of age) rated those experiences positively and were just as well adjusted as the men who had no such contacts (Rind, 2001).

Rind believes that the public fails to make important distinctions between, say, the repeated rape of a 5-year-old girl by her father and the willing sexual involvement of an adolescent boy with an adult. The former is likely to be highly traumatic, while the latter, according to Rind, is a violation of social norms with no implication for personal harm. He also acknowledges, howev-

er, that "lack of harmfulness does not imply lack of wrongfulness."

Bruce Rind is not the only person to have gotten into trouble for questioning whether sex between adults and children is inevitably harmful. In 1999, Harris Mirkin, a political scientist at the University of Missouri, published an article characterizing public attitudes toward adult-minor sex as a "moral panic" and advocating respect for minors' rights to choose their sex partners (Mirkin, 1999). The article languished in obscurity until 2002, when the scandal involving Roman Catholic priests grabbed the headlines (see Box 14.4). At that point, Missouri state legislators demanded that Mirkin be fired, and both houses of the legislature voted to reduce the University of Missouri's budget by an amount roughly equal to Harris's salary. The University's chancellor defended Mirkin and vowed to absorb the cut elsewhere.

Another uproar was caused by a book titled *Harmful to Minors: The Perils of Protecting Children from Sex*, by journalist Judith Levine (Levine, 2002). Among other things, Levine contended that sex with an adult can be a positive experience for some teens. She expressed approval of a 1990 Dutch law that legalized consensual sex between adults and minors down to age 12. Even before the book's publication, Minnesota legislators called for the book's publisher, the University of Minnesota Press, to pull it. Criticism also came from academe. "The claim that any sexual relationship between a child and an adult can be consensual is just not possible" was the reported comment of David Spiegel, associate chairman of the Psychiatry Department at Stanford University School of Medicine. Levine was unrepentant, replying, "The hysteria surrounding my book is precisely what my book is about."

Sources: Goode, 1999; Holden, 1999, 2001b, 2001c; Robinson, 2002; Wilgoren, 2002.

### Strategies to Prevent Adult-Child Sex Are Quite Effective

None of this should be taken to minimize the fact that some children are indeed traumatized by sexual abuse. These children are at risk of developing **post-traumatic stress disorder**, just as are adult rape victims (see Chapter 18). One aspect of this disorder is **dissociation**—the tendency to "stand outside" the traumatic experience and to fail to experience the normal emotional responses to it. Another common trait shown by sexually

## Box 12.3 Society, Values, and the Law

### Sex and Suggestibility

In 1984, Peggy McMartin Buckley, along with her son Raymond and four others, faced over two hundred counts of child molestation—crimes that were alleged to have taken place at the McMartin Pre-School in Manhattan Beach, California (Figure A). During their trial—the longest in United States history—extraordinary allegations surfaced. These allegations involved not merely sexual abuse of young children, but also underground satanic rituals involving animal sacrifice and pornography. After 7 years (including a retrial for Raymond Buckley), all the defendants were acquitted. Memories of the trial still hang heavy over child care workers, therapists, and prosecutors everywhere. Yet the lessons of the McMartin case still have not been fully learned.

The core issue in the trial was the believability of the 349 children who told social workers and investigators that they had experienced, witnessed, or been told about sexual abuse at the school. It became apparent during the trial that many of these children were inculcated by their interviewers with false memories of events that never happened. We may never know whether there was any kernel of truth to the McMartin allegations, but what is certain is that unscrupulous investigators, overzealous prosecutors, and sensation-seeking media blew the case up into a hysterical witch hunt.

Sadly, the McMartin case was not the last of its kind. In 1989, Robert Kelly, the owner of the Little Rascals day care center in North Carolina, was charged, along with six others, with molesting 29 children at the center. The defense argued that the children's stories were inculcated, but Kelly was convicted and sentenced to 12 life sentences. Dawn Wilson, the center's cook, was also sentenced to life imprisonment. In 1995 their convictions were overturned, and all the charges were later dropped.

In the same year that the North Carolina appeals court reversed Kelly and Wilson's convictions, 43 men and women were arrested in the picturesque apple-growing town of Wenatchee, Washington, and charged with raping and molesting 60 children. Among the defendants were the pastor of the local Pentecostal Church and his wife. The whole case was driven forward by a police detective whose 9-year-old foster daughter accused 90 people of satanic ritual abuse. Again, children were pressured by



(A) Peggy McMartin Buckley and Raymond Buckley

therapists to “remember” episodes of molestation and assault. The pastor and his wife spent 135 days in jail before being acquitted, but some defendants were convicted and are still in prison.

There is a close connection between these cases and the epidemic of “recovered memories” that swept the country in the late 1980s and early 1990s. In 1992, for example, a Missouri woman who was in therapy with a church counselor “remembered” that she had been repeatedly raped by her father—a minister—between the ages of 7 and 14, that she became pregnant as a result, and that she was forced to perform an abortion on herself with a coat hanger. When her story was publicized, her father had to resign his post as a minister. Before he could be tried, however, a medical examination revealed that the daughter had never been pregnant and, in fact, was still a virgin. The therapist paid \$1 million in settlement of the case.

Numerous studies document that memories can be inculcated. The leading figure in this field of research is Elizabeth Loftus (for many years at the University of Washington, now at the University of California, Irvine), who testified at the McMartin trial and in many similar cases (Loftus & Ketcham, 1996; Loftus, 1997) (Figure B). In her best-known experiment, Loftus instilled her subjects with a false memory of having been lost in a shopping mall as a child, along with various things that happened to the child while lost. Others have instilled “childhood memories” of hospitalization for an ear infection, of the sprinklers going off in a store, of an accident at a wedding reception, and the like.

Nothing distinguishes these false memories from real ones—except that they are false.

Several circumstances that are common in sexual abuse prosecutions promote the inculcation of false memories. One is that the initial account comes from a trusted or authoritative person. Another is that the subject is interviewed repeatedly. Often-times, details that the subject denies in initial interviews are gradually incorporated into the false memory of the event. Both these factors operate in many sexual abuse cases, Loftus says. Another dangerous but common practice is for the interviewer to encourage the subject to exercise their unfettered imagination. Loftus quotes one therapist as recommending that interviewers tell the client: “Spend time imagining that you were sexually abused, without worrying about accuracy. . . . Who would have been likely perpetrators?” But, Loftus's research has shown, the mere act of imagining a fictional past event facilitates the process of “remembering” it.

The sexual abuse of children does happen, and when it does it's a tragedy. But there's something about these crimes, or the rumor of them, that often triggers the wholesale abandonment of elementary principles of justice, such as the presumption of innocence.

Sources: Associated Press, 1999; Landsberg, 2000; Lyon, 1998; Rohrlach, 2000; Schneider & Barber, 1998.



(B) Elizabeth Loftus

abused children is self-blame. Therapy may be focused on helping the child to experience the missing emotions and to realize that the adult perpetrator was the sole guilty party.

Many schools have programs intended to teach young children how to avoid sexual encounters with adults by learning to distinguish between “good touch” (e.g., patting, hugging) and “bad touch” (e.g., genital fondling). There has been some concern that such programs might inculcate sex-phobic attitudes, especially considering that U.S. schools do not provide general sex education for young children. A study of college-age women, however, concluded that women who underwent these prevention programs in childhood were as well adjusted sexually as other women, and were much less likely to have experienced adult–child sexual contact subsequent to the instruction (Gibson & Leitenberg, 2000). Thus these programs seem to be quite effective.

### **Preadolescence May Be Marked by an Increase in Sexual Interest**

The period between about 8 and 12–13 years of age is often called **preadolescence**. During this period the biological processes of puberty begin (see Chapter 5). Preadolescence may be marked by some degree of increased sexual feelings and behavior, but this varies greatly from one individual to another.

In the United States, where young children receive little or no sex education, the early preadolescent years (say, around 8 or 9) are the time when most children learn about coitus and other “facts of life.” Much information is spread through peer networks, rather than coming from parents or school instruction, so comical misunderstandings are the rule. For example, children may fail to understand the difference between the anus and the vagina, or may think that babies grow in the mother’s stomach and emerge via the belly button. Because sex education tends to focus on the reproductive aspects of sex, aspects that are not vital for reproduction, such as the clitoris and female orgasm, get little attention and are often not discovered until after puberty.

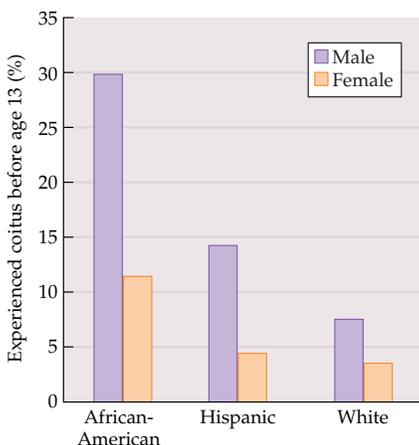
### **Preadolescent Children Segregate by Sex**

Preadolescent children spend much of their time in all-male or all-female groups, a phenomenon called **homosociality**. Obviously, this pattern of socialization minimizes their opportunities for heterosexual interactions. Nevertheless, some older preadolescents do engage in sexual behaviors with the other sex. In one study of students in an urban public school system, 30 percent of students entering the sixth grade (approximately 11 years old) stated that they had already engaged in sexual intercourse (Kinsman et al., 1998). The students who had done so differed in a number of respects from those who had not: they were more likely to be male, African-American, from poorer neighborhoods, from single-parent families, and to have engaged in nonsexual risky behaviors. Nationwide, the proportion of preadolescents who have experienced coitus is much lower than 30 percent (Figure 12.1), but varies greatly with ethnicity (Centers for Disease Control, 2000f).

The fact that preadolescent children socialize primarily with peers of the same sex facilitates homosexual behaviors. Boys may engage in pairwise or group masturbation, for example. It’s possible that preadolescents who later become homosexual enjoy such behavior somewhat more than those who become heterosexual, but the behavior is certainly not restricted to pre-gay children and is in no way predictive of a child’s ultimate sexual orientation.

### **Strict Gender Norms May Traumatize Pre-Gay Children**

Actually, preadolescent children who later become gay or lesbian tend to distinguish themselves not so much by their sexual behavior, but by gender nonconformity in a variety of nonsexual traits (see Chapter 6). A pre-gay boy may be less interested in contact sports than other boys, while a pre-lesbian girl may be *more* interested in such sports. Such gender nonconformity may be apparent in earlier childhood, and it may worry



**Figure 12.1 Early sexual activity.** The graph shows the percentage of males and females who have experienced coitus before age 13. (Data from Centers for Disease Control, 2000f.)

parents or teachers, but young children themselves are usually blind to it, so gender-nonconformist children are not seriously disadvantaged within their peer groups.

During the preadolescent years, however, gender norms become much stricter, both within peer groups and with respect to the expectations of adults. The problems are more severe for gender-nonconformist boys than for girls, because some degree of masculinity in a girl may actually be an advantage. A degree of aggressiveness or competitiveness may help her gain a leadership position in a peer group, for example. Boys who are unmasculine or positively feminine, on the other hand, may find themselves excluded from both their male and female peer groups, and may have to content themselves with the company of other misfits at the fringes of childhood society. Furthermore, epithets such as “faggot” and “dyke” are used with increasingly frequency in the preadolescent years, and hearing these epithets begins the internalization of homophobic attitudes. Of course, the degree to which pre-gay children experience these problems before adolescence varies greatly, depending on how gender-nonconformist they are as well as on the attitudes of parents, the school they attend, and so on.

### ***Adolescence Is a Time of Sexual Exploration***

The term **adolescence** is used to mean roughly the teen years (13–18 or 13–20). The beginning of adolescence may correspond to the biological events of puberty, such as menarche and first ejaculation (see Chapter 5). The end of adolescence, however, is arbitrary. In fact, the concept of adolescence could be considered a social construction, designed to accommodate the ever-widening gap between the age of reproductive maturity and the age at which society is willing to grant men and women full adult freedoms and responsibilities.

The beginning of adolescence is usually marked by a great increase in a boy or girl’s sexual feelings, and often by an increase in sexual behavior as well. This sexual awakening may in part be a response to the obvious bodily changes that accompany puberty. In addition, however, the rising blood levels of gonadal steroids, especially testosterone, seem to directly activate the brain circuitry underlying sexual responsiveness, as discussed in Chapter 7.

### **Many Cultures Have Puberty Rites**

Puberty, and the consequent increase in sexual feelings and expression, is an important event in a young person’s life, and has been marked by special **coming-of-age ceremonies** in many human cultures (Ford & Beach, 1951). In girls, puberty includes a dramatic event—menarche—and girls’ puberty rites are usually centered around this event. Common features of girls’ rites are seclusion, cleansing, instruction, and body modification. A fairly typical rite is that of the Lenge people of Mozambique. The girl’s hymen is opened with a special tool made of horn, and she remains for a month in seclusion in an “initiation school,” during which time she receives sexual instruction in the form of magic formulas. At the end of the period she spends an entire day bathing in the sea. She receives fertility medicines and returns home, but remains in seclusion for 2 or more months. In some cultures a girl’s puberty is marked by tattooing, ornamental scarring, ear piercing, tooth filing, female circumcision, or stretching of the labia minora. After the ceremonies are complete, the girl dons the clothes of a mature woman.



Puberty rites vary around the world. This teenage girl in Bali is having her teeth filed, an important puberty rite that seeks to rid an individual of their “wild” nature. The points of the canine teeth are slightly filed down.

For boys, puberty rites may be simple or complex. On the Truk Islands in the West Pacific, a boy whose pubic and facial hair becomes noticeable simply puts on an adult loincloth and goes to live in the men's dormitory. Among the Keraki of New Guinea, on the other hand, puberty rites take up to a year. The boys undergoing initiation are gathered in a clearing, where they are shown a sacred musical instrument, the bullroarer, and struck a blow on the back with a heavy banana stalk. There follows a parade and a feast. The boys are confined for nearly a year in a special longhouse, during which time they take the receptive role in anal sex with older males. At the end of this period the boys return home and take on the role of adults. Body modification, including circumcision or subincision, is a common feature of male puberty rites around the world.

In the contemporary United States, puberty rituals may be associated with certain religions and ethnic groups. An example is the Jewish **bar mitzvah**, a combination of religious instruction and family celebration. Hispanics have the **quinceañera**, a celebration for girls who reach the age of 15 and (traditionally, at least) have maintained their virginity. It incorporates a Roman Catholic Mass as well as a traditional *vals* (waltz) danced by the girl, her male escort, and 14 *damas* and 14 *chambelanes* ("bridesmaids" and their escorts).

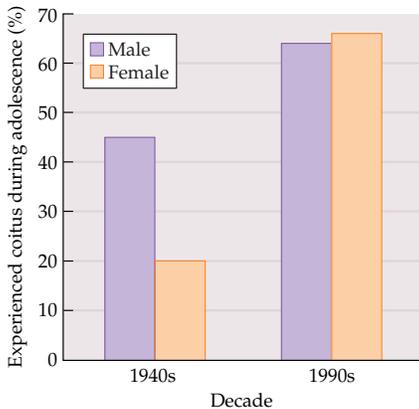
Most Americans, however, do without special puberty rituals. Perhaps this is because parents and society in general devote so much effort to restricting teen sexuality and to keeping adolescents in a subadult state. Advertising a girl or boy's sexual maturity would hardly assist this endeavor.

### There Are Strong Social Influences on Teen Sexual Behavior

Although the physiological processes of puberty play a key role in kick-starting adolescents' sex drive, there are also important social influences on teen sexuality, especially with regard to sexual behaviors with partners. We mentioned above that sexual activity tends to start earlier among children at lower socioeconomic levels. This pattern relates to the entire community in which an adolescent lives, not just to the adolescent's individual circumstances (Brewster et al., 1993). Thus, adolescents are likely to initiate sexual activity early if their community has a low average income, few college graduates, a high crime rate, or high unemployment. It is likely that such communities offer adolescents few constructive goals and therefore give them little motivation to avoid sexual behavior, especially risky sexual behavior such as unprotected coitus (Billy et al., 1994).

Sexual behavior starts later among children who are religiously observant and who are of higher intelligence (Halpern et al., 2000; Halpern et al., 1994). The effect of intelligence is a marked one and is seen in sexual behaviors ranging from kissing to coitus. More intelligent youths may be more occupied with educational and other career-related activities and thus have less time for sexual relationships. They may also be more alert to the potential negative consequences of early sexual activity.

Another factor that is associated with the early initiation of sexual activity is having a significantly older boyfriend or girlfriend (VanOss Marin et al., 2000). This is hardly surprising, given that older partners are likely to be more sexually experienced.



**Figure 12.2 Coitus has become more common among teens.** The graph shows the percentage of females and males who experienced coitus during adolescence in the 1940s and in the 1990s. The 1940s data refer to coitus by age 19; the 1990s data refer to coitus by twelfth grade. (Data from Kinsey et al., 1948, 1953; Centers for Disease Control, 2000f.)

### Males Masturbate More than Females

One of the commonest sexual behaviors among adolescents is masturbation. Many male adolescents begin masturbating to ejaculation as soon as they are physiologically capable of it, or soon thereafter (Kinsey et al., 1948). They typically masturbate 2–3 times per week, according to one study of Southern California teens (Hass, 1979), but the frequency of masturbation decreases for males who are having sex with partners. Female adolescents are less likely to masturbate at all; only about one in four do so, according to one national survey (Coles & Stokes, 1985). Those that do masturbate do so only about once per month, on average (Hass, 1979).

### The Sexual Behavior of American Teens Has Increased and Diversified

Adolescent sexuality in the United States has changed greatly over the last 50 years (Joyner & Laumann, 2001). In the period immediately after the Second World War, most adoles-

**Figure 12.3 Number of sex partners is increasing.** Adolescents, especially females, had progressively more opposite-sex partners during the second half of the twentieth century. The graphs show the percentage of males and females who had the stated number of opposite-sex partners before the age of 18, by birth cohort. (Data from NHSLs.)

cents' goals were focused on completing schooling, entering the labor force, marrying, and starting a family. Adolescents dated, and this behavior was important for adolescents' social standing and the development of gender-appropriate roles, but dating generally involved sexual behaviors short of coitus. Engaging in coitus endangered the status of adolescent and unmarried young adult females. The status of males was not endangered in the same way (the "double standard"), but males generally found it difficult to persuade females to have intercourse with them. Prostitutes offered one possible outlet.

Many social changes since the 1940s have led to a much more widespread engagement of adolescent males and females in sexual behaviors, including coitus (Centers for Disease Control, 2000f; Kinsey et al., 1948; Kinsey et al., 1953) (Figure 12.2). One was the introduction of oral contraceptives in 1960 (see Chapter 11). Another was the legalization of abortion (extended to the entire United States by the Supreme Court's *Roe v. Wade* decision of 1973). Yet another was the introduction of effective treatments for some sexually transmitted diseases. These factors reduced the "cost" of coitus to women, including adolescents. Another factor was feminism, which resulted in the entry of women into the labor market, increased college attendance by women, and the postponement of marriage. These changes reduced the importance of marriage to women's social and economic status, so that preserving their "marriageability" by refusing to engage in coitus lost much of its value.

These changes have also had "snowball effects" that have further reduced inhibitions on adolescent sexuality. Children—especially African-American children—are increasingly being brought up by single but sexually active mothers. Because parents are important role models, such children (especially daughters) are likely to view nonmarital or non-cohabitational sex as acceptable for themselves. Media portrayals of teen sexual behavior have also become increasingly frequent and graphic, further establishing such behavior as the social norm.

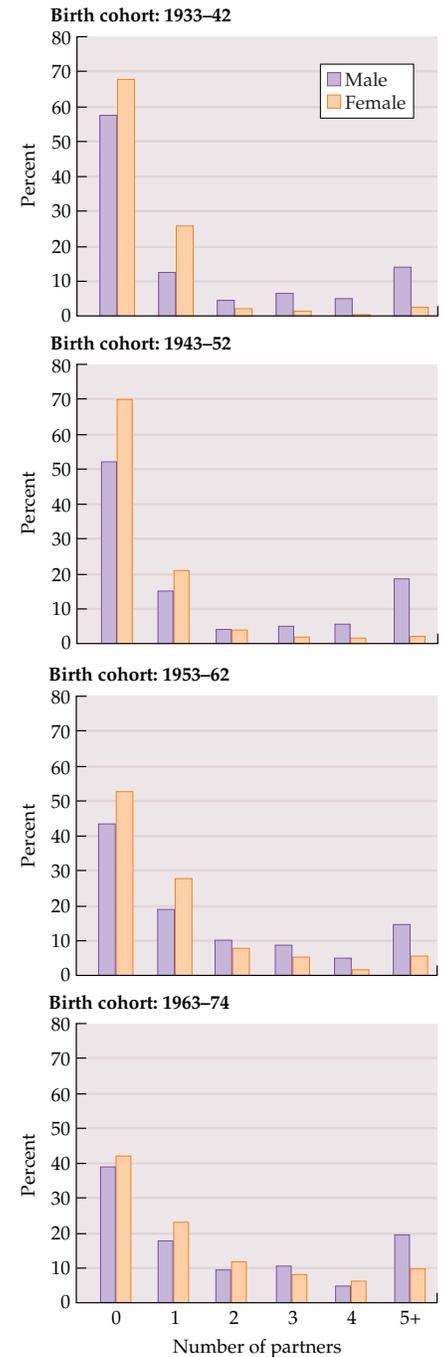
Finally, there has been a general increase in individuals' sense of self-reliance that has distanced them to some degree from family and ethnic traditions and from religious and other moral authorities. This change has allowed individuals, including adolescents, to make sexual choices based primarily on the criterion of "feeling good" rather than "being good."

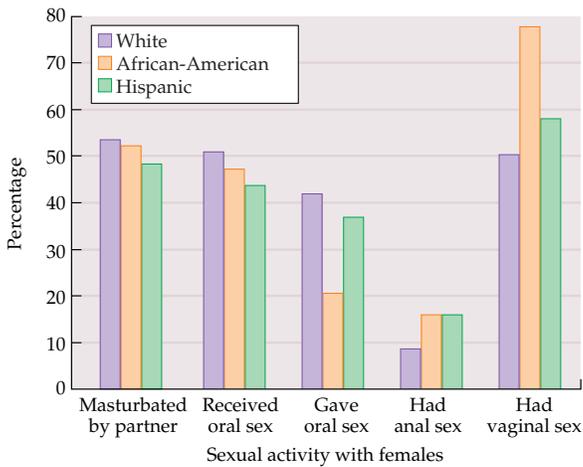
All in all, these changes have led to a considerable increase in the proportion of adolescents who engage in heterosexual intercourse and in the total number of partners that they have (Figure 12.3).

### Noncoital Sex Is Popular among Teens

Oral sex is common among teens because it is a way to have sex to the point of orgasm without loss of "virginity" or risk of pregnancy (Remez, 2000). In many teens' minds, oral sex also carries a lower risk of transmitting STDs—a belief that is only partially true (see Chapter 16). A series of newspaper articles in the late 1990s suggested that oral sex was increasing very rapidly among teens (Lewin, 1997; Stepp, 1999). Because the U.S. government has been reluctant to support surveys of teens' sexual behavior, statistical data on this point are skimpy. What data there are suggest that oral sex has become much more popular recently among African-American teens—the proportion of black male adolescents who had ever engaged in oral sex nearly doubled between 1988 and 1995 (Gates & Sonenstein, 2000)—but not among other groups, who already had fairly high rates of oral sex in the 1980s.

Ethnic differences in teen sexual behavior are well illustrated by a 1995 study of the heterosexual behaviors of adolescent males that intentionally sampled large numbers of Hispanic and black youth (Gates & Sonenstein, 2000) (Figure 12.4). Being masturbated by a female partner and receiving oral sex were about equally common in all three sam-





**Figure 12.4 Ethnic differences in teen sex practices.** The graphs show the percentages of never-married American males aged 15–18 who have ever engaged in the stated sexual activities with females, by race/ethnicity. Asians and Pacific Islanders were not sampled. (Data from Gates and Sonenstein, 2000.)

pled groups (white, black, Hispanic). Giving oral sex to a female partner (cunnilingus), on the other hand, was far less common among blacks than among the other groups, and anal sex was much less common among whites than among the other groups. Black male adolescents were much more likely to have experienced vaginal sex (coitus) than were white or Hispanic males.

This particular survey did not include Asian-American and Pacific Islander (AAPI) adolescents, but other surveys of this heterogeneous group have reported very low rates of sexual behaviors, far below those of whites, blacks, or Hispanics. In one study, only 27 percent of AAPI high school students had ever engaged in vaginal intercourse, compared with 50 percent of whites, 57 percent of Hispanics, and 72 percent of blacks (Schuster et al., 1998). Their experience of other sexual behaviors was also relatively low. All in all, cultural origins seem to influence the amount and kind of sexual behaviors people engage in quite strongly, even during the rebellious teen years.

### There Is Controversy about How to Reduce STDs and Pregnancy among Teens

Several factors oppose and limit the trend toward more widespread sexual behavior (especially sexual intercourse) among adolescents. One is the fear of AIDS, which first came to public attention in the early 1980s, and which by 2001 had caused the deaths of 439,000 Americans (see Chapter 16). Another is a social movement, led by conservative Christian groups, aimed at encouraging teenagers to postpone sexual intercourse. The leaders of these groups may be motivated primarily by religious concerns, but they can also point to serious negative practical consequences of teen sex, especially teen pregnancy and sexually transmitted diseases.

Of course, unwanted pregnancy and STDs can result from sex during adulthood, too, but adolescents are particularly at risk because they tend to be less cautious and less knowledgeable about how to prevent these negative consequences of sex. One way that this problem could be rectified would be to provide more extensive sex education and contraceptive services to young people, as is done effectively in many European countries. In Sweden, for example, girls experience their first sexual intercourse about a year earlier than do American girls, but the rate of teen pregnancy is hardly more than a third of what it is here, teen abortions are much less common, and the incidence of AIDS is about one-tenth the U.S. rate (Posner, 1992).

In the view of Christian conservatives, however, such a program would encourage increased sexual behavior and would therefore be self-defeating. Thus, conservatives promote **abstinence-only programs**, which teach adolescents that they should not engage in sexual intercourse until marriage (Box 12.4) (meaning that they should do without this activity for a decade or more; see below). According to the National Campaign to Prevent Teen Pregnancy, however, abstinence-only programs have never been shown to reduce unwanted pregnancy or STDs. What *have* been proved effective are school programs that combine encouragement of abstinence with education about contraception and how to avoid STDs (Kirby, 1997).

Happily, teen birth rates have been declining steadily in all ethnic groups in the United States over the last decade (Figure 12.5). Overall, the teen birth rate fell by 22 percent during the 1990s, and the fall was even more marked for black teens (31 percent) and for younger teens (aged 15–17—a 29 percent drop). The decline has been much slower among Hispanic teenagers than among non-Hispanic whites, however. In 2000, nearly 1 in 10 Hispanic girls in the 15–19-year age bracket delivered babies, with consequent economic and social disadvantages for many of these mothers and their children.

The decline in teen births is due to a decrease in pregnancy rates, not to an increase in abortions (Centers for Disease Control, 2001c). The reason for the decline in pregnancy rates is not entirely clear, but two identifiable factors are the



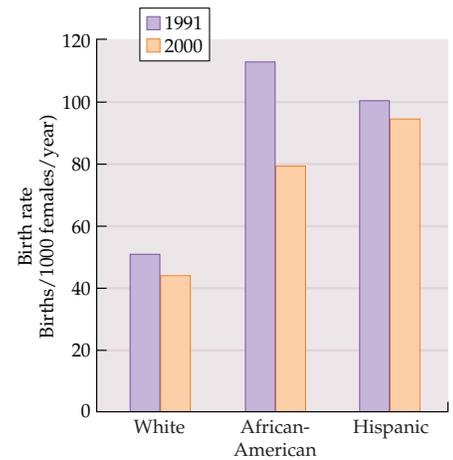
This teenage mother and her child are likely to face economic hardship.

use of more effective contraceptive methods and an increased abstinence rate among female teenagers (Alan Guttmacher Institute, 1999). More generally, improving economic and social conditions in disadvantaged communities probably contributed to the decline in teen births during the 1990s, because high teen birth rates are a feature of impoverished, socially disorganized, and crime-ridden communities (Kirby et al., 2001).

### Teen Sexuality Is Central to Identity Development

Although public attention focuses mainly on the possible negative consequences of adolescent sexuality and on ways to prevent its expression, we shouldn't ignore the positive role that sexuality plays in the process of growing up. Adolescence involves the development of an identity and a social role independent of one's parents (Erikson, 1968; Steinberg, 2001). Answering questions about one's sexuality figure centrally in this process. Teens must answer many such questions: What is my gender? What is my sexual orientation? What am I looking for in sexual relationships? How attractive am I? Who can I "afford" as a sexual partner, and what is my best strategy for entering into a partnership? How does my sexuality relate to other aspects of my identity, such as my career goals, my ethnic origins, or my religion?

None of these questions are purely intellectual ones—they cannot be answered simply by reason or introspection. They require social exploration. This exploration takes place chiefly in the milieu where sexual interactions are likely to arise; namely, in one's peer group. Hence the transfer of energy and allegiance from parents to peers that characterizes adolescence.



**Figure 12.5 Declining teenage birth rates.** The graph shows birth rates (births per 1000 females per year) in 1991 and 2000 for females aged 15–19, by ethnicity. (Data from Centers for Disease Control, 2001c.)

## Box 12.4 Research Highlights

### Taking the Pledge: Do Teens Keep Their Promise to Remain Virgins?

In the early 1990s the Southern Baptist Church and other conservative religious groups began sponsoring "virginity pledge" programs. In these programs, teens stand up in front of their peers and promise not to have intercourse before they get married. Pledge programs became wildly popular in the mid-1990s, and although they may have tapered off a bit since then, it's estimated that well over 2.5 million teens have taken such vows.

These programs include a lot more than simply taking a pledge. Pledgers interact via Internet sites, rallies, and summer camps and by purchasing merchandise. Although the movement is actually organized by adults, it has been able to cultivate an image of being organized by teens themselves. Partly for that reason, the movement has succeeded to some degree in making virginity "cool."

Do these programs work? According to sociologists Peter Bearman and Hannah Brückner of Columbia University, they do—sort of. Bearman and Brückner analyzed data on over 90,000 students who had been

surveyed as part of the NIH-funded National Longitudinal Study of Adolescent Health. They found that, on average, taking a virginity pledge caused a teenager to defer his or her first sexual intercourse by 18 months (Bearman & Brückner, 2001).

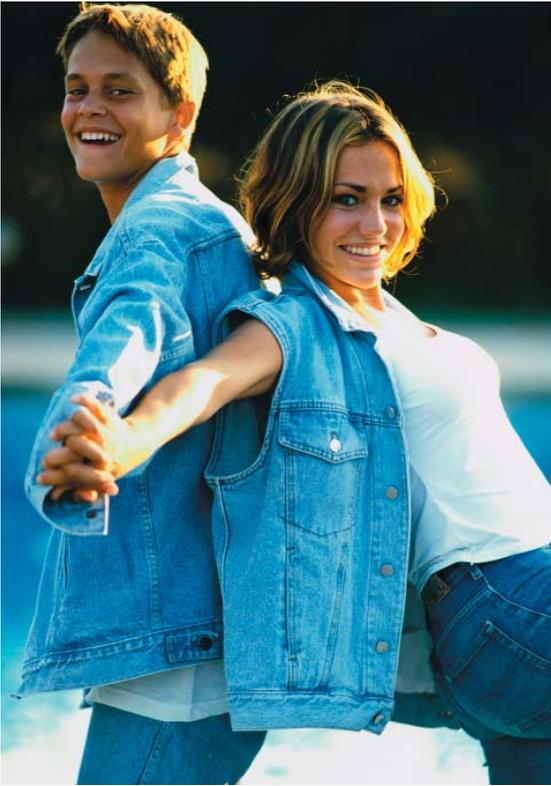
Eighteen months may not seem like much—"until marriage" it certainly isn't. But it's a lifetime in the breakneck world of teen culture. If all the nation's teens put off sex for this amount of time, a major drop in teen pregnancy and STDs would surely follow.

At the same time, Bearman and Brückner had to qualify their findings in important ways. The pledges were effective only for younger adolescents, not for those over 17. Pledges lost their effectiveness if too many students in a given school—more than about 40%—took the pledge. And, most disturbing of all, when pledgers *did* finally engage in intercourse, they were significantly less likely than nonpledgers to use contraception.

One potential problem with Bearman and Brückner's result is the possibility that it

was caused by what statisticians call a "selection effect." In other words, perhaps the pledgers were already more likely than nonpledgers to remain virgins *before* they took the pledge, in which case the pledge itself may not have had any extra effect. This could explain why increasing the percentage of pledgers in a school decreases the effectiveness of the pledge: the more students who are recruited, the larger will be the fraction of them who are not strongly motivated to remain virgins.

The researchers believe that they ruled out selection effects. The reason why pledge programs work best when only a minority of students in a school take the pledge, they say, is that pledging creates an "identity movement"—a group of individuals who gain identity, purpose, and self-esteem from their group membership. Such identity movements lose their psychological effectiveness when they no longer have minority status. For this reason, the researchers believe that pledge programs can never be effectively expanded to cover the majority of teens.



Teen sexual relationships often have a playful quality.

For many adolescents, sexual exploration involves **serial monogamy**, in which the youth has a series of exclusive relationships with girlfriends or boyfriends (or both). Within such serial relationships adolescents can discover what gives them pleasure and how to interact intimately with another person. Typically, the sexual content of these relationships progresses during the adolescent years from kissing and fondling to noncoital orgasmic contacts, and possibly to coitus.

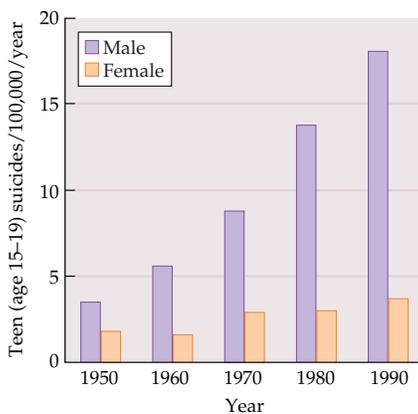
### Teen Sexuality Is Less Focused than That of Adults

Adolescent sexual relationships often have a playful quality that reflects both the participants' temporal proximity to childhood and the exploratory and rehearsal functions of these relationships. Adolescents also direct their affections over a much broader landscape than do adults. "Crushes" on older persons such as teachers, idolization of film and pop music stars, and passionate friendships with same-sex peers are all common. Even animals come into the picture: the intense relationship between some adolescent girls and horses is a well-known example. In other words, teens do not maintain as sharp a boundary between sexual and nonsexual attachments as many adults do.

### Teen Social Structures Reflect Evolutionary Roots

Traditionally, American teen society has had two major features: a competition among males to establish a status hierarchy, based on performance in sports, show of wealth, or the like, and a competition among females to attract high-status males, based primarily on looks. These strategies have obvious similarities to the mating games of many other mammals (see Chapter 2), suggesting that evolutionary processes are at work. The main difference is that in humans, *both* sexes are doing the choosing, whereas in most other mammals mate choice is exerted primarily by females.

This difference may have to do with the large investment that human males typically make in parenting, compared with the males of most other mammalian species. If a man has to devote himself more or less monogamously to one female and her offspring in order to give those offspring a decent chance of reaching reproductive age, he has a strong incentive to make sure she is the highest-quality female he can obtain. This is true regardless of whether his choice results from rational thought processes or from instincts instilled by evolution.



**Figure 12.6** Suicide by male teens has increased much faster than for females over the last five decades. (Data from Centers for Disease Control, 1994.)

### Traditional Social Patterns Have Been Modified

This traditional pattern of teen society is still in evidence, but it has been considerably modified by the changing status of women. Adolescent girls no longer have to define their own worth purely by their attractiveness to high-status males or by their prospects in the marriage market. They have their own sports, their own wealth, and their own prospects for educational success and career advancement. Men do not necessarily come into the picture at all—a woman, especially a well-educated woman, can live successfully as a single person or in partnership with another woman.

Of course, most teenage girls are heterosexual and do desire sexual relationships with males, but they are in a much improved negotiating position with respect to those relationships. Their grandmothers had the urgent task of finding a breadwinning husband almost immediately after adolescence, and had to do so without losing their "good name"—that is, without engaging in too much sex. Thus, they had very little opportunity to check out a variety of men, especially at the sexual level.

Nowadays, male and female teens are more equally positioned, and because marriage is so far off (if it is in the picture at all), sexual relations have a more purely recreational and affectional function, divorced from economic considerations. For that reason, girls may increasingly rate male partners on the basis of looks rather than on indicators of economic success. In fact, the increased attention to male physical attrac-

tiveness (of both face and body) that has been such a notable phenomenon over the last decade or so can probably be traced to the decreased economic value of men to women (Luciano, 2001).

### Male Adolescents Face Increased Challenges

The changing balance of sexual power between male and female adolescents has had major effects on males. On the beneficial side, male teens now have a much better chance of achieving sexual relationships (including coitus) with females within their own social groups, rather than having to resort to prostitutes as their grandfathers often had to do. Thus sex is more likely to happen within an ongoing and perhaps loving relationship than it was in the past. On the down side, male teens are now prey to the kinds of anxieties—concerning their attractiveness, especially—that used to be the sole province of females. All in all, social and sexual anxieties have probably increased greatly for male teens, and this has led to definite negative consequences for some male teenagers' mental health. To take an extreme indicator of psychological distress, suicide among male teens has increased dramatically since 1950—much more so than for females (Centers for Disease Control, 1994) (Figure 12.6). How much of this increase is due to problems related to sex and relationships is uncertain.

### Gender Norms Are Loosening for Some Teens

With the loosening of traditional attitudes over the last few decades has come an increasing interest among adolescents in issues of gender and sexual orientation. Most teens, whatever their sexual orientation or gender identity, are likely to know of the existence of sexual minorities and the cultures that they have established—if only that there is a gay bar somewhere in town. Many teens are personally acquainted with one or more gay or (less likely) transgendered people. They therefore see a greater range of options open to themselves. This doesn't mean that all is now well for gay, bisexual, or transgendered youth. Far from it—increasing openness has created problems for many of them, as we'll discuss in Chapter 13. Still, adventuresome teenagers may explore gender and sexual orientation issues in ways that were completely off limits to earlier generations. For example, many large cities are host to raves and other events where gay and straight young people mix and any attire is acceptable so long as it violates gender norms. Of course, only a small fraction of older adolescents participate directly in such scenes, and those that do face some associated problems such as drug use. Still, the existence of this subculture helps to break down not only the categories of masculine and feminine, but also those of gay and straight.



Canadian Marc Hall (right) went to court for the right to bring his boyfriend, Jean-Paul Doumond, to his Catholic High School prom in Oshawa, Ontario, in 2002.

### *In Young Adulthood, Conflicting Demands Moderate Sexual Expression*

In Chapter 9 we discussed the kinds of sexual relationships that adults may engage in. We now attempt to describe how those relationships structure individual life courses. We'll start with collective data—data that describe generic Americans, with their off-white skin color, predominantly heterosexual orientation, and 2.1 children.

### Most Young Men and Women Have Only a Few Sex Partners

The median age at first marriage in the United States is now about 27 for men and 25 for women, up from 23 and 21 in 1970 (U.S. Census Bureau, 2001). Assuming an age of 13 for puberty, Joe Median can therefore expect a period of 14 years between puberty and marriage, and Jane Median can expect a period of 12 years. By many measures, this period includes Joe and Jane's peak sexual years. It includes the years of most frequent sex-



Young adults typically spend several years dating before they move in with a partner.

ual behavior (including masturbation) (Kinsey et al., 1948; Kinsey et al., 1953), of greatest fertility (see Chapter 10), and of greatest sexual attractiveness (for females, at least—see Chapter 7). Typically, Joe and Jane spend a portion of this period without a sexual relationship, a portion dating (with varying degrees of sexual intimacy), and a portion (usually about a year) cohabiting with the partners they ultimately marry.

Given all one reads and hears about sex among young adults, the actual statistics may be surprising (Figure 12.7). Between age 18 and the time of first marriage or cohabitation—what we might call the young adult dating years—men and women have fairly low numbers of sex partners. The actual numbers vary with sex: men have more partners than women (or say they do, at least). They also vary according to whether the person’s first live-in relationship is a legal marriage or a cohabitation. Those who marry without a prior cohabitation (who are in a minority) tend to be more traditionally minded and therefore have fewer dating partners before marriage, while those who enter into a cohabitation before (or instead of) marriage are more liberally minded and therefore have more dating partners prior to the cohabitation. But in all groups, significant numbers of individuals have *no* new sex partners during the dating years (they may have no partners at all, or a continuation of a relationship they began before age 18). In no group does the majority have more than four new partners during the dating years.

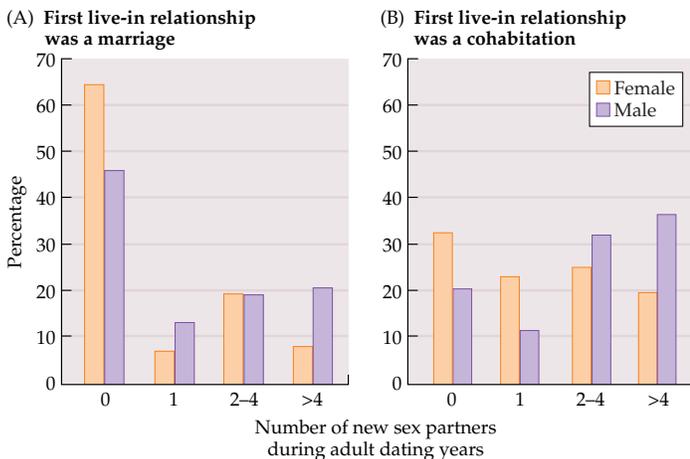
### Young People Must Allocate Time and Resources between Sex and Other Goals

Why don’t young adults have more sex partners than they do? In part, they may simply be satisfied by the relationships that they are in. They may also be restrained by moral beliefs. In addition, the fear of AIDS probably plays a role. The NHSLS data indicate fewer sex partners for young people who came of age during the AIDS era than for those who did so during the decade before the beginning of the epidemic.

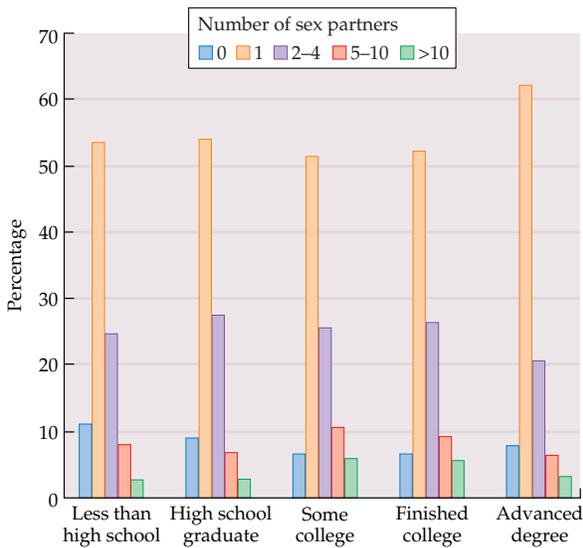
More broadly, the decision to seek out new sex partners can be viewed within the context of a larger cost–benefit analysis that young people have to perform (Posner, 1992). Seeking sex partners takes time and resources; it therefore becomes more costly the more valuable the person’s time is. In general, time is extremely valuable to young people who are seeking to advance their careers through education or other means, so such people have less time to spend in the sexual marketplace than young people who are unemployed or in dead-end jobs. They will therefore be motivated to delay sexual gratification.

On the other hand, the time it takes to find a new partner varies with attractiveness—an unattractive person needs to devote more time and resources to finding a partner than does an attractive one. Since attractiveness includes not just looks, but also such variables as wealth or prospects for wealth, this means that people with less education may have to spend more time and effort to find sex partners than do well-educated, upwardly mobile young people, and may therefore be less motivated to do so.

We might therefore expect a curvilinear relationship between educational level and number of sex partners, with people at some middle educational level having the most partners. That is in fact what is found, although the differences between the educational groups are not enormous (Figure 12.8).



**Figure 12.7 Two routes to a live-in relationship.** Women and men whose first live-in relationship is a marriage have relatively few sex partners (A) during the dating years compared with people who enter cohabitations (B). The graphs show the percentages of women and men born between 1963 and 1974 who had the stated numbers of new sex partners between the age of 18 and the time of their first live-in sexual relationship. (Data from NHSLS.)



**Figure 12.8 Education level and number of sex partners.** Both ends of the educational spectrum are associated with lower numbers of sex partners. The graph shows the percentage of persons who had the stated numbers of sex partners in the previous 5 years, by educational level. (Data from NHSL.)

### Finding Same-Sex and Opposite-Sex Partners Involves Different Costs

The cost of acquiring sex partners also varies according to the kind of partner that is sought. If a man is seeking a male partner, for example, he can find one with much less effort than if he is seeking a female partner, at least if he lives in a large city where there is a gay culture. That's because males in general require less persuasion and fewer signs of commitment to enter into sexual relationships than do females (see Chapter 7). Conversely, a woman who is seeking a female partner may have to spend more time than one who is seeking a male partner—not just because lesbians are rarer than heterosexual men, but because, being women, they are less ready to enter a sexual relationship. Other things being equal, we would therefore expect a bisexual man to concentrate on homosexual relations, and a bisexual woman to concentrate on heterosexual relationships, simply on a cost-benefit basis.

All in all, a complex web of factors influences how worthwhile it is for a particular person to seek out sexual relationships. These factors include strength of sex drive, cost of time, availability of partners, attractiveness of self and of partners, risk of pregnancy, costs or benefits of pregnancy, risk of disease, costs of disease, effect of relationship on reputation, and so on. Individuals may not consciously assess these costs and benefits—they do not take out a pocket calculator before deciding whether to head out for a singles bar on Friday night. Rather, they learn by a process of trial and error over a period of years and develop a sexual style matched to their perceived needs.

### Personality Differences Influence How Sexual Decisions Are Made

Dimensions of personality such as intelligence and impulsivity greatly affect how these cost-benefit assessments are made. An impulsive person, for example, is likely to assess costs and benefits over a short term. Such a person will be relatively uninfluenced by the long-term costs of sex, such as pregnancy or STDs. Cautious people, on the other hand, may be overinfluenced by long-term costs, thus unnecessarily denying themselves the rewards of sexual intimacy.

Companionate marriage had its origins in ancient Rome. This couple is portrayed in a wall painting from the city of Pompeii.



It is during the young adult dating years that sexual relationships are most likely to have significant negative consequences for society at large—especially unwanted pregnancy and STDs, including AIDS. In attempting to reduce these consequences, policy-makers would do best to take into account the web of causation that guides young people’s sexual behavior, rather than simply moralizing about it. For example, in order to prevent the spread of STDs, it is desirable to decrease the number of different sex partners Joe and Jane Median have. To achieve that end, however, it might be better to focus on strengthening and rewarding Joe and Jane’s nonmarital relationships, with the hope of increasing their duration, rather than declaring war on nonmarital relationships in general.

### ***The Institution of Marriage Is Evolving***

To understand the place of cohabitation and marriage in people’s lives today, it’s important to recall that the institution of marriage has changed greatly over the centuries. In ancient Greece, marriage was not companionate—a wife was not expected to be a social partner to her husband, but was chiefly there to have children (who were then looked after largely by slaves). **Companionate marriage** had its origins in Roman culture, and it got a boost from the banning of polygamy by the early Christian church. It did not reach its heyday, however, until the nineteenth and early twentieth centuries, when the improved education of women gave them increased intellectual parity with men, which therefore led to their being more desirable companions for men.

### **Companionate Marriage Makes the Availability of Divorce a Necessity**

The institution of companionate marriage contains the seeds of its own demise. First, companionate marriage demands intimacy and affection, yet not all couples are capable of sustaining these feelings over a lifetime, so companionate marriage demands the availability of at-will divorce. Indeed, the divorce rate has skyrocketed since Victorian times (see below). Yet the availability of divorce makes marriage a less serious commitment in the first place. Essentially, it converts marriage from a *status* to a *contractual relationship* (Posner, 1992). A sign of the increasingly contractual status of marriage is the appearance of custom-designed legal agreements. These include **prenuptial agreements**, which are used primarily to specify the distribution of wealth in the eventuality of divorce, **postnuptial agreements**, which are similar agreements made after marriage, and **covenant marriages** (see Chapter 9).

Second, a companionate marriage implies some kind of equivalence between husband and wife. Indeed, past generations would be amazed at the similarity of the roles of men and women in present-day marriages—especially in terms of the distribution of bread-winning, household, and decision-making responsibilities. That’s not to say that women earn as much as men (they don’t), or that men do their fair share of housework (they don’t), but the fact that these activities are shared at all is a major break from the past.

This increasing equivalence has been brought about not only by the education of women and their entry into the labor market, but also by the precipitous decline in the number of children produced by women during marriage. If we visit the home of Joe and Jane Median—who have married each other since we last met them—we will find that *they do not have a single child in their home with them*. In other words, the number of married-couple households with no children under 18 is greater than the number of such households with one or more children, so the median number of children living in a household is zero (U.S. Census Bureau, 2001). This lack or small number of children minimizes the biologically distinct roles of men and women. Yet the more equivalent the roles of men and women in marriage become, the more dispensable husband and wife are to each other. So couples stay together only as long as they agree to, and the externally structured institution of marriage becomes less relevant.

Yet a third reason for the decline in marriage as a formal structure is the end of the distinction between “legitimacy” and “illegitimacy”—that is, between children born to

married and to unmarried mothers. Illegitimate children used to be seriously disadvantaged in life, but that is no longer the case, and this fact has removed another rationale for legally structured marriage because it makes marriage and cohabitation more equivalent. One in three U.S. babies is now born to an unmarried mother (Centers for Disease Control, 2001b).

### Marriage May Soon Become a Minority Status

So is marriage on the way out? That depends on how you look at the numbers. If you consider an imaginary cohort of American men and women who pass their entire lives in a particular year—say, 2000—you will find that the great majority of them (over 90 percent) will marry at least once. This finding suggests that marriage is still an attractive institution to most people. However, this model disregards the length of time for which people are married, and this time is shrinking (see below). In addition, it predicts the future only if one assumes that the younger generation will mimic the behavior of their elders, which is unlikely.

The percentage of men and women over 15 who are never-married, separated, or divorced at any given time is steadily rising, and the percentage who are currently married is steadily falling. Currently, about 52 percent of all women over 15 are married. If current trends continue, unmarried women will outnumber married women by about 2010 or soon thereafter. So Jane Median will not only have no children living in her household, she won't even be *married* when we come knocking on her door. (Bear in mind that we are talking about a woman's likely status at a given moment in time—Jane will still be married for *some* part of her life.)

That marriage will become a less significant part of people's lives is also suggested by trends in Europe, which seems to be ahead of the United States in this regard. In Britain, for example, the average age at first marriage has risen to 29.6 years for men and 26.4 years for women (Office for National Statistics, 1999). In Denmark, already by 1993, the average age at first marriage for women was 28, and 46 percent of Danish babies were born to unmarried mothers (European Council, 1994).

### Cohabitation May Carry Rights and Obligations

For people who want the intimacy of a live-in relationship, long-term cohabitation is an alternative to marriage (and the only option for same-sex couples). Many people like the informality of cohabitation. On the other hand, cohabitation is not completely lacking in formal structure. Cohabiting couples may enter into a legal contract comparable to a prenuptial agreement. Even if they do not, there may be an implied contract, which if breached can form the basis of a **palimony suit** (Box 12.5). (Palimony law varies from state to state.) Also, some states have domestic partnership laws that confer certain rights and obligations on cohabiting partners, and the state of Vermont allows same-sex couples to enter into a civil union that confers a variety of marriage-like rights and obligations, including inheritance rights.

What we are seeing, in effect, is a gradual diversification of live-in relationships from the original two options—permanent legal marriage versus unstructured cohabitation—to a cafeteria-style system in which couples can define the kind of relationship they want. Although disturbing to moral conservatives in the United States, such arrangements are seen even in some conservative cultures around the world. The Shi'ite branch of Islam, for example, has a temporary marriage called **mut'a** (**siqeh** in Iran). The terms of this marriage are specified by the partners in advance. Mut'a may last for as little as 30 minutes if the man and woman just want to have a one-time sexual encounter, or it might last for a year if a man is living away from home for that period of time and wants a temporary wife for the duration. It is a real marriage in the sense that any offspring of the relationship are legitimate. It is open to unmarried women and to married or unmarried men. In some parts of the Islamic world, however, *mut'a* has become a legal cover for prostitution.

In spite of the social changes just described, most Americans still want to be in long-term, two-person, live-in sexual relationships. By the age of 27, according to the NHLS, more than 70 percent of American men and more than 85 percent of American women have entered such relationships.

## Box 12.5 Society, Values, and the Law

### Cohabitation and Palimony

Two celebrity cases awakened Americans to the notion that sexual relationships between unmarried couples could entail legal obligations. In the mid-1970s, Hollywood actor Lee Marvin (*The Big Heat*, *The Wild One*) broke up with his longtime girlfriend Michelle Triola. Triola sued and demanded a large portion of Marvin's assets. Although the 1979 judgment denied Triola her main financial objectives, it did recognize the possible contractual nature of the relationship between unmarried couples. The term "palimony" was coined by analogy with

*alimony*—legally regulated payments by one divorcing spouse to the other. In fact, however, "Marvin actions" are not closely analogous to divorce suits.

In the same year as the Marvin decision, tennis great Billie Jean King broke up with her "secretary" and live-in lover Marilyn Barnett. After two failed suicide attempts, Barnett threatened to publish love letters from King. King paid Barnett \$25,000 to suppress the letters, but Barnett didn't consider that enough and brought a palimony suit, in which she claimed that King had

promised to support her for life. The suit forced King to reveal her bisexuality publicly—an admission that cost her millions of dollars in lost commercial endorsements. Barnett's case was thrown out, but mainly because it smacked of extortion rather than because of any legal weakness in the concept of same-sex palimony. The case helped make the public aware that same-sex live-in relationships could generate financial obligations and thus give rise to suits for palimony—or "galimony" as the newspapers called it in the King case.

### Many African-American Families Are Headed by a Single Woman

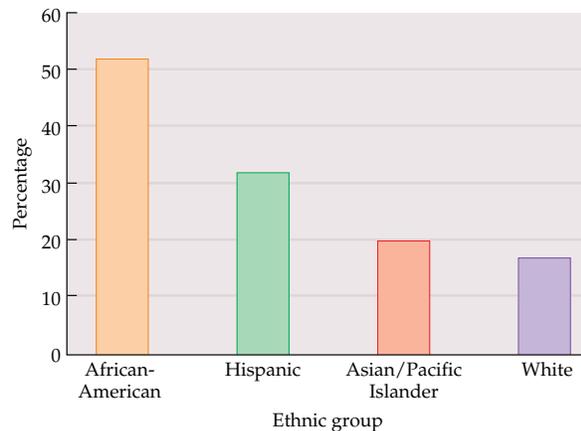
There is an exception to this tendency in the case of African-American women, who are far less likely to enter live-in relationships, including marriage, than other groups. Even when they have children, they are more likely to be unpartnered than are women in other groups (U.S. Census Bureau, 2001) (Figure 12.9). Role modeling may play a role here—that is, if young black women have mothers who are single parents, they may follow the same path. A more important factor, however, is the shortage of young black men (Tucker & Mitchell-Kernan, 1995). Because black men have a much higher death rate than black women, and are much more likely than black women to be incarcerated or partnered with non-blacks, the effective sex ratio in the black community is skewed strongly toward women. This imbalance is worsened by the relatively high unemployment rate among young black men, which makes them less desirable as live-in partners. Thus black women are often single, even though they generally prefer to be partnered (Oropesa & Gorman,

**Figure 12.9 Single parenthood.** (A) African-American women are much more likely to be single mothers than are women of other groups. (B) The graph shows the percentage of family households that are not headed by a married couple; the great majority of these are single-mother families. (Data from the U.S. Census Bureau, 2001.)

(A)



(B)



2000). All of these statistics apply largely to African-Americans living in the inner city, however; among those who live in the suburbs, living arrangements are much more like those of other middle-class Americans.

### Most Married Couples Are Satisfied with Their Sex Lives

Marriage has many functions, but this book is about sexuality, so our main concern is with marital sex. Here the picture is somewhat paradoxical: married (and cohabiting) couples generally seem happier with their sex lives than they should be, based on the raw statistics on their sexual activities.

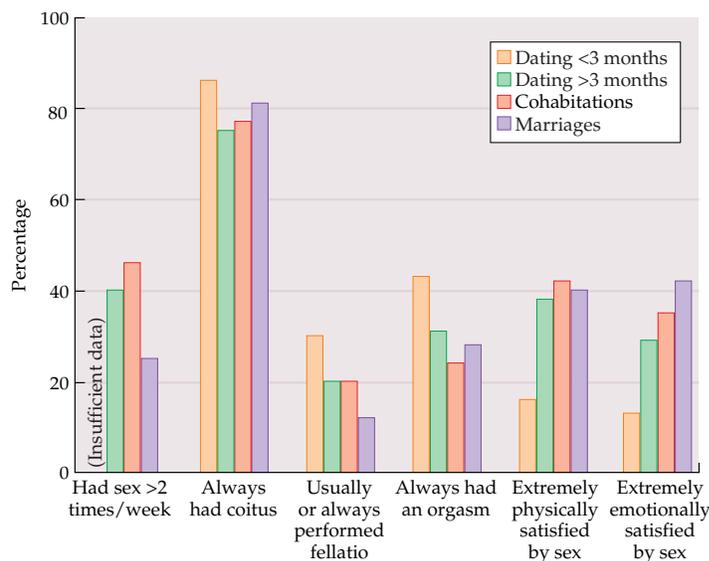
NHSLs data illustrating this point are shown in Figure 12.10. The figures show that married women, as a group, are less likely than dating women to have sex more than twice a week. They are also less adventurous sexually, at least in terms of a lesser likelihood of engaging in oral sex (either fellatio or cunnilingus). In addition, women in any long-term relationship, including marriage, are less likely to experience orgasm reliably than are women in short-term dating relationships. Paradoxically, women's physical satisfaction with sex is much greater in long-term relationships than in short-term relationships, and their emotional satisfaction is higher in marriage than in any other class of relationship. Data for men (not shown) are roughly comparable, except that men have a high likelihood of experiencing orgasm regardless of the kind of relationship they are in.



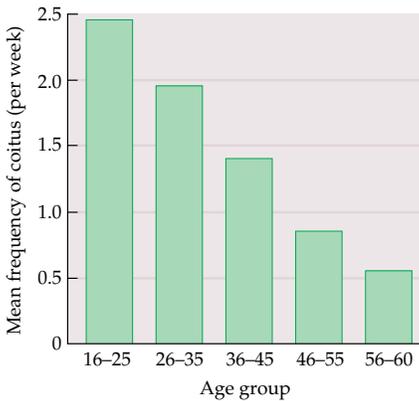
### Marriage Makes Sex More Satisfying for Women

What is the cause of this paradox? There could be two kinds of reasons. These results could be an artifact reflecting different demographic characteristics among the various groups studied. Alternatively, it could be that marriage somehow confers satisfaction—especially emotional satisfaction—on the sexual aspects of relationships. The NHSLs researchers carried out a statistical analysis to resolve this question (Waite & Joyner, 2001), and came up with the following answer. For men, the paradox is indeed a demographic artifact—when men are matched for other characteristics, they are about equally likely to be satisfied by sex within marital and nonmarital relationships. For women, on the other hand, the finding is *not* an artifact. In other words, women derive extra emotional satisfaction from sex within a married relationship simply by virtue of that rela-

Statistically, marital sex doesn't appear to be all that hot, but married people are generally satisfied with it.



**Figure 12.10 The paradox of marital sex.** Married women have sex less frequently, engage in less oral sex, and are less likely to experience orgasm, but are more likely to derive physical and emotional satisfaction from sex, than are women in dating relationships. (Data from NHSLs.)



**Figure 12.11 Marital sex becomes less frequent with increasing age.** The data in this graph are from the Kinsey studies, so they may not be accurate today, but the trend is probably similar.

tionship being a marriage. We may speculate that the reason for the extra satisfaction is the high level of commitment and exclusivity represented by the institution of marriage—traits that are more important to women than to men (see Chapter 6).

### The Frequency of Sex Declines during Marriage

Sexual interactions between married partners tend to fall off over time. Several factors are at work here. First, there is a loss of sexual interest associated with increasing familiarity between the partners (**habituation**) and the dimming of passionate love. This factor seems to be responsible for a decline in the frequency of coitus over the first year or two of marriage (Call et al., 1995). There is also a long-lasting decline in sexual interest and frequency of coitus following the birth of children (Fischman et al., 1986). Finally, there is a decline in sexual behavior associated with the process of aging itself. This age-related decline may have a number of components, including a lessening of the physiological processes associated with arousal, a decreasing sex drive due to falling blood levels of gonadal steroids, a general decrease in health and fitness, including an increased likelihood of obesity, and external factors such as the decreasing physical attractiveness of aging partners. Whatever the causes, the frequency of marital coitus declines steadily as the years go by (Figure 12.11).

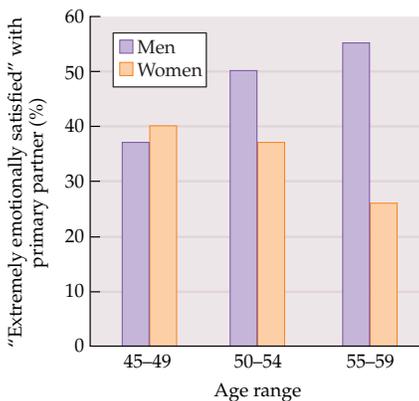
### Women’s Marital Satisfaction Declines during Middle Age

Marital satisfaction also falls off over time, although to a highly variable degree; some couples remain highly satisfied with their marriages over a long lifetime. The birth of the first child is associated with a significant drop in marital satisfaction (Tomlinson, 1987), apparently because both husbands and wives tend to see themselves as having to shoulder an unfair share of family responsibilities. Other landmarks, such as the entry of the oldest child into adolescence (Gottman & Levenson, 2000) and retirement (Lee & Shehan, 1989), may also be associated with decreased marital satisfaction.

On the whole, wives are less satisfied with their marriages than are husbands (Schumm et al., 1998). A particularly striking change happens between the ages of 45 and 59. At the commencement of this period, men’s and women’s emotional satisfaction with their primary sex partners (usually their spouses) is about the same, but during the period men’s satisfaction increases substantially, while women’s satisfaction falls (Figure 12.12). Thus, by the late fifties, men are more than twice as likely as women to describe themselves as “extremely emotionally satisfied” with their partners. Physical satisfaction follows a very similar trend.

This sex difference in marital satisfaction probably results ultimately from the greater power and income of men. Not uncommonly, men in their late forties and fifties divorce and remarry younger partners. Women are generally less able to do so, both because of their relatively limited resources and because men value youth in their partners more than women do. Thus, if women are still married, it is more likely to be to husbands whom they have had for many years.

In general, people’s satisfaction with their marriages or other relationships depends on whether they think they have a “good deal”—that is, whether they think the relationship is beneficial to themselves, or at least equitably balanced (Walster et al., 1978). Thus, if a person comes to view their partner as less attractive, that will increase their sense of being in an inequitable relationship and make them more desirous of breaking up. Unfortunately, the perception of decreased attractiveness can result not from any actual change in the partner, but from a change in the viewer; specifically, from exposure to other, highly attractive people who make the partner seem unattractive by a **contrast effect** (Box 12.6).



**Figure 12.12 Emotional satisfaction changes with age.** Between the ages of 45 and 59, men become more emotionally satisfied with their partners (usually their spouses), but women become less satisfied. (Data from NHLSL.)

### Many Factors Bring Relationships to an End

A large fraction of all marriages end in separation or divorce. (We’ll refer to these events as “breakups” or “marital disruption.”) In the preceding section, and in Chapter 9, we discussed some of the family circumstances and psychological factors that seem to pro-

## Box 12.6

## Research Highlights

## Contrast Effects and Marital Woes: The Farrah Factor

Thanks to the media, we are now being bombarded with nonstop images of extremely attractive people—something that our great-grandparents were rarely exposed to. Is this why we don't stay married as long as our great-grandparents did? Some researchers think so, and have come up with evidence to back up their belief.

In a 1980 study, psychologists Douglas Kenrick and Sara Gutierrez of Arizona State University set a bunch of male college students a fairly untaxing task: they had to watch *Charlie's Angels*—a TV show that featured Farrah Fawcett and other beauties. Another bunch of “control” students didn't watch the show. Then all the students were asked to judge the suitability of an average-looking woman as a blind date. The men who had seen *Charlie's Angels* rated the woman significantly less attractive than did the controls. Evidently, seeing extremely beautiful women had made the average-looking woman less attractive by a contrast effect, just as a gray object looks darker after one has been looking at a white object (Kenrick & Gutierrez, 1980).

Can such a contrast effect influence the attractiveness of one's own partner? Apparently so. In 1989, Kenrick's group published a study in which they showed men nude magazine centerfolds. After seeing the pictures, the men rated their own partners less attractive than did men who had seen nonattractive images, and they even



rated their love for their partners as less intense (Kenrick et al., 1989).

The researchers did an equivalent study on women. Women's ratings of the attractiveness of their partners were unaffected by viewing photos of naked men. When women viewed photos of men that were accompanied by descriptions of the men's leadership qualities and achievements, however, there was an effect: they rated their

satisfaction with their current partners lower than did women who viewed pictures of men described as unambitious or ineffectual. Of course, this finding fits with other evidence that women's judgments of attractiveness are strongly influenced by nonphysical attributes, such as social position.

Do these contrast effects actually influence the durability of marriages? To find out, sociologists Satoshi Kanazawa (of Indiana University of Pennsylvania) and Mary Still (of Cornell University) tried to think of a profession that involved frequent contact with attractive young people. They chose teaching. They identified 646 male and female teachers (junior high, high school, and college) from data in the General Social Survey and compared them with non-teachers matched for a variety of demographic factors that are known to influence divorce rates. The male teachers—but not the female teachers—were significantly more likely to be divorced or never married than the non-teacher controls. That, Kanazawa and Still surmise, is because male teachers are constantly seeing attractive young women—and the contrast effect makes their own wives seem unattractive (Kanazawa & Still, 2000).

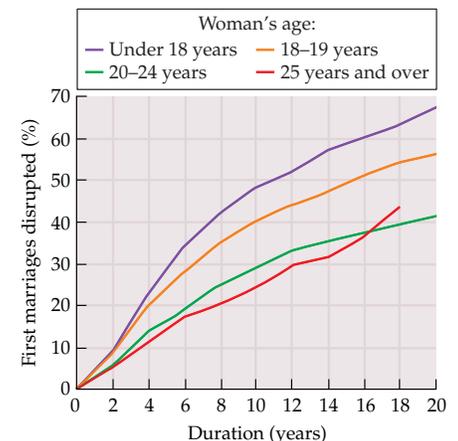
You may well be able to think of alternative explanations for Kanazawa and Still's finding. But just to be safe, you might want to dump that teacher boyfriend before he dumps you.

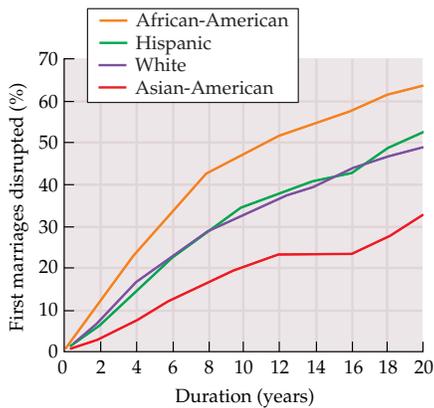
mote or prevent the breakup of marriages. In a broader, demographic sense, the likelihood of marital disruption is linked to three major factors: the passage of time, age at marriage, and ethnicity (Centers for Disease Control, 2001e).

The likelihood of marital disruption is highest during the first few years of marriage, but breakups continue at significant rates thereafter. One in five of all first marriages ends within 5 years, one in three ends within 10 years, and one in two ends within 20 years. Statistically, marriages are not safe from disruption until one of the partners dies.

Marriage during the teen years increases the risk of disruption (Figure 12.13). If the woman is under 18 at marriage, the chances of breakup within 10 years are double what they are for the marriages of women who are over 25 (one in two versus one in four). The reasons for the vulnerability of teen marriages probably include the immaturity of the partners, the economic stresses of early marriage, and the fact that some teen marriages are “shotgun” (forced by pregnancy).

**Figure 12.13 Teen marriages are less durable.** The percentage of first marriages that have broken up rises faster over time for marriages in which the woman is younger than 18 or aged 18–19 than for marriages at older ages. (Data from Centers for Disease Control, 2001e.)





**Figure 12.14 Ethnicity influences the durability of marriage.** The percentage of first marriages that have broken up rises fastest for marriages in which the wife is African-American and slowest for marriages in which the wife is Asian-American. (Data from Centers for Disease Control, 2001e.)

African-American couples are more likely to break up than whites or Hispanics, and Asian-Americans are less likely to break up (Figure 12.14). This ethnic effect is quite strong: by 10 years after marriage, about one in two black couples, one in three white and Hispanic couples, and only one in five Asian-American couples have broken up.

### Dissimilarity Between Husbands and Wives Shortens Marriages

There are other factors associated with a raised likelihood of marital disruption. In Chapter 9 we mentioned the concept of homophily—the idea that people are attracted to others who resemble themselves. Homophily seems to influence marital stability,

according to NHLS data. Thus, married couples that have different religions are more than twice as likely to break up as couples that share the same religion. Couples that differ in ethnicity are 69 percent more likely to break up than couples that do not. Large age differences also increase the chances of a breakup. The reason for these trends is not entirely clear. Besides possible direct effects, such as marital tensions arising from the partners' differences, there are likely to be indirect effects: couples who differ in religion or ethnicity may be more isolated from their extended families than couples who share the same religion or ethnicity, and may be exposed to social prejudice. Thus their marriages may receive less external support.

### Virgins Have Longer Marriages

Premarital sexual relationships also have an effect on the length of marriages. As mentioned in Chapter 9, couples who cohabit before marriage are more likely to break up. Furthermore, *any* experience of coitus before marriage (on the part of either partner) is associated

with a significantly increased likelihood of marital disruption, even after controlling for other demographic variables (NHLS data; Kahn & Udry, 1991).

Why does virginity at marriage have this apparent protective effect? One possibility is that men and women who are virgins at marriage have religious or moral convictions that lead them both to value virginity and to avoid marital breakup. Indeed, many studies have shown that religiously observant people have longer-lasting marriages than do nonobservant people (Koenig et al., 2001; Mahoney et al., 2001).

Of course, when individual divorced people are asked about why their marriages ended, they do not refer to demographic variables, but rather to specific problems in their own marriages. These problems include extramarital relationships (see Chapter 9), sexual or psychological incompatibility, money problems, drinking and drug use, and so on (White, 1991). In non-Western societies, infertility is also a major reason for divorce (Betzig, 1989; Inhorn, 1996).

### Marital Disruption Can Have Negative and Positive Consequences

In the immediate aftermath of a divorce, negative emotions such as anger, guilt, sadness, or fear for the future often predominate. Yet divorce is a mixed bag in terms of its effects on the man and woman and on any children they may have.



Statistically, this interracial couple stands a much higher chance of breaking up than do couples of the same ethnicity. Interracial couples may lack the social supports that help sustain marriage.

## Divorced Men and Women Suffer Physical, Psychological, and Economic Damage

When marriages end, there are all kinds of negative consequences that go far beyond the bitter feelings of the breakup itself (Amato, 2000; Smock, 1993). Divorced people suffer higher rates of psychological and physical ill health (including mortality) than do married people. They are less happy, less sexually active (Stack & Gundlach, 1992), more socially isolated, and more prone to substance abuse. Divorced women—who usually retain custody of children—generally suffer a severe drop in per capita household income. (Divorced men, on the other hand, may see a rise in per capita household income.) The children of divorced parents experience a heightened risk of depression, behavior problems, low academic performance, substance abuse, criminality, and early sexual activity (Amato, 2000).

Of course, not all these consequences can be blamed on divorce per se. People who divorce are generally unhappy in their marriages, and if divorce were not possible, they might become even less happy, and might eventually suffer impairments to their mental and physical health at least as severe as those that affect divorced men and women. What is really desirable is to increase people's marital satisfaction so that they won't want to split up in the first place; we discussed some strategies to accomplish this in Chapter 9.

## Divorce May Be the Start of a New Life

Marital disruption can also have positive consequences (Hetherington & Kelly, 2002). In fact, if it didn't, it would be hard to explain why divorce is so popular—there are about 1.2 million divorces in the United States annually, compared with about 2.4 million marriages. The benefits of divorce include escape from an unhappy, possibly abusive relationship and the potential for forming a better one. Divorce is always a challenge, but for some people, women especially, it can be the key that reveals previously untapped sources of talent, energy, and resolve. For married men and women who are homosexual or bisexual—and their numbers are significant—divorce may be an opportunity to “come out of the closet” and develop same-sex relationships.

## Most Divorced People Remarry

Most divorced men and women marry again. Men remarry more quickly than women, but even among women, 75 percent remarry within 10 years (Centers for Disease Control, 2001e). The chances of remarrying are influenced by age at divorce (younger women are more likely to remarry) and ethnicity (black women are less likely to remarry). Remarriage brings economic and other benefits, especially to women. It is also associated, not surprisingly, with an increase in sexual activity—clear evidence that the general decline in sexual behavior during marriage is not solely a biological effect of aging.

## Stepchildren May Be Disadvantaged

Unfortunately, children of divorce tend to remain disadvantaged when their mothers remarry: the adverse effects that strike children of divorced parents (see above) also strike stepchildren at about the same frequency (Coleman et al., 2000). Stepchildren tend to suffer from low self-esteem (Martin et al., 1999), and they are twice as likely to suffer from behavioral problems as children who live with their biological parents (Bray, 1999).

The problems of stepchildren may be due in part to the long-lasting negative effects of the original divorce. In addition, however, the average stepparents simply don't seem to care for their stepchildren as well as they do for their biological children. Only a minority of stepparents say that they “love” their stepchildren (Duberman, 1975), and stepchildren suffer a disproportionate share of virtually every form of child abuse, ranging from simple neglect all the way to sexual assault or murder by their stepparents (Daly and Wilson, 1998; Emmert and Kohler, 1998). Furthermore, the disproportionate abuse suffered by stepchildren can't be explained by the general economic or social circumstances in which stepfamilies live; rather, it appears to be a direct consequence of the stepparent/stepchild relationship.

This difference between the treatment of stepchildren and biological children can probably be traced to an evolutionary reality: as discussed in Chapter 2, evolution has favored the development of altruistic behavior toward biological kin more than toward biologically unrelated individuals (Wilson & Daly, 1997). Nevertheless, stepfamilies *can* flourish, and strategies exist for avoiding or overcoming problems in the stepparent-stepchild relationship (Bray & Kelly, 1998).

### Later Marriages Are Less Durable

Another downside of remarriage is that later marriages are somewhat less durable than first marriages. For example, a woman 25 years old or older who marries for the first time has a one in four chance of breaking up within 10 years, but if she has been married previously, she has a one in three chance of breaking up within the same period. In other words, experience gained from the first marriage doesn't seem to stabilize later marriages. Bear in mind, though, that it's a special subset of people who remarry; namely, those who have already divorced at least once. These people may see less moral or practical value in lasting marriages, or they may have personality traits or economic circumstances that undermine marital stability.

Menopause is an aspect of aging, but it comes at what we now consider midlife.



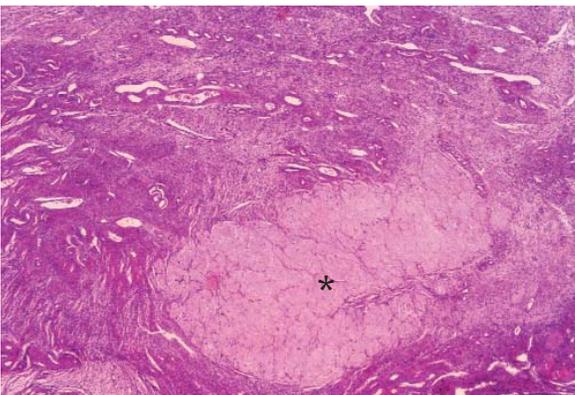
### Menopause Marks Women's Transition to Infertility

Starting in their early or mid-forties, women may find that their menstrual periods become less regular than they have been. This change marks the onset of a gradual transition to infertility—a period called the **climacteric**. The final cessation of menstrual cycles—the **menopause** or “**change of life**”—occurs at an average age of 51 or 52 in U.S. women. There is considerable variation in the age at menopause, however: a few women are still menstruating and capable of becoming pregnant in their late fifties, while some reach menopause in their early forties.

### Menopause May Be Caused by Depletion of Oocytes

It's not known exactly what triggers menopause or why women reach menopause at such variable ages. However, women who start menstruating early, who have fewer pregnancies, who have short cycle lengths, who have had one ovary removed, or who don't use oral contraceptives are all likely to experience earlier menopause than other women (Cramer & Xu, 1996). In women who smoke, these effects are accentuated. Heredity also influences the timing of menopause (Cramer et al., 1995).

These findings suggest that women are born with the capacity for a certain number of ovarian cycles, and that the main reason for the transition to infertility may be the depletion of oocytes and the diminishing ability of any remaining oocytes to respond to pituitary hormones. By the time of menopause, the ovaries contain very few follicles (Figure 12.15). Consistent with this view, the secretion of pituitary gonadotropins does not decrease at menopause, but rather *increases*—in response to the decline in blood levels of ovarian steroids (Johnson & Everitt, 2000). Thus, although the brain tells the ovaries when to *start* cycling (at menarche), it apparently doesn't tell them when to *stop* cycling.



**Figure 12.15 Depletion of oocytes** is the factor most likely responsible for the onset of menopause. This micrograph shows ovarian tissue at the time of menopause. The field shows connective tissue and a corpus albicans—the degenerated remains of a corpus luteum (asterisk)—but no follicles at any stage of development.

## Decreased Hormone Levels Affect Women's Sexual Responses

Menopause influences women's sexuality in a number of ways. First, the reduction in circulating ovarian hormones, especially estrogens, has direct effects on the body. These effects include a reduction in vaginal lubrication in response to sexual arousal and a rise in the pH (decrease in acidity) of vaginal fluids. These changes may lead to painful coitus (**dyspareunia**) and vaginal inflammation (**vaginitis**). There is also likely to be a reduction in the size of the breasts and the uterus.

Menopause may be accompanied by a variety of other symptoms that can influence sexual expression indirectly. The reduction in estrogen levels often leads to instability in the control of blood vessels (**vasomotor control**), so that many menopausal women experience **hot flashes or hot flushes** (dilation of blood vessels in the skin, causing reddening and a sensation of warmth), night sweats, headaches, tiredness, and heart palpitations (bouts of accelerated or irregular heartbeats). The extent to which these menopausal symptoms occur, and how bothersome women find them, is highly variable, and there are differences among ethnic groups; for example, African-American women seem to have worse vasomotor symptoms than other groups (Avis et al., 2001).

Lowered estrogen levels may also have long-term health effects. The most significant of these are a loss of bone density (**osteoporosis**), which carries a risk of fractures and vertebral compression (Figure 12.16), and changes in blood lipid chemistry, which increase the risk of atherosclerosis and heart attacks. In addition, there are noticeable effects on the skin (loss of thickness, elasticity, hydration, and lipid content).

## Women Typically Experience Some Decline in Sexual Desire at Menopause

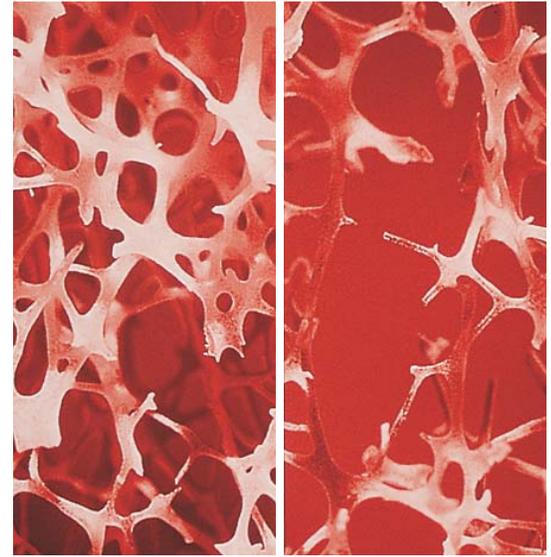
Menopausal women experience a decrease in sexual desire and sexual arousal. This decline probably results mainly from the combined effects of menopause we have just listed. Other factors, such as direct effects of declining gonadal steroid levels on the brain systems that mediate sexual arousal, could also play a role.

Still, the decline in sexual desire associated with menopause is fairly modest in degree. Other factors, such as general health, marital status, and smoking, have larger effects on sexual desire than does menopausal status (Avis et al., 2000). Bear in mind that androgens play a significant role in female sexual desire (see Chapter 4), and although some androgens come from the ovaries, they are also secreted by the adrenal glands. This latter supply continues after menopause and is often sufficient to maintain a high level of sexual interest.

The psychological effects of menopause on sexuality are quite diverse. For women who believe that the main or only purpose of sex is reproduction, the loss of fertility at menopause may lead to a loss of interest in sex. For the larger number of women who see a recreational or emotional significance in sex, on the other hand, menopause may actually be welcome because it removes the fear of unwanted pregnancy. Such women may get increased pleasure from sex for that reason.

## Hormone Replacement Therapy Can Reduce Menopausal Symptoms

Menopausal and postmenopausal women have the option of taking gonadal steroids or other drugs to compensate for the loss of their own ovarian hormones. This practice is called **hormone replacement therapy** or **HRT**. The most common HRT regimen is a combination of estrogens and progestins. It is the estrogens that alleviate menopausal symptoms. Progestins are added to protect the woman from one unfortunate side effect of the estrogen treatment, which is an increased risk of endometrial cancer. For a woman whose uterus has been surgically removed, progestins have little benefit, and the therapy may



**Figure 12.16 Osteoporosis.** Low estrogen levels after menopause can lead to thinning of the mineral structure of bone. These are scanning electron micrographs of normal bone (left) and osteoporotic bone (right).

consist of estrogens alone. This regimen is sometimes called **estrogen replacement therapy** or **ERT**. Androgens are sometimes added, primarily for their effect on the sex drive.

Like hormone-based contraceptives, HRT can be administered by a variety of routes, including pills, patches, gels, and injections. The drugs can be administered cyclically; this often causes regular monthly bleeding similar to the withdrawal bleeding seen with oral contraceptives. Alternatively, the drugs can be administered continuously, in which case there may be irregular “spotting.” Side effects such as breast tenderness, bloating, and vaginal bleeding are fairly common and cause some women to discontinue treatment, but others appreciate the reduction of menopausal symptoms and the prospects for long-term health benefits.

About one in four postmenopausal women in the 50–55 age bracket uses HRT, but HRT use is much reduced among older postmenopausal women: less than 5 percent of women over 75 use it (Connelly et al., 2000). Lower-income women are also much less likely to use HRT than middle- or upper-income women (Finley et al., 2001).

HRT is somewhat controversial on two levels, philosophical and medical. At the philosophical level, some people argue that the postmenopausal state is natural, not a medical condition in need of treatment. They suggest that the effort to “pathologize” menopause is antifeminist or is being led by drug companies with the purpose of increasing profits (Leysen, 1996; Love & Lindsey, 1998). On the other hand, one can point out that a woman of 52 (the average age at menopause) can now expect to live another 33 years, something that is itself unnatural in terms of human evolution. It may take unnatural measures to ensure a woman’s well-being over this period.

The medical controversy has to do with the fact that HRT has both benefits and risks over the long term (Burkman et al., 2001; Seibert, 2000). HRT decreases the risk of osteoporosis, colorectal cancer, and possibly Alzheimer’s disease. On the other hand, HRT *increases* the risk of blood clots, just as combination oral contraceptives do (see Chapter 11), and it may increase the risk of heart disease, too. Estrogen-only replacement therapy increases the risk of endometrial cancer, as mentioned above.

There has been a long-running debate about whether HRT increases the risk of breast cancer. Over 50 epidemiological studies have looked at this issue. According to a recent analysis of these studies, estrogen-only replacement therapy does not do so, and the more common combined estrogen–progestin therapy probably does not do so either (Bush et al., 2001). One reputable study suggests that the combined therapy does increase breast cancer risk, but that the increased risk is confined largely to women who take the hormones for more than 5 years and who have a body mass index below 24.4 (Schairer et al., 2000). A recent large-scale study found an increased risk even during the first 5 years of HRT, however (Women’s Health Initiative, 2002).

How do the potential benefits and risks of HRT balance out? That is still a largely unanswered question, especially over the longer term. The Women’s Health Initiative study just mentioned, however, found that women who used one common estrogen/progestin HRT regimen (Wyeth’s Prempro) for 5 years were more likely to experience any of a number of harmful effects than were women who took a placebo. Thus, it appears that the global effect of this form of HRT may be harmful. Nevertheless, only small numbers of women suffered ill-effects and there was no significant difference in mortality between the two groups.

The development of a variety of new drugs, including the selective estrogen receptor modulators (see Chapter 4), may make it possible to provide the long-term beneficial effects of HRT without the harmful ones. Raloxifene, for example, has been approved by the FDA for the prevention of osteoporosis, and it may be less likely to cause endometrial cancer than estrogen alone. HRT is a rapidly evolving field of research, however; women considering it should get up-to-date medical advice tailored to their own circumstances so that they can make an informed decision.

For women who have menopausal symptoms but do not wish to embark on HRT, there may be some benefit to be derived from food supplements. There has been particular interest in **isoflavones**, which are plant-derived molecules with an estrogen-like structure (see Chapter 4). One double-blind study done in Brazil found that women who took 100 milligrams of soy isoflavones daily experienced significantly fewer hot flashes and other symptoms than women who took a placebo (Han et al., 2002). Unfortunately,

the researchers did not compare the isoflavone regime with standard HRT. The long-term consequences of isoflavone use are not known.

### **Men's Fertility Declines Gradually with Age**

Men do not experience a sudden or complete cessation of fertility comparable to menopause. Instead, they experience a gradual reduction in fertility and sexual function with aging, evidenced by declining sperm counts and ejaculate volume (see Chapter 10), an increased likelihood of erectile dysfunction (see Chapter 15), and decreased sexual desire and frequency of sex. More general changes associated with aging include loss of muscle bulk and bone density, changes in the skin and hair, and possible cognitive changes such as memory impairment. Some of these changes may be caused by a decline in blood levels of testosterone and other hormones (such as growth hormone) with aging, but there doesn't seem to be any good correlation between testosterone levels and sexual activity among normal older men, any more than there is among younger men (Sadovsky et al., 1993).

Some people refer to this collection of changes as the **male menopause** or **andropause** (Heaton & Morales, 2001), but these terms are misleading if they suggest that the changes are sudden or that there is a total cessation of reproductive function. Although sperm counts decline, some men have fathered children in their eighties.

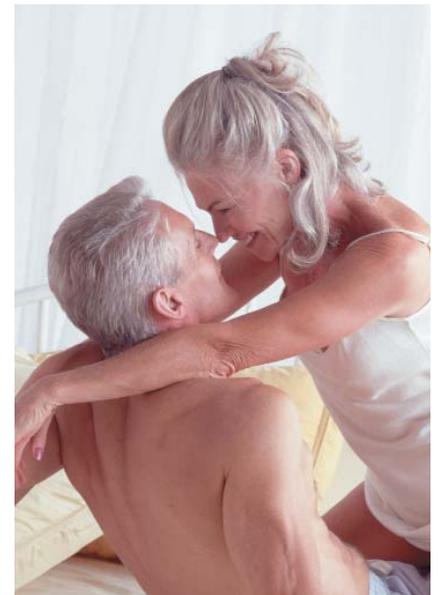
There has been considerable recent interest in the use of testosterone replacement therapy to treat aging men with low testosterone levels and sexual or other problems (Morley, 2000). At this point, there is little information about the long-term consequences of such treatment. One obvious concern is that it might increase the risk of developing prostate cancer or accelerate the growth of preexisting, undiagnosed cancers.

### **The Sex Lives of Old People Have Traditionally Been Ignored**

Our knowledge of sexuality in old age is fairly limited. There has been a traditional assumption that old people are asexual, and any indications to the contrary (such as sexual behaviors by the residents of nursing homes) have generally been viewed with embarrassment and disapproval. It didn't help that the two big national surveys we have referred to in this book, the American NHLS and the British NSSAL, restricted their samples to men and women under 60, as if the sex lives of older people were nonexistent or unimportant. Indeed, the very word "old" has been largely excluded from social discourse, and has been replaced by euphemistic terms such as "senior," "elderly," and the like.

We may speculate that younger people's discomfort with the notion of sexuality in old age originates in a failure of empathy. In other words, when faced with the fact that old people engage in sex, they imagine themselves having sex with an old person—that is to say, with someone they might well find sexually unattractive, so they are repelled. What they *fail* to imagine is being *in the mind* of an old person, whose ideas of attractiveness may be quite different from their own. In particular, judgments of attractiveness are influenced by familiarity and intimacy, so an old person may find their spouse of many years sexually attractive even though few younger people would concur. In a survey commissioned by the American Association of Retired Persons, 53 percent of women over 75, and 63 percent of men over 75, reported strong physical attraction to their partners. These percentages were actually *higher* than for women and men in younger age brackets (American Association of Retired Persons, 1999).

The fact is that nearly everyone continues to have sexual feelings into old age, and many people express these feelings behaviorally in one way or another. In considering sexual expression in old age, it's important not to fall into either of two traps (Meston, 1997). On the one hand, there is the danger of subscribing to folklore about the inevitable decline of sexual intimacy with aging. On the other, there is the temptation to expect or demand patterns of sexual expression similar to those of younger people. Certainly, old



The sexuality of this older couple is important to the well-being of their relationship.

age brings physical changes and illnesses that may affect sexual expression. These problems may necessitate some changes in sexual behavior, but they rarely make sexual behavior impossible or unrewarding to the old person or their partner.

### **Aging Is Accompanied by Physiological Changes in the Sexual Response**

Let's look first at some of the physical changes associated with aging (Gelfand, 2000; Thienhaus, 1988). Old people—and we are being deliberately vague about precise ages, because these changes occur slowly and vary from one person to the next—experience changes in the physiological processes of sexuality. For men, these changes include the following:

- The penis becomes erect more slowly in response to either tactile or mental stimulation. The erect penis is less hard. Some degree of erectile dysfunction is reported by two-thirds of normal older men (Litwin, 1999).
- Ejaculatory volume is smaller, and the ejaculate is discharged less forcefully. (It may flow out slowly or even be discharged retrogradely into the bladder.)
- The erection is lost more rapidly.
- The refractory period (time before another erection and ejaculation are possible) is longer.

Women may experience the following changes:

- There are atrophic changes in the vagina, vulva, and urethra. The walls of the vagina become thinner, and the entire vagina may become shorter and narrower.
- There is decreased vaginal lubrication.
- There are fewer contractions during orgasm.
- There is a more rapid decrease in arousal after orgasm.

### **Medical Conditions, Drugs, and Social Factors Can Impair the Sexuality of Old People**

Sexual performance can also be impaired by medical conditions that become commoner with advancing age. These conditions include arthritis, heart disease, osteoporosis, incontinence, diabetes, emphysema, and obesity. Surgeries such as prostatectomy, colostomy, mastectomy, hysterectomy (removal of the uterus), or heart surgery can affect sexual performance, either directly, or indirectly by causing embarrassment or poor self-image. (A properly performed hysterectomy should not directly interfere with coitus.)

Old people take more prescription drugs than younger people, and many of these drugs can interfere with sexual performance (Mooradian, 1991). Examples include anti-hypertension drugs, diuretics, tranquilizers and antidepressants, cancer chemotherapy, ulcer medicines, and anticoagulants. (Individual drugs vary, as do patients' responses to them; alternative drugs can often be prescribed that do not impair sexual desire or performance.) Excessive alcohol use impairs sexual performance in old people, just as it does in younger people.

Psychological and social factors that can impair sexual expression in old people include depression, poor self-image, performance anxiety, bereavement, lack of an available partner, and the internalization of the negative expectations of others, especially the old person's children and medical professionals.

When old people are asked to express their current concerns about sexual matters, gender differences emerge that are quite in line with what we have learned about younger people. In particular, men mention problems of performance, especially erectile dysfunction, whereas women mention relationship problems, including the lack of a partner (Avis, 2000; Wiley & Bortz, 1996). Both sexes report that their level of sexual activi-

ty has declined in the past 10 years, and say that they wish they were more active. The two factors that seem to influence old people's sex lives the most are their health status and their sense of how sexually responsive their partners are (Bortz et al., 1999).

### Coping Strategies May Require Flexibility

Concerning the availability of a partner, recall that women not only live longer than men, but also tend to marry men who are older than themselves. This age difference may be even more marked in second or later marriages. The combination of these two factors makes for long widowhoods: a 50-year-old woman whose husband is 5 years older than herself can expect (on average) to become a widow at age 75 and to live for 10 years thereafter.

Single men aged 75 and over are in short supply. Two-thirds of men in that age bracket are married and living with their wives, whereas only 29 percent of women over 75 are married and living with their husbands (U.S. Census Bureau, 2001). Thus, the odds are stacked against a widowed woman in that age bracket being able to remarry.

Of course, there are other possibilities: some widowed or divorced old women form sexual relationships with younger or married men, or with other women. But such choices will strike many old women as inappropriate or immoral. People's attitudes tend to be conditioned by the environment in which they grew up, so today's old people—who came of age before the sexual revolution of the 1960s—are likely to be less open to unconventional sexual relationships. In the AARP survey mentioned above, two-thirds of women over 75 said that it was wrong to engage in sex with anyone but a spouse—a far higher percentage than for women in younger age brackets (American Association of Retired Persons, 1999).

The same attitudes apply to actual sexual behaviors. For old couples who have difficulty with coitus (because of physiological changes in one or both partners), it might make good sense to practice oral sex instead. However, people born before about 1942 came of age at a time when oral sex was relatively uncommon and was practiced mainly by the better-educated levels of society. This age cohort did not necessarily join the rush to oral sex in the 1960s; in fact, nearly half of them have never had a single experience of fellatio or cunnilingus, according to NHLS data, and many of them probably consider these behaviors immoral. Obviously, it may be hard for such people to accept or enjoy oral sex now that they are in their retirement years, even if it is suggested to them by health care providers or others.

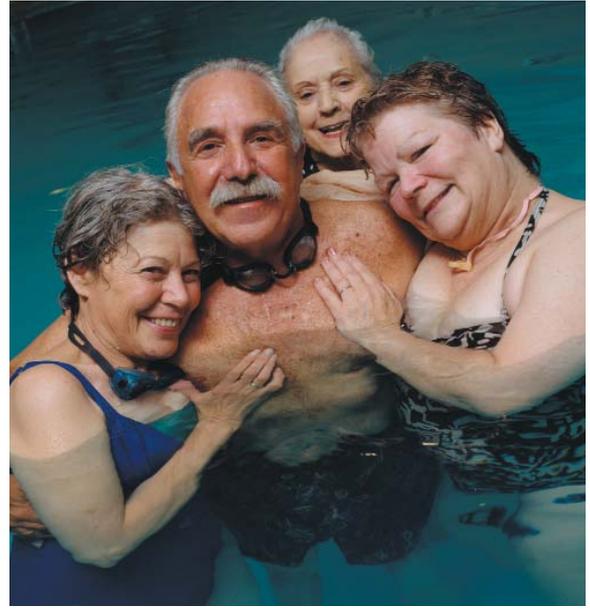
### Some Old People Remain Sexually Active

There are conflicting data about exactly how sexually active old people are. In one study (Brecher, 1984), the majority of married men and women in their sixties and seventies reported that they continued to engage in sexual intercourse, and many masturbated (Table 12.2). Because these data were based on responses to a magazine questionnaire, however, there is some question about their representativeness.

The AARP survey reported that, among women and men over 75 who have a sex partner, only about 25 percent engage in sexual intercourse once a week or more (American Association of Retired Persons, 1999). Among the women over 75, only 13 percent said that sexual activity was important to their quality of life.

According to data from the General Social Survey, which is based on a random sample of the U.S. population, 47 percent of over-60 respondents said that they had had at least one sex partner during the previous year (Butler, 2001). That figure contrasted sharply with the under-60 respondents in the same survey, 88 percent of whom had had at least one sex partner in that time.

Two psychologists at San Francisco State University surveyed 200 healthy men and women aged 80–102 who lived in retirement communities (Bretschneider & McCoy,



Thanks to sex differences in life expectancy, a single old man may be a hot property.

**TABLE 12.2** *Sexual behavior of respondents to a questionnaire in Consumer Reports*

Behavior	Percentage of respondents who engaged in behavior		
	Age 50–59	Age 60–69	Age 70+
Women who masturbate	47	37	33
Men who masturbate	66	50	43
Married women who have intercourse with husbands	88	76	65
Married men who have intercourse with wives	87	76	59

*Source:* Brecher, 1984.

1988). Most were unmarried. The researchers found that the most common sexual activity among these people was touching and fondling without coitus, followed by masturbation and then coitus. As has been consistently reported in other studies, the frequency with which these old people engaged in most sexual behaviors was predicted by the frequency with which they engaged in the same behaviors earlier in life. In other words, people are creatures of habit, and they don't change their sexual behaviors as they age unless they have to. The one activity whose frequency was not predicted by earlier frequency was coitus. That is probably because of the aging-associated physical problems mentioned above, as well as social factors, such as loss of a spouse.

### Sex Has Health Benefits

Although some people believe that sex in middle or old age carries health risks (especially for people with heart disease), there are a number of studies suggesting the opposite; namely, that old people who engage in frequent sex live longer (Box 12.7). Of course, there may be medical circumstances in which exertion of any kind is to be avoided, but the exertion of intercourse is no greater than that of other activities that people regularly engage in, such as climbing stairs.

### Opportunities for Sexual Expression by Nursing Home Residents Could Be Improved

For the minority of elderly Americans who are in nursing homes and comparable care-providing institutions, sexual activity tends to be very low. In part, of course, this is because nursing home residents are in poor health. Still, one small-scale survey found that some nursing home residents—men especially—desired sexual interactions (Spector & Fremeth, 1996). This desire was often frustrated, however. Residents cited the lack of privacy as an important barrier to sexual expression. Even masturbation requires some degree of privacy. Nursing homes vary greatly in this area—some could provide much more privacy than they do, thus allowing more opportunity for sexual behavior.

It seems likely that, as baby boomers (people born shortly after the Second World War and who lived through the sexual revolution of the 1960s) enter their retirement years, there will be an increasing focus on sexual activity and sexual satisfaction among old people. Not only are baby boomers more interested in sexual variety and less tied to the notion that sex is only for reproduction, they also have a greater sense of entitlement with regard to personal fulfillment generally. Thus, they will be far less ready to give up sex if physiological or social problems get in their way. The huge demand for Viagra when it came on the market in 1998 was a token of things to come: both men and women are likely to demand effective medical treatments for age-associated sexual dysfunction. They will also make sure that sexual expression by old people is recognized and respected, rather than being pushed into the closet.

## Box 12.7 Research Highlights

### Sex and Death among Welsh Cheesemakers

The idea that sexual activity is debilitating to health—especially for men, who have to expend precious semen in the sexual act—is widespread in human cultures. To test the truth of this idea, epidemiologist George Davey Smith of the University of Bristol, England, along with two colleagues, descended on the quiet town of Caerphilly, Wales, renowned for its cheese (Davey Smith et al., 1997).

Most of the men in this town are participating in a longitudinal study of factors that affect long-term health. Nine hundred and eighteen of them (aged 45–59, mostly married) answered a question about how often they experienced orgasm. (Before the researchers could survey the entire town, local doctors persuaded them to delete this particular question.)

By 10 years later, 150 of the 918 men had died. The men who had told the researchers that they had a high frequency of orgasm (at least two orgasms per week) were the least likely to have died. Those who had an orgasm between once a week and once a month were 60 percent more likely to have died (after adjustment of the data to allow for age differences). Those who had an orgasm less than once a month

were twice as likely to have died. Even when the researchers adjusted for a variety of potentially confounding factors, such as social class, blood pressure, and presence of heart disease, the differences between the groups remained nearly as great.

One can't be certain of the direction of cause and effect in a study like this. It's possible that preexisting health conditions caused some men to be relatively inactive sexually and also shortened their lives. Alternatively, the men who had frequent sex might have had a lower death rate because they were in more loving marriages, rather than more sexually active ones. Still, the findings are consistent with a number of other studies that have reported lower mortality, or a lower incidence of myocardial infarction, in men and women who were more sexually active or who derived more enjoyment from sex (Abramov, 1976; Palmore, 1982; Persson, 1981).

Given the apparent protective effect of orgasms, the researchers commented that a public health campaign, modeled on the "at least five a day" campaign to get people to eat fruits and vegetables, might be in order—with some adjustment of the recommended frequency, of course.



### Summary

1. People generally think of childhood as a period of sexual innocence. Sigmund Freud proposed the opposite; namely, that young children are full of sexual desires, which they direct initially at their own bodies and later at their opposite-sex parent. Efforts to finding the truth in this matter face many practical difficulties.
2. Nonhuman primates engage in sexual behaviors long before puberty. Some non-Western societies tolerate or encourage childhood sexual behaviors, while others attempt to restrain it. In the contemporary United States, children are generally prevented from engaging in or learning about sex.
3. Physiological responses suggestive of sexual arousal are seen in infants and young children, but seem to be triggered by a wide range of stimuli, such as strong emotion of any kind. Masturbation is common in young children, and other sexual behaviors, such as the display of genitals or the inspection of other children's genitals, are also seen. Young children rarely engage in adultlike sexual behaviors, however.
4. Some children, usually older ones, have sexual contacts with adults. These contacts are usually one-time events rather than ongoing relationships. Most adults who have sexual contacts with children are relatives or acquaintances of the child, rather than strangers. Coercive or repeated adult-child sexual contacts can cause long-lasting psychological trauma. Noncoercive, sporadic contacts may cause little or no harm.
5. In late childhood (preadolescence), children tend to socialize in same-sex groups and to impose strict gender codes. This practice can be traumatic for gender-noncon-

formist children. Although segregation by sex limits opportunities for heterosexual encounters, some children do engage in coitus before the age of 13.

6. Adolescence is usually defined as the teen years (13–19). In early adolescence, rising gonadal hormone levels trigger increasing interest in sex. Most adolescent males masturbate frequently, but females do so less often. Adolescent heterosexual behavior gradually progresses through kissing and fondling and noncoital sex to coitus. Some characteristics of teen sexual behavior seem to reflect its evolutionary origins, but personal and demographic factors such as intelligence, education, and ethnicity also play an important role. Women’s changing expectations, as well as the availability of reliable contraception, have modified teen sexual behavior.
7. The problematic aspects of teen sexuality (such as STDs and unwanted pregnancy) are often emphasized at the expense of its positive aspects. Sexual exploration by adolescents is important for identity development.
8. Young adults typically spend a few years “dating” before they enter their first live-in relationship, but the average number of sex partners during this period is quite low. During the dating years, sexual desires have to compete with other interests, such as career advancement.
9. Western society is moving from a traditional, one-size-fits-all institution of marriage to a greater variety of live-in sexual relationships. Because women have fewer pregnancies than in the past and are more likely to be in the labor market, distinct gender roles in marriage have diminished. People are marrying later and divorcing more readily; marriage may soon become a minority status for American adults. Nevertheless, most people desire to be in some kind of monogamous, long-term live-in relationship. African-American women have difficulty achieving such relationships because of an effective shortage of African-American men, so they commonly head families without live-in male partners.
10. Married men and women tend to have less sex than those who are dating or cohabiting, and they are less adventurous sexually, but their physical and emotional satisfaction with their sex lives is high. For women, simply being married makes sex more satisfying. However, sexual interactions and marital satisfaction tend to fall off over time.
11. One in three marriages breaks up within 10 years. The likelihood of breakup is increased by a number of factors, such as early (teen) marriage, dissimilarity between husband and wife, sexual experience or cohabitation before marriage, and ethnicity.
12. Divorced people suffer a variety of physical and psychological ill effects. Most divorced men and women remarry within 10 years.
13. Menopause—the cessation of menstrual cycles—is the culmination of a gradual transition to infertility in women. The hormonal changes of menopause can impair the physiological processes of sexual arousal and may be accompanied by a decline in sexual interest and activity.
14. Hormone replacement therapy (HRT) can alleviate menopausal symptoms, but may have unpleasant side effects that cause many women to discontinue treatment. Long-term HRT has risks and benefits for women’s health.
15. Men experience a gradual decline in fertility, physiological arousal, and sexual interest, rather than a rapid transition to infertility. Some men father children in old age.
16. The sex lives of old people have generally been ignored by the public and researchers alike. Nevertheless, most people continue to experience sexual desire into old age. The physical expression of this desire may be compromised by declining physiological responsiveness (for example, erectile dysfunction and loss of vaginal lubrication) or by a variety of medical conditions, drugs, or social circumstances. Nevertheless, many old women and men continue to engage in sexual behaviors, including masturbation, coitus, and noncoital contacts. Even those in declining health, such as nursing home residents, may desire sexual and affectional contacts; such contacts can be facilitated by ensuring their privacy.

## Discussion Questions

1. What are your attitudes and values about what is normal sexuality during childhood? If you were a parent and found your child “playing doctor” with the child next door, how would you respond?
2. Describe your ideal marriage partner or cohabitational partner and their characteristics (e.g., appearance, personality, occupation). What circumstances or conflicts (if any) do you think would lead you to consider a separation or divorce (e.g., infidelity, refusal to have children, disease, cross-dressing)?
3. Identify the myths and “what you have heard” about menopause. Contrast these descriptions with the facts. What behaviors are characteristic of menopause? Do men have a “change of life”?
4. Describe the advice you would give to your mother or an older female friend who asks you to explain the pros and cons of hormone replacement therapy. Do you think that the fact that menopause is a natural part of the aging process should discourage women from attempting to counteract its effects with HRT?
5. Think about your grandparents and people who are older than 60. What are your beliefs and thoughts about sex among these people? What do you think are the barriers to enjoying a happy sex life after 60?
6. Think about relatives or friends you know who have been in a nursing home. Should nursing homes encourage residents to enjoy a healthy sex life? What are the pros and cons of, and the barriers to, doing so?

## Web Resources

National Campaign to Prevent Teen Pregnancy [www.teenpregnancy.org](http://www.teenpregnancy.org)

North American Menopause Society [www.menopause.org](http://www.menopause.org)

American Psychological Association—Aging and human sexuality resource guide  
[www.apa.org/pi/aging/sexuality.html](http://www.apa.org/pi/aging/sexuality.html)

## Recommended Reading

- Butler, R. N., & Lewis, M. I. (2002). *The New Love and Sex After 60*. New York: Ballantine Books.
- Bray, J. H., & Kelly, J. (1998). *Stepfamilies: Love, marriage, and parenting in the first decade*. New York: Broadway Books.
- Elam, J. (1998). A cross-cultural comparison of puberty rites and ceremonies for females. Located at [www.emory.edu/OXFORD/Publications/Review/puberty.html](http://www.emory.edu/OXFORD/Publications/Review/puberty.html).
- Levine, J. (2002). *Harmful to minors: The perils of protecting children from sex*. Minneapolis: University of Minnesota Press.
- Martinson, F. M. (1994). *The sexual life of children*. Westport, CT: Bergin and Garvey.
- Steinberg, L. (2002). *Adolescence* (6th ed.). Boston: McGraw-Hill.