“Sex as a way to gain some control”: Sexual subjectivity during the COVID-19 pandemic

Erika Montanaro
University of North Carolina at Charlotte, USA

Jessamyn Bowling
University of North Carolina at Charlotte, USA

Shayna Farris
University of North Carolina at Charlotte, USA

Autumn Scarborough
University of North Carolina at Charlotte, USA

Brianna Moody
Jefferson Consulting Group, USA

Naomi Rawitz
Naomi Rawitz Counseling & Wellness, LLC, USA

Abstract
The COVID-19 pandemic has shifted dynamics of sexual health, including sexual subjectivity, or the way in which someone thinks of themself as a sexual being and feels entitled to pleasure. This study examines how adults in the US perceive changes in their sexual subjectivity related to the pandemic. We conducted an online survey (N = 326), and included thematic analyses related to open-ended questions. The following themes emerged: intentional self-reflection, control of change, control of perspective, control of
relationships, control of communication, and control of sexual behavior. Our findings have implications for psychological and public health approaches. We find large overlap of “capacity and engagement in self-reflection” across other themes. The implications and durability of these changes are unknown.

Keywords
Sexual subjectivity, pandemic, COVID-19, sexual self-efficacy

Introduction
The Coronavirus (COVID-19) outbreak has become the defining global health crisis of a generation (Guan et al., 2020), and has significantly impacted millions of people in the United States and abroad (Luo et al., 2020; Raine, 2020). Social distancing protocols as well as changes in work and societal functioning have drastically changed both interpersonal and, more specifically, sexual relationships (Ibarra et al., 2020; Mazza et al., 2020). Researchers have suggested that isolation due to COVID-19 can exacerbate new and difficult situations and may be particularly dangerous for victims of abuse (e.g., psychological, physical, and sexual; Mazza et al., 2020). These changes have resulted in psychological distress (e.g., nervousness, anxiety, and loneliness; Keeter, 2020). Previous research investigated how life event stress (e.g., death of a loved one, financial hardship, and economic crisis; Jean-Baptiste et al., 2020) impacts individuals’ psychological well-being and behaviors, especially sexual behaviors. Many life event stressors have been magnified during the COVID-19 pandemic, leading to a subsequent increase in maladaptive coping strategies (e.g., substance abuse and interpersonal violence; Mazza et al., 2020; Sun et al., 2020). Given the association with many of these strategies (e.g., alcohol use) and likelihood of coinciding with sexual risk-taking behaviors (Letourneau et al., 2017), significant and broad sexual health changes may be occurring. Extant literature has established a relationship between psychological stress and risky sexual behaviors, such as lack of condom use, multiple sexual partners, as well as several STIs (Dimou et al., 2014). Researchers theorize that the stress of the COVID-19 pandemic will decrease sexual activity rates (Gaspari et al., 2020), and indeed, burgeoning empirical work finds decreases in partnered sexual activity (Coombe et al., 2021; Hensel et al., 2020; Lehmiller et al., 2020; Li et al., 2020). Additionally, prior work on health crises such as cancer suggests that the impact of those crises can have lasting implications for sexuality and intimacy, such as decreased sexual desire and emotional well-being (Hawkins et al., 2009; Sears et al., 2018). Therefore, it is critical to highlight individual experiences during these social changes to meet evolving sexuality needs (Lopes et al., 2020). One aspect of sexuality that has been rigorously explored is sexual health. The World Health Organization describes sexual health as “fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries” (World Health Organization, 2006). While there is global recognition that sexual health contributes to overall psychological well-being (Ford et al.,
some scholars still worry that sexual health will be viewed as a secondary concern during the COVID-19 pandemic (Dewitte et al., 2020). This would be a mistake as sexual health, sexual satisfaction, and sexual pleasure are a fundamental human right and foundational for human development (Ford et al., 2019; World Association for Sexual Health, 2014). Sexuality, a broad term, that includes sexual behavior, development of sexual preferences, understanding ourselves as sexual beings, sexual decision-making, and our own sexual self-efficacy (Hewitt-Stubbs et al., 2016; Vasilenko, et al., 2014) provides a multi-faceted lens through which to explore the changes created by the pandemic. Sexual subjectivity (SS) refers to a person’s sense of themselves as a sexual being, as well as feelings of entitlement to sexual pleasure and safety (including positive feelings of sexual self, body-esteem, entitlement to self-pleasure and pleasure from a partner, sexual self-efficacy, and capacity for and engagement in self-reflection about sexuality and sexual behaviors; Boislard and Zimmer-Gembeck, 2011; Hewitt-Stubbs et al., 2016; Tolman, 2002).

Indeed, empirical research has established that positive attitudes held about an individual’s sex life are significantly and positively related to feelings of happiness and well-being (Laumann et al., 1994; Rosen and Bachmann, 2008). This is reflected in Hooghe’s (2012) measurement of well-being which includes additional validated items that focused on sexual well-being. There is methodological evidence that sexual health and well-being is a significant part of the overall construct of psychological well-being, and a separate, large cross-sectional study suggests this relationship remains true even during times of poor health (Flynn et al., 2016). Despite the aforementioned evidence that sexual health is a critical facet of the overall fitness of individuals, communities, and our society, it has, as some scholars feared (Dewitte et al., 2020), largely been relegated as an ancillary byproduct of the pandemic (Nagendra et al., 2020; Pennanen-lire et al., 2021). By ignoring the impact the COVID-19 pandemic has and will continue to have on individuals’ sex lives, clinicians, mental health experts, and other medical professionals will not be able to address an important factor influencing psychological well-being and societal health.

The authors of this paper believe that understanding changes in sexual subjectivity during the COVID-19 pandemic will increase insight into current challenges to sexual health, as well as how to support sexual health during future global crises. SS may influence and be influenced by experiences in relationships (Kohlberger et al., 2019), and offers a useful framework to understand individual experiences of one’s sexual identity (Tolman, 2002). When individuals exhibit sexual subjectivity, they are able to recognize their own sexual desires and exercise control over their own sexual decision-making and behaviors (Lys et al., 2019). Sexual self-efficacy (SSE) is often discussed in the same context as sexual subjectivity. Sexual self-efficacy is defined as one’s belief or confidence in their ability to maintain control over sexual decision-making and their sexuality (Assarzadeh et al., 2019; Rostosky et al., 2008). Feminist scholars have identified SSE and SS as linked, citing that it is easier to seek and own sexual pleasure if one is efficacious (Cheng et al., 2014). Additionally, SSE is a protective factor against risky sexual behaviors such as inconsistent condom use (Assarzadeh et al., 2019; Cheng, 2001; Cheng et al., 2014; Hewitt-Stubbs et al., 2016; Rostosky et al., 2008).
Previous research shows that sexual subjectivity does not only develop from our body’s experience of pleasure but also from emotional and cognitive interaction and reflections (Cheng et al., 2014; Horne and Zimmer-Gembeck, 2006). Researchers suggest that the ability to reflect on past experiences and make decisions about future sexual strategies and behaviors may be a critical component in healthy sexual development (Horne and Zimmer-Gembeck, 2006; Zimmer-Gembeck et al., 2011). Additionally, the literature indicates a relationship between the emotional context of sexual situations and sexual attitudes and behaviors (Houck et al., 2014; Restubog et al., 2020). Specifically, emotions were found to be associated with both past behavior (condom use in the last 6 months) and future behavior (intentions to have sex in the next 6 months), (Houck et al., 2014). The authors chose to utilize the SS framework as the primary investigative framework as opposed to SSE because sexual subjectivity incorporates all cognitions, emotions, and sensations associated with development and understanding of oneself as a sexual being (Hewitt-Stubbs et al., 2016).

Sexual subjectivity incorporates aspects of sexual health that all individuals experience (Zimmer-Gembeck and French, 2016). However, it is critical to highlight the dynamic role that gender, race, and sexuality can play in the development of one’s SS. Previous research has shown that gender is significantly associated with sexual subjectivity, for example, men have reported greater sexual self-esteem, entitlement to self-pleasure, and self-efficacy in gaining pleasure (Kennis et al., 2021; Zimmer-Gembeck and French, 2016). Furthermore, female adolescents hold a stronger self-concept when compared to males (Rostosky et al., 2008). Racial and ethnic differences in the expectation of sexual pleasure and self-efficacy also exist, such as race-based stereotypes of sexuality usher caution in sexual expression (Cheng et al., 2014). Although investigations are limited, SS differences within the LGBTQ+ community have been noted. Interestingly, cisgender women with a history of same-sex sexual experience were higher in sexual entitlement, self-efficacy, and self-reflection (Boislard and Zimmer-Gembeck, 2011). In recent work, transgender individuals scored lower than cisgender individuals on several sexual self-esteem scales (e.g., behavior, body perception, conduct, and attractiveness; Kennis et al., 2021). Overall, the results illustrated that transgender individuals have a more negative sexual self-concept (Kennis et al., 2021).

It is also equally as critical to highlight pandemic-related experiences unique to gender, race, and sexual minority populations. As COVID-19 research emerges, inequalities experienced by the LGBTQ+ community increase their risk to COVID-19 and the effects of lockdown (Banerjee and Nair, 2020; Peterson et al., 2021). Research has also identified that sexual-minority individuals reported more mental health symptoms associated with the COVID-19 pandemic than sexual-majority individuals (Peterson et al., 2021). Moreover, systemic inequalities have undoubtedly affected racial and ethnic minorities as these populations have been disproportionately affected by the COVID-19 pandemic (Hofmann, 2021; Loeb et al., 2021). For example, Black, indigenous, and people of color communities exhibit a higher risk for experiencing both anxiety and adversity due to COVID-19 (Hofmann, 2021). Research on the development of SS within gender, racial, and sexual minorities particularly during the COVID-19 pandemic remains limited. However, it is possible that the inequalities expressed within gender, racial, and sexual
minority populations may exacerbate the anxiety-inducing and stressful nature of the pandemic, and therefore, shift the dynamics of sexual health, like sexual subjectivity, greatly. Thus, emphasis on these differences is vital in future investigations.

The COVID-19 pandemic has emerged as a stressful—and for many, life-changing—event that has forced individuals to make sense of new situations (Guan et al., 2020; Jean-Baptiste et al., 2020). Adjusting to a lack of interpersonal and sexual relationships due to social distancing and isolation has led researchers to ask if social distancing fosters an opportunity for self-reflection (Restubog et al., 2020; Sivan, 2020). For example, a study investigating leisure time during COVID-19 reported that this social distancing period has provided individuals with more time to focus on themselves and explore new things (Sivan, 2020). Indeed, a subset of people has found that isolation has fostered a more fulfilling sex life, promoting the construction of new intimacy (Bowling et al., 2021a; Gouvernet and Bonierbale, 2021; Lopes et al., 2020).

A part of adjustment during the pandemic may relate to gains or losses in control. Although one aspect of control relates to self-control, defined as the ability to “override dominant response tendencies and to regulate thoughts, behaviors, and emotions” (De Ridder et al., 2012: 77). A closely related body of literature addresses relation-specific agency or communion motives, or the degree to which each individual in a relationship desires independence or closeness with or from their partner (Hagemeyer et al., 2013, 2015).

In the current study, we aim to add to the growing literature on COVID-19 and sexuality by focusing on changes in sexual subjectivity and how that may relate to sexual self-efficacy and sexual behaviors. Prior work has almost exclusively focused on sexual behaviors, while our qualitative approach allows for the exploration of both perceptions and behavior from a nuanced individual-level of analysis. The goal of our current study was to explore how the COVID-19 pandemic has impacted individuals’ sexual subjectivity and sexual self-efficacy.

Method

We conducted a cross-sectional online survey using Qualtrics between April and June 2020, with questions that focused on perceived changes in sexuality and risk, body image, mental health, sexual behaviors, texting and sexting, and SS. This particular study focuses on questions related to SS and changes in sexuality. Eligibility criteria included adults over the age of 18 years in the US. This study recruited participants through snowball recruitment, health-related listserv announcements, social media postings in health-related groups in the United States, and specific population-related groups (including LGBTQ+ groups and disability advocacy groups) with the interest of achieving diversity in experiences and identities. Participants could enter their email for an e-gift card drawing of $15 or $25 upon survey completion. All procedures and protocols were approved by the first author’s institutional review board.

Participants

Our final sample consisted of 326 participants ($M = 30.60$, $SD = 11.22$, range 18–77). Most participants identified as women ($n = 247$, 76.9%), while fewer identified as men...
(n = 73, 22.5%; gender non-binary and agender identifying individuals (n = 5, 1.5%). Our sample was majority White (n = 246, 75.7%), with fewer participants identifying as Black (n = 21; 6.5%), Hispanic/Latinx (n = 21; 6.5%), Asian (n = 13; 4.0%), American Indian (n = 4; 1.2%), Middle Eastern (n = 1; 0.3%) two or more identities (n = 18; 5.5%), and 0.3% (n = 1) did not specify. 70.8% of participants identified as heterosexual (n = 230), 3.7% (n = 12) as gay, 1.8% (n = 6) as lesbian, 12% (n = 39) as bisexual, 0.3% (n = 1) as pansexual, 2.5% (n = 8) as queer, 0.9% (n = 3) as asexual, 0.9% (n = 3) as other, and 7.1% (n = 23) as two or more identities. Finally, most participants were in a committed relationship with one person (n = 210, 64.4%), whereas 20.2% (n = 66) of participants were single or not dating, 10.1% (n = 33) were dating casually, 1.2% (n = 4) were in a committed relationship with more than one person, 2.5% (n = 8) selected two or more statuses, and 1.5% (n = 5) reported other.

**Procedures**

**Measures.** We analyzed open-ended responses with inductive thematic analyses, in that themes emerged from the data rather than a priori understandings or theoretical bases (Thomas, 2006). After preliminary analyses of responses, we created a codebook that was then edited with an initial analysis of 30 participants through the use of axial coding (in which common concepts are linked to form themes). All responses were coded by two of three trained coders using Dedoose online software. Inter-rater reliability was confirmed using Dedoose’s “test” function; we refined any codes with less than 0.80 Kappas after team discussion. All coders also “memo”ed their reactions and biases in Dedoose by creating digital notes tied to excerpts while coding (Creswell, 2007). Secondary analyses were conducted to identify groupings of sub-themes and divergences within the larger categories.

**Results**

Six main themes emerged from the data: intentional self-reflection, control of change, control of perspective, control of relationship, control of communication, and control of sexual behaviors. We have mapped these themes with their subthemes according to the domains of sexual subjectivity in Figure 1. We find evidence across all themes of capacity for and engagement in self-reflection related to sexuality, with intentional self-reflection mapping wholly within this domain. Other themes also overlapped with sense of one’s self as a sexual being (including control of change and control of perspective), SSE (including control of sexual behaviors and control of communication), and entitlement to pleasure from self and others (control of relationship, control of communication, and control of sexual behaviors). See Table 1 for example quotes of each theme with demographic information and the specific survey question answered.

**Intentional self-reflection.** The social distancing limitations gave some individuals the opportunity to connect more with themselves (Table 1, 1a) and do “self-work” (Table 1, 1b). This overarching theme is reflected in many of the other themes.
Control of change. For some participants, the lack of control over general change in their lives caused stress that affected their sexual response and desire (see Table 1, 2a–b). A divergent subtheme from this theme was acknowledging the “weird time” of the pandemic but limiting the change in oneself (Table 1, 2c). One strategy for controlling the change for individuals’ sexual and personal relationships was limiting interactions with others outside of the household (Table 1, 2d–e).

Control of perspective. Although individuals experienced a loss of control in relation to the pandemic, they could exercise control over their own perspectives. Adopting new perspectives, including patience and mindfulness, appeared to be associated with improvement in participants’ body acceptance and a reduction in negative self-talk during sex (Table 1, 3a–b). Another approach that was narrower was shifting perspectives related to sexuality, such as viewing sexuality as one aspect of a larger sense of self (Table 1, 3c). When individuals did not shift their view of themselves or their outlook on life, they struggled with making sense of their self-concept as a sexual being when they were less sexual (Table 1, 3d).

Control of relationship. Participants described intentionality in their relationship as a domain of control. Similar to struggling with self-concept, participants who were not living with their partners during the pandemic described challenges in regaining the previous closeness they had (Table 1, 4a). For those who lived with their partner, some described increases in intimacy or stability due to predictability (Table 1, 4b). For those in open relationships, they navigated their other relationships outside of their living partner by either not seeing the other partners or selectively only seeing them occasionally (Table 1, 4c).

Control of communication. Participants also pointed to intentionality with communication. A few participants described increases in their control of communication with others such
Table 1. Themes with example responses with participant age, gender identity, sexual identity, racial/ethnic identity, and relationship status.

| Theme                          | Example response                                                                                                                                 |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Intentional self-reflection | a) I feel more connected to myself since I am taking time to do things alone. (21, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
                b) I have been able to focus on self-work. (37, Cisgender man, Gay, American Indian/Alaska Native, single, not dating)             |
| 2. Control over general change | a) It makes sense that when I am stressed out, I cannot relax enough to get aroused as often as usual. (30, Cisgender woman, Bisexual, White, in a committed relationship with one person)  
                b) I am aware that my libido is different from the stress and discomfort of the current world’s situation (24, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
                c) This is a weird time but I consider it temporary, won’t let it change my “self” (31, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
                d) I feel more in control of things I can control, like who I interact with. I am more willing to relinquish control of things I cannot (53, Cisgender woman, Heterosexual, Middle Eastern/North African, dating casually)  
                e) We (me and my partner) both limit ourselves to interacting with each other and the people we live with. (25, Cisgender man, Heterosexual, White, in a committed relationship with one person)                     |
| 3. Control of perspective      | a) I am more calm and learned to be patient (21, Cisgender woman, Heterosexual, Black/African American, dating casually)  
                b) The practices I am using to increase self-compassion, mindfulness, and management of stress around sex have had impacts on my broader mental health. I have seen myself as a more peaceful person (less attached to my anxiety), and I have been able to work through stress with more confidence… It is certainly empowering to practice loving my body—seeing its positive attributes. And to practice self-compassion around movement, food, and sex helps decrease negative self-talk in other areas as well. (24, Cisgender woman, Bisexual, White, in a committed relationship with one person)  
                c) I feel more complete and settled. My sexuality is in all parts of me—not just a part of me. (43, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
                d) It is hard to see myself becoming a less sexual person, as my sexual expression has always been a big part of myself (29, Cisgender woman, Heterosexual, White, in a committed relationship with one person) |
Table 1. (continued)

| Theme                                      | Example response                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Control over relationship               | a) I have not been able to be intimate in any forms or have physical contact with another human. My boyfriend and I are really close, so it’s hard on my mental state. …I feel like it’s a battle that I will overcome (22, Cisgender woman, Heterosexual, Black/African American, dating casually)  
 b) I live with my spouse and spend the night with my partner once a week. We all work from home, choose grocery pickup, and are otherwise extremely isolated from others, so it seems safe enough to continue our sexual practices as normal..... I am more focused on my work, my hobbies, and my relationships simply because I do not have to worry about sudden changes to the sexual side of our relationships. (36, Cisgender woman, Pansexual, White, in a committed relationship with more than one person)  
 c) My partner and I have become more exclusive (28; Cisgender woman; Heterosexual, Queer; White; in a committed relationship with one person, other relationship status)                                                                                                                                                       |
| 5. Communication control                  | a) Well, the part about the kids has actually given me a sense of empowerment. We had to have a conversation with our kids because they did walk in on us lying in bed and holding each other. It threw them off because they said they have never seen us do that. So, we all had a conversation about sex…. and how it’s a good thing they have two parents that love each other and express that love through a gift God created. I got to speak to my children not as their “Mom” but as a woman. It was different and felt good (42; Cisgender woman; Heterosexual; American Indian/Alaska Native, Black/African American, White; in a committed relationship with one person)  
 b) I am more willing to ask for what I want, the way I want it (34, Cisgender woman, Heterosexual, Black/African American, In a committed relationship with one person)                                                                                                                                                                                      |
| 6. Control of sexual behaviors             | a) I think a lot of it is a driven by conscious and unconscious panic about the state of the world. It’s (sex is) a way to gain some control and relaxation. (24, Cisgender woman, Heterosexual, Black/African American, In a committed relationship with one person)  
 b) I use sex more frequently to relieve stress. (41, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
 c) Feel like I am taking care of my sexual needs instead of not having enough time otherwise with the busy schedule of life (29, Cisgender woman, Heterosexual, White, in a committed relationship with one person)  
 d) I would say that I used sexual thought and masturbation to relieve stress and relax most of the time in my "normal life". I have learned that I can do other things like read books that will make me feel just as relieved and relaxed in similar ways that my usual sexual activity does. (23, Cisgender man, Heterosexual, Asian, in a committed relationship with one person)  
 e) I have been taking extreme precautions now before engaging in intercourse. I am afraid of catching the virus or any other disease in this severe situation. (23, Cisgender man, Heterosexual, Asian, in a committed relationship with one person)  
 f) I feel more capable to control my sexual urges. (21; Cisgender woman; Heterosexual, Bisexual; Latinx, in a committed relationship with one person)  
 g) I feel less capable and shut off from my serial self while being isolated. Although I have never had sex, being in isolation obviously makes it harder for that to change. I am less confident in myself. (18; Cisgender woman; Lesbian, Bisexual, Queer; White, Single, not dating)                                                                                                                                                                                                 |
as their children (Table 1, 5a). The changes in schedule and living circumstances fostered opportunities for different dialogues about sexuality. In addition to general conversations about sexuality, some participants also felt more able to advocate for their desires and limits (Table 1, 5b).

**Control of sexual behaviors.** Sexual behaviors were a coping mechanism for some participants to gain control (Table 1, 6a–b). The changes of the pandemic created space for some participants to address their sexual needs (Table 1, 6c). Conversely, others moved away from sexual behaviors to find new methods to relax such as reading (Table 1, 6d). Part of this may be linked to precautions to prevent COVID-19 transmission (Table 1, 6e). Not having sexual behaviors made some feel in control of themselves (Table 1, 6e) while others felt less confident and in control without a sexual partner (Table 1, 6g).

**Discussion**

Our goal in this qualitative investigation was to further understand how an individual’s sexual subjectivity has been impacted as a result of the COVID-19 pandemic. Overall, participants reported significant shifts in their sexual subjectivity. Importantly, those who reported positive changes in their sexual subjectivity seemed to be those who approached their sexuality from a holistic perspective. Echoes of the World Health Organization’s (2006) definition of sexual health were found in many participant responses (e.g., “My sexuality is in all parts of me—not just a part of me”). This set of findings points to the multifaceted aspects of identity and well-being (Ethier and Deaux, 1994; Hooghe, 2012; Tanti et al., 2011) and the importance of sexuality in each. Indeed, scholars have noted links between sexual subjectivity and identity development (Zimmer-Gembeck and French, 2016) and well-being (Cheng et al., 2014; Horne and Zimmer-Gembeck, 2006) and our findings further support these relationships. As depicted in Figure 1, we see participants’ thoughts about their SS mapping across multiple domains rather than discrete categories.

The results of the current study complement existing work about the pandemic and sexuality in several ways. First, prior work has marked the significant decrease in sexual desire and activity amongst individuals experiencing pandemic-related stress (Coombe et al., 2021; Hensel et al., 2020; Lehmiller et al., 2020; Li et al., 2020). Many of our participants expressed a negative relationship between their levels of stress and their ability to relax in order to become aroused. This is not an uncommon finding as the relationship between stress and decreases in sexual desire and activity is well documented (Bodenmann et al., 2010; Raisanen et al., 2018). Furthermore, others noted that much of their lives feel out of their control at the moment, and one way in which to regain agency is through their sexual lives. However, this control has manifested itself differently for participants. Some are taking time to self-reflect about their sexuality and sexual behaviors, a cornerstone of sexual subjectivity (Boislard and Zimmer-Gembeck, 2011; Hewitt-Stubbbs et al., 2016), and report that this sexual self-reflection is a form of stress reduction and relaxation. These findings suggest that sexual reflection and activity are an effective form of stress reduction (Burleson et al., 2007; Ein-Dor and Hirschberger, 2012).
during a time of great uncertainty. Existing research has documented that state self-control (as compared to dispositional self-control) is affected by various situational factors (e.g., previous attempts at self-control, working memory capacity, and motivation; De Ridder et al., 2012). We find evidence of the pandemic affecting state self-control. We did not assess participants’ relation-specific agency or communion. Our findings relating to how individuals perceived changes in their control over their relationship may be tied to their disposition toward independence/agency or closeness/communion. Previous research has documented that when individuals in a relationship are incongruent on these domains, relationship satisfaction is negatively affected (Hagemeyer et al., 2013).

Others still described finding safety and comfort in their relationships given the challenges in meeting new people while also heeding social distancing protocols and precautions advised in the United States. This theme was particularly prevalent among non-monogamous respondents who struggled with navigating a non-monogamous relationship configuration while maintaining safety. Current research does not address non-monogamous relationships in the context of the pandemic. Popular news sources promoted strategies for maintaining non-monogamous relationships in the pandemic such as frequent COVID-19 testing, discussing COVID-19 status with new partners, emphasizing emotional connections, and forming “polybubbles,” or refraining from dating (López, 2020; Paul, 2020; Smith, 2020). We describe participants’ perceptions of sexual risk during the COVID-19 pandemic in a separate paper (see Bowling et al., 2021b). Future research may be needed to explore how individuals and couples are navigating their perceptions of their non-monogamous identities throughout the pandemic and afterward.

Other COVID-19 research has presented similar findings, indicating that social distancing and stressful circumstances can increase the need for emotional bonding (Ibarra et al., 2020). This association appears to be most consistent within monogamous relationships where coupled, monogamous partners were more likely to report an increase in sexual activity when compared to participants in non-monogamous relationships (Firkey et al., 2020). This may be a result of the lockdown protocols that have led monogamous couples to spend more time together at home (Cito et al., 2021). Additionally, many forms of pleasure, intimacy, and sexual activity require closer distance than the recommended six feet apart per social distancing protocols (Centers for Disease Control and Prevention, 2020; Ibarra et al., 2020). Therefore, general recommendations have been made against starting a new relationship during COVID-19 due to the risk and transmission of the virus (Ibarra et al., 2020).

Previous research illustrates that the capacity to reflect on sexual experience and make decisions about future sexual behaviors may be an important component of healthy sexual development (Hewitt-Stubbs et al., 2016). In the present study, it appears that the opportunity to engage in self-reflection has allowed participants to seek and own their present (during the pandemic) and potential future sexual acts. Sexual self-reflection remains an essential element of sexual subjectivity (Hewitt-Stubbs et al., 2016). Beyond sexual self-reflection, other elements of SS such as positive feelings of sexual self, body-esteem, entitlement to self-pleasure and pleasure from a partner, and SSE (Boislard and Zimmer-Gembeck, 2011; Hewitt-Stubbs et al., 2016) were observed. In the present study, it appears some participants adopted new body acceptance perspectives. Furthermore,
themes of SSE and empowerment appeared regularly throughout participant responses. Entitlement to self-pleasure and pleasure from a partner is associated with the cognitive and emotional components of sexual pleasure, such as recognizing sexual desires and understanding the experience of pleasure (Hewitt-Stubbs et al., 2016). Some participants revealed that the lack of control over change caused stress that affected their sexual response and desire. These findings suggest that sexual subjectivity and its many constructs are sufficient in offering a broader understanding of one’s sexuality (Boislard and Zimmer-Gembeck, 2011).

An interesting and unanticipated finding centered on an increase in sexuality communication between parents and children. Given lockdown protocols across the United States and abroad, parents and children were spending substantially more time together (Evans et al., 2020), experiencing a diminishment in privacy (Wang et al., 2020), and children may have been more likely to accidentally witness their parent(s) in moments of sexual activity. Certainly, there is the possibility that these moments could lead to embarrassment and shame (Flores and Barroso, 2017); however, our participants reported the opposite. Indeed, respondents viewed it as an opportunity to begin a conversation about sex with their children. In this instance, parents were able to model sex positivity and discuss the importance of sexual intimacy between life partners. Modeling of sex positivity by parents has resulted in better sexual health outcomes for children (Flores and Barroso, 2017).

Finally, one participant stated that conversations about sex with her children allowed her to present herself as more than “mom,” but as a woman too. This highlights a consistent theme throughout responses—the COVID-19 pandemic has allowed for individuals’ to purposefully merge their sexual sense-of-self with their other identities. Allowing for this integration is associated with better sexual health (Archer and Grey, 2009) and overall health outcomes (Anderson, 2013) in the broader literature. Perhaps health experts should incorporate ideas of SS and SSE in intervention work addressing mental health crises spurred by the pandemic.

**Strengths and limitations**

Our study occurred early in the pandemic (May and June 2020) and these trends likely have shifted and evolved over time. Follow-up studies are needed to explore these changes. Additionally, it is unclear how changes in sexual subjectivity, sexual self-efficacy, and sexual activity may impact individuals’ return to normalcy as vaccination rates continue to increase and social distancing protocols begin to be lifted. Several aspects of sexual self-efficacy were underlined in the current study. Particularly, aspects that operated in tandem with sexual subjectivity and experiences brought on by the COVID-19 pandemic. Several of our themes spoke to internal experiences and individual practices (i.e., self-reflection, sexual self-concept, practicing mindfulness and reducing negative self-talk, as well as advocating for one’s own desires and limits). In an attempt to not overshadow the introspective experiences of SSE, the sexual desire to please partners was not highlighted within our conceptualization, and is however, a limitation. It is important that future work examines sexual self-efficacy in its entirety. Another limitation to our study was our limited representation of Black, Indigenous, and People of Color...
BIPOC) in the sample. BIPOC communities have unique challenges and opportunities for growth relating to sexual subjectivity, sexual self-efficacy, and sexual activity (Assarzadeh et al., 2019; Cheng et al., 2014). Additionally, although our data cannot speak directly to this, evidence is emerging that suggests that these same systemic inequalities are appearing as they relate to sexual health (Diamond-Smith et al., 2021). Research that focuses on the experience of BIPOC communities would be a valuable addition to the emerging literature on how the COVID-19 pandemic has impacted individuals’ sexual sense-of-self.

Conclusions

Sexual subjectivity, a foundational component of sexual health, has been influenced in many ways by the COVID-19 pandemic. We find evidence of widespread self-reflection and control (of change, perspectives, relationships, communication, and sexual behaviors) which intersects with several domains of SS, including sense of self as sexual being, SSE, and entitlement to pleasure. The implications of these changes and their durability remain unknown. However, the results of our qualitative exploration of how the COVID-19 pandemic has impacted individuals’ sexual subjectivity and sexual self-efficacy offer guidance to mental health experts, clinicians, and individuals moving forward. The pandemic has allowed many to self-reflect on all aspects of their sexuality, which, for some, may mean they need resources and support to explore a novel aspect of their sexuality. For others, this has manifested in a need for more control. These results suggest where to begin these conversations.

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ORCID iD

Jessamyn Bowling https://orcid.org/0000-0001-7410-4433

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**Erika Montanaro, PhD**, is an Assistant Professor at the University of North Carolina at Charlotte. Her research focused on the theoretical underpinnings of sexual self-concept. Erika is interested in how individuals develop their sexual self-concept and how this may connect to sexual behavior.

**Jessamyn Bowling, PhD, MPH**, is an Assistant Professor at the University of North Carolina at Charlotte. Her research focuses on resilience and sexual health among marginalized populations, including sexual and gender minority populations. Jessamyn is interested in how individuals perceive resilience and sexual health in order to improve research and its translation.

**Shayna Farris** is an undergraduate student at the University of North Carolina at Charlotte. Her research interests broadly include risk behavior and health outcomes. Shayna is interested in investigating the interactions between interpersonal relationships, sexual self-concept, sexual self-efficacy, and sexual behaviors.

**Autumn Scarborough** is a senior at the University of North Carolina at Charlotte. Her research focuses on social justice topics like police brutality and social media. Autumn is interested in the influence of social media on behaviors and attitudes in intergroup relations and motivations behind collective actions.

**Brianna Moody** is a professional working in the International Development realm. With a Bachelor of Science in Psychology from UNC, Brianna is passionate about destigmatizing mental health and bridging the resources gap for marginalized communities both domestically and abroad.

**Naomi Rawitz, LMSW, CSE**, is the owner of Naomi Rawitz Counseling & Wellness, LLC in Ann Arbor, MI. She specializes in providing individual and relationship counseling to those who are struggling with concerns related to sexuality and sexual functioning, gender identity, trauma, and self-esteem. In her clinician and educator roles, Naomi is passionate about creating and sustaining resiliency and peace in communities through prioritization of sexual and relational wellness.