

An Introduction to Human Sexuality

The development of sexuality:

From a developmental point of view, children are capable from birth of experiencing physical pleasure from massage, tickling, stroking and, if they are exposed to it, genital stimulation. We define normal comforting, pleasing touch as sensual pleasure and genital stimulation or related activities as sexual pleasure. As children grow into puberty, they become more aware of the possibilities of sexual sensation – they become **sexualised**. They develop a relationship with a set of stimuli that arouse them – usually associated with a person or group of people they are interested in but they can be less obvious. This process will shape a person's sexual interests and response, perhaps for life. 'Abnormal' development can arise from too early stimulation of a sexual response or inappropriate experience. These are considered abusive in our culture, but different cultures and times in history have defined 'appropriate' experience differently.

'Normal' development from child to adult usually follows a few simple stages, overlapping in many cases.

- ❖ Identifying with both gendered role models, often actors or pop stars (childhood)
- ❖ Having a same sex role model and object of attraction
- ❖ Developing other sex objects of attraction
- ❖ Identifying with one or more objects of infatuation i.e. older children at school, media figures (having a crush), often at the same time as increases in hormones at this time
- ❖ Begins developing relationships for real (with emotional and possibly sexual attraction)

While most children masturbate throughout childhood, most don't have orgasms until puberty. Orgasms are rewarding enough to increase masturbation behaviour, which tends to become associated with attraction to objects of arousal such as attractive people at school, in the media, or pornography.

Studying sexual behaviour:

Almost all adults are sexual for decades if not throughout their lives. This important area of expression is often hidden, unexpressed and private. If some area of sexuality is giving concern, many people find it an area where they are judged (or fear being judged). However, sexuality runs through every aspect of human existence, and consequently it frequently is an issue in counselling. Many people in our culture have limited information about sex and may not have a comfortable language to discuss it. Most people are very concerned that they are 'normal' and many are anxious to know they are not 'underachievers' sexually. A background knowledge of sex will assist counsellors in two main ways.

- ❖ They can talk about it, having overcome their own difficulties in communicating about the subject
- ❖ They are aware of the wide range of 'normal' in sexual behaviour, helping them develop a non-judgemental approach

Adult sexual behaviour:

'Normal' adult behaviour includes:

- ❖ Masturbation
- ❖ Sexual behaviour with a partner
- ❖ Arousal at erotica
- ❖ Attraction to others beside regular partner
- ❖ Any physical behaviour aimed at arousal i.e. touching, kissing, talking, use of erotica, games, role playing, dressing up, restraint etc.
- ❖ Any physical behaviour aimed at orgasm i.e. touching; kissing; oral, vaginal or anal penetration; mutual masturbation etc.

'Abnormal' adult behaviour is defined **in our culture** as:

- ❖ Non-consensual
- ❖ Harmful or dangerous (in certain circumstances)
- ❖ Between an adult and a child
- ❖ Between two children
- ❖ Between different species

Between the two are many sexual practices that people find difficult or unacceptable. Finding a non-judgemental perspective is ESSENTIAL. Because the norms of sexual behaviour are so wide, it is likely that many clients will have different sexual experiences and preferences than your own.

You need to work on the range of acceptable variations: (This is not a comprehensive list, just a few to think about!). How many seem 'abnormal' to you.

- ❖ Between 2 women or men
- ❖ Between a 20 year old and a 60 year old
- ❖ Between three or more people
- ❖ Involving smacking or beating of one or both
- ❖ Involving sex toys
- ❖ Involving restraint of one or both
- ❖ Involving partial asphyxiation
- ❖ Involving piercings
- ❖ Involving involuntary outsiders (e.g. having sex in public, flashing)
- ❖ Involving voluntary outsiders (e.g. prostitutes)
- ❖ Involving non-prescription use of drugs
- ❖ Phone or internet 'sex'
- ❖ Asexuality – complete lack of interest in sex at all
- ❖ Use of pornography
- ❖ Fetishes such as shoes, urination etc.
- ❖ Transvestisism
- ❖ Transsexuals
- ❖ Role playing games like simulated rape
- ❖ Sex in unusual places e.g. outside, in toilets, in car (other than necessity!)

There is evidence that some areas of sexuality are genetically defined. Homosexuality, for example, follows quite strong patterns of inheritance. Identical twins, for example, even if brought up separately, are much more likely to be both homosexual than in the normal

population. About 10-12% of the population (globally) would prefer a same sex partner and 30% of adults in the west have had at least one same sex encounter. Despite this, same sex couples were seen as 'abnormal' as recently as the 1980's in the DSMIV, the manual of diagnosis for mental disorders in the US. 'Gender identity disorder' or gender dysphoria developing in young children is also likely to have a genetic component in some cases. Asexuality may also be genetic in origin.

Other unusual sexual preferences probably arise early in sexual development, as children are beginning to intensify their sexual awareness and interests with puberty. A child who becomes aroused in the presence of certain stimuli, for example, may develop a fetish. Young children who become aroused by adults in childhood may retain a sexual interest in children as sexual objects when they grow up. Common arousal objects like gym slips for some men are an example of this – young boys who related sexually to unattainable teenage girls may retain triggers for arousal from that time.

Some sexual behaviours develop over time. Extreme forms of masochism or sadism may develop from less extreme bondage or flagellation. Some people only become aroused from 'new' behaviours, sparking more and more extreme elaboration over time. Sexual asphyxiation, for example may develop from breath holding during orgasm to self suspension. Some pornography enthusiasts who actually become aroused by the 'shock' value may seek increasingly extreme pornography. This can lead to more extreme fantasies and occasionally, offending behaviour. Underlying problems like loss of libido may underpin the need to escalate.

Sexual counselling is a very specific area and you do need special knowledge. However, sexual problems are so common within normal lives that every counsellor needs some basic knowledge of how sexual counselling works.