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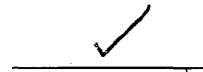
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**PHENOMENOLOGICAL CLAIM OF FIRST  
SEXUAL INTERCOURSE AMONG INDIVIDUALS  
OF VARIED LEVELS OF SEXUAL SELF-  
DISCLOSURE**

by

Lindsey Takara Doe

B.A. The University of Montana, 2002

Presented in partial fulfillment of the requirements for the degree of

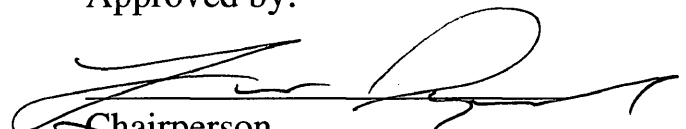
Master of Science

Health and Human Performance

The University of Montana

July 2005

Approved by:



Chairperson

Dean, Graduate School

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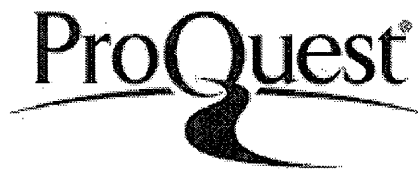


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## Thesis Abstract

Doe, Lindsey, M.S., July 2005

Health and Human Performance

Phenomenological claim of first sexual intercourse among individuals of varied levels of sexual self-disclosure

Committee Chair: Laura Dybdal, Ph.D. <sup>LD</sup>

The purpose of this study was to understand the structural and textural essences of the phenomenon of first sexual intercourse. In this study, the method of sexological research (and by extension, future investigation) is grounded in the field of sexology itself rather than based on the principles and theories of another discipline. By collecting the accounts of eight participants who have experienced the phenomenon, rich data from a fundamental event in human sexuality brought to the surface trends in the researched phenomenon first sexual intercourse experiences (FIEs). Through content analysis these trends funneled into two solid descriptions of first sexual intercourse as experienced by the eight participants in this study.

Participants were recruited and chosen based on criterion sampling. Each person was required to be at least eighteen years of age with no history of sexual assault prior to FIE and able to articulate his or her experience. Through a research packet, candidates were questioned about their demographics and their level of sexual self-disclosure. The latter assessment was measured by William Snell's scale. Once packets were returned and participants were contacted, the researcher conducted face-to-face interviews with each of the participants separately. Each interview was transcribed verbatim, and then returned to the participant for review. Following the subject's corroboration, a final version was analyzed through phenomenological horizontalization, clustering of meaning, and placement as either a textural or structural description. This process entailed the organization of equalized statements into themes related to how individuals experienced sex and what they experienced.

The results of this study revealed that first sexual intercourse is a transitional behavior change that incorporates contemplation, preparation, and action. When a person performs FIE, there are physiological and emotional alterations that occur. This usually leaves the person with an overall positive or negative perception about the experience and may impact the person's sexuality and/or life.

## Acknowledgements

*Love takes up where knowledge leaves off.*

~Saint Thomas Aquinas

To the people in my life who have been a part of the foundation, composition, and support of this manuscript, I am very grateful.

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Thank you to my peers, Amy, Jen, Senna, and Calan. I could not have chosen better companions with whom to go through the process.

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Thank you Elizabeth for being a wise and beautiful presence in my life.

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## Preface

During February of 1998, the researcher of this study, Lindsey, went to her high school boyfriend's house for a special Valentine's Day dinner. They were both sophomores in high school and they had been dating less than a year. The two had gone to middle school together, but had been nothing more than friends and even at some points stopped speaking to one another. Now, though, they were celebrating as a couple. Because Lindsey was leaving town on the fourteenth, it was not actually Valentine's Day, but the day was no less special because of it.

With amazing attention to detail, Lindsey's boyfriend prepared an elaborate meal and set up a dining area in the basement of his parents' house. Equipped with a vase of sterling roses (lavender without thorns) and place settings researched to be formally elegant, he arranged a table for two with a meal as tasty as it was beautiful. Lindsey ate with her left hand resting on the cloth napkin across her knees and then full, walked her boyfriend upstairs to his bedroom where they rummaged to find a sleeping bag. Without much of an explanation, she led him out to his car and asked that he drive someplace appropriate for stargazing.

The destination became a soccer recreation center where local communities played games. No one was expected to bother them there. It was not posted with a "Closed after dusk" sign and the possibility of an indoor night game would explain the vehicle. They took the bag from the back of the car and found a discreet place in the expanse of the fields. Behind the indoor arena, behind bleachers, down a slope at the edge of the sidelines, the two lay wrapped in a single sleeping bag. Sharing the small space, spooning tightly, the zipper enclosed them. Nothing was said. When asked seven years

later what he remembered of the experience, Lindsey's boyfriend said, "We were there for a pretty good amount of time. I remember feeling like I was alone 'cause [Lindsey] wasn't talking."

Lindsey and her boyfriend were there ostensibly to watch the stars. Amidst the silence an internal decision was made. Facing away from him, she gave no verbal or non-verbal cues. There was no dialogue, no negotiation, and no communication. Everything was her initiative. With undetectable movements, Lindsey brought her boyfriend's erection to her anus, then in the same fluid motion pressed backwards against him to slide his penis inside her anal cavity. It was easy and comfortable. They found a rhythm on their sides, thrusting to increase pleasure. Eventually, Lindsey rolled to her stomach, and her boyfriend continued to penetrate her from behind, still bound by the sleeping bag in an empty field. After an arbitrary amount of time, he ejaculated inside her anus (without a condom) and the two went through resolution until driving home.

Until the end of the school year, anal sex was an intimate act Lindsey and her boyfriend shared regularly. However, she did not consider the first of this series losing her virginity—something she was saving. Thus, not until she was older did she even label having anal sex her first sexual intercourse experience. When thinking about how she would describe the phenomenon for this study, there was still uncertainty. Until she confronted her FIE partner and heard his affirmation of anal sex as their FIE did she even concretely believe that it was her FIE too. Interestingly, anal sex on that day was the sexual experience the couple remembered most clearly in their relations over time. When comparing it to her first penetration of her vagina by a penis (the arguable competitor for



the title of FIE) she remembered much less, potentially a consequence of repression or insignificance.

Reflecting on very lucid memories of anal sex is what brought this study to seek what defines a phenomenon. In casual conversation with others, FIE was repeatedly referred to as vaginal-penile penetration. When the researcher's own experience blurred this definition of first sexual intercourse experiences, she began to look at the basis for sexual exploration, forced to question the foundations of a field of which she is very fond. If there are uncertainties about a sexual experience as fundamental as FIE, the bricks and mortar of sexology need restoration, or even more dramatic reconstruction.

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*We cannot know our world until  
we find a compass that can chart  
what world we know.*

~Theodore Spencer, *An Act of Life*



## CHAPTER I

### INTRODUCTION TO THE STUDY

The field of sexology, according to David Weis, has a pressing need for “refinement of theoretical concepts of sexual phenomena” (1998, p. 100). Unfortunately, efforts to meet this need are impeded by issues of funding and fear created by the social climate. Rather than building a strong foundation of theory and knowledge unique to human sexuality, researchers branched off more popular mainstream disciplines such as sociology, psychology, and anthropology because these areas had financial and academic support. Consequently, researchers who could have structured fundamentals of their own field—sexology—have become part of systems to which they do not belong. Repression by political, cultural, and societal conservatism restricted sexology’s much-needed independence from the social sciences on which it now relies (Weis, 1998). Scattering the sex studies across disciplines holds back the construction of a new base for sexology-specific theories and measurement constructs (di Mauro, 1995).

In a discussion of sex research’s fragmentation, Stuart Michaels refers to a prominent consequence of this “external pressure” to be part of something established instead of pioneering sexology (Bancroft, 1997). Social climate affects what society values and consequently where the resources are directed. Michaels feels that while research should be shaped by need and interest, funding and support delegated by strangers to sexology are stronger determinants. Money to finance research typically goes to studies associated with grounded sciences—biology, for example. Rather than satisfying the need or interest to distinguish their research from another field, researchers find themselves serving research problems only *related* to sexuality (Bancroft, 1997).

The role of sex research in other fields is that of problem solving (di Mauro, 1995). For example, surveys are often written to assess the causal factors and consequences of engaging in sexual behaviors.

As a result of the problem-solving approach, researchers have learned first intercourse experiences are taking place primarily during adolescence at a time when there is awkwardness communicating desire and a significant presence of anticipation (Mitchell & Wellings, 1998). Youth are conforming to perceived social norms (Babalola, 2004). They are acting-out sexual intercourse from limited knowledge. Sources of information including peers, media, and abstinence-only education are laced with inaccuracies and misconceptions. Accordingly, people are transmitting infections, becoming pregnant without planning to, and having to face many other consequences such as heartbreak, loss, and unsatisfying sex (Levine, 2002).

While these findings are significant, the usefulness of sexual research should not be limited to the negativity of sexuality and/or its “problems” (di Mauro, 1995, p. 3). The following statement explains how sexology is pictured and the gains that would result from shaping it in new ways:

Moreover, we have very little understanding of what constitutes sexual health, what motivates sexual behavior, how sexual norms are developed and sustained, and how these evolve over time. Efforts to enact a more positive research agenda would significantly help to promote a much-needed view of sexuality not as a source of problems and risks but as a domain of well-being and human potential (di Mauro, 1995, p. 4).

After a comprehensive, exhaustive model of sexual research has been created, causes and consequences of sexual issues can be addressed more effectively (di Mauro, 1995).

Like a maple tree branch growing from the trunk of a redwood, sexology's leaves may change colors and fall in autumn but without seedlings planted in their own rich soil, sexology stays in a forest other than its own, blooming from the roots of other trees.

### **Purpose of the Study**

The purpose of this phenomenological study is to understand the first experience of sexual intercourse from the perspective and memory of participating individuals. This study is aimed at adding to the foundation for sexology, acknowledging it then as a field in and of itself.

By limiting the external concepts and perceptions about first intercourse, of both the participants and the researcher, the data gathered for this project sets aside how sex is defined by other fields to generate sexology from the soil of its own specialized nature. This approach, termed phenomenology, encourages confronting the information with a naïve demeanor—all that is understood comes from what those being studied share of their experience. In the case of the phenomenon of first sexual intercourse, the researcher is to overturn assumptions and seek revelations of thought as if the data was being studied for the very first time during the interviews (Ihde, 1986). This research will reduce and refine first sexual intercourse to its textural and structural descriptions of what happened and how it happened—the essence of the phenomenon.

Through the implementation of epoché--concealing the concepts and perceptions, of both the participants and researcher, about first intercourse and by recognizing possible bias--the data is reduced and refined to the meanings and essence of the

experience. This process of epoché, also known as bracketing, characterizes the phenomenological approach to this study (Creswell, 1998).

### **Need for the Study**

In 1948, Alfred Kinsey published his research findings, *Sexual Behavior in the Human Male* followed by *Sexual Behavior in the Human Female*. Studying sex is controversial in the twenty-first century; in 1948, Kinsey described an individual sharing personal sexual information for the purpose of research as “dangerous” (p.35). Kinsey and his colleagues studied the phenomenon of sex in what became one of the most renowned and maybe most controversial studies around sexual behaviors. Research continues to update Kinsey’s findings, each time increasing the body of knowledge and progressing the reputation of sexology. Unfortunately, the taboos around sexuality, though weakening, persist. Dr. Alan Gregg, Rockefeller Foundation, Director of Medical Sciences writes:

As long as sex is dealt with in the current confusion of ignorance and sophistication, denial and indulgence, suppression and stimulation, punishment and exploitation, secrecy and display, it will be associated with a duplicity and indecency that lead neither to intellectual honesty nor to human dignity. (Kinsey, 1948)

It has been 56 years since Kinsey’s initial battle—presenting sexology as a discipline worth being viewed independently. The field still calls for a continuation of the dialogue, structuring of the foundation, and a beginning with its own set of limitations and conduct.

### **Statement of the Problem**

There is a lack of phenomenological research around retrospective recounting of individuals' first intercourse experiences (Weis, 1998). Rich, deep interviewing may show that rite of passage, colloquially expressed as "losing virginity," is a more personal experience than can be quantified. The problem is the absence of a strong beginning for sexology. Kinsey, Masters, Johnson, Freud, Ellis and the like made serious moves in the field of research but since studies have been unsteady and criticized at the hands of any contender. There is nothing in place that has catalyzed the future or grounded the studies to date.

Sexology, defined as the study of sex, a field in and of itself, is just recently being recognized as independent from the mainstream disciplines. It has been umbrellaed under the framework of other headings since human sexuality was integrated into formal education. For this reason, sexology is built on a foundation that does not consider the subject's unique nature. There needs to be a strong beginning to expand the qualitative menu and in turn enrich the sexological quantitative research. Many of the theories and models to approach sexology have revolved around anthropological, psychological, and biological structures. Sexology needs theories and operations of its own making.

An overdue study looking at the phenomenon of an individual's first sexual experience faces the problem by acting as the cornerstone for sexology. To accomplish this study, the researcher identified and interviewed participants of varied sexual self-disclosure levels about their first sexual intercourse experiences.

## **Research Questions**

### *Central Question*

What textural and structural statements do all individuals share when asked about their first intercourse experience (FIE)? What commonalities are there in how and what participants experienced the first time they had sexual intercourse?

### *Sub-questions*

1. How do individuals describe their first intercourse experience?
2. How do individuals classify their memories? Were the experiences positive or negative?
3. What were the precursors to the event?
4. What happened following the experience?
5. Was there a change in the individual's perceptions from pre-FIE to post-FIE? If so, what were the changes?
6. How does each individual define first intercourse?

### **Significance of the Study**

This study used a type of qualitative research (phenomenology) to look at the experience of having sexual intercourse for the first time. As a phenomenological claim, the study intended to accomplish the objectives of a phenomenological study described as: “(a) returning to the traditional tasks of philosophy, (b) suspending all judgments about what is real to create what is known, (c) explicating the intentionality of consciousness, and (d) refusing the subject-object dichotomy” (Creswell, 1998, p. 53).

Since its origins in Greece, philosophy has veered away from an effort to acquire knowledge through formal teachings and moved towards empiricism. While phenomenologists focus their attention on the senses, the inspection is less about science, thus rotating philosophy back to the tradition of wondering. This wondering occurs without presupposition on the order of epoché; this or any phenomenology makes no assumptions or judgments. The belief is that there is no delineation between the subject and the object. Without one the other cannot exist. The consciousness is what makes an object what it is and without that mental representation, it is nothing. In these distinct ways, this study is significant. It pulls away from what is known to conceive the truth of consciousness (Creswell, 1998).

As a qualitative ilustrament<sup>1</sup> this study again showed substantial standing as it aimed to: “(a) extend the work that has been previously done, (b) avoid the mistakes and/or errors that have been previously made, (c) serve to develop stronger collaboration between existing initiatives, and (d) be unique since it does not follow the same path as previously followed” (Levine, n.d.).

### Glossary

**Bracketing:** Bracketing or epoché is “the process of data analysis in which the researcher sets aside, as far as is humanly possible, all preconceived experiences to best understand the experiences of participants in the study” (Moustakas, 1994).

**Candidate:** In this study “candidate” refers to an individual who is being assessed as a potential participant in the study.

---

<sup>1</sup>**ilust-ra·ment** *li-'ləst-rə-mənt\ n -s* **1** : a qualitative assessment of an instance or set of instances made by examining the perceptions of senses: EXAMINATION **2** : a technique to frame a vivid representation of one's narration or illustration of phenomenon **Antonym:** measure.

**Clustering of Meanings:** A part of content analysis specific to phenomenology where the researcher groups statements according to themes or “meaning units” (Moustakas, 1994).

**Coitus:** In this study “coitus” will remain subjective and defined by each participant as s/he categorizes the experience of coitus be it oral, anal, or vaginal contact regardless of penetration or orgasm.

**Content Analysis:** A research tool used to determine themes, trends, and patterns from qualitative data collection (Moustakas, 1994).

**Criterion sampling:** Nonrandom selection of participants for a study, chosen to be involved because they meet certain qualifications for the study (Creswell, 1998, p. 118).

**Epoché:** See bracketing.

**Exhaustion:** See saturation. In the context of this study, exhaustion refers to the degree to which the participant’s narration is complete and requires no more probing to uncover additional information about the phenomenon.

**Experience:** The state of participating in and/or directly observing an event by which one is affected and/or gains knowledge (Mish, 2004).

**Essence or initial invariant structure:** In a phenomenological study the core of an experience reduced from the textural (what) and structural (how) elements to the “essentials” typified by all study participants (Moustakas, 1994).

**First Sexual Intercourse (FIE):** The initial experience of coitus where arousing physical contact occurs between individuals involving the genitalia of at least one of the participants (Mish, 2004).

**Horizontalization:** In a content analysis, the process of listing all relevant statements made by participants and assigning them equal value (Moustakas, 1994).

**Illustrament: 1:** A qualitative assessment of an instance or set of instances made by examining the perceptions of senses **2:** a technique to frame a vivid representation of one’s narration or illustration of phenomenon **3:** to assess the quality of an instance or set of instances through examination of the perceptions of senses **4:** to frame a vivid representation of one’s narration or illustration of phenomenon  
**Antonym:** measure

**Intercourse:** In this study “intercourse” will remain subjective and defined by each participant as s/he categorizes the experience of coitus be it oral, anal, or vaginal contact regardless of penetration or orgasm (Laumann et al, 1994).



**Intentionality of Consciousness:** “This idea is that consciousness always is directed toward an object. Reality of an object, then, is inextricably related to one’s consciousness of it. Thus, reality, according to Husserl, is not divided into subjects and objects, shifting the Cartesian duality to the meaning of an object that appears in consciousness” (Creswell, 1998, p.53).

**Lose Virginity:** Colloquial phrase for any variety of sexual acts determined subjectively as the transition from virgin to a non-virgin be it oral, anal or vaginal sex (Carpenter, 2001).

**Participant:** In this study “participant” refers to an individual who has taken and returned the Revised Sexual Self-Disclosure Scale and agreed to participate in the interviewing portion of the study.

**Phenomenon:** A fact or event processed empirically (Mish, 2004).

**the phenomenon:** “The central concept being examined by the phenomenologist. It is the concept being experienced by subjects in a study, psychological concepts such as grief, anger or love” (Moustakas, 1994).

**Purposive sampling:** Nonrandom selection of participants who have experienced the phenomenon and have the ability to communicate what happened and how (Davey, 1999).

**Revised Sexual Self-Disclosure Scale (SSDS-R):** “Self-report 5-item Likert-rated scale that measures the degree of discomfort associated with self-disclosure of sexual matters. The items assess respondents’ self-reported ease or difficulty with disclosing sexuality information in different contexts and interpersonal situations” (Graham et al., 2003 & Snell, 1997).

**Saturation:** See Exhaustion. In the context of this study, saturation refers to the complete exhaustion of information about a person’s first experience with sexual intercourse to the point that no more can be added to the account; usually characterized by the repetition of material already reviewed without additional insight or complete silence.

**Self-disclosure:** “What the person says about him/herself” (Catania, 1999).

**Sex:** See coitus and intercourse.

**Sexual Onset:** The beginning of a person’s sexual activity often characterized by the first time s/he has intercourse.

**Sexual Competence:** The extent to which a person’s sexual relations possess these three attributes: “absence of duress and regret,” “autonomy of decision,” and “use of a reliable method of contraception” (Wellings et al, 2001).

**Sexuality:** “All of the sexual attitudes, feelings, and behaviors associated with being human. The term does not refer to a person’s capacity for erotic response or to sexual acts, but rather to a dimension of one’s personality” (King, 2002, p. 2).

**Structural Description:** A report of the content analysis answering *how* participants experienced the phenomenon in question (Moustakas, 1994).

**Subject-Object Dichotomy:** The concept that the person and the phenomenon s/he experiences are divisible. In a phenomenology, the researcher tries to eradicate this separation between the subject and the object, refusing a mutual exclusion for a belief that one (the subject) is nothing without the other (the object).

**Textural Description:** A report describing *what* the study participants experienced compiled from meaning units based on the content analysis (Moustakas, 1994).

**Transferability:** Applicability of qualitative research findings to other contexts and individuals; similar to the measurement of external validity used in quantitative research (Davey, 1999).

**Trustworthiness:** The extent to which a researcher characterizes a participant’s honesty and completeness; similar to the measurement of internal validity applied to quantitative research (Davey, 1999).

## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this study was to approach the field of sexology from its roots. Having grown from foundations in other disciplines, sexology is sadly inefficient. Using the models and suppositions of other social sciences prevents sex research from gathering and processing sexual information effectively. There are gaps in the methodology and theory because they are based on fundamentals other than sex, thus inhibiting sexology's potential to flourish as an independent field. Researchers need to reexamine the essence of sex and from there generate sex-specific theories and methods for conducting their research.

In short, sexology has to set aside how it is defined by other fields and begin again from the soil of sex's essences; it needs to free itself from how it has been defined and take direction from the its own specialized nature. This approach, termed phenomenology, encourages confronting the information with a naïve demeanor—all that is understood comes from what those being studied share of their experience. In the case of the phenomenon of first sexual intercourse, the researcher is to overturn assumptions and seek revelations of thought as if the data was being studied for the very first time during the interviews (Ihde, 1986).

Learning by doing or pragmatism is an important construct of phenomenology to consider (Ihde, 1986). This means the picture of the chosen phenomenon should be conceived strictly from the participants as if this is the researcher's only observation. Phenomenological theory is applied to this study in order to illustrate a possible foundation for the field of sexology without the bias of other disciplines. The goal is to

set aside what is already known in favor of what has happened to others. Again, doing the work is how a researcher learns how the phenomenology operates. The researcher is a blank slate; as she listens to participants unveil the meaning in their first sexual intercourse experiences, the foundation for sexology is built.

Almost contradictory, however, to the blank-slate role of the researcher is reviewing the literature. In a phenomenological study where it is essential to bracket, “as far as humanly possible,” one’s ideals, beliefs, and knowledge about first sexual intercourse seeking more information, by studying what has already been done challenges this act of “setting aside” preconceptions (Creswell, 1998). Russell Davey recommends reviewing the literature *after* collecting the data so the results of other research in no way influence the image the phenomenological data will create (Davey, 5.2, 1999). After the interviews, he recommends a review of literature to elaborate on what has been collected in experiential form of the phenomenon (Davey, 5.2, 1999). This excerpt from Davey’s presentation of phenomenology as it relates to rigorous sex research further prescribes composing a review of literature post-data collection rather than before:

Though practical considerations may have necessitated an initial literature review (for students seeking candidacy, or for researchers seeking funding), withholding until this stage may be seen to be advantageous as information gained from literature searching can influence phenomenological investigation (thus strictures of epoché) (Davey, 5.2, 1999).

Epoché is the act of relinquishing the ideas and facts researchers have about a certain phenomenon in order to accept the truth of experience as those who have chosen to describe the event relay it. Reviewing literature increases the body of knowledge one has to bracket and hinders productivity in many ways.

While this is credible and sensible in light of phenomenology, a pre-data collection review of the literature is arguably important for these reasons: (a) it reduces error in the conduct of qualitative research of specific phenomenology by delving into the challenges of similar projects, (b) it presents what pre-existing ideals, beliefs, and knowledge should be bracketed by the researcher and participants in order for the essences of first sexual intercourse to be isolated, and (c) it establishes codes of sexology research in lieu of recruitment, research design, and analysis.

### **Sex Defined**

In studies discussing sexual behaviors and/or attitudes of the participants it is necessary to define what is meant by the word sex (King, 2002). Across cultures and orientations as well as between partners in a relationship there are a myriad of acts that constitute 'having sex' (Carpenter, 2001). In the college text *Human Sexuality Today*, the terms 'sex' and 'had sex' are loosely defined by the National Health and Social Life Survey as, "any mutually voluntary activity with another person that involves genital contact and sexual excitement or arousal, that is, feeling really turned on, even if intercourse or orgasm did not occur" (Laumann et al., 1994). For the purpose of a study focused on the first experience of sex, however, the definition might be narrowed to vaginal intercourse, penetration, or the means by which the individual lost his or her virginity. Differences in gender, orientation, and age result in varied responses about what event signifies first intercourse experience (Carpenter, 2001). Historical indicators like a broken hymen or wedding night are no longer strictly implicative of first coitus (Bishop & Osthelder Eds., 2001). What a person considers having sex for the first time or losing virginity is

subjective (Carpenter, 2001). Choosing whether or not to close the definition, and how, reflects the type of research design.

In a study done by Laura Carpenter, 61 individuals, both men and women, were asked what behaviors they would label as 'losing virginity' (Carpenter, 2001). Of this population, all participants felt vaginal-penile intercourse qualified as virginity loss if it met the condition of being "the first partnered sexual activity in which a woman or man had engaged" (Carpenter, 2001). Approximately one-fourth of all the respondents included first oral-genital contact in the definition of 'virginity loss,' and 56% considered anal sex to be under the umbrella of having sex (Carpenter, 2001). The discrepancy can be attributed to acknowledged differences in sexual orientation. Traditionally, the heterosexual loss of virginity implies vaginal penetration by a penis (Klein, 2004).

For a homosexual person, lost virginity may involve this act (a heterosexual experience although the person identifies her or herself as homosexual) or alternatively that person's first experience with cunnilingus, fellatio, or anal intercourse (Klein, 2004). Virginity loss, according to 61 participants in Carpenter's study, meant different acts depending on the orientation of the persons involved (2001). Half of the respondents from Carpenter's study allotted separate standards for each orientation. Losing virginity was characterized by one behavior for heterosexuals, another for lesbians, and a third for gay men. Contrarily, the other half of participants equalized all three types of sex (oral, anal, and vaginal) despite the type of relationship, be it between same sex or opposite sex partners (Carpenter, 2001). For this group, participating in any of these three types of sex was tantamount to losing virginity.

Carpenter's study offers a wealth of information about how people identify themselves as virgins or non-virgins. Patterns in age, gender, and orientation (previously discussed) create frameworks for qualifying a person's first intercourse experience. One of Carpenter's most significant findings is that sex's conception goes beyond the body, into the mental and emotional dimensions of an experience. When asked to determine rape's place in their meanings of first intercourse, Carpenter found respondents in the study were almost evenly split in their beliefs around rape as sex (2001). Some felt sex was more than the physical act, arguing that other factors (such as quality of the relationship, "experience gained," and element of consent) not present during a rape eliminate it as an act resulting in the loss of virginity (Carpenter, 2001). The counter perspective was much less versatile, discounting the nonconsensual characteristic of the event to maintain the original script. Interestingly, more female participants (66%) than male (50%) refused to label rape 'virginity loss.' Furthermore, of the nine rape survivors in the study (8 female, 1 male), all nine believed virginity could not be lost through coercion. This shows women, more so than men, disassociate sex and rape. Carpenter suggests that the gender differences and the unanimous agreement in the survivor group against rape as sex may relate to women's higher levels of susceptibility and increased likelihood of having experienced sexual assault (2001).

Carpenter's study explicates the ambiguity of 'having sex,' labeled 'losing virginity' or 'first intercourse experience' (2001). From 61 participants, she collected literal (previously discussed) and metaphorical interpretations of virginity (Carpenter, 2001). The metaphors reported by participants compared 'loss of virginity' to giving a gift (n=30), a process or rite of passage (n=34), removing of a stigma (n=23), and an act

dishonoring God (n=2). Some of the participants felt more than one of these metaphors described the meaning of the experience (Carpenter, 2001). Few studies ask more deeply than Carpenter how individuals come to feel the way they do about their sexuality or its meanings.

Sex researchers find it advantageous to clearly operationalize 'sex' when inquiring about sexual behaviors and attitudes (Sanders & Reinisch, 1999). It prevents a type three error--solving the wrong problem precisely. By controlling the meaning of the word, researchers can reduce the possibility of participants addressing a behavior other than the behavior of interest. The diversity of definitions illustrated by Carpenter's study supports the value of establishing what the researcher is referring to when s/he employs the word 'sex' (2001). Without clarity of meaning a person might not know how to respond and think to herself, "Does the researcher mean when his penis touched my vagina for the first time or when he went all the way inside me? What if he went inside but didn't come; does that still count as having sex?" How the interview questions are worded can manipulate how the questions are answered (Smith, 1999). Ascertaining what is being asked of the participant and what parameters distinguish the event from all others assures that each participant answers the same question.

In contrast to the aforementioned pro-operationalized statement, the phenomenon of having sex for the first time may be less about the technicality of body part placement and more about defining the moment. Allowing participants to answer questions based on what sex means to them individually produces more enriched data than objectifying the experience. In Doris Riemen's phenomenology of caring interactions she defined her phenomenon between clients and nurses in the following manner:



*Essential structure of a caring nurse-client interaction—description of the answer to the question of “What is essential for the experience to be described by the client as being a caring interaction? Caring and noncaring interactions are not defined by the researcher but by the client in his verbal descriptions” (Riemen as cited in Creswell, 278).*

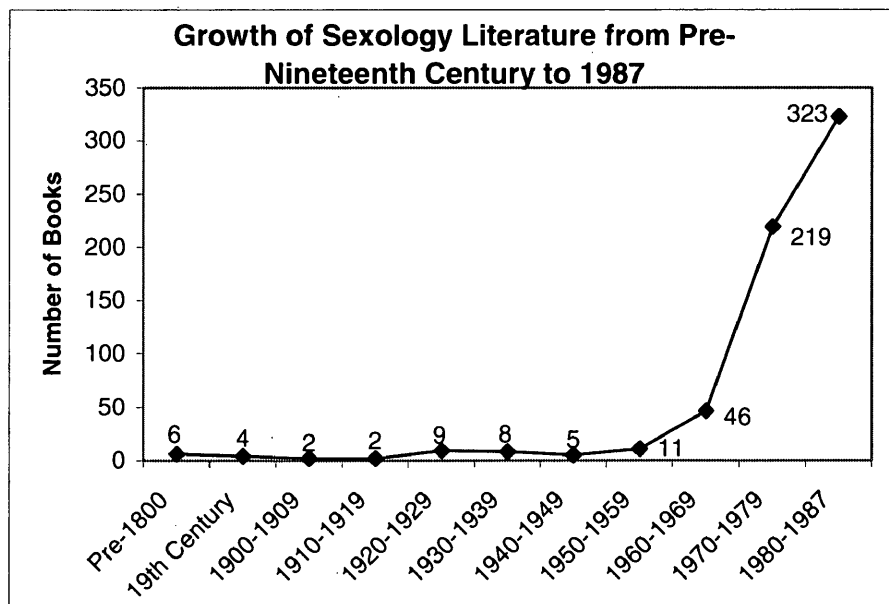
As long as the participant’s meaning of the phenomenon of interest is disclosed, there are instances where leaving words unoperationalized better suits the research. Phenomenology especially thrives on how the participant classifies the experience. Sex, first intercourse, coitus, and/or losing virginity are just nominal symbols to which the individual attaches meaning. Relying on what researcher may consider sex, or how society portrays the experience, is actually what the principle of bracketing tries to eliminate. This is a more personal style of data collection, where a technique like the interview is ideal, in that it can revolve around what the researcher finds to be the interviewee’s own meaning. Letting participants start the interview with their own definitions and continuing to answer questions based on the meaning of sex to them reveals the story in the flat terms of the phenomenon perceived rather than as a concept built by formulation of others’ meanings.

Sex, be it defined or left for interpretation, is multidimensional. Its meaning *is* subjective, and while researchers may labor over specifying its definition for consistency of responses, knowing how the participant would categorize his or her first intercourse experience strengthens the essence of the phenomenon more so than setting strict parameters.

## Sex Research

In 1926, the First International Congress for Sex Research held in Berlin, allowed sex researchers an opportunity to formally exchange their findings (King, 2002, p. 17). The revolution in sex research as it is practiced today, however, did not occur until Alfred Kinsey, joined by Wardell Pomperoy, Clyde Martin, and Paul Gebhard, published their studies of human sexuality in 1948 and 1953 (King, 2002, p. 17). Kinsey's expansive collection of data laid out a blueprint for many projects to follow. Qualitatively and quantitatively, students of the field delved into the products of his study to expand the body of knowledge. Before the 1800s, there were a total of six works of sexual literature (Frayser & Whitby, 1987, p. xii). As of 1987, when *Studies of Human Sexuality* published its last count, the total number of books had increased to 627, excluding articles and volumes within a text (Frayser & Whitby, 1987, p. xii). The succeeding graph diagrams the rise in published sexual literature over time.

**Graph 1: Growth of Sexology Literature**



[Graph by Lindsey Doe, 2004 based on data from Frayser & Whitby, 1987]

Kinsey's research, like a catalyst for the field, contributed significantly to the raft of publications to date. In the decade following his first publication, the amount of literature doubled, and then 20 years following, the literature published per year multiplied again, nine fold. Four major academic journals reserved their pages for sex research; *Archives of Sexual Behavior*, *Canadian Journal of Human Sexuality*, *Journal of Psychology and Human Sexuality*, *The Journal of Sex Research* and many more looked to the field for answers (Wiederman & Whitley, 2002, p. 1). Universities and colleges around the world added Human Sexuality departments to their campuses. In San Francisco, the Institute for Advanced Study of Human Sexuality began educating students to become Doctors of Sexology. Leaders, namely Joycelyn Elders, Albert Ellis, Eve Ensler, Shere Hite, Virginia Johnson, Judith Levine, William Masters, and Ruth Westheimer, made their presence known by justifying a cause—sex research (King, 2002, p. 18; Bishop & Osthelder Eds., 2001, p. 377). Kinsey's voice echoed in men and women who challenged moral thought, experimented, and opened public facilities promoting what Dr. Ruth coined, "sexual literacy" (Westheimer, 2004).

Although sexology's growth has been exponential, it is divided. One perspective values sex as an aspect of wellness. The other views it a something to repress or prevent. In a review of sex research in the United States, Diane di Mauro criticized the latter by stating, "much research focuses on sexuality as represented by risk ...sexuality is negatively viewed as the source of problems and disease rather than an integral part of human development and health" (di Mauro, 1995, p. 3). She and her colleagues argued that focusing on reduction and prevalence of trouble-factors around intercourse was antagonistic to sexual health promotion (Wellings et al, 2001).

When politics began monopolizing sex education in 1996 with abstinence-only curricula, political control over what was taught carried over into what was researched. The government created the appearance of sexuality as “harmful to minors” and placed federal funding in the hands of researchers who might affirm this belief (Levine, 2002). Consequently, the search for numbers to generalize across the nation increased the call for quantitative research and upset the balance between qualitative and quantitative approaches (Levine, 2002). Studies, originally geared towards theory and science, were redirected to identify sex risk factors and consequences. Sex took on the role of disruption, the cause or outcome of various problems, and hardships. It was an issue to resolve, not necessarily to understand.

Fortunately, the imbalance of sex research did not detract from the spirit of the field. Studies imbued with political interest were not all opposed to sexual competence; some supported comprehensive sex education (Levine, 2002). Findings in support of healthy sexual choices were not obscured either.

Those studies reporting relationships between sex and variable factors relayed numerous areas of concern. Jonathan Tubman and Michael and Rebecca Windle from the Research Institute on Addictions indicate early sexual onset and continued sexual activity are “associated with more childhood problem behaviors, earlier alcohol use, and higher levels of preadolescent antisocial behavior” (1996). Dennis Hallfors and associates meta-analyzed studies of youth substance use determined that truancy, low GPA, and recent sexual activity are risk indicators to be used in order to predict a student’s drug use susceptibility (2002). Related to these results, increasing school performance and aspirations for education and the future disassociated students from risk-taking behaviors

(Kirby, 2002). In his study of school characteristics, Douglas Kirby concluded programs that increased positive attachment, career encouragement, and attendance had a higher likelihood of delaying sex, improving use of condoms and contraception, or reduced occurrence of pregnancy and birth rates (2002). Results of Tubman, Windle and Windle, Kirby and Hallfors's studies correlate early sexual onset to a range of determinants/costs. Charolette Paul reinforces the many correlations, observing personal factors highlighted by Tubman, Windle and Windle, and school-related factors targeted by Hallfors and Kirby have more influence on age of sexual onset than family characteristics and socioeconomic status (2000).

While it may be concluded that family characteristics play a small role in sexual onset, there are findings around family's impact worth confronting. In a longitudinal study of the impact of father absence on sexual activity and teenage pregnancy of daughters, 242 Americans and 520 New Zealanders were studied from around age five to eighteen (Ellis et al, 2003). The daughters whose birth fathers were absent before and including age five, were five and three times more likely to become pregnant during adolescence in the U.S. and New Zealand respectively. They were also found to have higher rates of early sexual activity than girls whose fathers were absent later in life and girls whose fathers were present (Ellis et al, 2003).

A deeper look exposes more antecedents. Where condom availability is the independent variable and age of sexual onset is the dependent variable, researchers hypothesize yet another correlation. In 2003, a cross-sectional study of Massachusetts' schools refuted the argument opposing condom availability in schools, reporting that

there was no significant difference in the age of onset between schools with condom availability programs and schools without these programs (Blake, 2003).

Perhaps the decision to be sexually active is made regardless of the lifestyle or environment of the individual. A heterogeneous sample of 200 California public high school teenagers, with a mean age of 15.41 years, was asked what “criteria” they applied to their decision to have sex. The researcher found criteria to be subjective, relying on a narrow set of the individual’s emotions. Little consideration was paid to “reality-based conditions” or “consequence-based criteria” (Wood & Schramm, 1996). Choosing to have sex had to do with a feeling of being ready, independent of any variable science can measure.

The Centers for Disease Control and Prevention’s biannual survey of youth sexual behavior reports 45.6 percent of the participants surveyed had experienced first intercourse (2001). Grade level, ethnicity, type of sex, and orientation, were examined, as well as the participants’ histories, partners, drug-use, and method of contraception, if any. No percentages accounted for the reasons 45.6 percent of participants opted to engage in sex rather than delay onset (SIECUS.org, 2001). Research claims to have found distinct motives that characterize what is happening during sex. Unfortunately, too few of these claims applied theory to the findings and/or looked at the phenomenon in its entirety (Wiederman & Whitley, 2002).

The closest study to drawing the full picture of first sex was done in 1998. Kirstin Mitchell and Kaye Wellings sought out the role of anticipation and communication in light of first sexual intercourse by asking teenagers about their experience (1998). The investigation closely relates to this current study of sex research. Both are qualitative

studies exploring the accounts of first sexual intercourse as interviewees share them. Mitchell and Wellings' sample selection was based on geography, with the intention of ascertaining the benefits of obtaining a range of experiences without taking on a burdening project. These participants were professionally recruited by a hired agency that offered a monetary incentive to partake. Meeting with young people in England, the researchers explored the roles of communication and anticipation in the experience of first intercourse. Topics imbedded in "semi-structured" interviews encouraged interviewees to discuss "asking people out," "first sexual experiences," and "talking about sex with friends," among others (Mitchell & Wellings, 1998). From their results, Mitchell and Wellings identified numerous trends regarding how young people experience first intercourse; unlike the current study, however, the purpose was not to extricate the phenomenon.

Sex research expedited by Alfred Kinsey through the years to Mitchell and Wellings' has impressed the present study with the standards each of these researchers set for the bold task of researching sex. In sexology there are many considerations to be aware of and challenges to surmount (Wiederman & Whitley, 2002, p. 2). The social climate and controversial nature of the subject matter provoke obvious trouble spots. The aforementioned studies have faced conflict and made the field stronger in doing so. Where they fell short was in devising principles of their own from which to grow. Traditionally, sex researchers work from the foundations of other sciences (King, 2002, p. 17). With a background in a mainstream field like psychology or biology, researching sex is performed from training developed by other genres such as these (Wiederman & Whitley, 2002).

Reviewing the literature provides a basis which further research can complement or extend. However, in the context of sexology, it is more essential to institute a beginning. Multiple vantage points confirm the top-heavy arrangement of the field. Sex is being described and arranged by other disciplines. The theories and principles used to conduct research come from outside the field. The proverb from James Agee's *Let Us Now Praise Famous Men* reiterates the disadvantages inherent in this structure: "The eagle never lost so much time as when he submitted to learn of the crow" (Zaner, 1970). While there are advantages to studying sexuality from perspectives other than its own, there is a point at which it is necessary to stop learning from the crow how to fly and learn that an eagle is actually meant to soar. Other disciplines, theories, and designs have amplified the experience by implementing their strategies; now research needs to specify the fundamentals of sex by looking at it phenomenologically.

### **Phenomenological Claim**

The definition by name of phenomenology is the study of phenomena (Ihde, 1986, p. 29). Everything learned, understood, or thought to be true is ignored as "far as humanly possible," and the only information acknowledged as certain is what the researcher gathers from the participants (Creswell, 1998). Essentially, nothing is known; everything is told, and the result is the consciousness of the lived experience (Creswell, 1998, p. 51). Listening with a childlike fascination, the phenomenological researcher is fixed with the how and what in its most genuine state and from this analyzes the collected data as being the solitary reality.



The goal is to find meaning in the content and presentation of the experience or phenomenon. The content exists as the “invariant structure” or essence of a phenomenon and the presentation refers to the “intentionality of consciousness” (Creswell, 1998, p. 52). A culmination of what memories the conscious collects from images and meaning and then how the experience or memory is communicated outwardly is the central drive for phenomenologists. As much as research is conducted to understand the phenomenon for its qualities, phenomenology maintains the connection of what is to how it is. Determining the essences of a phenomenon is a combination of the subject and the object. The essence is what happened in the mind of the participant--the appearance and empirical experience of a phenomenon.

Edmund Husserl, the principal philosopher of this method of inquiry, applies the appropriate maxim, “to the things themselves!” (Ihde, 1986, p. 29). As simply as it can be expressed, the study is hardly straightforward. Researchers using phenomenology undergo intense struggles with a very arduous process (Davey, 1999). Rather than speaking a language of familiarity, the researchers’ words are taken from them and they are immersed in a new language (Ihde, 1986, p.17). Even more radically, rather than being taught how to speak the new language, phenomenologists are expected to “sing” it (Ponty cited in Ihde, 1986, p.20). Novel concepts and methods become the vocabulary and the grammar of an old system where the meaning is learned from the music created by “singing” the phenomenon’s language.

One could argue the best way to portray what is, is to passionately accept results from the data as the only truth. Russell Davey, a student of this method presents, “This initial obfuscation can (and should) be met with an attitude of openness and a willingness

on the part of the researcher to allow the phenomenon to present itself” (1999). Phenomenology is like witnessing a phenomenon a second time as if it were the first time.

### **Phenomenological Structure**

Phenomenological research gathers its central data from in-depth interviews with a small group of eight to ten participants usually 8-10 (Creswell, 1998, p. 122). Telephone, focus group, and face-to-face interviews are three options to acquire the information. Choosing a type and a design revolve around the needs of the study and the reservations of the participants. For example, telephone interviews yield more truthful responses but miss the element of nonverbal communication, which an interviewer can use to read participants (Gribble et al., 1999; Kinsey, 1948). While the physical anonymity of being on the phone is more effective at obtaining information about sensitive sexual issues, face-to-face interviews are conducive to researchers' discovery of which issues are sensitive to discuss as shown by interviewees' body movements (Gribble et al., 1999). An argument promoting the use of focus group interviewing is the power of a collective voice. Cooperating with a group encourages members to yield the best responses (Creswell, 1998, p. 124). One-on-one confrontations over the telephone or in person may hinder a person's willingness to provide his or her story, whereas a group setting with the normative behavior of disclosing one's own experiences eases the hesitation to speak (Creswell, 1998, p. 124). The downfall of using focus groups is its incompatibility with all subject matters. Discussing sensitive behaviors such as FIE with a group of strangers

is not conducive to making participants comfortable disclosing what the American society deems a private experience.

When Alfred Kinsey researched human sexual behavior, he and his staff interviewed 12,214 participants (Kinsey, 1948, p.10). The responses they gathered were almost secondary to the knowledge attained from the process. So significant were the lessons learned that Kinsey dedicated an entire chapter in his report to the challenges and benefits of face-to-face data collection. Before outlining the factors that play into solid interviewing, Kinsey stressed why it is important to have a command of the skills and awareness of the use difficulties involved this type of data collection (Kinsey, 1948, p. 35). Regarding studies that rely on interviewing for data, Kinsey writes,

It is imperative that one become a master of every scientific device and of all the arts by which any man has ever persuaded any other man into exposing his activities and his innermost thoughts. Failing to win that much from the subject, no statistical accumulation, however large, can adequately portray what the human animal is doing (Kinsey, 1948, p. 35).

He goes on to list those qualities of a mastered interviewer, a total of 23 techniques including: the ability to establish rapport, avoid bias, and crosscheck accuracy (Kinsey, 1948, p. 35). Although the study is more than half a century old, recent work by other researchers supports Kinsey's reports as accurate descriptions of sexual interviews and their significance in comprehending a phenomenon.

Kinsey's first recommendation is to treat participants as a host does a guest (Kinsey, 1948, p. 47). To operate within this recommendation, Mitchell and Wellings conducted their interviews in the recruiter's home, where both the interviewers and interviewees would feel comfortable (1998). A neutral environment without interruption

is ideal for assuring privacy and establishing rapport (Kinsey, 1948, p. 47). However, not all situations are automatically comfortable with these components in play. One-on-one interviews should extend the setting to a place that is not only quiet and neutral, but also safe in order to maximize the comfort of both parties. Without compromising the confidentiality with whom the participants are, holding meetings in a reserved area of a public building can protect the subject's identity while reducing the risk associated with discussing matters (especially those related to one's sexuality) in a secluded, foreign environment with a stranger discussing matters of sexuality.

Recording during the interview is a procedure said to jeopardize the neutrality. Prior to Kinsey's studies, it was believed that taking minutes during a meeting interfered with the participants' willingness to talk openly. Kinsey learned that shorthand coding in the presence of the participants had no effect on the relationship and actually benefited the research by exposing *how* the participant responded (Kinsey, 1948, p. 50). Building a strong relationship is a combination of active listening, assuring privacy, and putting the respondent at ease.

An uncomfortable situation inhibits unbiased self-disclosure—a principal concern researchers have about interviewing. Participants are more likely to conceal information if they feel uneasy about where they are, with whom they are and how they are being perceived (Graham et al, 2003). Cynthia Graham asserts that regardless of protocol to account for a person's comfort, self-report measures of any kind are subject to self-disclosure bias (2003). Individuals asked to speak about themselves have a tendency to present who they are in a normative light. This form of self-deception is a way for men and women to manage the impression the researcher has of them (Graham et al, 2003).

Participant responses may also be hindered by recall bias. Like self-disclosure bias, this impedes valid data collection. Repression, denial, forgetfulness and/or drug or alcohol involvement hinders a person's ability to relay the story in full. According to Graham and associates, there are many factors that account for why a person might not be able to tap episodic memories, such as unpleasant circumstances or indifference to what happened (2003). Events associated with stronger positive emotions were easier for subjects to recall. Also, the point in time of the experience could alter recall bias. Responses differed depending on whether or not the behavior of interest was part of a person's teen or adult years. The closer the phenomenon to adulthood, the less likely respondents were to share answers. Frequency too, plays a role. A salient experience like having sex for the first time is less at risk for recall bias than inquiries about a person's current or present sexual relations because first sex is not frequent (Graham et al., 2003).

Due to the fact that this research study was a phenomenology of persons' first intercourse experiences as they related to their sexuality to date, it is valuable to know the most effective ways of interviewing participants. The essences as descriptions only came from eight accounts of the experience, hence, the techniques to obtain exhaustion had to be studied and practiced. The literature written in regards to defining sex, conducting sex research, doing phenomenology, and interviewing served as a tool for enhancing the body of knowledge. It allowed the researcher to collect data to as previous studies had recommended and subsequently derive meaning from what the interviewees said in the time they were with the researcher. Failure to use methods and knowledge that was useful may have resulted in weaker data. By reviewing what has already been done, the research to proceed was prepared.

## Illustrament

Illustrament was a term coined by the researcher of this study to benefit the evolving language of qualitative research.

**<sup>1</sup>i·lust·ra·ment** \i-ˈləst-rə-mənt\ *n* -s **1** : a qualitative assessment of an instance or set of instances made by examining the perceptions of senses: EXAMINATION **2** : a technique to frame a vivid representation of one's narration or illustration of phenomenon **Antonym:** measure.

**<sup>2</sup>i·lust·ra·ment** \i-ˈləst-rə-mənt\ *vb* -ED/-ING/-S **1** : to assess the quality of an instance or set of instances through examination of the perceptions of senses: EXAMINE **2** : to frame a vivid representation of one's narration or illustration of phenomenon: FRAME **Antonym:** measure.

The qualitative nature of this study found a deficit in the application of a quantitative term, measure, to fashion the qualitative procedures and wondering used to arrange the qualitative data. With the encouragement of a scholar and a return to roots of language the following terms were conjured by the researcher to give proper origin to the unique character of processing qualitative results:

- 1) **il·lus·trat·i·o·a·men·su·ra** - n. illustration without measure
- 2) **sen·so·scrip·t** - v. record of the senses
- 3) **sen·so·spect** - v. examine the perceptions of the senses
- 4) **exam·via·senso** - v. examine through the senses
- 5) **spect·via·senso** - v. examine through the perceptions of the senses
- 6) **sen·so·spect·scrip·t** - v. record of the examination of the perceptions of senses
- 7) **il·lus·tra·ti·o·scrip·t** - v. record of vivid representation
- 8) **il·lus·tra·ti·o·spect·ion** - n. examination of a vivid representation

From these eight productions, and the shuffling of words with pertinent meaning, the term *illustrament* was coined to do for qualitative research what measure does for quantitative research. When participants retrospectively narrate an image of what and how they experienced sexual intercourse for the first time, the researcher's job to capture

the instances is the act of ilustrament. Just as framer puts bronze plated borders around an artist's oil painting, ilustramenting is emphasizing what is there and presenting it to the public as a meaningful image from a portfolio of sketches.

## CHAPTER III

### METHODOLOGY

#### Central Research Question

What textural and structural statements do all individuals share when asked about their first intercourse experience? What commonalities are there in how and what participants experienced the first time they had sexual intercourse?

Using research design specific to phenomenology, the study collected data through in-depth interviews with eight participants of varied levels of sexual self-disclosure. Subsequently, the results were analyzed in a process of clustering, horizontalization and both textural and structural description to reduce and refine the essences of first sexual intercourse.

#### Population and Sample

##### *Population*

The population for this research study consisted of all students who attended the Human Sexuality class lecture on the designated date; all students who saw and read the recruitment flyers posted on the first and second floor main entryways in McGill Hall, and anyone who heard via the snowballing technique about this study and the need for participants.



### *Purposive/Criterion Sample*

The sample consisted of equal numbers of male and female volunteers from the Missoula community recruited purposely through convenience sampling to assure all subjects met the following criteria:

- At least 18 years of age
- Experienced sexual intercourse at least once
- No history of sexual assault prior to first sexual intercourse

These criteria were met by individuals who took the Revised Sexual Self-Disclosure Scale (Appendix B) and gave verbal confirmation of suitability for the study based on the above qualifications.

This type of study is not limited to a certain cohort. Everyone who met the criteria listed above was encouraged to partake, regardless of their ethnicity, sexual orientation, gender, socioeconomic status, or generation; however, the researcher controlled the sample to include an equal number of males and females.

### **Delimitations**

The delimitations of the study were as follows:

1. The study was delimited to Missoula community members over 18 years of age.
2. Participants have had sexual intercourse and are willing to share their sexual history and current activity.
3. Participants in the study are volunteers.
4. Data was collected from face-to-face interviews conducted by the researcher.

5. Interviews took place in a private, neutral room in McGill Hall on the UM campus.

### **Limitations**

The study is limited by the following factors:

1. Data was limited to the voluntary participation of individuals who respond to fliers or word-of-mouth.
2. Data was limited to what participants were able to recall.
3. Data was limited by the willingness of the participants to share information about their sexuality.
4. Accuracy, honesty, and quality of responses depended on the respondents.
5. Data was limited to what participants were able to share with a young, female interviewer.
6. Data was limited to the ability of researcher to 'bracket' her knowledge, beliefs, and common understandings about first intercourse.

### **Protection of Human Subjects**

All candidates and interviewees consented to participate in the study as it complies with The University of Montana Institutional Review Board. The information collected was and will be kept confidential. Neither the subjects' names nor any other identifying information is included in reports or other materials related to this study. Data was stored in a locked filing cabinet in a Health and Human Performance office at The University of

Montana whereby any information pertaining to participants' identities was destroyed at the end of the end of the study.

## **Nature of Selected Participants**

### ***Recruitment***

#### ***Flyers***

Flyers describing the purpose and structure of the study were posted in McGill Hall to recruit a pool of candidates (Appendix D). These flyers were posted on both floors and at entryways of the building where students attending classes in the building, not limited to the HHP major, could see them. There was a fair amount of diversity in this population. Mostly, the location was chosen to give individuals interested in the study easy access to the front desk where the research packets were distributed and returned.

#### ***Script***

In order to account for the flyers not recruiting a sample size of 12-14 participants; eight to ten for the research, and an additional four to account for attrition and pilot studies, the researcher also recruited subjects by visiting The University of Montana Human Sexuality class. During the spring semester the researcher scheduled a date with the instructor, Garry Kerr, to address the class. On the scheduled date, the researcher went to the classroom ten minutes before it ended and during the last five minutes shared a brief description of the study and requested participants (Appendix J). After making this announcement, students were told research packets were available to pick up from a designated desk close to the front exit of classroom if they were interested in obtaining

one. If a person could not pick up a research packet at this time, they were given the original option of going to the McGill Hall front desk at a later date.

### ***Research packet***

When an individual saw the flyer, took an interest in the script, or was referred through snowballing, instructions were to request a Research Packet from the front desk of McGill Hall or the researcher directly. The candidate was then given a research packet; a manila envelope containing the following documents:

1. A copy of the *Candidate Informed Consent Form* (Appendix F)
2. Instructions on how to fill out the *Revised Sexual Self-Disclosure Scale* and what to do with the materials when completed (Appendix I)
3. Description of the study (Appendix J)
4. Demographics sheet (Appendix C)
5. The *Revised Sexual Self-Disclosure Scale* (Appendix B)
6. Resource List (Appendix G)

The first three items were yellow signifying they were materials the candidate should keep and not return. The demographic sheet and SSDS-R printed on white paper were referenced by color as the documents from the research packet that needed to be returned to the front desk at McGill Hall.

### ***Selecting Participants from the Pool of Candidates***

To ascertain the participant's willingness to discuss sexuality with the researcher, a SSDS-R was administered to all individuals interested in being in the study--candidates. Candidates were asked to complete and return this document to the front desk of McGill

Hall. As the research packets were collected, the desk attendants passed them onto the researcher who then assessed the contents, specifically scoring each of the SSDS-Rs based on William Snell's model. Snell's research study can be reviewed for a detailed description of the validity and reliability of his scale by reading his contribution to the *Handbook of Sexuality-Related Measures* (Appendix N).

The SSDS-R is a 5-point Likert scale where, "1= I have not discussed this topic with an intimate partner; 2 = I have slightly discussed this topic with an intimate; 3 = I have moderately discussed this topic with an intimate partner; 4 = I have mostly discussed this topic with an intimate partner; 5 = I have fully discussed this topic with an intimate partner" (Snell & Belk, 2001). Responses were broken down into frequencies; how many times did the candidate answer 1, how many times 2, how many times 3 and so on. To meet the researcher's expectation for high-level sexual self-disclosure status, the person had to have answered "I have discussed this topic with an intimate partner" to 40 out of the 72 questions (55%). Some topics may not have been applicable to a person's situation, thus "1," is the best option if the behavior, attitude, or feeling was never present. Overall, the researcher, considering the question being asked and the full picture of the responses, determined the level of sexual self-disclosure. Participants who scored high on the SSDS-R were spotlighted and recruited within the week by mail and telephone to be a participant in the study. Until the study's recruitment period had a deficit of high SSD candidates, candidates who scored less than high on the SSDS-R were not contacted for further research. After pressure to meet the eight-person minimum and a lack of volunteers who scored high on the SSDS-R, all individuals were mailed letters and telephoned to participate in the study.

The process of secondary recruitment (candidates to participants) consisted of first sending letters to the potential participants addressing:

1. Their interest in participating
2. A phone call in three days to schedule the initial interview
3. Description of the Study (Appendix J)
  - a. Purpose of the study
  - b. Significance of the study
  - c. Participant criteria
  - d. Interview format
  - e. Topics of discussion
  - f. “Credibility of the interviewer” (Catania, 1999).
  - g. Respondent confidentiality

After three days, when it was assumed the mail was received, the researcher called individuals and scheduled their interviews.

### **Data Collection**

A phenomenological study implies the use of methods created to go deep into the pool of data. The pilot study as well as the actual study emulated the model prescribed by Russell Davey to collect data (1999). In this model, the researcher (also transcriber and analyst) and the participants bracket their learned feelings and thoughts about the phenomenon so the knowledge or understanding of the experience is comprised of what the participant recalls from the past.

Implementing open-ended starter questions, the researcher probed each participant's memory of his or her experience of first intercourse. By tape recording and taking minutes of what was said and seen during each in-depth interview, the researcher gathered data to later be transcribed. This word-for-word document was then critically analyzed and interpreted for meaning, then shown confidentially to the participant for verification during a follow-up meeting between the researcher and participant. The participant could corroborate with what was written and if necessary elaborated on the story until saturation.

### *Interviews*

Interviews were scheduled to take three hours, allowing plenty of time for the participant to share his or her entire experience of first intercourse. The setting and probing questions varied but interviewer and strict confidentiality procedures remained constant.

### *Setting*

Interviews took place in an available conference room located in McGill Hall. Interview times were scheduled with the department's administrative assistant to assure no interruptions or time conflicts. The location was quiet, neutral, and limited in terms of how many people had keys to enter the room.

### *Interviewer*

The interviewer was a female graduate student in the Health Promotion emphasis of Health and Human Performance. She was responsible for acknowledging biases, conducting interviews, analyzing data, and composing the findings.

### ***Verbal Confirmation/Informed Consent***

At the scheduled meeting time the interviewer and participant broke the ice, then began the formalities of the interview. A list of the criteria every participant must meet was reiterated since it was last described in the research packet, and the participant was asked to confirm his or her ability to meet these qualifications (candidate's age, ability to effectively communicate without bias and reservation, and availability for extensive interviewing). Then, each participant was given the opportunity to ask questions or address concerns. Once every aspect of the procedure was settled and proceeding was verbally confirmed, the participant was asked to sign the *Participant Informed Consent Form*. Finally, a copy of the informed consent form was given to the participant, and the researcher began the interview with a brief description of the informal, mildly-structured style of the interview.

### ***Pilot Study***

This study employed a pilot test to increase the success of the sample selection process and to lay out a realistic interview schedule. The first two interviews conducted by the researcher were considered pilot tests and the results were not analyzed. The information gathered from these two interviews served to estimate the approximate time it would take to conduct an interview, the likelihood of a follow-up meeting, and potential trouble spots impossible to foresee without doing the actual interview. By practicing the procedures with these individuals, the procedures arranged for the actual interviews could be improved.



### *Interview Questions*

Sample open-ended questions asked at the start of the interview included:

1. How would you describe your first sexual intercourse experience?
2. Tell me about your first sexual intercourse experience.

If the participant needed direction, the following probes were meant to gain more information about the phenomenon:

1. Who was there?
2. What kind of relationship, if any, did you have with your partner before you had sex?
3. How would you describe the physiological response of your body?
4. Did you climax? Did you reach orgasm?
5. What do you think the experience was like for your partner?

Asking directly for information with the following questions was also a means to exhaust everything there was to say about the experience:

1. How do you define first intercourse?
2. Please describe what your first time was like.
3. How do you classify your memories? Was your experience of first intercourse positive or negative?
4. What happened leading up to the event?
5. What happened following the experience?
6. Was there a change in your perceptions from before sex to afterwards? If so, what were the changes?

### ***Ratio Observations***

The researcher computed and compared participants in their self-disclosure (measured and actual), timelines, and basic FIE characteristics to categorize their transcriptions and SSDS-R scores outside of artistic representation.

### **Content Analysis**

In order to derive conclusions about data, the researcher, in order to establish the reality of the phenomenon, utilized a content analysis. Via horizontalization the researcher began analysis by equalizing the value of all statements. Then, the researcher clustered the statements into themes or meaning units. Lastly, the researcher described the phenomenon texturally and structurally, writing for her audience the meaning of *what* participants experienced as well as *how* each person experienced the phenomenon of first sexual intercourse (Creswell, 1998 & Davey, 1999).

### ***Transcription***

Immediately following each interview, the researcher transcribed the dialogue from the tape recording into a computer document titled with the participant's fictitious name and date of the interview. Each participant's transcription was then printed and locked in the researcher's office in a secure file cabinet until the follow-up meeting. At the follow-up meeting, a hard-copy of the transcription was shown to the participant for him or her to review. If there were corrections or additions to make, they were annotated directly on the document and type-added after the meeting. When the participant and researcher

came to the consensus that the document was complete, the researcher analyzed the content of the final transcription.

### *Horizontalization*

From the approved, verbatim, typed interview, the researcher gave every statement equal value to every other statement regardless of the speaker or order in which it was discussed. Context was considered an important part of what was said and while there was a background understanding of the entire picture, comments were given the same weight so that statements the researcher had a tendency towards would not have priority over something the researcher subjectively marked inconsequential.

### *Clustering*

Reviewing the transcriptions, any message with emphasis or meaning was annotated in the margins with a trend heading. If the person discussed how the penis penetrated the vagina, the word penetration was scribed next to the line. After going through every transcription, following the same process of highlighting statements that described either the textural or structural essence of first sexual intercourse and labeling them with tentative trend names, the similar statements from all transcriptions were clumped together. On a spreadsheet all the themes that arose from the transcriptions were listed. Then, a check was made at the cross-cell of the individual's pseudonym and the theme s/he discussed. These titles were then compared to account for any overlapping. If two themes had different names but were the same in meaning, the researcher reorganized them under the more appropriate heading of the two. Finally, all of the themes were

arranged into trends and sub-categories for the next stage of content analysis. The chart below is a portion of a much larger comprehensive clustering chart. In this example, the researcher check-marked the cells at the intersection of the candidate and the trend s/he addressed in his or her description of first sexual intercourse.

**Chart 1: Sample Clustering Chart**

<b>TREND</b>	<b>Eve</b>	<b>Bella</b>	<b>Joy</b>	<b>Graham</b>	<b>Kent</b>	<b>Reed</b>	<b>Tyler</b>	<b>Opal</b>
<b>Nervousness</b>	✓	✓	✓	✓	✓		✓	✓
<b>Condoms</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Foreplay</b>	✓	✓	✓	✓	✓	✓	✓	✓

*Textural and Structural Descriptions*

The last step in analyzing the data was to put the clusters into one of two categories; the textural-what was experienced and structural-how it was experienced. The findings from the content of the two categories are what phenomenology qualifies as the essence of first intercourse experience.

## CHAPTER IV

### RESULTS OF THE STUDY

The purpose of this phenomenological claim was to understand the first experience of sexual intercourse from the perspective and memory of participating individuals. This study was aimed at adding to the foundation for sexology, acknowledging it then as a field in and of itself. The results of this study were derived from phenomenological analysis outlined in Chapter III. Horizontalized statements from eight transcriptions were reviewed and organized into clusters of meaning or trends through content analysis. Many factors played into the determination of a comment's relevance as a textural or structural description: in general, quantity and quality of a statement. All names have been replaced with pseudonyms to preserve the confidentiality of participants.

#### **Demographics**

Demographic information was gathered from the demographic sheet (Appendix C) included in the research packets for candidates. These demographics were those of individuals who participated in the interviews and did not include candidates who volunteered for the study.

#### ***Gender***

The participant group intentionally consisted of an equal number of members from both common genders:

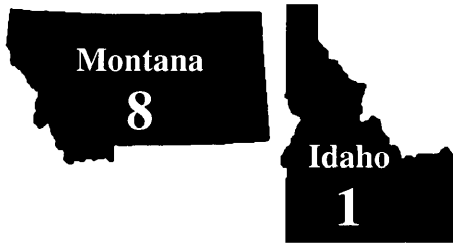
Four females

- Eve
- Joy
- Bella
- Opal

Four males

- Kent
- Reed
- Graham
- Tyler

### *State of Residence*



Seven participants described their state of residence, Montana. The eighth person wrote “Idaho/Montana” on his demographic sheet. Additional information from the interview may have explained the dual residency as inclusion where he was from (Idaho) and where he boarded at school (Montana).

### *Sexual Orientation*

Seven participants identified their sexual orientation as heterosexual. The eighth, Eve, identified as a lesbian who had sex with men.

### *Religious Affiliation*

Five participants had no religious affiliation.

Two were agnostic and the eighth identified as an atheist.

### *Ethnicity*

One participant was Native American. The other seven were white or Caucasian.

### *Major in College*

There were eight unique college majors, declared by the study’s participants as:

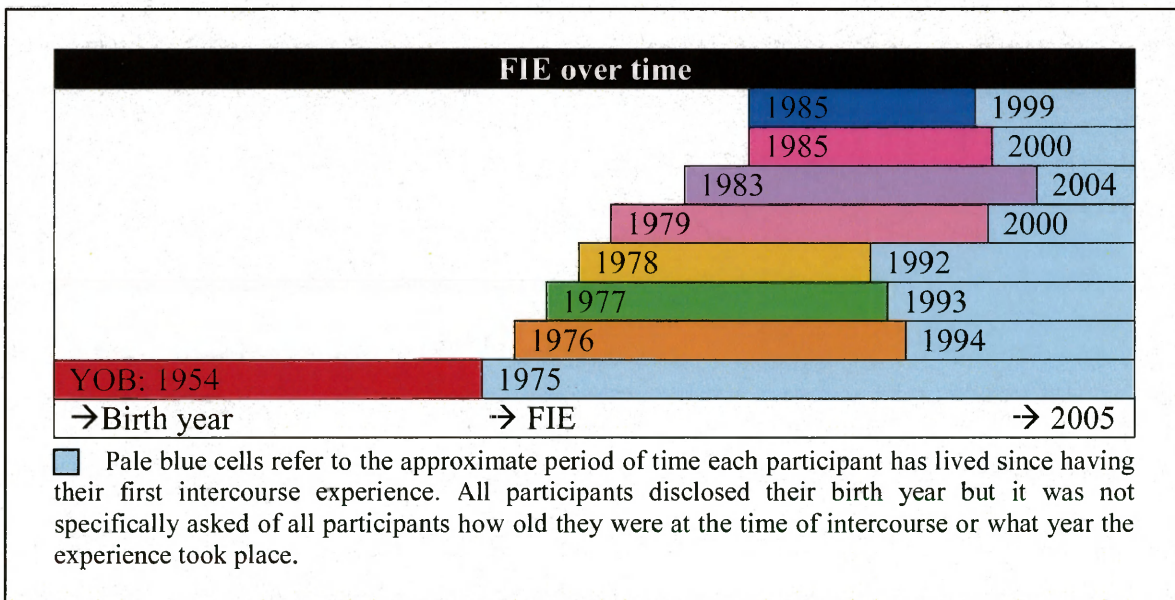
- Psychology
- Forensic Anthropology/Sociology-Criminology
- Sociology
- Economics
- Communications
- Business-Marketing/Advertising
- Computer Science
- Health and Human Performance

### *Birth Year*

The demographics sheet asked for the candidate's birth year, resulting in the following responses: 1954, 1976, 1977, 1978, 1979, 1983, 1985, and 1985.

Chart 2 illustrates the participants' relations to one another in time. All eight participants were included from oldest to youngest. Reading from left to right, the multicolored rows indicate when the participants were born to the approximated years they had their first sexual intercourse experiences (FIEs). While the chart does not have exact spacing, the bars show a relative amount of time between birth, FIE, and time of interview for each person.

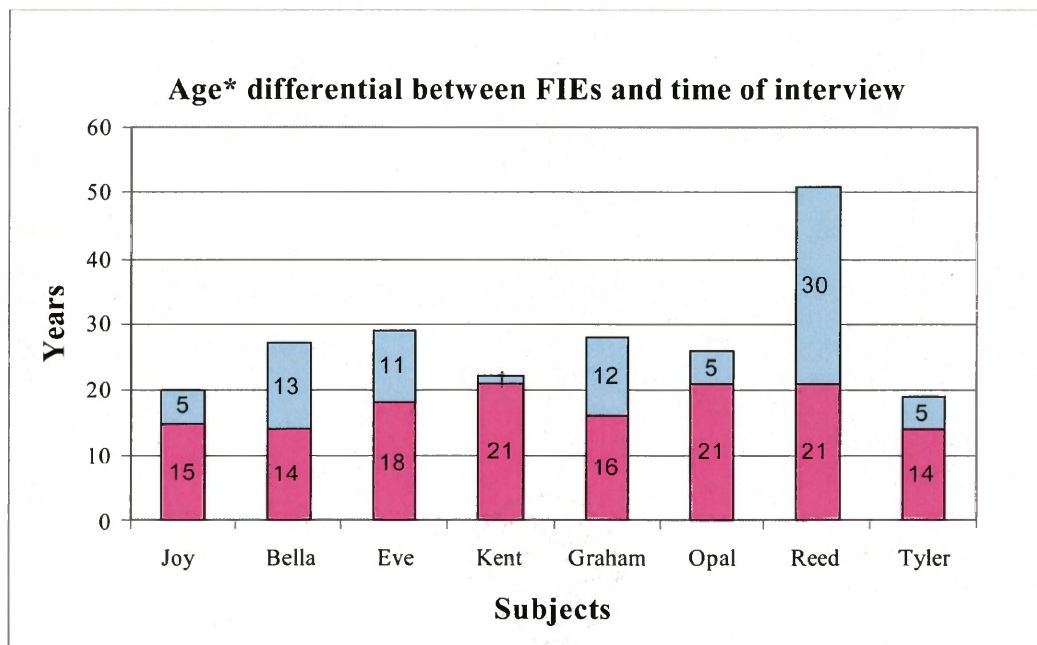
**Chart 2: Relative time around FIE**



Tyler, represented by the dark blue row, and Bella, in gold, had their FIE in the shortest amount of time after birth, at approximately 14 years. Reed (red) has had the greatest amount of time passed between FIE and the time of interview at approximately 30 years.

Another comparison of participants' FIE within the passage of time is illustrated with this bar graph (Graph 2). The pink section shows the approximate number of years that passed between an individual's birth year and his or her FIE, a.k.a. the age at FIE. The blue section refers to the approximate number of years that passed between one's experience of the phenomenon and participation in this study to describe it.

**Graph 2: Age differentials**



In this graph the x-axis represents age 0 or the participants' birth year.

■ The first halves of the bars show the time passed between birth and FIE. The lower numbers refers to the age at which each participant had his or her FIE. Tyler's age at FIE is estimation based on grade level but all other ages were self-disclosed.

■ The upper halves of the bars indicate the amount of time passed since FIE and interviewing for this study.

**Chart 3: Measures of Central Tendencies**

	<i>Birth to FIE</i>	<i>FIE to interview</i>	<i>Total (birth to interview)</i>
<b>Mean</b>	17.5	10.25	27.75
<b>Median</b>	17	8	26.5
<b>Mode</b>	21	5	



## **Recruitment**

### *Script*

The script (Appendix E) read to the Human Sexuality Course recruited two candidates. Both candidates retrieved research packets from the McGill Hall front desk and were contacted by mail and telephone after completing the necessary materials.

### *Snowballing*

Four participants were recruited by snowballing from the following informants:

- Bella (participant recruited by the script)
- Eve (participant recruited by Bella)
- Researcher
- Graduate student colleague

### *Flyers*

Two participants were recruited by the flyer (Appendix D) posted in McGill Hall.

## **Sexual Self-Disclosure**

### *Pre-Interview Disclosure Analysis*

Sexual self-disclosure was determined in this study by the responses each participant gave to the questions asked on the SSDS-R. High sexual self-disclosure was qualified by this study as answering 5 to at least 60% of the SSDS-R or 43 questions. Moderate sexual self-disclosure was qualified by participants whose sum of frequencies of the answers 4 and 5 was greater than the sum of frequencies of the answers 1, 2, and 3 without a mode of all responses at 5. Low sexual self-disclosure refers to participants whose sum of frequencies of answers 1, 2, and 3 is greater than the sum of frequencies of 4 and 5. High-

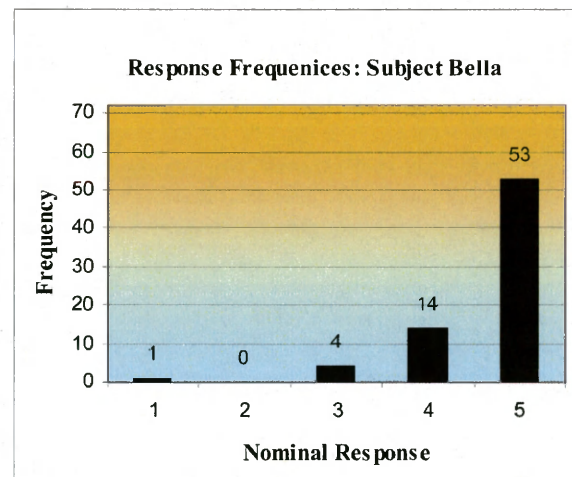
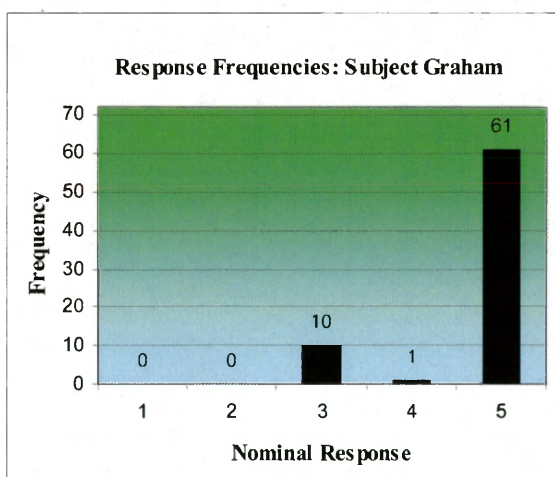
moderate, the only other category, designated by this study, applied to the one participant whose mode of responses was 5 but did not meet the 60% condition to be strictly high sexual self-disclosure.

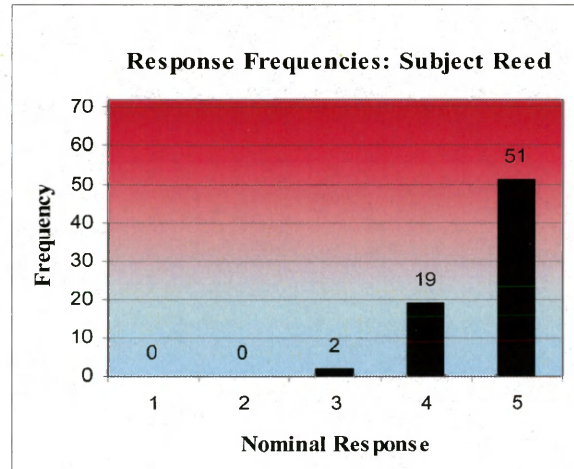
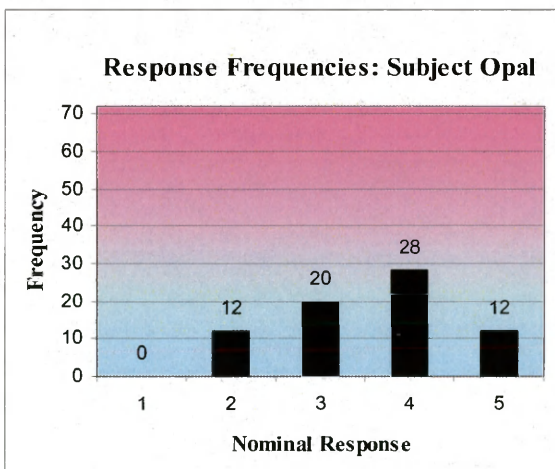
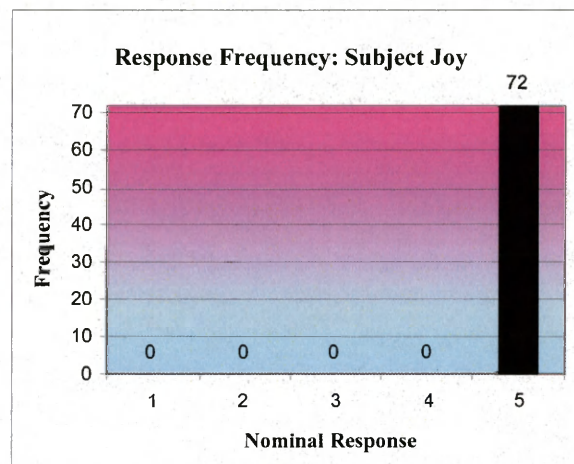
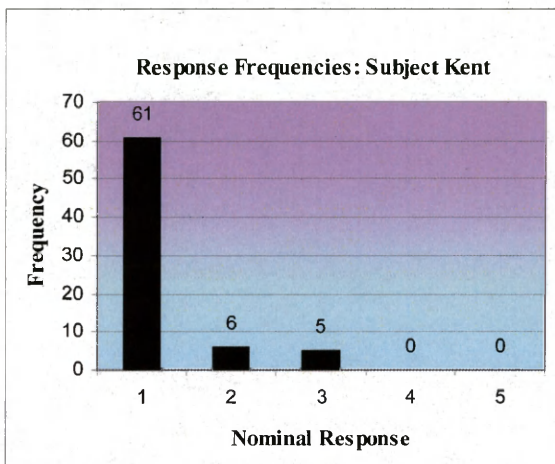
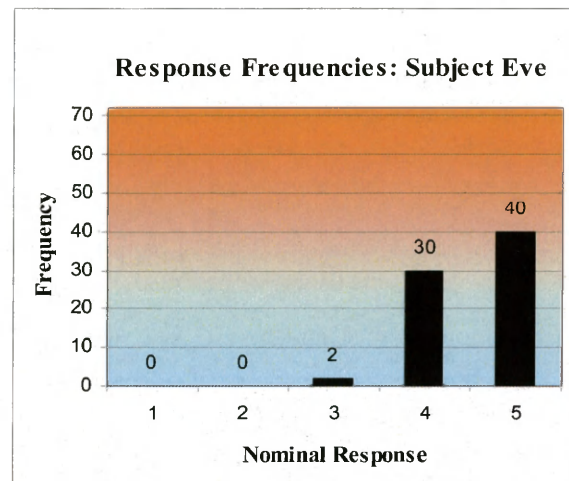
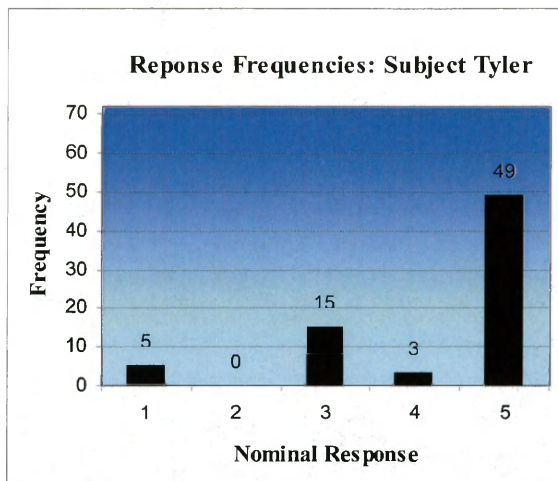
**Chart 4: Participants Level of Sexual Self-disclosure**

Participant	Level of SSD
Bella	High
Joy	High
Eve	High-Mod.
Kent	Low
Reed	High
Graham	High
Opal	Moderate
Tyler	High

The following graphs (Graphs 3-10) illustrate the responses by each participant on the Revised Sexual Self-Disclosure Scale. The y-axis is the frequency of each Likert-scale answer out of 72 questions and the x-axis indicates the possible responses one to five, where five is high sexual self-disclosure and one is low.

**Graphs 3-10: Individual Response Frequencies**

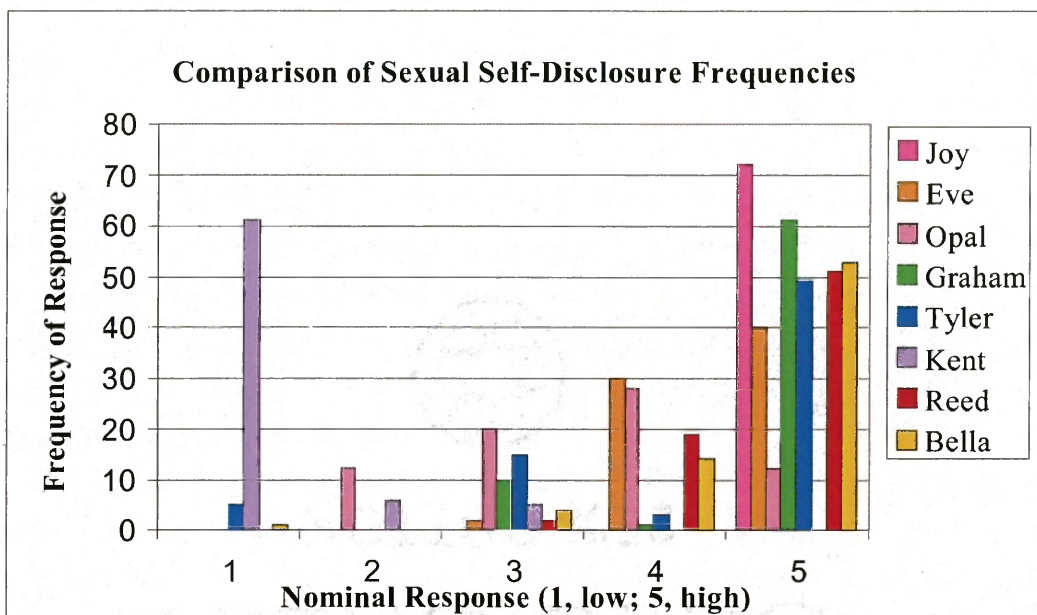




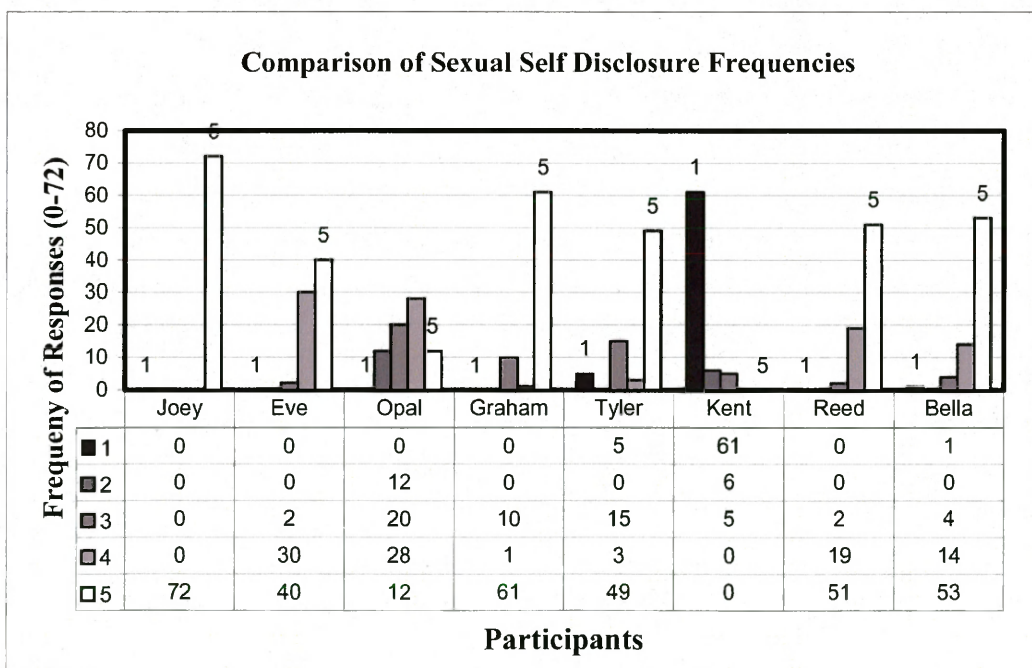
The next graph displays how each of the individual participants responded compared to their peers. It also serves as a visual aid of distribution. The bulk of the responses are

towards the high sexual self-disclosure end of the axis. Total, there are 338 fives, 95 fours, 58 threes, 18 twos, and 67 ones, yielding a total group mode of five.

**Graphs 11 & 12: Comparison of SSD Frequencies**



This second data analysis of group scores shows the frequency again by participant rather than response.



### *Post-Interview Disclosure Analysis*

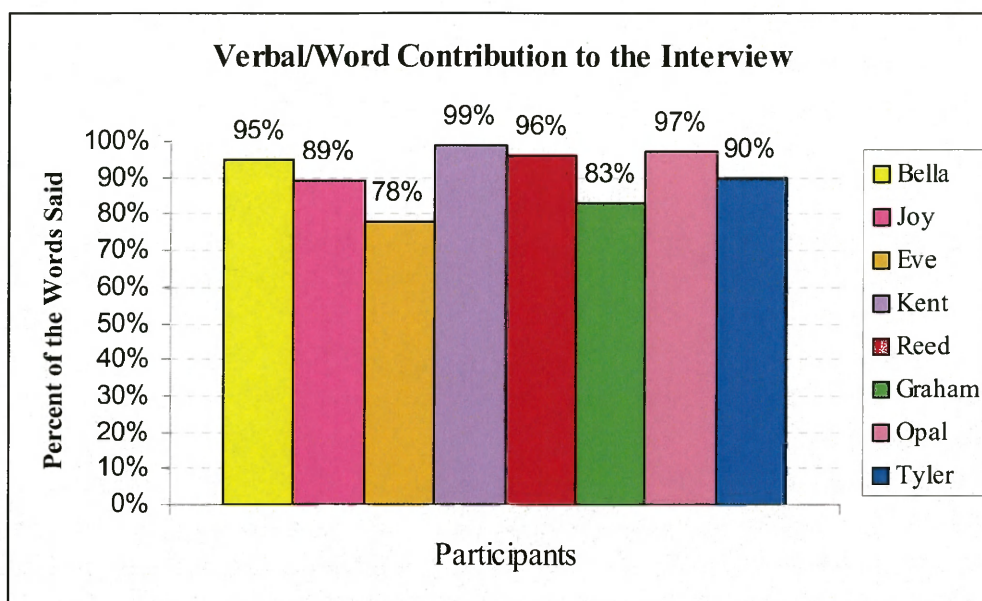
To layer a person's level of self-disclosure, the length of the interviews and word ratios (participant to interviewer) were assessed after the interviews. They were not meant to compete with the original scores generated from Snell's Revised Sexual Self-disclosure Scale but to add to the quantitative measures of one's sexual self-disclosure. The researcher produced the following chart and calculated all values, including those of SSD and conversation length. These numbers do not translate into labels of high, moderate, or low sexual self-disclosure but build a numerical system that may, with future research, support or redefine the assessment of SSD levels.

**Chart 5: Quantitative Disclosure Data**

<b>Participant</b>	<b>Ratio of words</b>	<b>Percent Talking</b>	<b>Length of conversation</b>	<b>Words per min.</b>
Bella	13786:683	95%	99 min.	146
Joy	11033:1104	89%	68 min.	178
Eve	6332:1366	78%	64 min.	120
Kent	8667:122	99%	99 min.	89
Reed	7175:283	96%	62 min.	115
Graham	4942:844	83%	40 min.	144
Opal	11995:369	97%	93 min.	133
Tyler	10638:1018	90%	64 min.	182
Mean:	≈ 23:1	91%	74 min.	138 w/m
Median:	≈ 15:1	92.5%	66 min.	140 w/m

Graph 13 represents the percent of words spoken during the interview that were said by the participants out of the total. In the example of Bella, she said 13,786 words and the researcher said 683 words. Converted to a percentage, this ratio shows Bella spoke 95% of the words. As the graph shows, participants are ranked from least to greatest percent of words spoken as: Eve, Graham, Joy, Tyler, Bella, Reed, Opal, and Kent. The range of these percentages is 21 percent.

It is important to note that the researcher's word contribution was not controlled. The researcher did not only speak when the participant stopped disclosing, she spoke to bring the discussion back to the phenomenon or to converse with a participant when she detected his or her need for dialogue as opposed to a monologue. Eve, for example, needed more leading than other participants whereas Kent was able to exhaust his experience with minimal guidance from the researcher. Tyler, especially, expressed an expectation to have parts of his disclosure reciprocated. For each case, different researcher responses led to higher or lower word ratios. With Tyler, reciprocation usually increased the researcher's word contribution for two reasons. First, as Alfred Kinsey's interview techniques prescribed, interviewer self-disclosure might be necessary (1948). Other times, the researcher's word contribution would increase from having to intervene in order to bring the disclosure back to the participant to the purpose of the study. Thus, how many words the participants spoke is not directly related to their self-disclosure and more specifically their sexual self-disclosure. Some participants veered from discussing their sexuality. They talked and contributed words to the total words spoken during the interview but their words were not numerical equivalents to their willingness or actual sexual self-disclosure since they were not sexually self-disclosing the entire duration of the interview. However, in all of the interviews, participants said the majority of the words, averaging 23 words to one of the researcher's, or 91 percent of the interview.

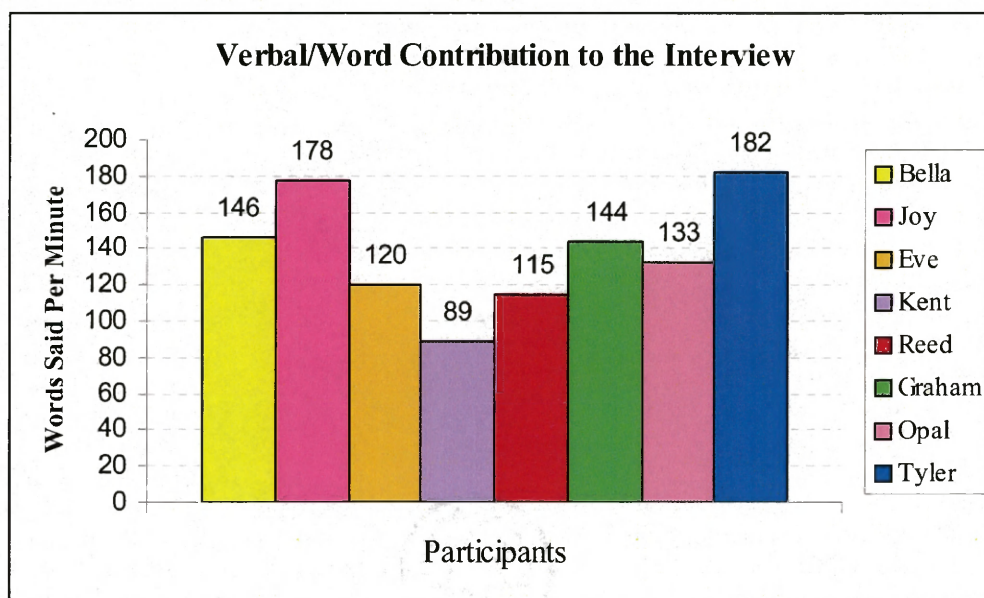
**Graph 13: Verbal/Word Contribution to the Interview**

Length of the interview was another factor that related to the participants' self-disclosure. The researcher observed that some participants took longer to configure what they wanted to say. A longer interview did not correlate with more content; length of interview depended on the pace at which a person spoke. Additionally, if a participant took more time to configure his or her testimony, the researcher was less active in probing his or her memory, realizing the participant had the information to share but was working through how to share it. Essentially, less would be said by the researcher and the person would log a higher word contribution.

Both the length and word count have to be seen to obtain a clear picture. If the researcher just looked at the length of the interview and neglected how much was said, she would make false conclusions. There were large discrepancies in the pace at which participants spoke. For example, Kent's interview was one of the longest at 99 minutes, (Chart 5) but looking deeper the researcher saw that this was not because more was said

but rather because he spoke slower than the rest of the participants. Reed, even happened to mention in his interview how it took him longer to construct a sentence than most people. He had the second shortest interview, the second lowest word pace, and the third highest talking percent. From this triangulation of data, the researcher can hypothesize about how much was self-disclosed.

**Graph 14: Disclosure Speed/Words Per Minute**



### Participant Profiles

After interviewing, the researcher felt the context of testimonies was imperative to the importance of what was said. In the words of Dr. Collins Airhihenbuwa, “It is the understanding of the forest that allows us to appreciate the ways in which the individual trees are shaped by the meanings constituted in the forest—the context” (Airhihenbuwa, 1999). Summaries of each participant’s story, in order of interviews, were written to frame the picture of each participant’s story without including the transcriptions in full. The profiles outline valuable elements of context with a mix of background information,



event sequence, and unique contributions such as characteristics of FIE shared by no other participant to be as comprehensive as possible while remaining succinct.

*Bella*

*McGill Hall, Wednesday, March 2, 2005 at 4:30 PM*

Bella begins her story with the clarity of hindsight identifying the impact the situation had on her experience and its classification as a negative phenomenon with negative implications for the rest of her life.

While Bella and her FIE partner entered high school together, they had polar places on the social spectrum. In an almost clandestine fashion, they flirted, passed notes, and sat close to one another in class. Intimacy was reserved for time spent after school in an emptier building. It was there they dialoged and interacted more intensely. Over weeks of dialoguing trailed by one week without it, Bella found herself enjoying the pattern or game of seduction. In a way, she was teasing to maintain interest and he was blatantly negotiating the move in the direction of intercourse. Amidst the banter she agreed to her partner's advances, his proposition to have sex. Although, she revealed a list of contributing factors to her acquiescence, one can only speculate how these factors actually influenced her FIE.

First, Bella was fourteen at the time of her FIE and acknowledged in her interview how adolescent issues such as lack of confidence and the need for attention and acceptance affected this period of her life. She attested to degrees of each, but mainly a "super-low" self-esteem due in part to acne. Thus, Bella felt those could look past her appearance deserved the granting of sexual favors. She recalled attention from the

opposite sex as gratifying and elaborated to say this was especially true if the male was from the popular crowd. Bella's FIE partner was popular and engaging. Having never been told sex was something to be postponed or avoided, Bella rewarded his attention with sex.

The only memory she recalled where action was taken against sexual onset was sudden removal from a summer program where a group of male campers had formed a pact to earn "points." The farther they went sexually with a girl, the more points earned. Among the behaviors in the pact were fondling, petting, and having oral sex with a targeted click of female campers. Bella, one of their main sources of point-gain deemed this memory "the core" of a "series of really negative sexual experiences" but did not consider it her FIE. Bella's FIE, approximately two years later, was an event she discerned as "the worst of [the series]."

Another important part of Bella's background information was her mother's cancer diagnosis during adolescence. Although her mother acted as a prominent role-model in Bella's life, the condition left various care-giving duties to Bella's step-father, who had a history of mental, emotional, and on occasion, physical abuse. In retrospect, she wished for more open communication with her mother as an option to change the outcome of her experience, to lessen the fear, and to stop the negative chain of events her situation ignited.

## *Joy*

*McGill Hall, Sunday, March 6, 2005 at 5:00 PM*

Joy was in a monogamous relationship with her first sexual partner. They were grades apart in high school, but similar in their sexual development. Both Joy and her FIE partner were sexually inexperienced when they met. Exploration of their mutual sexual behaviors happened together over the span of their relationship. For this couple, having sex was another way for them to connect on a deep, emotional level.

After extensive communication and a slow progression of intimacy, the two decided to have their FIEs in Joy's bedroom. They had dialogued about the occasion but finally came to the action almost spontaneously. Other participants in the study also went through the same series of dialogue, but none so much or so prominently as Joy and her partner. In addition to the pre-FIE dialogue, they conversed during and after sex. The verbal exchanges were extensive to the point of Joy viewing communication as a major theme in her FIE. She happily acknowledged this and attributed the success of her FIE to it. Openness with one another, including the meticulous conversing about readiness and consent, was the crux of their sexual development.

With everything so out in the open, it was interesting to note the lack of preparation in terms of protection. Joy confessed simply to deciding to try having sex with her partner and lowering herself onto his erection sans condom. The episode was short and ended humorously with a call to come upstairs for dinner. Joy reflected on how silly it was to be interrupted during FIE by her family yelling for the couple to join them, but delighted in the opportunity after the meal to have sex again.

The second time Joy and her partner had sex was on the same day, later that evening. This time they learned a reproductive hurdle of small town life. In their pursuit to purchase a barrier method, the two struggled with discretion. Finally, after multiple stores and the successful purchase of protection, the two adjourned in the same position, Joy on top. Unlike the first round however, Joy's partner reached climax. Joy explained that this was done by withdrawing his penis from her vagina and masturbating to ejaculation, an extra safety precaution. Neither time did he come inside her.

Joy made a few other notable observations. She mentioned briefly that sexual activity between her and her FIE partner stopped for a while after that first night, then picked up again weeks later. Her focus though was on the readiness she felt. Reflecting on her younger sisters, she believed that even though they were older than her at the time of her FIE, they were not at the maturity level needed for such an experience. Repeatedly, her cognition concentrated on the communication and openness she shared with her partner as elements preparing her for the occasion to have FIE.

### *Eve*

*McGill Hall, Friday, March 18, 2005 at 1:00 PM*

When asked to describe her FIE, Eve confronted the complication in answering. Depending on who was asking, how the question was phrased, and what she was willing to disclose at the time, Eve would tell about her first experience with a woman or, alternatively, her first experience with a man. While she personally felt sex with a woman, her actual first intercourse experience, was her FIE, Eve described both to the researcher. Aside from the contrasts, the pertinent observation was how the act of

defining the moment as the FIE dwarfed the logistics. In short, FIE did not require a penis or penetration.

Eve met her FIE at a meeting for gay/lesbian/bisexual/transgender/questioning individuals in the community, but had seen the woman in passing. She was not sure prior to the official meeting that this woman was interested in women, but was very excited to find out that she was under the category bisexual. Eve experienced sexual energy as she allowed this more experienced woman to comb her hair, sleep over, and kiss her. Through the timidity of the unknown, Eve was taken along for the ride. She became very involved and exclusive with her partner, falling in love. When the woman left for an internship on the other side of the country, Eve made arrangements to visit and a decision to have her FIE when she arrived. She purchased lingerie and kept in touch until the long train ride where they reunited. After a night to rejuvenate, Eve and her partner went to separate rooms to change into their surprise garments. When they came together in her partner's bedroom, Eve received compliments, and they proceeded to touch one another. Eve did not remember the order of who pleased whom, but recalled that she received oral pleasure and performed manual penetration on her FIE partner. This was the FIE for Eve, but she felt that the affection leading up to the sex was actually the most sensational. She came close to orgasming, but did not. Her partner did.

Eve's FIE with a man was very different. She admitted to calling it her first when she was less comfortable with the inquirer, but to her it was not the first in sequence or meaning. For this reason, what happened between Eve and the first woman is the FIE that was studied by the researcher as Eve's first sexual intercourse experience.

### *Graham*

*McGill Hall, Thursday, March 31, 2005 at 4:30 PM*

During the interview, Graham was honest about his intentions for his first sexual intercourse experience, which were goal-oriented. He wanted to have sex for the sake of having sex. To him, that was a part of being sixteen. Ergo, when an opportunity presented itself he prepared to make it happen. What he found was decreased control over his body to postpone ejaculation. The experience did not last longer than ten minutes nor give his partner pleasure. It was successful, however, in that he had accomplished his mission. He planned for his partner, a co-worker and classmate, to come to his house when his parents were gone and had sex with her on his bed. He could not remember if they undressed one another or had much foreplay, but recalled being on top and going until he involuntarily ejaculated.

To Graham, FIE was definitively positive because he achieved his goal. He was uncertain whether or not his partner was as satisfied, but seemed not to concern himself with her. She was part of the objective, someone of no consequence post-ejaculation. For that particular sexual intercourse experience, Graham felt immediate distance and disinterest. It was the first time he had witnessed a complete switch in desire from wanting someone to wanting that person to go away simply because he had gotten what he wanted. Graham learned from his FIE how quickly his system reacted to a sense of achievement and sloughed off the person with whom he had intercourse. It was as if the act was without connection or promise, a pattern which Graham reported persisted even as he matured sexually.

After they finished FIE, Graham looked indirectly at his partner in his closet mirror. He thought she was solemnly waiting for him to say something, but even though aware of to this human need, Graham could not bring himself to approach her post-ejaculation. In the end, his partner's friends made warnings against him to protect the girl, with whom he disassociated after using her to accomplish a sexual rite of passage.

*Tyler*

*McGill Hall, Wednesday, April 13, 2005 at 10:00 PM*

Tyler admitted to having little memory of his FIE's logistics such as his partner's name or his age at the time. The girl never became clear during the interview but he estimated his age as fourteen or fifteen (determined by the knowledge that his FIE happened during the summer between junior high and his freshman year of high school). He remembers being on a family trip in San Diego. His female cousin who lived there and three of her local female friends spent the night at his vacation spot.

In the course of his time there, Tyler slept with all three of his cousin's friends. Their interactions began during a game of Truth-Dare-or-Double-Dare. Being the only male, each of the cousin's three friends was dared to kiss him. Whether it was a first move or an icebreaker, the game eased Tyler into a sexual situation. Following the evening's playfulness, he went to his room for bed. Shortly however, he returned to the slumber party to avoid boredom. He coaxed the only girl still awake to let him drive her "nice" car. In the middle of the night, the two left the house for the road. She directed him to a scenic outlook where she initiated more physical contact and eventually intercourse.

Tyler tried to go through a progression of sexual behaviors to ease her into having sex but according to him, she was very proactive and climbed onto his lap and put his penis inside her. The sequence of events and details were unclear, but he could remember lasting the length of a compact disc (c.d.) and applying techniques he had watched in pornography films. When they finished, Tyler and his FIE drove the car back home and small-talked comfortably. When they entered the house, the other girls were awake and he went straight to bed to avoid an interrogation only to later find out he was given a good review and sought out for sex by the other two of his cousin's friends.

Tyler did not exclude the other two of his cousin's friends from his FIE description of first intercourse. All three girls had their spotlight, although decremental with order. The successive two acts of sexual intercourse happened on sequential days, but were still qualified by Tyler as his FIE. For Tyler the experience was comprehensive, partially, he declared, because of the uncertainty of with whom he first had sex. The first of the first was distinguished by her asset—the “nice” car - no name; no face.

### **Kent**

*McGill Hall, Thursday, April 14, 2005 at 4:00 PM*

Kent's experience was centered on his feelings towards virginity. To him, having sex was part of a social schedule on which he was delayed. While he had had experiences (not FIE) with a woman, the stigma of virginity was important for him to remove. At twenty-one he began dating a co-worker only to find out she was in a relationship. After confronting her about his impression (her being single and interested) she revealed she had broken up with her boyfriend. From the request for a goodnight kiss, that same



confrontational evening, Kent and his FIE partner attempted intercourse. The attempt referred to multiple efforts by himself and his partner but an inability to become fully erect or penetrate (possibly the result of imbibing alcohol prior to initiating sex).

Less than a week later, Kent was given a second chance to have intercourse. The same partner accepted his offer to drive her home after drinking at the bar and welcomed him to bed. He had not masturbated to ejaculation for days and believed that this time around, his penis would become erect. More so than before, Kent's penis hardened. He was able to obtain a partial erection and declare penetration. However, in the act of maintaining or improving his performance of FIE that night, the partner declined further attempts, stating she did not want to be "that girl." This comment led to a discussion of the meaning behind being "that girl" and unexpected additional sexual touching that concluded Kent's FIE.

### ***Reed***

*McGill Hall, Thursday, April 14, 2005 at 6:00 PM*

Reed started by detailing how he and his FIE partner met, the chemistry they shared, and his physical reaction to her. She was a family friend called over to move a particularly heavy picnic table. Reed was part of the moving crew and felt immediate attraction to her when they met. After some post-moving time on the town and dancing, at which point he had an erection, they went back to his apartment. Reed fixed the woman a drink and heard about her recent break-up with her boyfriend. The sexual tension built and with time they were together lying on the bed.

The experience was educational for Reed. His partner's vagina was wet, her nipples liked attention, and her vagina was larger than women he would experience later. When his penis entered her vagina, it was less than fifteen seconds before he ejaculated inside her, but he stayed erect and went another round without a refractory period. They had sex repeatedly through a single special night and did not use condoms. She reported being unable to have children with her ex-partner, so Reed accepted her reasoning, had his FIE, and returned to their separate lives. While Reed tried to move on, she actually went back to her ex-boyfriend, got married, and had a son nine months later.

Although this man, her husband, was unable to impregnate her in the past, he was declared the father. The idea was simple and accepted, until the child had an obvious resemblance to Reed. At this point, Reed was considered a threat to the family unit and removed himself from having major relations with the boy for the preservation of what had been established.

During the interview, decades later, Reed was telling for perhaps the first time how it all happened. Tuning into the phenomenon of FIE, his eyes caught a spot ahead of him; he explained that not looking at the researcher helped him stay in the story. Reed's aim was to keep his partner's image at the forefront of his mind and to be in the memory of FIE. He dared not look at a face so unfamiliar as the researcher's if he wanted to preserve "her" as he recalled their night together nearly thirty years ago. Reed set aside the history of his son and found the woman and their first touches in his memory. He even shared that he had an erection during the interview from thinking about it all. The distinction from other interviews and testimonies was clear: gentle, candid, another generation's story, this time about a single night and a baby.

## *Opal*

*McGill Hall, Sunday, April 17, 2005 at 4:00 PM*

Opal was in Virginia around the time of her FIE. She changed jobs and moved to a new apartment. One roommate she shared her new place with befriended her immediately, and the two become close friends. They became so close that they discussed moving in together (to a new place without their other roommates). They partied, they confided in one another, and when she broke up with her boyfriend, this roommate was there to comfort her.

Four months into knowing one another, they re-addressed becoming roommates in a new place. Her hesitation to commit was the catalyst to their declaring their deep feelings towards each other. A kiss moved the relationship from friends to lovers and Opal decided within the week to have her first sexual intercourse experience with him. She planned it for the night they would be staying in a hotel, after visiting his family in another city. She wore an outfit he especially liked and gave him the vibe throughout the night that something special would be happening later when they were alone. After drinking and dancing, the two returned to the hotel room late and she proposed sex.

Over the course of nearly three hours, the two had sex three times. She used visual stimulation to please him and followed his lead for some of his performance. They tried an assortment of positions and felt an array of emotions. Opal remembered a moment during the sex: she was quaking, she and her partner looked at one another, exchanged sentiments, and began crying. The first round was very emotional and those to follow were more physical. From the first and second rounds she achieved orgasms. The third time having sex Opal was too dry to climax.

Although Opal and her partner did not stay together, she had felt something amazing that gave her hope and caution about partners in the future.

### **Logistics**

To more specifically categorize the situation of each participant's FIE the following chart was designed to display the basic aspects of the experiences:

**Chart 6: Logistics**

<b>Participants</b>									
	<b>Bella</b>	<b>Joy</b>	<b>Eve</b>	<b>Graham</b>	<b>Tyler</b>	<b>Reed</b>	<b>Kent</b>	<b>Opal</b>	<b>Percent</b>
<b>Condom use*</b>	No	No	No	Yes	Yes	No	Yes	No	37.5% Used protection
<b>Time of day</b>	Day	Day	Night	Day	Night	Night	Night	Night	62.5% At night
<b>Relation to partner at the time of FIE</b>	Classmate	Girlfriend	Girlfriend	Co-worker	Family friend	Family friend	Co-worker	Girlfriend	37.5% Dating 25% Family friend 25% Co-worker 12.5% Classmate
<b>Said "I love you"</b>	No	Yes	Yes	No	No	No	No	Yes	62.5% No love
<b>Orgasm</b>	No	No	No	Yes	Yes	Yes	No	Yes	50% Orgasmed
<b>Positions</b>	Woman on top	Missionary	Varied	Missionary	Varied	Varied	Varied	Varied	25% Missionary 62.5% Varied 12.5% Woman on top
<b>Partners</b>									
<b>Orgasm</b>	Yes	Yes	Yes	No	Yes	No	No	Yes	62.5% Orgasmed
<b>Age to participant</b>	Close	Older	Older	Close	Older	Younger	Close	Older	50% of the partners were older than 37.5% Close in age 12.5% Younger
<b>Gender</b>	Male	Male	Female	Female	Female	Female	Female	Male	62.5% Female partners
<b>Partner's status</b>	Virgin	Virgin	Non-virgin	Non-virgin	Non-virgin/virgin	Non-virgin	Non-virgin	Non-virgin	25% Virgin partners 75% Non-virgin

\*Contraception outside of condoms was not used by any of the eight participants or their FIE partners.

### **Researcher's Observations**

Observations made from being face-to-face with the participants during interviews, or later from reviewing the transcriptions next to one another, are mentioned on the following pages to support the value of the chosen interview style and explain how the subjective nature of being a human researcher influenced the parts of this study.

#### ***Observations of Bella***

Bella looked straight ahead, but not at the interviewer. She spoke clearly and only diverged from the chronological order of her story if a pertinent or interesting memory was, to use her own word, “triggered.” She acted neutral about the events of her testimony, but would get feisty if something she recalled annoyed her. Also, she was at times playful with her realizations, as if, happy to be enlightened, but disturbed by the truth. She used a combination of slang terms and clinical terms. Her voice was consistent and showed an enormous aptitude to communicate about her sexuality.

Bella's addressing the effects of her social tribulations, familial hardships, and a less prohibitive upbringing, supported her true mindfulness. Fortunately, Bella was able to seek professional help about the reasons and conflicts behind her FIE. What she did share with the researcher was formal, sticking firmly to a chronology, with interesting realizations flashing throughout. Although becoming aware of her past unearthed issues related to her FIE much of the value in her interview came from this self-enlightenment and was very appreciated.

### *Observations of Joy*

Joy's recollection is told solidly as one of the most positive events in her life. To the benefit of the researcher, a story with so much attentiveness told subsequent to Bella's allowed for FIE bookends after just two interviews. Joy was the youngest participant in a committed relationship at the time of first sexual intercourse at the age of 15, but carried with her story a sense of maturity that seemed intrinsic.

Joy's approach was helpful but scanty. She answered the questions, but did not elaborate beyond what she expected the researcher to assume. Her testimony was brimming with fillers many "I don't know" that implied an uncertainty about her responses. She seemed exceptionally willing to talk about any subject, but kept the discussion moderately formal only loosening with time. Joy did not swear and when answering a question she tended to narrate her experience with the words the researcher employed in the question. Also valued in Joy is the highest level of measured sexual self-disclosure and an apparent self-awareness, she ascribes to her foundation in psychology.

### *Observations of Eve*

Meeting with Eve, a woman who identified as a lesbian, increased the intrigue in the interview. The researcher was quickly pushed into a new level of fascination. Unprepared for the curiosity that accompanied this opportunity, she permitted two notable ramifications to the study. First, the researcher took a more active role in the interview, probing in all directions and listening less. Second, more of the interview revolved around the differences between Eve's FIE with a woman and FIE with a man, neglecting the intricacies of FIE in general.

The researcher feels it is imperative to include her errors in this interview arguing they did not go without lesson. The extra interest she took in Eve's orientation widened the researcher's vision of FIE. Not only did speaking with Eve present the lesbian account, it took the phenomenon outside the physical events into the short and long-term implications. Bella and Joy's stories came with their own implications, but the researcher had not attended to the effect of FIE on one's life properly until hearing Eve say, FIE solidified that she liked women.

### *Observations of Graham*

Each interview to this point had its difficulties, some larger than others. It was very hard to listen as Bella described being objectified. An equally difficult testimony to harbor was that of the first male participant, Graham. Although, Graham anonymously volunteered for this study, he was personally acquainted with the researcher. While the interview only proceeded with his full consent and he showed no discomfort, the researcher struggled. As Graham illuminated the perspective of a male in a similar position to Bella's FIE partner, it was challenging to see him make a goal of penetrating a female. Fortunately, it was also pedagogic for the researcher, reminding her that the experience and the person are not determinants of one another. It certainly offered a new view for the researcher and a precious insight to the mental dimension of having sex for the first time.

### *Observations of Tyler*

Tyler was the youngest participant in the study at 14 or 15 years of age at FIE. This demographic (or his resulting personality) altered the interview. There was a different



lingo, attitude, and agenda to the process than the researcher observed with any other participant. Slang terms and colloquial sayings were not monitored. Tyler spoke freely with a gamut of expletives and inside jokes. His attitude was lax. He expected a conversation and a reciprocation of self-disclosure. Whenever the researcher pushed the envelope to his personal life, Tyler retaliated demanding the same information from his interviewer. To some degree the researcher maintained control by clarifying the purpose of their meeting; however, she had to rearrange the structure in accordance with his instigation.

### *Observations of Kent*

Kent's story was the hardest for the researcher to hear because the internal pressure she sensed in his efforts to penetrate made the act seem unnatural. Of course, the consequence of the researcher's perception was a reduced receptivity. To listen, the researcher went into a trance and said very little to the Kent. He could relay the story without cues so this was not observably detrimental to his self-disclosure; however, the lack of real presence on the part of the interview was an obvious inconsistency to any of the other interviews.

Kent made three valuable contributions to this study. The first contribution was an experience of first sexual intercourse based on the slightest technicalities. Kent determined he was no longer a virgin based on the momentary entry of part of his penis into his partner's vagina, a verification he had to make with his hand. His second contribution was a relatively recent account of FIE. Less than a year passed for Kent between his FIE and the interview. Thirdly, Kent contributed an account of erection

troubleshooting. While he could theorize about the flaccidity in his penis, there was never a concrete explanation for it, leaving the researcher curious.

### *Observations of Reed*

Reed may have not realized the sequence of his story or where he put the weight, but for the researcher it was evident. Reed's FIE emphasized the product of the experience rather than the experience itself, the outcome more so than the process. Although, he took care in relaying the events of what it was like to have intercourse, the consequential conception of his son seems to be the core of the relations he shared with his partner at that time. A synopsis could not capture the power in Reed's testimony or the heartfelt tears it provoked.

### *Observations of Opal*

Being the last interview, Opal's interview was the easiest. She had plenty to say and some of the most sexually descriptive memories of the eight participants. There was a lot of laughing on the part of her and the researcher. Overall it was fun. She seemed very comfortable opening up and being herself. The researcher felt that of all the participants, she was the least prone to becoming the subject. While others may have made their language more appropriate or premeditated what they would say, Opal seemed to let it out as is. Freely, Tyler was similar in this but he had a bombastic nature about his conversational style, which Opal lacked. She was bold, but self-aware. Thus, when Opal rehearsed the tender moments and precious sentiments she shared with her FIE partner, she allowed herself tears.

### **Language of Sexual Interviewing**

Sexual interviewing, from the researcher's experience of this study, seems to come with an exceptional boundary. Even though participants were prepared for the depth of questions and personal information, at some point during the interview process, they seemed to skid on spots of reservation. Through their behavior, speech, or silence, they appeared to be challenged. As a credit to them all, each person confronted the stickiness, crossed the boundary and with time, learned how to converse with ease and comfort. This is not to say any or all participants were ever unwilling to self-disclose. The result of sexual interviewing to bring about a dialect of its own is merely an observation meant to include how this language was managed.

To maintain the most attentive and least threatening environment for the interviewees, taking notes was discarded from the methodology (a benefit of the pilot testing). Ergo, all non-verbals were mentally recorded and marked in the transcriptions that were typed shortly after the meetings. Although, these notations were not part of the passages or even laid out in an explanation, all participants incorporated body language and facial expressions to exaggerate, fill in the gaps, or lead the interviewer to probe more or move on to another topic.

### **Exclusion of Verbal Fillers**

At no time during the study did the researcher proscribe or prescribe a certain vocabulary or locution. Slang terms, cuss words, and fillers were found wherever the colloquialism of interviewing would have them. To make selected passages from the transcriptions as clear as possible, fillers, especially, were eliminated from this document. Had this study

been focused around the textural and structural essence of *telling about* FIE, the fillers would be useful. For this study, however, they are irrelevant and may trip readers who are uncomfortable with written speech. In the case of seemingly meaningless words holding to a passage, their purpose is to preserve the original emphasis or feeling of how the statement was said.

Fillers used by this group of participants include, but are not limited to, the unnecessary use of *er, uh, um, well, whatever, I guess, I mean, like, you know, I don't know, just, kind of, sort of, hmm, and so yeah*. All other additives that were non-consequential were also removed from the chosen passages to increase readability. Sometimes participants would stumble on their grammar or change in mid-sentence the direction they wanted to take their story, these repetitions or false starts were not considered part of the meaning of FIE and were also cut.

Slang terms were kept for authenticity of conversation. Profanity was also kept but usually represented by the first letter of the word and the respective number of hyphens (i.e. f---). Lastly, specific to Tyler, is the term, "alright." In his narrative, the meaning is non-traditional, expressing enthusiasm like awesome or cool rather than pure agreement.

### **Trends**

After following the methodology described in Chapter III as horizontalization and clustering, the analysis of data brought forth a raft of trends fixed conclusively by the researcher. Twelve headings encompass a multitude of sub-categories operationalized to

illustrate the themes pulled from each transcription of the personal interviews with participants.

### *Transitions*

While participants were encouraged to recall their first sexual intercourse experiences in chronological order, beginning with how they met their sexual partners and ending with the aftermath, they were not led to describe the stages of interaction from meeting the person to actual intercourse. Titled *Transitions*, this trend pulls from all eight stories an evolution of the relationship of one's sexual partner from one form to another suggesting the developmental nature of FIE to move dynamically.

### *Contemplation*

Shared comments by participants captured the change in outlook from seeing a person as an acquaintance, friend, or co-worker to a potential partner. In some cases this was attraction at first sight, for others, there was more of a progression into sexual interest based on evidence the person had a likelihood of participating in the FIE.

Three of the eight participants in this study were committed to their sexual partners at the time of first intercourse. Eve, Joy, and Opal had been dating their partners when they had their FIE and used the confession "I love you" to express their relationship. For these individuals the evolution included the stage of commitment. The five other participants did not indicate a serious devotion or long-term expectation for romance with their sexual partners. The farthest Graham, Tyler, Bella, Kent, and Reed's relationships went with their FIE partners was to have sex. After FIE what attachment

there may have been was not perpetuated into an established romance. However, in each scenario there was a clear shift into romance.

It turns out that he had deep feelings for me and I had deep feelings for him and when I kissed him the first time it was a shock because I was so used to seeing him in one certain way and now all of a sudden he was completely different. And the things, that I could let go as a friend, were shifting now like, "Do I like him that way? Can I put up with the things that he does?" And all of those questions start coming out just from that one kiss. I was shaken up over it and then I realized I had never felt the way that I had felt at that moment before in my entire life. [Opal].

At first we knew each other at work and we saw each other a couple of times on campus, at the start of the semester. I got her phone number and we seemed to really hit it off. She came over to watch this movie with me, this one time, and I was totally thinking it was a date at first. [Kent].

We met through mutual friends....we started watching Dawson's Creek together on Wednesdays and that's pretty much how it started. [Joy].

Dialogue started maybe after about the third time of seeing one another, of starting to mess around, as in kissing, making out, kissing, going in a corner. He would ask me for oral sex and I really hadn't had too much experience at the time ...Of the initial dialogue that started... it escalated to one more incident where we were dialoguing in the hallway at school and he was talking me into going into the bathroom and having sex...I was a virgin at the time and had never really been approached with losing my virginity. I wanted him to like me so I started to consider it. [Bella].

She had mentioned that she had a falling out with her boyfriend, they were split up, and before I thought they were going to get married so all of a sudden things started feeling possible. [Reed].

I got involved with the local Lambda group on campus, gay, lesbian, bisexual, transgender and met a few people through that ...I went one evening and there was this woman that I had been seeing around campus, she's sitting there. So the first thing was, I'm like, "Oh yeah, she's gay!" cause you just can't assume and she stereotypically looked straight and that was the first time that I officially actually met her...we got to talking and honestly I don't really remember how we ended up sort of evolving into a relationship but it just sort of happened. [Eve].

She just told me one day that she liked me, out of the blue, out of nowhere. I was like, "Oh, okay." I hadn't been laid before; I really wanted to have sex, because when you're at that age, it's what you want to do.

You're at the full stages of growing up. That's something that you're interested in. I thought that this young lady was gonna be my first real opportunity; so I took it. [Graham].

### *Initiation*

In all of the interviews conducted, participants spoke to a particular initiation period or first strategic move that altered the mood from its original state towards an opportunity for FIE to take place.

She made the first move on me. She said something about the Truth-Dare-Double-Dare game, and she just leaned over and started kissing me and I was like, "alright." [Tyler].

She took my pants off...I took her pants off. I said, "an eye-for-and-eye" or I made some stupid joke like that so I could get her pants off. I was trying to initiate. I was trying to do my part but....she just (phew) pushed me over, had her way and I was alright, I'm not going to argue with that, I just laid there looking out the sunroof. [Tyler].

It was really cool cause she made the first moves to get me to lie with her on the couch. [Kent].

He came out of the back room and saw me and he just stood there. It seemed like it went on for a long time. He just stood there and took in the visual and then we just started going at each other like we were...I was pretty fierce. [Opal].

First time we had any physical contact, I was at her apartment and we were in her room and I had really long hair at the time. She asked if she could brush my hair and I, I mean at 18, I had never kissed anybody, never done anything at all, nothing. [Eve].

[We] started to kiss and then in the middle of kissing he took my hands, and kind of held both of them and started to pull down on them, and in a sense signaling me to go down to the floor with him. [Bella].

I fixed her a drink and we were sitting there talking and our arms, our forearms brushed together and it felt wonderful. And as I recalled, I kissed her on the lips and she was very responsive. She stood up, I stood up, and we embraced. [Reed].

### *Communication*

Communication operates in this study as a title to label how participants and their FIE partners used verbal expression of their intentions, emotions, concerns and so forth, the verbiage within the couple.

### *Negotiating*

Similar to a section titled *Decision*, yet to come, negotiating is meant to encompass the comments made by participants around the suggestive nature of coaxing someone to act as you will them. In each passage, there is a hint of persuasion through one's reassuring voice or behaviors to confer an agreement. In the context, this refers to the influential interactions between partners to agree about having sexual intercourse.

He was like, "Is that a good idea for you? Are you okay?" He's like, "I'm not sure if that's a good idea." He was concerned about it and I was like "No," [not to be concerned] and I told him I loved him for the first time, (he had already told me that he loved me before but this was the first time I said it) and he just kissed me really deeply and told me he loved me and off we went. [Opal].

I want her to know what she's getting into and so I told her [I was a virgin]. She didn't believe me at first. She didn't straight up call me a liar or anything but she was like, "This is very suspect" and at one point she was like, "Well, you seem to have a pretty intuitive grasp" ... I said, "I like you a lot and I trust you." [She responded], "I like you a lot too but you gotta be sure you're ready." Yes! I am! [Kent].

I tried earlier, she couldn't, or maybe she said that she was having her period or something along those lines. Maybe she was scared or didn't know. Maybe she thought that I was being a weird guy and didn't want to [have sex] right away. Maybe she wanted to see how I was as a person first.... I knew that it took a couple of times hanging out with her, which I think is normal for a young girl, [in a] strange situation. [Graham].

He had his arms around me, and was whispering in my ear, "C'mon let's just try it and see what happens and we'll see if we get that far" and I was like, "well I don't know, I don't know." I was doing that and I knew part of it, I was playing a game with him, but part of me was really like, "I



don't know I don't know." Then I thought, "I've never been taught that this is really a big deal so why not?" is what went through my head and so there we were. [Bella].

We were talking when we were near to a bathroom in the hallway and...he said, "Just come into the bathroom with me and we'll just start doing stuff and then we'll see where it goes," or "come on you know you want to have sex, and it's not that big of a deal, you can do it, you can do it." [Bella]. Part of me was reluctant but part of me was teasing... I was getting gratification out of it. "Oh this popular guy likes me and I'll just string him along I guess." This particular incident went on for maybe about an hour, an hour and fifteen minutes or so and I never went into the bathroom but it was really heavy conversation. Now thinking back on it I can think, "I like you" and "I don't know if I want to do this yet," "I'm a virgin." [Bella].

### *Dialoging*

The documentation of dialoging or conversing (between partners) is done in two ways. One, as the interviewee might say, "we talked" or "she said something." The comment merely refers to the act of dialoguing. The second type is dialogue in an approximated form. Some participants chose to show approximately what was said around FIE by speaking from the moment as both characters.

"Dialoging" differs from "negotiating" in that there is no verbal opposition during "dialoging" to be settled. "Dialoging" refers to the parlaying they did before, during, and after FIE to clarify the situation. It was less about lobbying and more about verbalizing the conclusion or experience. Participants spoke to it as a textural event—what the mouth was doing when kissing, necking, or heavy breathing did not occupy it.

There may have been dialogue before, during, and or after intercourse not disclosed in the interview. This study meant to capture those moments when a participant could create or acknowledge the interplay between partners.

*Before FIE.* Similarly to other trends that take place over the course of time, dialoguing before sex, in itself, has sub-divisions. In this study, dialogue that happened before sex, on the same day as part of the final decision to partake in intercourse, is lumped with a more expanded time that also refers to earlier conversations had to mull over a decision that would happen farther in the future than that day.

Before that night, I had tried to casually ask him what he may like in bed, like in casual conversation not like, “so if I were to do this, what would you think of that?” [Opal].

I said something along the lines of “You know you’re welcome to stay” and she’s like “this is a lot more than a good-night kiss, kido.” [Kent].

We always talked about it because he was always afraid that he was pressuring me into it or something like that. He always wanted to make sure he knew what was going on in my head so he knew that everything was mutual. We were always making sure everything was mutual. We talked about having sex [Joy].

*During FIE.* Dialogue during FIE comes from three contributing voices, Opal, Joy, and Kent. In their descriptions it was used as a check-in to make sure everything was in order and determine what might be done to mend the weakening direction of the experience.

He was always asking me if I was okay and made sure it didn’t hurt... he was constantly complimenting me and whispering in my ear. [Opal].

Throughout sex we were never quiet...we were always talking about everything...it wasn’t in our nature to be quiet about anything about how we were feeling. We always talked through everything and I remember it was kind of silly, we were having a conversation through our first sex. “Okay this is what’s going on,” “This is how I feel.” It’s just kind of our communication...He was always asking me, “How does this feel, how does this feel, how does this feel?” the whole time. Pretty much I didn’t even know, I was just like, “Oh, it feels good. I don’t know what else there is.” [Joy].

I hinted at one point, “Maybe try the blow-job again.” What was kind of surprising is that she said, “I hoped you would say that,” like she was really getting off on it and I was like, “Well, great!” [Kent].

*After FIE.* Dialoguing had less of a theme following FIE than during it. Conversations are begot to clarify, revel in, or show gratitude for what happened.

She says, “Well, I’m kind of glad it’s not working to the full extent” and I ask, “Why?” ...[The conversation] lasted probably an hour right there in bed and she explained all this stuff ... the big one was “I can’t be that girl for you.” ...She said something like, “You’re gonna remember that girl really well”...I just kept thinking, “What the hell just happened then?” “You’re already that girl.” [Kent].

[He] probably laid there for about thirty seconds to a minute and he pushed himself up on his forearms and he finally looked at me and he was like, “Are you okay?” and I said, “Yeah, I’m fine.” [Bella].

I think that he was really overwhelmed. I was just “Oh my gosh this is amazing” cause like we both talked about it afterwards, because that’s what we did. And we just talked about how it felt so good and was so amazing. [Joy].

He was just talking to me afterwards and telling me how much he loved me and how he was so grateful to have me in life. It was really emotional... I just remember uh, never ever, ever wanting to be without him at that moment and it was this surreal experience. [Opal].

### *Emotions*

The theorists’ list of what emotions comprise is unsettled (Ortony & Turner, 1990). Some feelings distinguished by their titles, may not be separate emotions at all. For example, what is labeled nervousness or vulnerability can be broken down into the basic emotion, fear. This said, emotions collected from the transcriptions of this study’s eight participants were selected by their grammatical use as adjectives or adverbs attached to the occurrence of feeling and do not require funneling into the basics. As punctuated by

the participants, they were en masse: excitement, nervousness, surprise, anxiety, awkwardness, embarrassment, and vulnerability.

### *Excitement*

Excitement was a feeling that participants remembered from being touched by another person or in anticipation of FIE. During intercourse it was a general awe of what was happening sometimes accompanied by scariness.

I remember being pretty excited about [having sexual intercourse]. [Graham].

I was just paralyzed cause I couldn't move for a couple of seconds cause of the excitement but I ended up being okay. [Opal].

I was always so scared but really, really excited about doing all of [sexual intercourse positions]. I was never like, "I don't want to do it," it was always like, "I really want to but I'm scared" because I don't know what I was doing mostly. [Joy].

Touching preceding the actual penetration was a great deal more exciting than the actual experience. [Eve].

It was cool though; I was excited... I was excited as f---. [Tyler].

### *Nervousness*

When participants mentioned feelings of nervousness, there was not a single cause to explain this emotion. There may have been a general nervousness, but more so the apprehension was around anticipation, performance, the partner's enjoyment, or "getting inside."

I remember being nervous about actually getting my penis inside of her for some reason like it was going to be a tough chore, cause I wasn't 100% on how it was gonna slide right in or whatever and it was a little work, it was,

it was a little complicated but it worked out. I worked on it of course. [Graham].

I wasn't too nervous but I wanted to make sure he was having a good time. [Opal].

My knees were together and then when he laid on me it straightened my legs out which opened them more. So I think it might have been a reaction to, maybe cause I was uncomfortable but didn't realize it at the time that I was trying to not stop it but there was a little bit of nervousness probably. [Bella].

I was never actually fearful about anything it was just nervousness, nervous but ansy because I just really wanted to [have sex]. [Joy].

I was nervous as hell because I wanted to make love to her but I didn't really know what to do; I didn't know what that meant or logistically how to perform or any of those things. [Eve].

Maybe I was a little bit nervous, maybe being that I wasn't fully erect; it's just kind of difficult; you got to hold [the penis] more and kind of steady it. [Kent].

I was nervous or something like that ...I was nervous as all hell. [I] can't remember that much about it but for logical sense I was probably nervous as hell, so whatever goes with nervous. [Tyler].

### *Surprise*

Surprise was the emotion associated with something occurring outside of one's expectations and perceptions to the degree that the person experiencing the surprise is caught off guard and forced to re-evaluate their beliefs.

He finished then we rested for a good ten minutes...I was surprised. I was like, "Shit, I've got to do that all over, let me get some sustenance here, holy crap" [Opal].

I think she enjoyed it. I think she was actually surprised. Well, I know she was actually surprised....She was not convinced of the fact that she could find sexual satisfaction with a woman and she said she did with me and that really surprised her. [Eve].

[Her being wet again in the middle of the night] was a surprise to me; something that was one of the many things I came to know about. [Reed].

Yeah, yeah it was I was surprised [it was synchronized].

### *Anxiety*

In the two disclosed cases of anxiety, the anxious feelings were around what was to come and performing. Both participants were uneasy about the future, anticipating the possibility of misfortune ahead.

I was kind of worried that during [sex] that I wasn't doing very well but I'm sure I did fine for my first time. I had anxiety about performance or whatever. [Opal].

It wasn't like it was slow and sensual but it wasn't fast like he was fast ripping [clothes] off as fast as he could... It was in-between pulling them off and it wasn't like he was struggling you know. Really slow and I didn't stop him at all. I know I was getting a little, I wouldn't say excited, but really anxious cause I knew what was coming and I was in a sense letting it happen. [Bella].

### *Awkwardness*

Four participants in this study acknowledged awkwardness or the lack thereof in their experiences of first sexual intercourse. Graham and Kent discussed awkwardness in the situation. Opal and Joy recollected an absence of the feeling as if it might have been there but pleasantly was not.

It's kind of awkward when you have to, I mean, where do you go from there? Like, "I don't want you to be my girlfriend and in the end I really don't want anyone to know that I did this with you other than... maybe even nobody, maybe I don't [want anyone to know]." [Graham].

We're in the missionary position and as I was thrusting. It just felt kind of awkward. The projectory of my thrust felt kind of awkward and I was immediately just trying to adjust it and trying to get it in a comfortable, non-awkward position where I might actually be able to get it fully erect. [Kent].

I don't remember there being a awkward moment where we were just off sync or ...just not finding the rhythm, that never seemed to happen and I'm sure there were moments went I wasn't positive as to what position he wanted me in that was kind like "where do you want me." [Opal].

I just remember it was like the most amazing thing ever and it wasn't even awkward. [Joy].

### *Embarrassment*

Kent referred to embarrassment the first time he attempted to have his FIE. His penis did not respond as he had hoped and with his partner being aware of that during foreplay and later when they tried to have sex, he felt ill as ease or embarrassed. There is a possibility this emotion did not carry over into his actual FIE, but it appears here to as an inclusion in his narrative.

It got to the kind of embarrassing part. It was already kind of embarrassing earlier on the couch because she had my hands, when she had her hands in my pants I wasn't really getting it up, not much at all really; I was having a hard time in the bedroom too. [Kent].

### *Vulnerability*

Two women in the study spoke to the feeling of vulnerability brought on by exposing their nude bodies.

I remember when I was on top, that was the most vulnerable position for me because I wasn't used to having somebody see me completely open like that and it's always threatening to be sitting there completely exposed for some reason. [Opal].

I remember dawn was coming so more light was in the room and having to get up and go to the bathroom later on, I still felt like I had to cover up or something and that kind of irritated me, that I still felt uncomfortable being nude in front of my boyfriend who I loved. [Opal].

[In sequence with being scared about how to perform is] the whole idea of being with someone, having them see me naked being in a vulnerable position. [Eve].

### *Mental Processes*

All of the interviews were mental processes in and of themselves. It is the expression of the experience as it was planted in the mind. This section breaks the brainwork down however, into decision making and self-talk.

#### *Decision-making*

One of the criteria for participating in this study was to have no history of sexual assault prior to having sexual intercourse for the first time. All participants confirmed that their FIEs were consensual. Accordingly, for every participant there was a mental verdict to have sex. Decision refers to this affirmation of a choice. In this study, it also denotes the final mark down of an agreement with oneself or another to partake in a new behavior. Some were more conscious of it than others.

“This is going to be the night cause I cannot wait anymore.” [Opal].

I can't say I actually made the decision, “Okay I'm going to have sex today.” You know how they say, “Things just happen”? That's almost how this was. It wasn't even him really talking me into it anymore. It was just an okay-we're-going-sort-of thing and it wasn't even this-is-going-to-happen, it was just I'm-going-to-go-off-and-we'll-see-what's-going-to-happen sort of thing. [Bella].

I know I was mature enough to handle that situation, I felt like I was completely ready when I did it and I don't have any regrets about that or anything. I just remember that I was going down on him and that I just decided that I was going to go ahead and try it. So I took my pants off and pretty much I got on top and sat down on it. [Joy].

I wasn't sure whether or not she wanted to go through with [having sex] then I notice she's pulling her shirt out of her [skirt or pants]... and



unbuttoning it and I started unbuttoning her shirt and she sort of held my hands as I was doing it. [Reed].

I don't know that it had actually been discussed but we both just kind of knew that we were going to go there. [Eve].

We get back to her place and I wasn't immediately, "Let's do it" or anything but I went to go use the bathroom and came back to her bedroom and all the lights were off already and I kinda had to watch my step over to the bed, and I laid down at first and she already had all her clothes off. I'm not impatient but if she is, that's cool. [Kent].

### *Self-talk*

The internal prattle that participants described being within the confines of their minds around and during the time of FIE is "self-talk." Both positively and negatively, a person may manage or adversely lose control of his or her own feelings through this method of meta-cognition. Whether s/he berates the circumstances or convinces him or herself to take pleasure in the moment, self-talk is a natural part of reasoning and functioning.

In the majority of the eight interviews, participants chimed into the self-talk they employed around their FIEs. Typically, the voice examined the phenomenon at three distinct points: before having intercourse, during actual intercourse, and afterwards.

**Before.** Before sex, self-talk seemed to be an assessment tool. Participants used this mental process to determine how they felt about an element of the experience. It seemed to be a method for putting oneself in check.

We went to Richmond one night and in my head I had it all planned out. I was like, "This is going to be the night cause I can not wait anymore" ... I remember just giving him the eyes the entire night and thinking to myself, "Okay I can't drink to much cause I don't want to be dehydrated and I don't want it to be, I don't want him to be floppy." [Opal].

I just remember thinking “I’m pretty sure I can get this girl to sleep with me, it’s just a matter of getting it done.” [Graham].

“Why not?” is what went through my head. [Bella].

I do remember very specifically having my shirt off and her shirt off and our chests together. It just felt so wonderful. A real basic part inside of me was, “Oh, this is going to be wonderful.” “This is great.” [Reed].

We start a relationship and it gets more serious at some point. We have to start talking about our sexual histories. I have to tell her that she was my first time and I was thinking, “I don’t even want to know if she would flip out or cry or jump for joy but...I don’t want to put her in that position.” [Kent].

*During.* During FIE, the self-talk acted as the pronouncement of an observation—something to fix, maintain, or solidify in one’s memory.

[My] thought process is kind of like, “Holy crap, I’m having sex. Alright, I’m HAVING SEX!” ...He had guided himself in me and I was like, “Okay it’s in, it’s go time” ...It was a brief split-second thought like, “Okay, having some sex. Here we go, let’s see how this goes.” [Opal].

I was really thinking like a coach to myself and to my penis, saying like, “Okay just get it in there.” I was the coach saying, “It doesn’t matter if you win or lose, just get it in there,” cause definitely at this point I was so ready to just finally do it. [Kent].

“Oh this might work, if I can try to keep doing this and I keep doing this then maybe, maybe this will work.” [Kent].

The thing that sticks out in my head is that somebody said, “You don’t want to be a dead fish,” so I remember moving my hips a little bit...I was almost laying there with my arms around him thinking, “Is this all this is cause it’s like he’s pumping with his hips and like grunting and I’m like, ‘oh, okay, hey.’” [Bella].

I had sex and my entire family was calling me upstairs to go eat dinner and remember it was really silly. I just remember being totally torn. I’m like, “I need to go upstairs but oh god I don’t want to go upstairs and stop!” [Joy].

I can remember at some point kissing her groin through her panties and it was amazing as her head, she was laying on her back and her head just slammed back into the pillow. “Wow, I guess she likes that.” [Reed].

I didn’t want him to stop; that didn’t even cross my mind. It was more of, “K, this hurts, I guess I’m going to tough it out.” [Bella].

I was thinking. I was like, “Shit I got to get this girl. I wanna be good for my first time,” I’m thinking that in my head and then like, f---, I was so focused on doing good sh-- to her that she had [an orgasm]. [Tyler].

*After.* Self-talk post-FIE was clearly delineated across genders for this group of participants. The men used self-talk to justify their actions. Not in a way that they were over-riding an ethical system, but more so to outline the steps to come. “I continued... because...” In the women’s position, the end of sexual intercourse sent them into a session of self-questioning.

After I climaxed I had to rest for 10, 15 seconds and then I realized “Wow, I still have this erection! She seems to be interested in it,” so I kept going. [Reed].

What was going on in my mind at the time is, “This isn’t going to last, I better get in what I can.” Which maybe, perhaps was part of what prompted me at one point [I] decided to go down on her. [Kent].

I even remember sitting at the kitchen table eating dinner with my family and just feeling flushed. I was just like, “Can they tell? Do they know? Can they somehow see that I just had sex?” [Joy].

I got scared cause I know I had just had sex and I had always been told that your body smells after you have sex. There’s an odor of those chemicals mixing with one another so I was really scared but I thought, “well I don’t think [my step-dad] will know.” [Bella].

Afterwards it kind of got me wondering, if down the line, if there were other people that were better. If it was that good because the love factor or is there something better out there? “Because that was pretty good but maybe somebody could do better.” So I was kind of going through my mind. [Opal].

### *Preparations*

For the purpose of this study, the trend denoted *Preparations* refers to the physical planning for FIE to take place. By the participant describing the steps, or the partner who initiated FIE, *Preparations* means any mention of set-up forecasting FIE. The subcategories: “protection” (contraception and/or barriers) and “location” are included under *Preparations* because they are indicators of whether or not the couples made arrangements for their health and privacy, respectively. The following are merely general comments about planning around FIE.

In my head I had it all planned out... I remember putting on these tall black boots, cause he had this huge thing about boots...I wore a skirt and those boots and tried to look as sexy as possible and...I was just kind of settin' the scene and having fun just givin' him the vibe that you know tonight is gonna be something, something was going to happen later on. [Opal].

She had condoms. The girl must have planned this shit out. [Tyler].

We kept going down the hallway and there was a door open and he went and tried the door. So looking back on it I think he knew where he was taking me and it almost, looking back on it, felt that way versus just going and looking somewhere to do something. It's almost as if he knew. What a sh--head. [Bella].

I don't think I consciously planned it, I think I may have subconsciously planned for it. [Reed].

I come out of the bathroom she looks up and she's just like, “WOW” and I just remember feeling sexy for one of the first times in my life...It wasn't specifically planned, although, I was pretty set in my mind that I wanted to go there and I was also pretty certain that she would be willing. [Eve].

I talked about it, with her I mean. She said for whatever reason, she couldn't [have sex]. The first time I inquired about it, so we waited a little bit until she could get away from her house and I knew no one was home at my house. We planned ... schedules. [Graham].

## *Protection*

Protection is a barrier method used to prevent the transmission of disease and infection. If the couple was also trying to prevent pregnancy, this or some other form of birth control was categorized under protection. This section not only mentions condom and birth control use, it also serves as a podium for the participants' attitudes associated with protection.

I wasn't on the pill at that point. It was very unsafe. It was very unsafe. I was like, "I want to have sex," but we didn't have any protection. So he had to keep pulling out and I hated to doing that....We had to keep getting up and getting tissues and towels and shit to wipe myself off with. After the third [round] there was hardly anything left so it wasn't a big deal. [Opal].

She got on top of me and then I put the condom on. I knew we were fucking...With the condom, it's like if I were to fuck this wall for two hours. You're going nowhere fast. It works, you can feel sh--, but not as well as if you go bareback, dude. If you're bareback you're money, but it's safer with a condom...the tradeoff of wearing a condom is too strong. I'd rather wear a condom than have little shits running around with red hair, not being able to go outside cause they may get sun burnt. [Tyler].

I'd say we were fairly responsible in that way. Except, the first time we had sex we didn't use a condom...but I remember we even had the pregnancy talk like, what happened if you got pregnant. [Joy].

He didn't use a condom. I just remembered that; that bothers me. But then that also shows I didn't even give that a thought then. Honestly, protection was the farthest thing from my mind, I think. I had certainly known about it, just because we had to take a one or two-day course in eighth grade in sex ed so, I knew what it was. I knew what it was for, I knew what it was to prevent; didn't even give it a thought. Damn, I'm mad at myself. [Bella].

I'd never had a condom on before and that night we did not use any kind of protection or anything so you know looking back on it now I have to cringe at that thought but it worked out alright, except that she got pregnant, which is better than getting AIDS or something. I don't even think it ever even occurred to me that I should have had a condom on at the time. I don't think it occurred to her either. I sort of have the impression that we were so wrapped in each other that we just didn't. That

just seemed like a ludicrous idea something like that would be necessary. We were woven together... human species...so like life seeking life it will happen. [Reed].

We both had discussed our histories. For me I had none so that was easy. She had been tested and I took her at her word on that. The other issue is that I talked to some friends about what a lesbian would use. People had discussed dental dams and saran wrap and other things.... then knowing a little bit about biology because it is very, very rare for woman-to-woman contact to result in the transmission of disease. [Eve].

I stole [condoms] actually, from Wears Pharmacy, cause I was too ashamed to go buy them myself; it's a freaky thing. It just seems strange to pay for those; it's embarrassing... I think it was just assumed that I would get [a condom]. Yeah, I felt that it was sort of my responsibility since I would be putting it on *my* penis. [Graham].

She had to help me put on the condom...that f---in' condom; I couldn't feel much... I remember at one point I felt down there.... to make sure I was actually in cause I didn't know the feeling because the condom was so thick. That really sucked. Of course, later on I was thinking, "If I hadn't had the condom then I would have gotten the sensations better that would have stimulated a full on erection." [Kent].

### *Location*

All eight participants could place where they were at the time of their FIEs. Without being asked where the event happened, they each disclosed a memory of their whereabouts. Although, there was not a unanimous location, six of the eight participants had intercourse in a bed. The outliers, Bella and Tyler, had their FIEs in the theater rafters of a high school and a car, respectively. A commonality across the eight was privacy. Only the couples were present at the specified location.

I looked up and he was like on this ledge ...I get up there and it was not even a room but it's almost like this little cubby in a triangle shape and I was like, "I didn't even know this place was here" and he said, "Well, it's the actors lounge where they wait to come down and go on stage" ...old wood on the walls, and there was a dim light on ...It was pretty dark, there was maroon shag carpet on the floor that was nasty and old. I remember

there were two little plastic chairs and along the wall. There were some boxes. I mean, it was a small room but there was room for the two of us and then some, a comfortable room I guess you could say. And then, I started looking around and the ceiling was pretty tall. I think it went all the way up to the top of the theater. [Bella].

I was losing my virginity in a hotel room and in a creepy room at that. It wasn't even a good hotel. It was this middle-eastern, run-down, totally cheap hotel with a radiator in front of the window, that wouldn't close all the way. [Opal].

Finally, it came down to the day. It was sort of planned once again. No one was at the house and she came over...she was in my room. [Graham].

When we first did [have sex] we were just messing around I guess on the bed in my parents' house. [Joy].

We ended up going back to my apartment afterwards. She spent the night with me; that was my first time ever being with a women. [Reed].

It was, her bedroom. [Eve].

So we get back to her place ... back to her bedroom. [Kent].

It was a brand-new-daddy-bought-it piece of bullsh--....It was a nice car. I wanted to drive it. It was probably like a nice Honda or Acura or something I don't know, I can't remember. [Tyler].

This collection of FIEs' settings does not include the depth of participant descriptions. These eight statements simply pinpoint where each participant was during FIE. In the full transcription it is more apparent what level of sensory imaging each person chose to relay. The descriptions given by the five individuals, who experienced intercourse for the first time in a foreign location, were relatively informative. In obvious contrast, the three participants whose FIEs ensued in their personal bedrooms minimally discussed the story's setting.

### *Performance*

If the plan is to have sex, performance is the execution of that plan. Thus, attending to the act of first sexual intercourse as a performed phenomenon, related comments are combined under the heading *Performance*. The presentation or function of doing sexual behaviors, categorized by content analysis, recognizes examples of kinesis. This includes techniques used to guide the structure of first sexual intercourse, such as general awareness. All in all, the subcategories of *Performance* are “foreplay,” “penetration,” “awareness,” “movement,” and “positions.”

A lot of it was, at all stages, pretty performance oriented...I'd say performance is probably a big part of it, always thinking about what the performance is going to be like. [Kent].

It was quite pleasant. A lot of it though, was me kind of trying to do it the right way even though I had no idea what that was supposed to be. [Kent].

### *Foreplay*

“Foreplay” was not consistently a topic the interviewer probed. Clarification was only made to learn whether or not foreplay was considered FIE or a scene in the story leading up to a distinct experience of first sexual intercourse. Often participants offered information about foreplay, but it was understood more elaboration could take place. Additionally, what was said was not always the extent to what foreplay entailed. The following selections were distinguished as separate acts from intercourse and by content analysis came together as the trend “foreplay.”

I just got him hard and didn't finish him off cause I didn't want it to end right then and there, I was just kind of using it as a foreplay thing and he reciprocated. And while he was down, he put his hands on my hips where his thumbs were kind of pressing into the crease underneath my pelvic bone. [Opal].



Penetrating her with my fingers first. [Kent].

I took her pants off. She took mine off. And I thought, “You got to go down on girls”...[in] my mind I’m thinking, “You got warm up the oven before you handle all that sh--.” I don’t know, man; she was excited. I didn’t have to pre-hitch that thing up at all. She crawled on top and ...she gave me head for like ten minutes. She kind of just hopped on. [Tyler].

At that point, he put his hand up my shirt, started feeling my breasts, pinching my nipples. I started to do the same thing with him and then, I had shorts on so he didn’t go down my shorts, he went up my shorts with his hands, kind of backwards I guess, started feeling my vagina, that kind of area, but it was on the outside of my underwear at that point. [Bella].

Clothes starting coming off, more and more skin contact... I don’t think I knew my way around her body very well but she had fairly large breasts and she seemed to really be enjoying my attention to them. [Reed].

I think I penetrated her with my fingers a little bit and massaged her breasts...I’m sure we made-out. We kissed. I think it’s pretty much the getting-to-know-you kind of stuff. I like to call it foreplay...we did all those things right before we had sex...making-out and heavy petting, if you will. [Graham].

We kissed and caressed, so there was certainly foreplay. I remember being really worried about her fingernails. She had really long nails but she didn’t hurt me with them...we started kissing and touching and lingerie came off. [Eve].

I just remember that I was going down on him. [Joy].

### ***Penetration***

Penetration constitutes the inserting, entering, or piercing of an object into a cavity. The third Merriam-Webster’s medical dictionary specifies the act as the insertion of a penis into a vagina or an anus (dictionary.com). In the context of this paper, penetration does not rely on a penis, although, insertion of some kind is present. The sub-trend of “penetration” in this study was referred to as the instance when the internal female organ was touched (massaged or licked) during intercourse and the culminating moment when the vagina was engaged in intercourse.

Lines gray quickly when looking passed the traditional heterosexual experience. This subcategory, *Penetration*, is not meant to remove the gray. It is meant to concentrate on the presence of penetration in every FIE in this study. Seven of the eight FIEs were penile-vaginal. The eighth, Eve, was penetrated during her female-female relations with her partner's finger. Note, the segment of her FIE where she did the performing was cunnilingus, not necessarily subsuming penetration.

I took my clothes off and my penis was definitely more responsive [than the first attempt at intercourse] it seemed. It was half, halfway erect, it wasn't a complete hard-on. It was enough to be able to get a condom on and then we did it. There was intercourse then... It was a little difficult at first to actually penetrate. [Kent].

I just remember she was kissing me and sh--. One thing led to another and I was like, "alright." I was going at it and the funny thing is, you would think that the guy would at least get a little something; he would get to at least make some of the moves, sh--, I didn't get to make one move. She grabbed my manhood and she threw it right in her area, she was just 'whoo.' [Tyler].

Pretty much we laid, sort of touched each other. We were laying down. I got up, got the condom, opened it up, put it on, fidgeted around until I was able to go inside. [Graham].

Basically, I performed oral sex on her and she, using the appropriate technical term it would be manual-genital sex on me... [Eve].

I remember when he first slipped in. It was, I can't describe it. It was just so fulfilling. It was as if I could feel what he was feeling... it was kind of like the cells in my vagina were like, "Whoa, hello." They all just woke up from this sleep like, "What's going on here? Say hello to Mr. Penis." It was tingly and accepting and (sigh) I don't know how else to describe it. That was the most pleasant part of it because you have this anticipation of what it's going to feel like.... If you've masturbated before you kind of have the idea of what it's going to feel like but because you're not handling anything, it's coming at you hands-free. You're like, "Okay how's this gonna go?" You're just dying in anticipation. You can feel your vagina expanding because you want it so badly and finally (sound effect) it goes in and you're taken aback at how easy it is. [Opal].

I laid there and let him put his penis inside of me and it hurt and it was uncomfortable I remember wincing quite a bit at first. [Bella].

I think the predominant amount of time was not actually spent at intercourse. It was more flirting and touching, feeling and stuff from the dance floor on up 'til we got in bed. I think once I actually had vaginal penetration I was already so close to climaxing there was not a lot of time spent there. [Reed].

Once I actually had vaginal penetration it was not very long at all. I'm thinking 10, 15 seconds for my first climax inside of a woman. It was pretty fast. [Reed].

### *Awareness*

Awareness could be listed as a sub-category to mental processes. It is within the context of performance, however, because it describes the intra and interpersonal attentiveness' direct effect on how a person performs. Direction might be a substitute for the designation. Direction, however, would be less significant to the performance if the pupil were not tuned into the instruction. Awareness is about reflecting and reacting to what the partner wants from the experience.

[He] guided me as far where he wanted me to be or what he was thinking about doing next...He was very encouraging.... If I was doing it wrong he would take my hand and guide me to what he likes so [I could] feel the rhythm that he wanted... [Opal].

It wasn't like I was thinking, "Step-one, step-two, step-three," or "Okay, next after this, this is what I'm going do, but while I was doing what I was doing I was concentrating on his reactions and trying to read him and trying to go with the feeling of where he might want me to be...[Opal].

I think she was moving. I think she had her hands on my back. I think she was making noise, which I took as a good sign. The more noise you make, I feel like the better job I'm doing. I have no idea what she was thinking ... but my perception was, and this could be off, that everything was okay, that she felt good. She seemed okay to me and it felt good. [Graham].

I kind of remember her directing me toward her nipples a lot, first, toward one and then toward the other and back and forth. I remember her nipples

being very erect and I was delighted. Then, as she'd direct me over towards this one (it would have subsided) it would become erect again and back over to this one and it would have subsided. [Reed].

My main concern was, "I hope he's liking what I'm doing and I'm not f---ing this up too much," cause that's the worst. I don't want to be known as somebody who's bad in the sack; I just don't want to have that label. [Opal].

I remember thinking that I was probably spending too much time doing that; worried that I was doing it wrong; probably wanting to get more onto other things. [Reed].

One instance where awareness was not a cue to action, but certainly a reflection of what the FIE partner wanted from the experience, is Bella's acknowledgment of a transition in her partner's motives.

I remember I was just like looking up, I couldn't look at him, and looking back on it now at that point is when it changed from him trying to be the nice guy being nice and relaxing me, to he was going to get what he wanted and it, not that it was forceful, I want to make that clear, cause I willingly gave into it, it was just that the feeling of it changed, where it wasn't, "Oh this popular guy's interested in me, or he wants a piece of me." It changed to "I'm a man and I want to get my rocks off" I'm going to do it, I have a willing girl here and that's all I need. I don't care about her feelings, her well-being, her state of mind, anything. [Bella].

### *Movement*

Participants disclosed that one or both of the individuals, involved in their FIE, was physically moving during the act of having sex. The physical movement followed initial penetration and was a repetitious motion, like a series of "pumps" or "thrusts." In addition, to the motion there was a pace and a design. The participants varied in their experiences with how the pattern of movement unfolded.

He had a lot of stamina but he moved slowly and deliberately...our bodies were moving in synchronicity. I don't remember there being an awkward moment where we were just off sync... It was a nice pace, movement....

You do some circular motions and you can move it around it inside you a little bit. [Opal].

She was really thrusting her hips upward and that helped. She cut it off sooner than I had hoped, well at least that phase.... I was having trouble with position and I felt like I saw the sunrise on the horizon. I remember feeling frustrated because she had kind of cut it off and perhaps I didn't respond quick enough as a way to keep her that way. [Kent].

I think it was pretty much a lot of touching and caressing and it was very, very tender and ... not at all wild. I remember it almost...feeling that things were too slow at the time. Of course as it turns out twenty-seven years later it seems that that's probably a good thing. [Reed].

He started pumping faster and grunting more and he was not even up looking at me. It's like his butt would come up in the air and do the pumping action but his upper body was laying on me. His head was down here next to my head so it wasn't even like he was looking at me. He was just laying there (grunting noises). It was getting faster and then he thrust his pelvis probably three to five times. Then it felt like his body went limp on mine. [Bella].

I just remember that it was a lot different than masturbating. [Graham].

I got on top and sat down on it, and pretty much I did that for a few minutes, up and down for a few minutes...He was holding onto my waist cause my legs were getting tired and stuff and I remember he [was] also, when he was holding onto my waist, controlling how he wanted me to move for it to feel the best for him. [Joy].

### *Positions*

Joy sat on top of her partner's erection and faced him from above for her FIE. Bella lied beneath her partner. Eve exchanged places with her partner depending on who was giving and who was receiving. Graham and his partner had sex missionary style (again with the man on top). Tyler flipped flopped with his partner in the car. Kent adjusted through a medley of positions with his partner trying to win the favor of gravity. Reed and Opal had multiple episodes during their FIEs to explore the possible positions with their partners.

The positions were not restricted to a template for first intercourse. Each participant exposed a different posture.

I remember he was hitting, it was probably my clit, where it was sending these pulsations through my body so I can't concentrate on what I was doing to him so I felt kind of stupid because I was hanging out on top of him...Oh another [position] where we were laying back, my back was to him. It was a spooning position. He was in from behind and he had this thing where he would massage my breasts and be nibbling on my neck. And, he would, every once in a while, bring his hand up just above my collar bone, and not apply a lot of pressure, but just a little bit right at the base of my neck. I guess it was the sense of control. It wasn't an asphyxiation kind of deal where I passed out but it was almost like he was going to move me the way he needed to and was holding me tightly so that he could go in and out, I guess, more effectively. [Opal].

It was a very foreign feeling having something completely non-Opal inside...It was just bizarre and then from behind, it's erotic being in that position but it's not the most sensationally fulfilling. When you're that open it just feels, like a piston coming in and out of you. There's no sexual arousal on my end. [Opal].

Positions, we stuck with the missionary position; we decided that one was the safest to go. It wasn't too wild. It was just scared-kid sex. [Graham].

The actual time of intercourse it was just what people refer to as missionary position. [Reed].

### *Withdrawal*

Withdrawal in this study was the act of a man pulling his penis out of a woman's vaginal canal with or without an erection. The comments illustrating this sub-trend were from the females' perspectives.

You know whenever you're a kid and you really want a candy bar and you get a little taste and then [someone takes it away and says], "Okay that's enough" and you're like, "No!?" That's how I felt as soon as he left, or came out. All I wanted him to do was go back in. [Opal].

That's when he pulled out of me. I remember I was wet and gooey feeling. [It was] damp between my legs. My legs were sore, like muscle-sore and my panties were messy and wet and it felt gross. [Bella].

### *Afterwards*

Afterwards is a trend that takes two forms, the recent and the distant. As recorded in the trends *Dialogue* and *Self-talk*, there is substance in FIE beyond ejaculation. Meaningful events happened right after the experiences ended and well into the timeline of the participants' lives.

#### *Events that followed*

This sub-category peers into the continuation of the experience of first intercourse experience. Events are broken down even further to distinguish between the aftermaths of FIE as being "recent" or "distant" subsequent to FIE.

**Recent.** In this study, "recent" was within the same day of intercourse before the couple has split up to initiate their separate lives. Although the statements are retrospective, the memories or realizations came from a place within hours of FIE.

I remember we were both amazed we had actually done it. It was so awesome. Then I remember we just laid there with each other for the rest of the night; just talked about it and were just like (sigh). [Joy].

Afterwards, we just laid, spooned. It wasn't like normally where you're just kind of draped over. We were in every [one of] each other's nooks just trying to touch on every surface that we could. And I remember he got really emotional and that made me get really emotional. [Opal].

My closet doors were giant mirrors and I remember afterwards I was looking into one of these mirrors and I could see that she was sitting on the bed, looking up at me as I was looking at myself.... I felt like she was looking at me to maybe say something to her. [She was] just waiting for the next [move]... I didn't really know what to do... I just didn't feel right about it... maybe I felt like I could have done a better job and I was mad at myself, but I was kind of taking it out on her. She said she liked it but what does that even mean? [Graham].

Afterwards, we had held each other for a long time talking (I guess snuggling is the right term for it) and we did more. We kissed again for a while and she seemed to want more and more of that. Maybe we'd doze a little while and wake up and start snuggling and kissing... The next thing you know we're having intercourse again. And it went on like that through the night and most of the next day. [Reed].

He got up, sat up on his knees, and he wiped himself off on something... When he sat up on his knees, he backed away from me so he was out of my personal space. I sat up and grabbed my panties and my shorts and put 'em back on. I don't remember what he was doing but I know I put on my coat, got my backpack and then sat there for a minute I think, waiting for him to get his stuff up... Then, we both climbed down the ladder and went out the door to the hallway where we came in from. I know we were talking a little bit but I don't remember the conversation at all. We were back out in the hallway and I looked out the window and said, "Well I got to go my step-dad's here" and he was like, "Oh alright, see you later" walked off. [Bella].

I remember feeling overcome. I mean, after, just feeling like I want to cry. [I was] just absolutely overwhelmed. It was just incredibly intense. We laid there. We cuddled, we talked... [Eve].

Quite a bit after dinner that same day, cause we were like, "Okay we want to do this"... we went to get a pop or something and then we also bought some condoms... I remember we decided to try [having sex] the same way because it worked. So pretty much I was just on top for the first two minutes but then he was like, "Okay I'm going to come so I want to stop," ... we stopped for a minute. Then we just finished off that same way. [Joy].

I thought it was going to be an awkward drive back and I didn't really know what to say after and stuff like that but I just acted like I always do. I just kind of with went it again, the conversation, and we drove back. We just started bull-sh--ing, got to know each other a little better, after. [Tyler].

I remember the next day I felt like I had been bruised. Obviously my whole pubic bone was tender. I felt like I wanted to constantly shift in my seat and close, and cross my legs to lessen the pain. It was pretty bruised for a good two days after that. It was as if I could still feel the penis inside. I felt like my vagina was ... [one centimeter wide before my FIE] and now, [after FIE it's five centimeters]. I felt for some reason [my vaginal opening] couldn't close back. It had been just stretched out beyond belief and like a used balloon it doesn't recoil quite to the same extent. That's how I felt, just really tender for a while. I wouldn't let him touch for a day



because of that. The general feeling overall with the first time, (sigh) it was, he wasn't too big, but he wasn't small and so it was, the perfect, it seemed like the perfect fit um. [Opal].

It was a sad feeling cause you're enjoying it, enjoying it, enjoying it and then and you're so used to having adjusted to the width, the diameter or whatever, the girth of the guy then all of sudden it's just not in there anymore and you feel empty. You have this empty leaving. "No, you can't leave." It's a withdrawal syndrome where you're like, "Well I guess I've been used so I'll just hang out and wait for the next time." [Opal].

*Distant.* The "distant" afterwards was referred to as any time after the day FIE took place where the memories are post-sex and post-experience. For the non-committed couple, this is a time when the relationship is no longer intact. They may remain friends or acquaintances, but the romantic connection has been severed. For the committed couple, the distant afterwards a transformation may have occurred in how the couple behaves. Joy discusses the absence of sexual intercourse in the months that followed ended by a heightened sex drive.

She told the other two [girls who were friends of my cousin], specifically, that she had a good time. I got a good reference out of it so the next, not the next night but two nights after that, I was in my room...One of them came in the room while I was in sleeping, woke me up, did it in there, I was like "are you serious?" [Tyler].

We didn't have sex for a while, quite a while. I don't know why. We did talk about that too. It's kind of funny we did. We did stop for a long time, a couple months I'd say, and then it just picked up again. I don't know why that was...Then after that little break my sex drive was really high. [Joy].

Afterward, I remember kind of hooking up with her a couple more times but not ever having sex with her again, and it ended up going badly. She got really angry with me. I think even at one point she even got some friends of hers to threaten me, which I think is amusing now that I look back on it. But I've had experiences like that, where sometimes you don't even know how you feel about a girl until you actually ejaculate. [Graham].

### *Impact*

“Impact” was the rippling effect of the phenomenon of FIE to cause another phenomenon. Not only were there consequences to participants’ mind and lives, FIE awakened a part of these participants by changing (or in the case of Graham, not changing), like a drug, who they were in mind and body.

I was in a daze from the fact that we had done what we did over and over. I was ecstatic and it totally changed my psychology about being in a relationship. [Opal].

I felt like after that we were nuts for each other like every second that we had alone we spent in bed, it was like that typical love story where it was just so intense that you couldn’t get enough. [Opal].

We were closer in a way because we went through, we over came, we did something together that was really big, really important to the both of us. So I think we were closer emotionally in that way for sure. It wasn’t life changing or anything, I just think we were closer after that. [Joy].

It’s almost like the point of no return. I did it. I had sex. There’s nothing else I can do now. It was almost a gratification of another worry put behind me. Now I don’t have to deal with all the concerns. I can have sex and not get pregnant and I’ll be alright. [Bella].

I didn’t think I was super cool now or my view of myself had changed all that much but I was happy that I had done it, but it wasn’t some big deal. Like I said, it was a big deal that I got it done but I didn’t feel as a person my attitudes changed. [Graham].

I think more of what changed was my willingness to go there. Being less afraid, more open to the possibility. [Eve].

I remember waking up the next morning with a huge grin. And it was that sort of aura of wink, wink, nudge, nudge. The dynamics sort of shifted. [Eve].

After that he went and told people [we had had sex] and that started a very, very awful experience for me in high school ...I looked at sex as not a big thing anymore because I did it with one person. What’s it going to hurt to do it to another? So his friends, now to my knowledge, started this bet that they were going to lose their virginities before the end of their freshman year and I was their victim and so I had sex with, sexual

intercourse with four of his other friends and oral sex with two of his other friends. [Bella].

[Around] nine months later she had a baby boy but by then, she and her boyfriend had gotten married so the official line was [the boyfriend] was the father on and on and on. I didn't know one way or the other but I had to suspect....He really looked like me; really kind of uncanny how much he looked like me. And my sister who was the friend of the lady said that everybody, when they had seen the little boy, including my mother, my father, any other family members, and this was the first time I'd seen him, but anybody that had seen him said, "That's Reed's son." [Reed].

[FIE] really, really solidified for me that I liked women. [Eve].

At that moment we appreciated everything about each other. It was exactly what I had always wanted. It was like a fairytale come true, (pound on the table). That's why I still hold out for the fairytale cause I swear to god, one came true and now I'm like, "Okay, that's it, it could possibly come true." [Opal].

### *First Sexual Intercourse Experience*

*First Sexual Intercourse Experience* is the phenomenon at face value. For participants it was the elements of FIE being first, sex, intercourse, and an experience. Under its umbrella are: "distinction as first," "multiple times," and the "experience as positive or negative."

#### *Distinction as first*

In conversation with a student of philosophy, Justin Raap, the researcher began to understand a key element of doing a phenomenological claim that observes an ordinal phenomenon. This is to distinguish it as the first by comparing FIE with one's second sexual intercourse experience. Participants were asked to describe how their first experience was different from the second. In their responses, some of the second partners were the same person with whom they had their FIEs. In other interviews, this was not

the situation. Either way, there was, in every description, something that differentiated the first sexual intercourse experience from the rest to follow.

I never really had anything to compare [FIE] to. [Opal].

I remember we were both amazed we had actually like done it. It was so awesome and then I remember we laid there with each other for the rest of the night, just like talked about it and were just like “ah (sigh).” It was really great...It’s funny cause I feel like throughout the progression of my sexual experiences they’re so goal-oriented then. You’re just trying to figure out what needs to be happening; you’re looking at the structure of everything and not focusing as much on the pleasure of it. You’re still feeling it but you’re not trying to maximize the pleasure, you’re just trying to make sure it’s working right I guess. Looking back it was so primitive in the beginning. You’re like, “Okay I’m going to sit and do this” and then, we’re done....It seemed like you’re doing a lot then even though it’s nothing. [Joy].

I mean just the whole idea of being with someone having them see me naked being in a vulnerable position all of those things and maybe not knowing what it would be like, not knowing what to do. [Eve].

### ***Multiple times***

Having intercourse multiple times throughout the day of FIE was a trend found in at least five of the eight participants. Called episodes or rounds, the quality of having sex more than once, separated by a refractory period or movement across the sexual response cycle away from orgasm, was pronounced as an occurrence in the majority of interviews. Note: not all of the comments are included in this section because the presence of multiple times was usually brought to light over an entire discussion and not always consolidated to a divisible part of the transcriptions.

The whole sexual experience was more than just the one time. It was throughout the rest, most of the night the next day. She stayed there in my apartment and made love quite a few times. [Reed].

I’m not really sure how long it lasted or anything but we ended up doing it three times that night. That really caught me off guard too. After the first

time I was like “(sigh), I’m done. That was awesome.” I’m reveling; I’m relishing the whole concept that I had just lost my virginity and five minutes later he’s like, “Are you ready to go again?” [Opal].

### *Experience*

“To the things themselves,” Husserl’s words proclaim. Each testimony was dissected for meaning addressing what the participants themselves say to the phenomenon. As it was asked during the interview, how would you classify your memories of FIE? Positive? Negative? There were general beliefs about what happened, texturally and structurally as a phenomenon. For example, some participants named it, “most memorable sexual experience” or “learning experience.” For others, the constitution of experiencing first intercourse was based on their personal principles.

That experience...was honestly my most memorable sexual experience...since it was my first time but it was also my first love so it was ten times more special because I was with somebody that I loved. I’d never really experienced that before...The most important thing that I was happy with was the fact that we could kiss so well. I almost didn’t care about the whole sex part. It was fun and I got off and it was great but the way that we kissed was probably the most intimate out of the whole thing ... because our mouths matched so perfectly...[Opal].

I had been penetrated by a penis. That was the defining [element of FIE]. That’s what I had been taught. My mom had talked to me about it and also in sex ed I had been taught that’s what it actually was but now being older and knowing a lot more, of course, the definition is going to change but that’s that how I knew [I had had my FIE]. [Bella].

I would describe it as a learning experience, in what not to do when having sex. [Graham].

It actually depends on who’s asking because there are some people who I am quote-on-quote “out to” and some whom I’m not. And so for me it’s an automatic thing, somebody who doesn’t know that I’m gay and I’m not sure that I want them to know, I would, if they just asked me “When did you first have sex?” I would, might say either one. I might say 18, I might say 20. But then again some people phrase it, “When was the first time

you had sex with a guy?" ...In which case it's specific, so I would answer "when I was 20." It depends. [Eve].

It was momentous in the fact that, it was a goal and like any goal when you complete your goal you feel good about yourself. It's sort of gratifying but outside of it being something that I really wanted to do, and getting it done, it has no importance to me, and so I don't ever think about it. It's just a simple thing and I don't really think that it shaped me in one way or another. [Graham].

**Positive.** For seven of the eight participants, the experience was considered positive. Most of the participants directly classified their memories as positive. Eve's experience was less telling, but she showed through the positive qualities of having sex with a woman versus a man the characterization of her FIE as a positive time. Another reason Eve's experience is grouped with other positive accounts rather than undecided, is the story's possession of both positive language and non-verbal verification.

All of the sexual experiences I've had with men, aside from the most recent one, have been negative in some form or another. [Eve].

Super positive, super positive. I couldn't have asked for a better experience [or a] better, more tender lover...I couldn't have imagined a better situation that I was in, maybe a better hotel or something but for sure what we made, what we had to deal with was definitely a pretty damn near perfect night as far as I was concerned at that point.... I wouldn't change anything about it. [Opal].

Besides [the dryness of our mouths from all the beer we had drank earlier that day] it was all that I ever wanted in having my first sexual experience, I couldn't have asked for more, it was intense and pleasurable and painless and erotic and playful and it was incredible. [Opal].

Thoughts and feelings did get pretty wound up in the aftermath but one of the big positives was I had finally done it. I don't have to think about; it's only thinking about next time. I don't have to think anymore about *the big number one*. And it was a hurdle worth crossing. I guess it was also positive in that I really, I really enjoyed a lot of it and even though there was disappointing features as far as performance and her satisfaction and my satisfaction, nevertheless I felt like I learned a lot more about myself and I thought that was valuable cause I didn't emerge from it feeling totally unconfident. [Kent].

I did it with three girls and I was in Southern California. I don't think, unless somehow I got into the Play Boy Mansion and I banged 'em all, I think that could top it, that's about it but—positive! [Tyler].

Everything was very positive, the sex was really positive, the relationship was really positive, except towards the end of the relationship; I think that's probably normal because it ended but yeah it was very positive. We were always very close and I still love him very much and he still loves me. It was a very positive, positive experience in my life for sure... It is the best feeling that I've ever had in my entire life. [Joy].

I guess overall I have very positive feelings about the whole experience in... the fact that we got together. We really enjoyed each other a lot and I think that was a very mutual thing. [Reed].

Well it felt good and I wasn't a virgin anymore so that's a positive. I accomplished a goal, that's a positive. I mean all the negatives would be viewed from her point of view. Everything's positive for me. [Graham].

It was good. [Eve].

*Negative.* Unlike the other seven participants, Bella characterized her FIE as negative. In doing so, she identified consequences of her experience and acknowledges her strength in coping with the impact they had on her life. Rather than just a statement to assert the negativity, this sub-section covers various references Bella makes to the adverse position in which she found herself.

Setting aside fear and that sort of thing it's almost like I didn't want to admit at the time, cause I thought it was a cool thing that I had sex with a popular guy, and I thought it was going to be a positive experience, even one, if other people found out, they'd see it the same way. But that wasn't the case and it was almost like I knew, probably deep down inside, I was feeling very used, kind of dirty but I wasn't allowing myself to have those feelings. It was almost this constant process of convincing myself that it was a good thing and that it was okay to do what I did and that sort of thing. [Bella].

I regret having sex so young because of what I know now and how much I enjoy it now and how much more on the physical level it could be...We

can't communicate that to a fourteen year old I don't think, about all those important things and all the nice things about it but, I just wish at the time that maybe I could have talked to somebody else. I know now I could have talked to my mom but it was my own fear why I didn't talk to her about it. [Bella].

I know looking back on it now, I didn't realize what I was putting myself through at the time; didn't even think of the consequences; didn't even think of long term effects this could have on me, emotionally, mentally. I look at it now and [think] those sexual experiences were really detrimental. And I'm lucky that I've been able to come out of that cause I know some people probably couldn't of. [Bella].

I've seriously thought about [what I would tell my children, if I had them]...the whole story of what I did in high school and how negative of an experience it was for me because I don't want them to go through what I went through cause it's awful. High school's hard enough to deal with but once you're labeled you never get rid of that never ever, ever. That's probably the hardest thing. [Bella].

### *Physiology*

Male and female participants and their partners responded in different ways physiologically to the phenomenon of FIE between genders. Two of the eight participants discuss an increase in body temperature. Males (participants and partners) felt the full to semi hardening of their penises. For the females, the physiological response was wetness in the vaginal area. Reaching orgasm was seen inconsistently. One of four women and three of four men climaxed.

### *Erection*

Kent was unable to achieve a full erection. Tyler did not elaborate on his penis except to say that he was very hot and had erection. Reed shared having an erection when he danced with his partner earlier in the night of FIE, as well as, in the apartment just before sex, and again in McGill Hall as he reminisced with the researcher about having



intercourse with his FIE partner. Graham speaks of an erection, but joins it with other feelings of arousal.

It was enlarged and obviously it was enlarged enough where a condom was fitting on it and it wasn't so flimsy where I wasn't able to penetrate. [Kent].

Hot and a bonner. [Tyler].

I felt a little awkward with all the other people around and she asked me to dance so we were out on the dance floor and it was a slow dance and so we were very close and I got an erection right away. When we, the dance ended and we walked back, she walked slowly and let me walk behind her so that it would be less embarrassing. [Reed].

Yeah I think I had parked on the street and we'd go up a flight of stairs, my apartment was upstairs in the building on Second Street and as we were going up the steps, she was going up first, and I could see her backside, which was gorgeous and I immediately got an erection again then. In fact I'm getting one now, thinking about it. [Reed].

Naturally I get an erection. It's weird cause you get this, your view of things change really quickly. At least for me, when I get aroused, it's like this animal instinct, this primitive creature just trying to procreate. [Graham].

### *Wetness*

Five participants (four women and Reed) spoke to the vaginal fluid or wetness that lubricated the vulva. A degree of amazement was associated with some of these physiological responses.

In the beginning, especially, it was obviously the best feeling because that was when I was the wettest and it was easy and it wasn't forced into me or anything. He was really gentle with it so after he let me get used to the concept of having a penis inside me, we did it a little bit faster. [Opal].

I remember being amazed how wet she got. That was not something I knew about women and so that really amazed me. I can remember afterwards we fell asleep and she, it was way late at night, four, five o'clock she woke up and took my hand and said, "I'm really wet again" and she took my hand it put it down to her legs and I was amazed. Yeah so

that was a surprise to me; one of the many things I came to know about [women]. [Reed].

[I was wet] because I knew it was going to happen. I was so excited I remember it so well. I remember being very, very excited. I don't think I'd ever been that wet before in my life, probably. [Joy].

[Physiologically, I was] really, really warm and really, really wet. [Eve].

### *Orgasm*

Masters and Johnson developed the Four Stage Model of Sexual Response as a framework for what a human being experiences during intercourse. Starting with excitement, the genital organs begin to engorge with blood. At the peak of this stage the arousal levels off and becomes the next stage, plateau. This portion of the cycle leads to orgasm and concludes after the pinnacle of pleasure with resolution or the return of the body to homeostasis. To address the multiple mentions of orgasming (or the lack there of) this sub-trend is dedicated to the third phase of the cycle.

The first go was the best time out of all three of the rounds. Everything was more intense, more enhanced as far as sensations and emotions...It was ten times more memorable than the other two [rounds]. I don't remember what happened the rest of the time but my body just kind of shook from the inside out and after this release I just gave an exhausted sigh and just was like, "Woo that was awesome!" [I] had this perpetual smile on my face and [felt] ecstatic that I was able to [orgasm]; I was glad that I was able to come. [Opal].

When a girl licks on the bottom of my ear, my body tingles. When I bust a nut my body tingles. It's not like I'm tingling like I'm not on E or something like that, but it just feels good to feel totally relaxed afterwards. You feel totally relaxed. It's more of an after-effect when you bust a nut; cool as f--- yeah, you're like, "Yeah, alright!" For some reason I think I like to stretch my feet out straight, curl my toes or something, I think. [Tyler].

I was like, "Oh, he must of came. Okay, that's what that feels like, oh whoopee"...I wasn't aware that it was supposed to feel good for me, it was more about just letting the guy do what he wants, making him happy, letting him come and that sort of thing, cause I guess in my mind that's

what all sex was. I didn't know any better, I hadn't been taught any better or even thought myself worthy yet--that I could enjoy this too. [Bella].

I think I read stories about where the man always loses his erection afterwards and I didn't. I almost wondered if there was something wrong with me cause I wasn't like everybody. I was led to believe I should be [like everybody]...I had two ejaculations in a row. Although of that series the first one came fairly fast and easy. The second one was very slow and coming. It was almost to the point where it wasn't worth it. But she seemed like it so. ...It's kind of hard to explain but there was one sensation I got deep down inside the first time that I climaxed that was much less strong subsequent times. I think that first time that I climaxed with her, a lot of the feeling was actually in my testicles. [Reed].

...I didn't have an orgasm. I came very, very close but for me that was my first experience...And what's interesting about that is that I think still to this day, I think she assumed that I did. I wasn't trying to pretend, I wasn't faking, I just got loud and I think she just sort of assumed that happened for me. [Eve].

### *Discomfort*

Two female participants felt uncomfortable at some point during their FIEs. Opal's comments around discomfort are related to the angle or friction occurring after penetration. Bella's pain was more immediate, brought on by her FIE partner penetrating her vagina with his fingers or penis. For both women, multiple passages are shared to give as much attention as possible this emotion, pain.

Part of it was uncomfortable, not knowing how to handle the situation. I wouldn't even say a matter of handling the situation, just not experiencing that before and never being taught, "Okay if a boy approaches you, this is what you're supposed to do." I never had any of that. [Bella].

I remember being uncomfortable when he inserted his finger in me though. It just felt weird but then it was almost like the dialogue in my head was talking myself into it that this was okay. "It will only be uncomfortable for a little while; this will get better; it will feel good." It was almost like this transition in my head of this isn't okay but trying to convince myself that it was um, and then I remember he inserted two fingers and it hurt. It's almost as if there was too much of something in me that wasn't supposed to be there. [Bella].

I laid there and let him put his penis inside of me and it hurt and it was uncomfortable. I remember wincing quite a bit at first.... I knew it hurt but that's all that I did. I just lied there. I didn't try to stop it. I didn't try to move or anything either. I just laid there. [Bella].

It started to get raw, very raw, the third time. I can't remember what position we were doing it then but I remember feeling this burning sensation after awhile and like I had to stop because it was just starting to get more uncomfortable as every thrust went on. [Opal].

With me on top it seemed like, he hit my cervix a lot and so that was, in certain angles, it was a little uncomfortable and then the angle where you're on your back and your legs are behind your head, that's an uncomfortable angle for me too cause he was constantly hitting the cervix. I could feel pangs of pain just kind of reverberating throughout my insides almost, that old saying "It's splitting me in half." That kind of thing, that's how I felt at some times. It's like "Oh my god, at any second I'm going to rip in two." [Opal].

### *Sensations*

*Sensations* subsumes the perceptions of thought with unknown physiological, mental, or emotional origin such that the body or mind feels that which is yet to be tangible. Sub-categories of this trend are "energy/electricity," "intensities," "connection," and "visual stimulation."

#### *Energy/Electricity*

In a later trend, the difficulty in explaining the feelings associated with FIE will be shown. Keeping in mind, many participants struggled with finding words to express their sexuality, six of the eight referred to an electric charge or energy that passed through their bodies. There was no stumbling on the language to illustrate this sensation. It was clearly spoken and supported from interview to interview.

Once he was inside me it just spread; that amazing feeling of ...electricity everywhere starting [in my vagina], moving up, filling my entire

body...throughout...total...I describe it as energy, so much energy is coming off of me. [Joy].

I guess there's some of that initial chemistry and it's almost electric when you happen to touch things like that. It was a lot of fun but she had another boyfriend. [Reed].

There was this zoom of energy inside between the penis and the vagina wall, and that's what I mean by excitement. This energy, this electric current emanated from within to out...this shock wave. [Opal].

You have this crazy excitement ... this sort of this charge that goes through your body and it's not just with the erection. [Graham].

Eve's declaration of electricity in her FIE was made during a comparison of the first time she had sexual intercourse with the second time. She imparts that the second time was similar to the first with a reduced amount of nervousness.

Certainly [there was the] same type of electricity [the second time as there was the first time], the same physiological response, everything going into overdrive and still a great deal of nervousness but somewhat reduced, excitement and wanting to do more wanting to explore more. [Eve].

Everything, the whole, even just touching, not even genital touching but just touching my body was electric sensation. [Eve].

### *Intensities*

In conjunction with the electric energy was the magnitude that participants felt this or any sensation. The magnitude or intensity was the degree to which a person was aware of a sensation around the time of his or her FIE. Four participants spoke to the intensity of FIE sensations as being strong. Using the term as an adjective implies a deep sensation as opposed to a mild sensation with less of an effect.

Wide range of intensities--there's the moments when we were almost crying and then there were moments where we were going really hard. And then [there were] moments in between, not so gentle but not porn-star hard. [Opal].

You felt like you were coming together but it wasn't as intense as when I was on top and I could feel his entire shaft inside me and I can almost feel like the walls of my vagina squeezing around him. Being able to feel the tip of his penis at the roof of my vagina was just like pppphhh, it almost took my breath away a couple times because I wasn't expecting it to be so deep. [Opal].

It was really, really intense. [Eve].

I know, in a climax, there are several different sensations and one time one is stronger and another time another one can be stronger. [Reed].

My expectations were pretty much off the charts. I didn't really know what to expect but I had a vague idea that it was going to feel sort of like the same sort of sensation [as] when you masturbate. It was like [masturbating]; it was just intensified. [Graham].

### *Connection*

Three participants stressed the "connection" they felt to their FIE partners as a result of having sexual intercourse. In the first quotation this was a figurative physical connection. Partners were not bonded physically (as detected by this study), but on another level they felt united with one another.

In that experience I did feel connected...there's something kind of magical too about the connection. [Kent].

I remember being totally amazed and like, "Why have I been waiting so long to do this?" This is the most amazing feeling of my life. I remember I could feel my cheeks were so warm and so flushed and I remember this feeling in my chest--I was so happy and it just felt so good. ...Also, I think that it was a lot because of the fact that we were so close and that it was just like, I felt another connection to him in that way just because we were enjoying this first time together and it was this shared happiness. [Joy].

I could feel his heart beating against mine. I could hear his breathing in my ear and every time we kissed it was like a hunger, a need. We just wanted to be as deeply connected as possible ...I remember I couldn't get enough of him, it was as if, even though we were connected physically and we had so much love for each other I couldn't; I never wanted to let go of him and he didn't want to let go of me. [Opal].

### *Visual Stimulation*

Opal was the only person who used the term, “visual stimulation” to explain the physical appeal of one’s body to another person. Two other participants acknowledged related experiences, but did not mark them as visual stimulation. Eve explained the use of lingerie by her and her partner and the reaction to the garments but did not label the articles as visually stimulating. Reed too, incorporated a similar event in his story. His FIE partner was walking up the stairs to his apartment ahead of him and seeing her buttock (clothed) caused him to have an erection.

Anything that would stimulate him visually I would try to do, like angle myself in a way that would enhance my already small breasts or just give him the eye or lick of the lips. [Opal].

I bought this outfit [at the lingerie store] so when [I was] on the phone [talking with my FIE partner] about me coming down there, I was dropping hints like, “I bought this thing.” [When I get to her apartment] she goes, “Well, I bought something too.” And I was like “Oh! Okay.” So she goes in the bathroom and changes and I’m in the bedroom and I change. No, it was vice versa and I was in the bathroom. So I come out of the bathroom she looks up and she’s just like “WOW” and I just remember feeling sexy for like one of the first times in my life. [Eve].

We were going up the steps. She was going up first and I could see her backside, which was gorgeous, and I immediately got an erection again then. [Reed].

### *Illustration*

For this study, participants were interviewed and asked to describe their first sexual intercourse experiences. Telling a story or recounting events that happened in the past was considered an act of illustrating the experience for someone who was not present at

the time. Illustrating or conveying their experiences means “attention to details,” a “lack of words,” and the use speech aids such as metaphors and anecdotes.

I could draw it in my mind: the inside of my vagina. In this picture, [there are] those lights in Star Trek or Star Wars, where you’re going to hyper-speed and the stars go (visual aid of stars streaking out from a vehicle traveling at the speed of light), I feel that’s what happened, like there was this zoom of energy inside between the penis and the vagina wall. That’s what I mean by excitement like this energy, this electric current emanated from within out. That’s what I meant when I said this shockwave. [Opal].

I’ve never put this into terms, it’s kind of cool, that was kind of how it felt, like it was all of sudden this explosion, “ding” you know, out! It kind of, radiated from within; it was pretty damn cool. [Opal].

### *Attention to details*

Without being asked, participants set the scene for their FIEs. In doing so, details captured by each of the five senses were shared. Not all participants sensed their environments in this way or disclosed the intricacies of what they smelled or heard. For those who did, their comments were arranged according to the faculties by which they received stimuli.

***Taste.*** Taste was the sense of experiencing FIE with one’s tongue.

[I remember] the dryness of our mouths because of all the beer that we had drank earlier that day. [Opal].

He tasted like spit. [Bella].

***Smell.*** Smell was the sense of experiencing FIE through olfactory nerves located in the nasal cavity.

I remember smelling his aftershave, which to this day I can recall. The memory of it just stimulates that. [Opal].

He had cologne on, that just came back to me too, but I don’t remember what it was, but it was a real distinct smell. I smelled him and the musty



smell cause it was an old room, I think the carpet might have been kind of crusty and gross so it smelled. Musty was kind of the smell. [Bella].

She smelled really good. Part of the smell I figured out later in the night was coming from her vagina and I thought it was a really good smell. Later on I thought about the *Vagina Monologues*. There's that one skit where they're all talking; they're all giving a description of what they think [a vagina] smells like and gosh I don't think I've come up yet with a good adjective. I thought, if you can apply this to the sense of smell, balmy. [Kent].

**Sight.** Characterized by the act of seeing, sight was the sense of how the world looked as perceived through the eyes.

I started looking around and the ceiling was pretty tall. I think it went all the way up to the top of the theater but I remember looking around and seeing all these names and years carved into the wall from like 1976 and this and this and this and I thought "God, did this many people come up here to do this?" [Bella].

It was pretty dark but there was still streetlights coming in from the window that cast little speckles of light on us. [Opal].

I know their school colors. I can tell you that cause there were the pompoms in the back window—green and yellow...[It looked like the] inside of a car: CD player glowing, dark outside, you could see the moon, her check engine light was on. [Tyler].

**Sound.** Sound referred to the auditory sensations from hearing vibrations.

I remember hearing our bodies slapping together. [Bella].

She didn't talk; she made the occasional almost like a cooing sound. It seemed subconscious. [Reed].

**Touch.** The sense of touch denoted physical contact with an object in order to experience, with one's body, how the object felt.

He was getting sweaty. I remember my hands on his back. He had taken his shirt off; somewhere in there he had taken his shirt off ...because I remember touching him and he was sweaty. [Bella].

### *Lack of words*

Six of the eight participants made direct comments about the struggle they faced having to describe their first sexual intercourse experiences. Finding the words was a challenge. Aside from the honest remarks about the gaps in their language, the challenge or “lack of words” was reiterated by the frequent use of verbal fillers quantified earlier in the chapter.

I don't know how I can describe it; I wish I could describe it better...I can't describe it, it was just so fulfilling. [Opal].

I'm not the most poetic, literary guy. It's hard for me to put those sensations into words. [Kent].

I remember, I still remember the feeling so well; the most amazing feeling; mind blowing feeling like, “oh my gosh.” I just can't even... Physical mostly but I think emotional is all tied up in it. I think it's all mushed together. I just remember the feeling physically was amazing. It was just like, I don't even know if I can give you words to... it was like joy. I know the emotion was complete. I don't know, just joy. I was so happy and I felt amazing like it filled me up; I felt filled with, like I was glowing. For me, that's just such a hard thing to explain. [Joy].

Boy, this is more difficult than I thought, I mean putting it into words, it's all damn clear up here. [Bella].

It's not something that you can really convey in language I don't think. You can hint at things and elements or aspects. I guess probably the most important part of it for me, of that first experience was a lot of what took place before and after, they almost seem to dwarf the actual vagina-penis relationship, in that particular circumstance. [Reed].

Very, very hard to describe but overwhelming... So there you go. [Eve].

### *Retrospection*

Given the nature of this study, the accounts participants disclosed of FIE required retrospection or looking into the past. Having a distance between half a year and three decades to recall what had happened tended to remove participants from the experience.

During the interview, they put their minds back months or years into the situation, but their comments unfolded the effect of a retrospective view of the phenomenon.

### *Epiphany*

Coming to a sudden understanding or knowing was labeled “epiphany.” The sub-trend was first noticed while interviewing Bella and brought forth in other meetings as if the participant was using his/her experience to examine FIE from a podium, like they made discoveries themselves just from the act of telling their stories of FIE. In some narratives, it was an epiphany just to realize they had not shared their story with many people or for a long period of time if at all.

I had a negative perception of my taking so long pretty much up until it actually [happened]. I can look at it now and be like, “Yeah I lost my virginity at twenty-one, so what?”...What I understand differently about it now...sex should be an open topic. I think there should be more transparency about the issues of sex. At the same time, I think it’s perfectly justified to be really private about it, with your own experiences. I can keep to myself that I didn’t lose my virginity until I was 21....This is my personal boundary but I don’t feel I have to be ashamed. There was more of a shame feeling before so that’s the main thing that changes. [Kent].

I had always had people tell me, “We don’t notice your acne we just notice you and your personality.’ I think that’s why I had such a strong personality when it came to my openness towards sexuality. Cause that was my personality that I thought maybe overpowered what people looked at me physically as.... *that just clicked*. [My personality overpowered how people saw me physically].... Cause I wouldn’t believe people, I look at [my acne] everyday. “I hate it, I’m ugly, I hate it, I hate it, I hate it.” That’s what would go through my head and so I think maybe, with the guys, they showed interest in me and I thought if they were nice enough to show interest in me and look passed my ugliness then it was almost like I owed them [sex]. Or since I was good at this thing, [sexual behavior] I could give it back to them I guess. Boy that never clicked before, how interesting. [Bella].

If I could take it back, I would take everything back, all my sexual encounters in high school. I would probably take all of them back if I could cause I realize now when they say, “Sex isn’t just sex,” you’re not emotionally mature. Sometimes your body’s not physically mature. I realize all of that that. [Bella].

Just being at his mercy almost was stimulating. This is very interesting to me. I’m finding out a lot about myself. [Opal].

Looking back it was so primitive in the beginning. You’re just like, “Okay I’m going to sit and do this” and then, we’re done. Now sex is totally different...It’s funny cause it seemed like you’re doing a lot then, even though it’s nothing. [Joy].

### ***Afterthoughts***

In three cases, participants made poignant additions to their testimonies outside of the initial and follow-up meetings with the researcher. Opal wrote a brief note of a memory she had later. Reed made various observations he realized promptly after the initial interview on his drive home and Bella shared with the researcher her decision to seek professional emotional help through Internet correspondence.

**Note.** On the back of her transcription Opal wrote:

One thing I remembered later: During our very first round of sex, I remember [him] being inside me, him on top, and his body was pressed against mine. My arms were wrapped around his torso. He was moving slowly and I felt his body start to quake—shiver, almost. He pushed himself slightly off me and nodded & kept starting-still moving slowly in & out. Then I started to shake, like his shaking was contagious, and tears came into my eyes. He finally said, “God, I Love you,” and kissed me, passionately, deeply, hungrily, then fiercely. I remember that first time was mostly emotional—about being *with* each other, being close to each other, knowing each other. The other 2 rounds were more playful, erotic, rough, or experimental. [Opal].

**Email.** Most of the participants opted to connect with the researcher post-interview. Two of these individuals used the correspondence to add to their testimonies. Reed wrote to explain the limited eye contact he made with the researcher and added insights he had

remembered later. Bella wrote to the researcher multiple times to inform her that she, Bella, would be seeking professional counseling and was glad to have had the experience of this research study.

While driving home I did think of two ways that my first experience was different from all the others. First, scent; I don't remember any scent at all with her. With all of the women after her, smell has been one of my favorite parts of the experience, one of the things I look forward to in future meetings with a woman. This seems very odd to me. Second, I do not often think of her or spend time remembering our night together. All of the women I've been with after her have been on my mind ever since, some only once or twice a year, some several times a month or maybe even per week. It was very sweet reliving that first experience. She is a jewel in my life. I found myself avoiding looking at you so I could better remember her. Though she and I were not real compatible on an emotional basis, we were very compatible on an intellectual level and I still regard her very highly. [Reed].

**April 1, 2005.** I made a decision to start seeing a counselor next week. [Bella].

**April 12, 2005.** Through some recent events, I have discovered that I have some old wounds that I need to heal. Some of them do pertain to our conversation. I realized that I am not okay with the experiences I went through in high school and I need some help to deal with these and move forward. The biggest realization that I had was that I do not trust men. I am a controlling person and I know that this stems from some old wounds where I have been affected horribly by men. I can see where if I do not work on these issues, it could have detrimental effects on my marriage down the road. So, I don't have all the answers now, I just know that I need someone's help that can assist me in this journey....Otherwise, thank you so much for allowing me to partake in this important study and just know that you have really helped someone. [Bella].

**April 12, 2005.** I do agree with you that there needs to be more communication. I am so thankful that you and I have crossed paths and shared this experience together. I really am willing to disclose and share more of my experiences with you if you would like to include it. Thank you again for selecting me to participate. This has been and I am sure will continue to be a life changing experience. I must tell you it really opened my eyes to a lot being able to read over our meeting. Certain things hit me and I realized that I am not healed over many of these instances and this is what encouraged me to seek help. [Bella].

## CHAPTER V DISCUSSION

### **Summary of the Study**

To recap the impetus for this research and the outcome of the operations, this chapter briefly reviews the research problem and methodology before proceeding to the conclusions, implications, and suggestions for further research.

### ***Statement of the Problem***

This study sorted through the profundity of how and what these individuals experienced the first time they had sexual intercourse. Until now, many sexological studies have branched off from other disciplines and approached the research indirectly. In search of the artifacts of human sex, that approach missed the larger picture, the history, the reasoning, and the proclamations of sexology (di Mauro, 1995; Weis, 1998). This study does not claim to repair the problem in its entirety but surely the illustrations of the essence, eight participants portrayal of FIE, have added to the research body the textural and structural humanity of a fundamental behavior in shared human sexuality.

### ***Statement of the Procedures***

Eight individuals from the Missoula, Montana community were recruited to participate in this study by way of purposive criterion sampling. They were asked to complete research packets, which included William Snell's Revised Sexual Self-Disclosure Scale. Following the return of the research packet materials, participants were asked to meet with the researcher in a secure conference room of McGill Hall for in-depth interviewing about their first sexual intercourse experiences. Interviews were tape-recorded and later transcribed. The narratives were then analyzed for their textural and structural content to

better understand how and what the eight research participants experienced the first time they had sexual intercourse.

### **Conclusions**

This section draws conclusions about each individual testimony by triangulating the participants' descriptions, researcher's observations, and literature reviews.

#### *Joy*

Joy was relatively young when she had her first sexual intercourse experience, but she felt emotionally ready for that level of intimacy. She could tell the difference between her maturity and the lack thereof in her sisters and peers in their abilities to cope with such and intense behavior. The awareness that Joy was ready to move forward towards having intercourse while others should delay until reaching a similar developmental level, showed a unique balance for an adolescent to have.

The balance or maturity or subjective readiness came from a strong attunement to Joy's surroundings. Her parents were especially influential. They were not an example of how a relationship should operate; their lack of communication and their observable deception allowed Joy to see what she did not want in a relationship. Her parents would hide information from one another, and Joy witnessed the consequences of their secrets. In contrast, Joy's serious relationship repelled hedging. She and her partner shared what she believed to be everything with one another and in doing so built a healthy partnership.

Committing to such a high level of communication and disclosure took away the element of game playing or using discreet tactics to obtain something desirable. Both Joy

and her partner felt comfortable discussing their wants without expectations. Little was left for the mind to question or doubt. He knew where she was in the progression towards sexual intercourse and vice versa. The words were clear enough and shared so frequently that there must have been lower degrees of misunderstanding, disappointment, and indifference as well as higher degrees of empathy and patience. They were going through the transition together; Joy and her partner were making the decision as a unit. Rather than projecting feelings or displacing urges, they experienced first sexual intercourse (FIE) as one shared mind from precontemplation to action.

By Joy's standards, she was ready when she had sex for the first time. They both were. The prospect was discussed before there was the spontaneity of having it. All that needed to happen was the intention of having FIE to meet with an opportunity. When these parts aligned, there was execution. Wellings et al argue that sexual competence, a standard for this readiness, includes the reasoned use or disuse of protection (2001). Joy repeats that she was ready, yet when she climbed on top of her partner's erection there was not a condom barring STD transmission nor a birth control method preventing conception, for which Joy was clearly not ready.

Condom disparity the first time Joy and her partner had sexual intercourse was not an act of the rebellious kind. The second time they had sex, Joy's partner not only wore a condom, but also withdrew and brought himself to climax away from her genitals. Joy described their relationship as if they were a healthy adult couple more sexually competent than first penetration implied. They were not "playing house" or being controlled by chemical lust. Having sex was part of their wellness and expanded the dimensions of their relationship. No one else outside the partnership mattered in his or



her decision. It really was between two people so united mentally and emotionally that becoming sexually active was easy and eventually safe. They simply physically expressed the intimacy they had been expressing in other ways. Although not using a condom the first time indicates irresponsibility it does not disregard the couples feelings of readiness. Joy's FIE was consensual and gratifying. Both partners desired the experience and were satisfied by the outcome.

It was agreed that Joy's partner's penis being inside her vagina was the defining moment of FIE. This fits with the textbook definition, and yet strangely, while it does not step outside of traditional boundaries, neither person involved took the penetration to an orgasmic level. Ergo, from Joy's FIE it can be concluded that sex may be healthy, mutual, unprotected, intentional, and penetrative, but that it does not assume ejaculation or dramatic pleasure.

### *Graham*

Graham told his story of FIE matter-of-factly. Sex was a life experience and having it was a part of the schedule of life. It was a task, an objective for that time in his existence. Graham did not seem to be in a state of desperation when he had sex for the first time. It is almost as if perceiving the possibility of sex with his partner made the experience accessible and then reachable. There did not seem to be a sense of urgency or grave importance. Graham wanted to go through a behavior change. He was already at the stage of contemplation so it was just a matter of making preparations and executing the behavior.

If Graham could have had his first sexual intercourse experience without a woman, he might have. According to his experience though, FIE was categorized by Graham as being inside a woman's vagina. It was about experiencing sex as the act of putting his penis in a woman's orifice, and this necessitated another person. There may have been elements of curiosity, but it was clear that he was not having sex as a status booster. It was not important for him to consult with his peers about the experience, it was just important for him to have done it.

Graham wanted FIE to the point of assuming it would happen, and Graham worked actively to make it possible. He setup the situation, organized, planned, stole condoms, and plowed through the motions determined to succeed. He wanted it, period. Although the action was planned and he had complete control over his behaviors, he did not have secured power over his partner. He chose his partner because of his perception that she would be receptive. She had had sex previously and expressed interest in Graham. By picking her to be part of the schema, he was eradicating room for failure. The idea of not having sex with her did not seem to be an option. He was going to: it was just a matter of facilitating it. Even when she could not have sexual intercourse for an unknown reason (possibly her menstrual cycle), he did not seem to think that his opportunity had been extinguished. It was an unforeseen turn, but he was still on the road. His road was such that he would not go after something unattainable. It had to be within reach but challenging enough that it was a feat. Graham made these considerations as part of getting to the contemplation and preparation stages. He was not going to have sex if he could not find someone who matched his need. Finding his partner was part of the

consideration and until it happened, the farthest place he could go was in his mind. Graham thought about how to make it happen but he did not go beyond FIE.

As the story goes, when Graham achieved his goal by ejaculating in his partner, she was of no consequence to him. He was overcome by feelings of distance and disdain towards the girl and because of this she became dehumanized. Even after Graham looked at her needing expression, he refrained from reaching out as if sex was an empty invitation to be close. He did not reflect upon her as “the girl with whom I shared this amazing experience, a once-in-a-life-time experience.” There was no sharing at all. She was a part of the scheme, just like the bed they did it on. He needed a place, there was his bed; he needed a girl, there she was. There was no sentimental meaning in the experience. The meaning was just in the outcome—he had managed to accomplish his goal.

From Graham’s FIE it can be concluded that sex may be between two people but does not have to be emotionally, mentally, or physically bonding. Sex may be goal-oriented, but does not require a commitment to successfully reach this goal. It does not insist upon social niceties; a man can just be with a woman for the process and mean nothing to her or her to him after sex.

### *Reed*

Reed’s first sexual intercourse experience was not an objective met, a stigma removed, an urgent need, or an expectation. He just went through the moment because of the chemistry, because that was how his life happened. He did not have to change the course of his routine or the woman’s; he just had to do what he wanted in accordance with what his partner wanted and voila, sex. There was no manipulation or promise. Reed did not

feel any sense of obligation. There was just sincere, true experiencing as it came and they received it. Reed did acknowledge what happened as a marker of time, but not as a life-changing event like entering manhood (although, ironically his FIE was life-changing). FIE, for Reed, was having penile-vaginal penetration with a woman, and that is what he experienced.

How Reed experienced sexual intercourse for the first time was dwarfed by the feelings and touching around the actual penetration. Swept up in the current of sexuality, Reed's impressions were caught in these sensations. He can pinpoint when he entered her vagina and the brief movement before coming seconds into it but his retrospection has a broader scope. The before and after, the positive sexual tension, and the caressing are what impressed Reed the most. As the diagram shows, there was an instant that Reed refers to as having sex, but the experience of FIE as a phenomenon was emphasized more in terms of how he got into that situation and what happened immediately afterwards.

**Figure 1: FIE Time Structure**



[Diagram designed by Lindsey Doe, 2005]

As shown by this diagram, there was a time before Reed met the women of his FIE. There was also a time when she was no longer a presence in his life. In between, was his first sexual intercourse experience, a series of events that happened in and around the instance when Reed and his partner had penile-vaginal sex. The instance is important in

knowing how the first intercourse was distinguished from other behaviors, but minor in the full picture as an experience, which includes the instance plus everything around it.

Reed's experience shows that the events around an instance of FIE can be equally qualified as FIE. To know what FIE is, researchers and other helping professionals may need to know how the person who experienced it framed the experience. First sexual intercourse does not have to isolate a specific moment. Conversely, it does not have to go beyond the fifteen seconds of thrusting before resolution. There are widely varying self-reports of FIE.

### *Kent*

Kent's first sexual intercourse experience, similar to those of 21% of the men in a study conducted by Schwartz, Sprecher, and Barbee did not come to reach orgasm (1995). The reasons for this are varied and sometimes unknown. During the interview, Kent could not explain his reason for experiencing erectile dysfunction the first time he had sex. Suggestions he made were the alcohol or the position of their bodies but a definitive explanation for his impotent performance was not derived.

Being erect and coming were givens Kent imagined for his first time. Kent and his partner used a condom, hoping they would follow that preliminary plan. However, he never became fully erect nor did he ejaculate. Instead, he absolved himself of these conditions and steered towards a requisite for sex to be sex—penetration. Kent marked his first intercourse experience by feeling, with his hand, the glans of his penis penetrate his partner's vagina. The smallest incursion meant he was no longer a virgin. Kent's perception of stigma associated with virginity was eradicated (Carpenter, 2001).

According to the textural and structural essences of Kent's FIE, the penis did not have to fully enter an orifice, nor did ejaculation need to occur. There did not need to be multiple movements (thrusting), sensation by the penis that penetration had taken place, or complete engorgement of the genitals to declare non-virgin status. Kent measured his FIE leniently. Others may not have agreed that having to feel with one's hand the penetration would equal intercourse but at the opposite end of the spectrum others would have categorized it as sex from the mere genital to genital contact.

From the third person account of Kent's partner, it seemed as if she was hesitant to call it sex. At one point she told Kent, "I don't want to be that girl," implying that she had yet to become the partner with whom he experienced sexual intercourse for the first time. Once he questioned her meaning of "that girl," she conceded that it was sex, but maybe only to appease his obviously strong desire to meet that appointment in his social schedule. There was a sense of urgency with Kent's FIE that he acknowledged afterwards as motivation for something of less consequence than what he perceived at the time. Recounting how he felt pre-FIE, Kent was aware of why minimal penetration sufficed as having sex; he had to have that rite of passage. Post-FIE though, Kent's outlook changed from seeing his virgin self as inferior to just another type of person. Feeling normal he could look back and talk his virgin self into being just fine, not stigmatized. He saw who he was as okay because in the present he was okay.

From Kent's FIE, more specific conclusions about the technicalities of sex can be made. Sex may include feeling the penetration of a woman's genitals with one's hands, but it does not have to meet the conditions of full engorgement of the penis, full penetration of the vagina, or repeated movements. It also does not have to qualify as

having sex for the other person involved. Sexual behaviors can match one person's definition of FIE but not another's.

### *Opal*

Schwartz, Sprecher, and Barbee found that only 7% of the women in their study had orgasmed during their first intercourse experiences (1995). The average age of these participants was 16 and a half. Participants who had waited until seventeen or beyond expressed better feelings about sex than what the women who were younger at the time of FIE reported (Schwartz et al., 1995). Additionally, first sex within the context of a serious, committed relationship was also more pleasurable. There was less guilt but extra anxiety. Women in serious couplings may have felt this because having sex with their committed partners meant putting more on the line (Joannides, 2005). There may be more at stake such as the relationship, the expectations, the romance, and their reputations. Even then, research psychoanalyst Paul Joannides writes, "...it is a very unusual woman who says she cherished her first intercourse even if it was in a loving relationship" (Joannides, 2005, p.338).

Opal waited to have sex until she was 21, when she initiated it with a suitable partner, her boyfriend. There was a lot of foreplay and seduction; then they went through the three types of sex as if the books scripted her performance. There was creativity and caring as they transitioned from "making love" to "fucking like animals" to "having sex for the sake of having sex." Each of the three rounds had a different intention. The first was romance. The second was experimentation and lust, the third, because they could. Being older at the time of FIE, as Schwartz et al. concluded increased her likelihood of

having pleasurable sex. Opal had been developing her sexuality while she was abstinent. She was sexually mature enough to know her way around both her body and her partner's body as well as appreciate direction rather than take control during an experience with which she was unfamiliar.

Opal's partner had had sexual partners in his past, but being with Opal did not seem like another notch. He acted very emotionally and did not appear to be having sex with virgin-Opal as a fortunate event but as an appreciated gift. However, Opal may not have been having sex with him as if her virginity was a gift. She respected herself to wait until the time and person were right. It was not just for him the sex was for her satisfaction as well.

Opal's choice in location represents her developmental readiness as well. Although the hotel where they had sex was mildly raunchy, it was a very impersonal and private spot away from home. Since it was not in the house where they met and fell for one another, FIE was not as much a ceremony as an opportunity seized. Opal may have needed to have this experience elsewhere, at the hotel, because her partner had been with other women in his home. Opal knew to set the experience under the best circumstances possible because it would be remembered.

In addition to preparing the timing and place of her FIE, Opal prepared her sexuality and body for the experience. She wore special clothing and acted in a highly sexual manner to make the moment what she wanted to remember. Other participants in the study only looked at the experience as far as the experience itself. From the interviews, it seemed Opal was the only one with the foresight to know that how she had sex was just as important as what she experienced.



In conclusion, first sexual intercourse in light of Opal's experience may be a memory of the mind and body that is created to remember. Opal was one of the oldest participants at the time of her FIE. As the research and literature support, her age and or maturity allotted Opal one of the most positive experiences among the group of eight. In addition to being positive, it is also a remembered experience that she recalls fondly. Besides being pleasurable in the moment, Opal's FIE was recollected five years later with high regard.

### *Eve*

Eve did not know it on the surface which experience she should describe for this research study. Even though this study was done in the name of science to find out how individuals experience first sexual intercourse, there was still concern that what she deemed her FIE was not appropriate to what the researcher was studying. At the very beginning of the interview she asked the researcher, "And you are looking for first sexual intercourse correct? Now, my second question is, what is then your definition of sexual intercourse or are you asking me for mine? Because essentially I have two different first intercourse experiences" (see explanation on p.108). Once she was reassured that the study wanted to know about *her* first sexual intercourse experience, Eve went with her intuition that lesbian intimacy could be and was her FIE. Assigning her experience with a woman as the first was an orientation validation. It may have been up to that point that Eve had to assess which experience (with a male or female) she would disclose depending on the listener's expectations. Her definition carried an eighth of the weight of

this study and 100% of the weight of a lesbian in this study, which may have been confirmed for her.

A review of literature shows that there are studies that discuss the ambiguity of having sex or losing virginity and studies that suggest the phenomenon classified more by the psychological rather than the physical experience (Sanders & Reinisch, 1999). However, the two bodies of research have done little to pull together how ambiguity is complicated by the psychology of sex. Eve knew that she was having her first sexual intercourse experience. Would another person in the same situation classify it as such? What if both women had been manually penetrated? What if both women had been pleased oral-vaginally? What if the acts were switched between partners or sex involved a toy?

Moreover, could a person have sex by society's standards, but not consider it sex himself or herself? Around 85% of women who identified as lesbians in a study conducted by Randy Dotinga had had sex with a man and for many being with a man was their first sexual intercourse experience (2003). After their male encounters which took place around age 18, women waited approximately three years before being with a woman. Dotinga reports that the number of women who have sex with men is changing as younger lesbians take the stage, empowered with more social acceptance to be sexually free (2003). The question remains, if a woman is penetrated by a man's penis will it automatically be considered intercourse regardless of what behaviors match her sexual orientation? Sixty percent of the people in the Sanders and Reinsch study did not consider themselves to be having sex if they had oral contact with their partners' genitals or vice versa. Eve's method of having sex with her partner was oral sex, showing that sex

with men or women by any and all sexual orientations may not be a universal behavior or set of behaviors.

When asked if sex with her male partner had preceded sex with her female partner, Eve decided, "I probably would have said that I lost my virginity to [the man] because of the technicality. Even though I love [him] and loved [him] then I wasn't in love with him and I was definitely in love with [my female partner]. To me there is certainly a difference. I think... if [my male partner] had been first I would have said, 'that was my first sexual intercourse experience.'" For Eve, sex with a man was different than sex with a woman. Sex with a man meant a penis penetrated her. Sex with a woman could mean stimulation of her or her partner's genitals by multiple means, including but not limited to the fingers and tongue.

It did not matter what the person's gender was, the definition of FIE for Eve was who she experienced first. If her FIE was with a man, she would have experienced it as a female receiving his penis as a biological match. She could obtain a degree of pleasure and romance with this person but the deeper, more natural feelings would come from being with a woman. A man would function as a partner but the best sexual experiences would be with women. The former would be a technical act; the latter would be an investment. Either way there could be feelings, but Eve vows they are much stronger towards women.

Making love and achieving the highest degree of physical connection were components that enhanced the moment for Eve. However, intercourse with someone for whom she cared less did not mean it was not actual sex. For Eve, being in love, as she was with her partner her first time, made her FIE sacred. That is not to say intercourse

could not be experienced if she was doing something sexual to someone and vice versa without emotional passion. Eve was unconcerned with logistics; sexual intercourse was about going to a new place at the pinnacle of sexual exploration. A woman being her first was more powerful because it matched her orientation, but also because was a sexual exploration and affirmation of her identity as a lesbian.

Eve's first sexual intercourse experience shows that the behaviors enacted with one person during FIE may not constitute having sex if they take place with another partner. Kent's experience revealed that across partners there could be a different determination of whether or not the couple had sex. Eve's experience further showed that this determination could change within an individual. Her testimony also showed, as said before, that intercourse does not assume there is penetration by or to someone in the sexual act and most importantly, does not assume that FIE only happens between a man and a woman. Sexual intercourse can occur between two women.

### *Bella*

A study by Moore and Davidson found that girls with positive views of their sexualities masturbated more frequently, had less promiscuous sex, and started having intercourse later than their peers who felt negatively about their sexualities and or bodies. Negative feelings could include disappointment, guilt, and shame. If these feelings are present, girls have earlier onsets of sexual intercourse, more partners, and less commitment to their relationships often sleeping with someone they have just met or only in frequently dated (1997). Furthermore, rather than making a conscious decision, girls who have negative feelings about their sexualities and bodies are more likely to "let sex happen to

them” (Joannides, 2005). According to Moore and Davidson’s study, women with this guilt and passive promiscuous behavior carry the ensuing sexual dissatisfaction into their future relationships. There is a tendency for girls/women with higher levels of negative sexual feelings to “perceive less sexual arousal, resulting in less enjoyment from their sexual encounters” (1997).

Although Bella was not the only participant who struggled with negative parts of first sexual intercourse, her testimony is the most complicated of them. She felt congruently with subjects in Moore and Davidson’s study. Bella started early, had more sexual partners than her peers and less commitment. She had sexual relations with a chain of men that she barely knew and admits to this being a consequence of poor body image. Also, Bella was sexually dissatisfied the first time and potentially in sequential relations that followed. She did not say whether she had feelings of guilt, but the other correlations with these studies are strong. What resounds even more loudly are the significant variables Moore and Davidson identified as associations with guilt at first sexual intercourse, all of which Bella possessed in some form (Again, Bella did not disclose feelings of guilt). As discussed they are: “uncommunicative mother and father figures, overstrict father figure, uncomfortableness with sexuality, physiological and psychological sexual dissatisfaction with first intercourse, guilt feelings about current intercourse, and psychological sexual dissatisfaction” (Moore & Davidson, 1997). Bella revealed that she wished she had gone to her mother more about her sexuality, and she disclosed aspects of her step-father’s behavior that suggest a restrictive demeanor. She was also physiologically and psychologically dissatisfied with first sex.

Bella felt pain upon entry of her partner's penis into her vagina and no permanent benefits to her mind or emotions. Referring again to the psychoanalyst Paul Joannides, there is a physical explanation for the physiological discomfort that accompanied Bella's FIE.

...There's a lot of rearranging that goes on in a woman's pelvis the first couple of times she has intercourse. If you combine that with not enough lubrication, stress, fear, that it's going to hurt, and a lot of young women who think it's gross to stick their own finger inside their own vagina, then you have recipe for inept intercourse. Add to that the fact that the girl's partner is often as much in the woods as she, and that it's unlikely she has ever talked to her mother about what it feels like to have intercourse—not good news (Joannides, 2005).

In addition to a low self-esteem, her familial factors, and a potentially negative attitude about her sexuality, Bella's partner was not experienced. She had not spoken with her mother about what it was like to have intercourse, and had not broken her hymen before engaging in sexual intercourse.

By the sound of it, Bella's FIE may have been consensual but unwanted. Twenty-one percent of women whose first intercourse experiences were voluntary ranked them low on a wantedness scale (Abma, Driscoll, and Moore, 1998). They may have consented, but there were ambivalent or negative feelings around actually going through with it. Wellings et al concurs "women are twice as likely as men to regret their first experience of intercourse and three times as likely to report being the less willing partner" (2001). Bella confirmed that her FIE was not forced but made it clear that she was not enthused about having her FIE at the time it happened.

From Bella's experience of first sexual intercourse experiences it can be concluded that sex does not have to be wanted to be sex nor does it have to be pleasurable

for one or any of the participants. It can still stay within the definition of the National Health and Social Life Survey as, “ any mutually voluntary activity with another person that involves genital contact and sexual excitement or arousal, that is, feeling really turned on, even if intercourse or orgasm did not occur” (Laumann et al., 1994). However, the turn-on may be an uncontrolled reaction of the body and have no connection to the desire or lack thereof felt by the person.

### *Tyler*

Tyler was young and horny. He was going through the same contemplation of sex that other participants felt, but he probably did not expect the experience at the time it happened to him. He was just interested in his partner’s car, a girl he had just recently met with an admirable vehicle. What came of the drive was unanticipated. Tyler was overtaken by her intention to have sexual intercourse with him. Without his initiating it, she started interacting with him sexually. Tyler went along as he thought he should, grabbing and thrusting.

A lot of Tyler’s sexual knowledge came from pornography so his body, taken by surprise, operated like it would in a fantasy—like he had seen men perform acts on women in adult films. Finding himself under a girl’s thrust was fun for Tyler and something he came by easily. Riding her and being ridden just happened, and he enjoyed it. Tyler was proud of the experience, but had his partner not come on so strongly he would not have worked the situation to go all the way past kissing, petting, and oral sex to full-blown penetration.

A study by Karin Martin on sexuality and the self found, in contrast to the feelings of girls going through puberty, boys went about each change or new growing experience optimistically. In summation,

The boys felt good about themselves because of things they had done or things they had felt they could do in the world. Of course, if most of these boys were in touch with the reality of their “effectiveness” rather than their fantasies of it, they might not feel so confident. But still, when boys want to have sex, it is often with confidence and good feelings about their bodies, while girls often feel the opposite (Joannides, 2005).

Boys or men looked upon their first sexual intercourse experiences positively because they did something and felt fancifully confident about it. Tyler was a good example of this confidence and pride. He believed very strongly that his first sexual intercourse experience was a success, and he had sex the two sequential times because of a reference he had earned from his first partner.

Knowing the elaborate nature of Tyler’s self-report, it is reasonable to assess the accuracy of his event-history type data. Tyler was unable to remember the identity of his partner or the year that he had sex with her (Upchurch, Lillard, Aneshensel, & Fang Li, 2002). Previous investigations have found that FIE is a salient experience in a person’s memory. Although the results of Upchurch et al’s research says that adolescents are inconsistent in reporting the occurrence and timing of their first sexual intercourse experiences, the conclusions that can be drawn from the impact of the experience on the persons is not substantially affected (2002). Tyler may be unclear about details of his experience, who, when, how, et cetera and he should be crosschecked. However, he clearly knew what memory he deemed his first sexual intercourse experience. First sexual intercourse does not have to be salient. The memory of the experience may have gaps or



inconsistencies, but it is how the person pulls together the memory and what is illustrated that make a person's FIE his or her FIE.

### **Conclusive Descriptions**

The significance of the study came as the research and analysis answered the central research question, "What textural and structural statements do all individuals share when asked about their first intercourse experience? What commonalities are there in how and what participants experience the first time they had sexual intercourse?" In the descriptions below, the consistencies in experiences conclude how and what the phenomenon of first sexual intercourse is for the study's eight participants and the researcher.

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#### **TEXTURAL DESCRIPTION OF FIRST SEXUAL INTERCOURSE**

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Having first sexual intercourse was a contemplative process that transitioned from interpersonal and intrapersonal negotiation to acceptance or pursuance of the act and finally to initiation of the final decision--yes. Foreplay, ranging from visual stimulation to oral sex, started the physicality. For males, the penis hardened. For females, the vaginal region became wet. In both genders, these genital changes were often accompanied by feelings of a heightened body temperature. Emotions culminated around uncertainty, elation, and anticipation. Contact of both partners' genitals, usually including some form of penetration, generated the sensation of an electric charge and led to an awareness of how one was performing. Through persistent movement in contact with the genitals, one or both participants achieved an orgasm. At the resolution of the sex, the dynamic among participants was altered on the spectrum of distance to intense connection. Retrospectively, this experience was either a positive or negative characterization determined by its impact on the individual's life.

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## STRUCTURAL DESCRIPTION OF FIRST SEXUAL INTERCOURSE

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When an individual contemplated having sexual intercourse for the first time, s/he employed self-talk and dialogued with the partner to evaluate the decision to have sex. These mental processes prepared the individual for the situation and explained the tendency to perform in a private space. Foreplay incorporated the non-verbal efforts to tantalize the senses: seductive looks, removal of clothing, massage, or other sexual behaviors. At an unsaid point participants arranged their bodies in a position suitable for the setting, and touched one another's' genitals in their judgment of the greatest sexual union. This happened by the woman lowering herself onto the man's penis, the man directing his penis into an orifice, or an alternative self-evident act. Afterwards, the experience's meaning reflected the individual's prior impressions of how sexual intercourse influenced a person's life or perceptions of its consequence to his or her subsequent life.

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The textural and structural descriptions collected by this study show what and how eight participants experienced during their first run of sexual intercourse. This insight, at the foundational level of sexology, consequently becomes the compass which the field can use to chart the study of human sexuality.

### Implications

In this study, FIE was not concretely operationalized by the researcher, thus allowing the full success of analyzing it as a phenomenon (*sans* presuppositions). Deciding to be liberal with the directives gave more strength to the trends found across testimonies. Participants were encouraged to discuss what *they felt* to be their first sexual intercourse experience rather than picking from their histories what they thought the researcher expected. The result of this was much richer data. Having only had the moniker of the phenomenon they were to describe and no explanation of what this should mean for participants, their responses to what and how sex happened were also very personal. This

subjectivity, looked at with a relative objectivity, is the core of implications to the field and the researcher.

Understanding from this core the deeper meanings of sexual intercourse has many implications for how sexology and related fields are approached in the future by program planners, educators, counselors, researchers, and other helping professionals. All of the conclusions drawn from the first sexual intercourse of the eight participants in this study apply directly to the field of sexology. From the stories the meaning of sex could be described structurally and texturally to flatten out the disparities. However, there are major lessons that come from studying the differences.

### *Implications of Unwanted Sex*

If sex can be unwanted or regretted, like in Bella's experience, there is a major implication for educators and program planners, who can help these women, especially, to abstain until they want to have sex. The literature has a raft of bi-directional consequences from experiencing negative sex. In addition to studies already brought forth, Rodgers, Rowe, and Buster, Schvaneveldt, Miller, and Berry have found that psychosocial development, genetic influences, and lower academic goals and achievement can also impact and be impacted by the dissatisfaction felt by a percentage men and women during FIE (1999, 2001). In conjunction with the problem behavior theory, earlier sexual onset correlates with transition proneness and poor psychosocial adjustment (Bingham & Crockett, 1996). The list goes on and continues to grow with the focus on quantitative work. What this tells the field is that an outreach to the population is in order to really understand why people (women especially) have sex when they do

not want to engage in it and what can be done to counteract the predetermined risk factors.

Even though the behavior could be voluntary, it carries many of the same consequences as sexual assault. It is not enough to assess readiness or teach negotiation tactics; young women especially need to know the consequences of sharing their bodies with someone they do not want to have sex with and ways to cope if they do so. Included in this is the responsibility of helping professionals and the like to be more aware of the behaviors that predispose individuals to become sexually active before they are developmentally and emotionally prepared. Consequences such as guilt, shame, and dissatisfaction associated with premature sexual activity perpetuate a negative attitude about sexuality that can last through a person's life (Moore & Davidson, 1997). The implications for health fields, psychological development, and sexology are compounding. There is an apparent need for an intervention to prevent the bi-directional negative impact elucidated by Bella's story.

### *Implications of Ambiguity*

Eve's story has primary implications for sexological research. Studies in the field have traditionally focused on penile-vaginal intercourse for their data. Eve's testimony reiterates the need for knowledge that goes beyond an expired, narrow characterization of sex into the intricacies of what partners are doing in 2005. Across cultures, societies, and partnerships, sexual practices are interpreted differently (Carpenter, 2001). Eve's first sexual intercourse experience consisted of oral-vaginal sex and manual penetration, both of which are low-risk behaviors, but they bring light the existence of other sexual acts

that break the penile-vaginal mold and do have high risks for transmission of sexual infections and diseases. Instead of including oral sex, anal sex, and the like in larger studies looking at the ambiguities of meaning in the general population, there needs to be more research around the behaviors in and of themselves. There a lot to study in the way of how homosexual, bisexual, transgender, and questioning people have sex. How are the sexual behaviors ranked for these groups and what are their feelings about each activity? Understanding the behaviors in the contexts in which they occur, will change how researchers gather decisive information and, consequently, help professionals implement risk-reduction strategies.

Having sex was much less about the technicality of body part placement than understanding the moment (Carpenter, 2001). Illustrating the elements of FIE as an instance in sexuality helped to clarify the ambiguity that has been seen in past research. Laura M. Carpenter conducted a study in 2001 trying to bring clarity to the gray areas of what it means to have sex. Relying on in-depth case studies of 61 men and women, most of who lived in the greater Philadelphia region, Carpenter's study collected data from a sexually diverse population. She only semi-structured the interviews to acquire what the participants thought to be virginity loss. In her words, participants were able to "explain experiences that defy simple categorization" (2001).

By encouraging subjectivity, Carpenter found that every subject believed losing virginity must go beyond autoeroticism to include another person and the stimulation of at least one of the partner's genitalia by more than manual means. This includes the first partnered sexual activity in which a woman or man engage in penile-vaginal intercourse but discriminates from person-to-person to include other mutual sexual behaviors.

Stephanie A. Sanders and June Machover Reinisch conducted a study with a random stratified sample of 599 students in the Midwest to isolate what mutual sexual behaviors constituted having sex (1999). Participants were asked in a survey, "Would you say you had sex with someone if the most intimate behavior you engaged in was..." The spectrum of applicable sexual behaviors had poles at deep kissing and penile-vaginal intercourse. The former, if it was the most intimate behavior engaged in, was thought to be sex by 2.0% of the sample. In contrast, there was a nearly unanimous agreement on penile-vaginal intercourse as sex at 99.5% of the participants answering yes. Other noted, but dissentious behaviors include: "oral contact on your breasts/nipples (3.0%), person touches your breasts/nipples (3.0%), you touch other's breasts/nipples (3.4%), oral contact on other's breasts/nipples (3.4%), you touch other's genitals (13.9%), person touches your genitals (15.1%), oral contact with other's genitals (39.9%), oral contact with your genitals (40.2%), penile-anal intercourse (81.0%)" (Sanders & Reinisch, 1999).

To break this down into matters of consequence, if more than half of a population believes oral-genital contact is not sex, and one fifth of the population also excludes penile-anal intercourse, 20% to 60% of the population could be participating in sexual behaviors that transmit disease and infections without the use of protection simply because they associate condom-use, for example, with sex (Sanders & Reinisch, 1999). As noted from this thesis research, only three of the eight participants used protection the first time they experienced sexual intercourse and more than one participant could not remember even considering it.

### *Implications of No Protection*

Equally consequential but more prominent is the lack of condom use in FIE. Three of the eight couples in this study used condoms. Five did not. Halpern-Felsher and associates concluded the greater a person's self-efficacy to communicate with peers about condoms, the more positive their attitudes and the stronger their commitment to using protection (Halpern-Felsher, Kropp, Boyer, Tschann, & Ellen, 2004). Safer sex is associated with the conversations had with parents and peers that build the favorable outlook on implementing barrier methods during sex.

According to Sara Kinsman and her colleagues, "early sexual intercourse is not an unplanned experience for many teens..." (1998). If they have the intention to initiate sex, it is usually because of a belief that it is a normative behavior among their peers. Since the perception of peer norms are a predictor of sexual behaviors and sex is usually foreseen, implementing education to change the peer norm towards condom use is tricky. Some of the risk could be removed from sexual onset, by promoting protection as part of preparation, but it means influencing what is normative in terms of peer behavior. Knowing what factors influence an individual's decision to become sexually active is valuable in terms of directing helpful preventive methods and interventions.

### *Uniting Helping Professions to Synergize the Implications*

Sexology developed from other disciplines. Its roots are spread across fields such as biology, psychology, and anthropology. This particular research study respects this upbringing of sexology but pushes for more recognition as a field in and of itself. Therefore, motivated by the concept of staying within the field to seek answers and

approach the succession of questions, this study concentrated on distilling sexology from other educational domains, appreciating them for building its foundation but working to have some independence. However, there are special considerations to make with this mentality. When a field is stabilized on a solid background and creates its own operating principles it should return to interact with other disciplines in order to approach goals from multiple directions. Reaching out to other departments to be coactive after subject-centered models and theories are reputed is as valuable as the recognition as its own field.

The conclusions that sexology has already made in this study alone compel a union between the study of human sexuality and health promotion. The hopeful intent of bringing these two concentrations together is synergy--sexology and health promotion as a whole are greater than the sum of their parts.

Health promotion, like education, strives for a dialogue. Health is personal. It is also subjective. Therefore, it is essential the health promoters ask, "What are the needs of the individual or target group?" and let the dialogue around this question create the philosophy. Sexologists are effective in this dialogue by suggesting how the question can be asked and how the answers can be interpreted. It is not for any discipline to assume or guess how a person or group's needs should be met. The population themselves characterize their well-being and ability to love, work, and serve so that we may implement tailored programs and theories to meet their needs and improve their quality of life.

Health promotion should reflect, on multiple dimensions, counseling principles, behavior change models, and health education in light of assessed needs if the field and field workers want to promote holistic development. Although many of the findings of



this research study could be approached by any number of Health Promotion concepts and lessons, the Transtheoretical Model (TTM) or, Stages of Change may be best suited for moving forward with the conclusions of this study (Velicer & Prochaska, 1998). In the trends described in Chapter IV, there are stages of change that many of the participants experienced as parts of their FIEs. Precontemplation and action were two of them that are actual stages in the Transtheoretical Model of behavior change.

According to TTM, people go through a series of five major stages to change a behavior (Velicer & Prochaska, 1998). In sequence, they are precontemplation, contemplation, preparation, action, and maintenance. In Figure 2, proceeding going through these stages is achieved from the bottom to the top with the possibility of relapse indicated by the low curves in the spiral. Next to each of the levels there is a brief application of the model to the change from being a virgin to being sexually active; the behavior is having sexual intercourse. The lines below the application marked with an "A" are what the TTM recommends for finding success at each stage. In the beginning this recommendation usually calls for a facilitator to motivate change by increasing awareness and knowledge. As a person works up the spiral, improvement calls for support, preparation, and skill.

**Figure 2: Transtheoretical Model****4. Action**

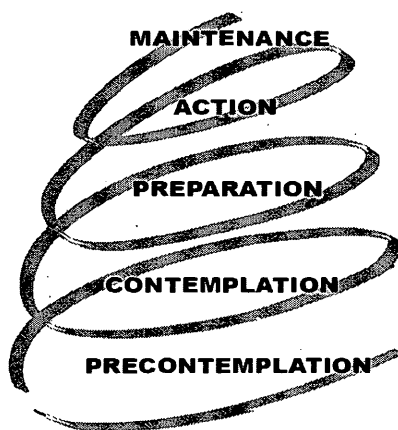
Person is having intercourse  
*A: The more prepared, the better chance of success*

**3. Preparation**

Person is preparing for and experimenting sex.  
*A: Visualize change, social support*

**1. Precontemplation**

Person is not thinking about having sexual intercourse  
*A: Increase awareness*

**5. Maintenance**

Person is establishing a sexual lifestyle  
*A: Must have motivation, skill, success, social support, environmental support*

**2. Contemplation**

Person is considering having sexual intercourse  
*A: Provide information*

[Diagram by Lindsey Doe, 2005]

During “precontemplation” the individual is not thinking about changing his or her behavior. If the behavior is having sexual intercourse, “precontemplation” refers to the period before the person mediates about his or her participation in the act. The time when the person is more aware of the behavior (having sex) and considers the behavior change (becoming sexually active) is called contemplation. This stage or phase covers for FIE the very elements addressed in the “contemplation” section of *Transitions*, a trend in Chapter IV (see page 44). A line from Bella’s “contemplation” passage illustrates how the idea is present, but no commitment to change (have sex) has been made. “I was a virgin at the time and had never really been approached with losing my virginity. I wanted him to like me so I started to considerate it.” Suddenly, she goes from one’s unconscious to conscious level.

The next stage, preparation, is time-oriented in that the person has experimented with making the change and is less than a month from successful execution. There is both an intention to have sex and the inception of behavior. Being active, both literally and in the application of this model, means changing the behavior and fits under the action stage. Where once the person was not having sex, reaching the “action” phase implies

they are. Trying the new behavior is not immune to relapse. In the context of first sexual intercourse, a person may return to abstinence. The more preparation a person has, the better the possibility of establishing a pattern and reaching the maintenance stage, the first becoming a second, third and fourth sexual intercourse experience.

According to the Transtheoretical Model, there is a list of constructs to assist movement through the process of change (Velicer & Prochaska, 1998). Typically, this model is used for modifying unhealthy behaviors such as smoking, eating disorderedly, and having unprotected sex. The model serves as a tool for making progress toward healthy sexuality. Abstinence is not an unhealthy behavior. Therefore, moving away from it or having sex is not necessarily a progression. In spite of that, the researcher feels the model is every bit applicable to FIE and important to dissect.

With the use of Procheska's constructs, how and what a person experiences may be manipulated by Health Promotion. Imagine, sexology determines the behavior to be changed through its methodology and hands the knowledge to health promotion that then strives towards increasing awareness, providing information, and skill building, all in order to support a pleasurable, healthy shift from one behavior (abstinence) to another (sexual intercourse). By implementing constructs shown in Figure 7 individuals might be able to handle the distance Graham experienced, avoid the embarrassment Kent felt, and save themselves from the hardship(s) Bella faced.

The constructs of the TTM of behavior change are listed to show how a person could move through the model towards termination of the behavior change. The construct is in the left-hand column. The right-hand column is a description of what the individual

or helping professional would do at the appropriate stage of change to aid in a successful, healthy behavior change.

**Chart 7: Transtheoretical Model Constructs**

<b>TRANSTHEORETICAL MODEL CONSTRUCTS</b>	
<b>Consciousness Raising</b>	Finding and learning new facts, ideas, and tips
<b>Dramatic Relief</b>	Experiencing negative emotions that go along with virginity
<b>Environmental Reevaluation</b>	Realizing the negative impact of the abstinence or the positive impact of having sex on one's social and physical environment
<b>Self-Reevaluation</b>	Assessing one's self-image with and without a particular habit; such as one's image as a virgin vs. as someone's sex partner
<b>Self-Liberation</b>	Believing that you can change and making a firm commitment to do so
<b>Helping Relationships</b>	Seeking and using social support for healthy behavioral change
<b>Counter-Conditioning</b>	Substituting healthier behavior and thoughts for unhealthy behaviors
<b>Reinforcement Management</b>	Increasing rewards for positive behavioral change and decreasing rewards of unhealthy behavior
<b>Stimulus Control</b>	Removing reminders or cues
<b>Social Liberation</b>	Realizing that the social norms are changing in the direction of supporting healthy behavioral change

[Adapted from W.F. Velicer & J.O. Prochaska, 1998]

This table of constructs is not instructional. It is meant to illustrate where health promotion can take sexology once theory meets need.

### *Implications for the Researcher*

One of the most prominent implications of this investigation is what it has added to the researcher's body of knowledge. This study has acted in many ways as grounding cables for her future endeavors to make a strong difference in the field of sexology. Until this collection and analysis of data, there was confusion about what it meant to have a sexual

intercourse for the first time; studied and unstudied ambiguity was still lingering in the world of qualitative research. By doing this thesis work, the researcher gained a much clearer and more comprehensive picture of how some individuals' experienced sexual intercourse for the first time.

Whether it is additional research, education, or counseling, the researcher has a multitude of applications for this study to benefit her future intentions.

### **Suggestions for Further Research**

For the phenomenon in and of itself, sexology, health promotion, and the field of research, this study has numerous implications. Returning to the review of literature, there is an expanse of possibilities for filling gaps and founding basic principles in each of these areas. In the words of Doris Riemen, "One consideration is that phenomenological research can never exhaust the investigated phenomenon" (Riemen as cited in Creswell, 290). Research can exhaust a story but there will always be another story with new dimensions that adds to the essence of the experience. Replication is an option to expand the scope of understanding of a phenomenon like FIE but as FIE is an instance, studying eight new testimonies will yield different responses. A question remaining is whether or not the ilustramented narratives will produce similar final descriptions.

As a product and an intention of conducting this study, there are questions the researcher believes would be valuable to investigate.

1. How do sexual experiences compare across partners? Would the participants' comments reflect those of their FIE partners'?

2. Is there a common element in sexual experience as the loss of virginity moves from one person to the next through chain of partners such that the subject's FIE partner is a non-virgin, who had his or her FIE with a non-virgin, who had his or her FIE with a non-virgin, and so on to the initial participant in the study?
3. How do participants who have all had their FIE with the same partner, compare in their descriptions of the experience and also how does the control partner's experience differ from one virgin to the next?
4. How do varying levels of sexual self-disclosure correlate with independent and dependent variables associated, especially with the interview setting?
5. How do recounted experiences of sex compare to the immediate feelings and perceptions documented by participants' diary entries?
6. What is the essence of having sexual intercourse for the second time?
7. What is the essence of orgasming? Anal sex? Fellatio? Cunnilingus? Exposure to genitals? Genital contact?
8. Is there a change in description of a specified sexual experience over time?
9. Is there a relationship between sexual self-awareness and the onset or frequency of sexual intercourse?
10. How does sexual assault influence a person's first consensual sexual experience?
11. How does the data collection method, or more specifically the style of interviewing, change the data?

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**Appendix A**  
**The University of Montana Institutional Review Board**  
**Application and Approval**



The University of  
**Montana**

#8-05

Office of Research  
University Hall 116  
243-6670  
FAX 243-6330

**Date:** January 26, 2005

**To:** ✓ Lindsey Takara Doe and Laura Dybdal, HHP

**From:** Sheila Hoffland, IRB Chair

**RE:** IRB action on your proposal titled: "Phenomenology of First Sexual Intercourse Among Individuals with High Sexual Self-Disclosure"

---

The documents that you have submitted satisfactorily address the conditions that the IRB placed on approval of the above referenced proposal. Approval for this study is granted as of the date of this memo and continues for one year from the date of the Conditional Approval. If the study runs more than one year, a continuation must be requested. Please use the attached, signed and dated Informed Consent Forms and flyer as the "masters" for preparing copies for your study. Also, you are required to notify the IRB if there are any significant changes in the study or if unanticipated or adverse events occur during the study.

  
Sheila Hoffland  
IRB Chair

Attachments

RECEIVED

For Internal Use Only JAN 03 2005

RECEIVED

PROPOSAL # 8-05 Form RA-108 (Rev. 11/03)

UNIVERSITY OF MONTANA VICE PRESIDENT FOR RESEARCH

The University of Montana INSTITUTIONAL REVIEW BOARD (IRB)

UNIVERSITY OF MONTANA VICE PRESIDENT FOR RESEARCH

Submit one completed copy of this Checklist, including any required attachments, for each project involving human subjects. The IRB meets monthly to evaluate proposals, and approval is usually granted for one year. See IRB Guidelines and Procedures for details.

Project Director: Lindsey Takara Doe Dept.: Health and Human Performance Phone: (406) 549-0206

E-mail: Lindseydoe@yahoo.com

Signature: Lindsey T. Doe Date: 1/3/05

Co-Director(s): Dept.: Phone:

Project Title: Phenomenology of First Sexual Intercourse among Individuals with High Sexual Self-Disclosure

Project Description: This research study is a phenomenology looking at eight to ten individuals' first experiences of sexual intercourse. The information from each of the participants will be collected from in-depth interviews revolving around the main inquiry, "Tell me what your first sexual intercourse experience was like."

All investigators, including faculty supervisors, on this project must complete the self-study course on protection of human research subjects, available at the UM IRB website: http://www.umt.edu/research/irb.htm.

Certification: I/We have completed the course - (Use additional page if necessary)

Signature Date Signature Date Lindsey T. Doe 03/02 12/04

Students Only:

Faculty Supervisor: Laura Dybdal, PhD Dept.: Health and Human Performance Phone: (406) 243-6988

Signature: Laura Dybdal (My signature confirms that I have read the IRB Checklist and attachments and agree that it accurately represents the planned research and that I will supervise this research project.)

For IRB Use Only

IRB Determination:

Approved Exemption from Review — Exemption #

Approved by Expedited/Administrative Review

X Full IRB Determination:

- Approved
X Conditional Approval (see attached memo)
Resubmit Proposal (see attached memo)
Disapproved (see attached memo)

RECEIVED

JAN 03 2005

UNIVERSITY OF MONTANA VICE PRESIDENT FOR RESEARCH

Signature IRB Chair: Sheila Hoffland Date: 1/11/05 (over)



**Appendix B**  
**Revised Sexual Self-Disclosure**

Scale # 1 (The Revised Sexual Self-Disclosure Scale) Copyright 1989

**INSTRUCTIONS:** This survey is concerned with the extent to which you have discussed the following topics about sexuality with an intimate partner. To respond, indicate how much you have discussed these topics with an intimate partner. Use the following scale for your responses:

- (1) = I HAVE NOT DISCUSSED THIS TOPIC WITH AN INTIMATE PARTNER.  
 (2) = I HAVE SLIGHTLY DISCUSSED THIS TOPIC WITH AN INTIMATE PARTNER.  
 (3) = I HAVE MODERATELY DISCUSSED THIS TOPIC WITH AN INTIMATE PARTNER.  
 (4) = I HAVE MOSTLY DISCUSSED THIS TOPIC WITH AN INTIMATE PARTNER.  
 (5) = I HAVE FULLY DISCUSSED THIS TOPIC WITH AN INTIMATE PARTNER.

- |   |         |
|---|---------|
| 1. My past sexual experiences.....                                    | 1.____  |
| 2. The kinds of touching that sexually arouse me.....                 | 2.____  |
| 3. My private sexual fantasies.....                                   | 3.____  |
| 4. The sexual preferences that I have.....                            | 4.____  |
| 5. The types of sexual behaviors I have engaged in.....               | 5.____  |
| 6. The sensations that are sexually exciting to me.....               | 6.____  |
| 7. My "juicy" sexual thoughts.....                                    | 7.____  |
| 8. What I would desire in a sexual encounter.....                     | 8.____  |
| 9. The sexual positions I have tried.....                             | 9.____  |
| 10. The types of sexual foreplay that feel arousing to me.....        | 10.____ |
| 11. The sexual episodes that I daydream about.....                    | 11.____ |
| 12. The things I enjoy most about sex.....                            | 12.____ |
| 13. What sex in an intimate relationship means to me.....             | 13.____ |
| 14. My private beliefs about sexual responsibility.....               | 14.____ |
| 15. Times when sex was distressing for me.....                        | 15.____ |
| 16. The times I have pretended to enjoy sex.....                      | 16.____ |
| 17. Times when I prefer to refrain from sexual activity.....          | 17.____ |
| 18. What it means to me to have sex with my partner.....              | 18.____ |
| 19. My own ideas about sexual accountability.....                     | 19.____ |
| 20. Times when I was pressured to have sex.....                       | 20.____ |
| 21. The times I have lied about sexual matters.....                   | 21.____ |
| 22. The times when I might not want to have sex.....                  | 22.____ |
| 23. What I think and feel about having sex with my partner.....       | 23.____ |
| 24. The notion that one is accountable for one's sexual behaviors.... | 24.____ |
| 25. The aspects of sex that bother me.....                            | 25.____ |
| 26. How I would feel about sexual dishonesty.....                     | 26.____ |
| 27. My ideas about not having sex unless I want to.....               | 27.____ |
| 28. How I feel about abortions.....                                   | 28.____ |
| 29. My personal views about homosexuals.....                          | 29.____ |
| 30. My own ideas about why rapes occur.....                           | 30.____ |
| 31. My personal views about people with AIDS.....                     | 31.____ |
| 32. What I consider "proper" sexual behavior.....                     | 32.____ |
| 33. My beliefs about pregnancy prevention.....                        | 33.____ |
| 34. Opinions I have about homosexual relationships.....               | 34.____ |
| 35. What I really feel about rape.....                                | 35.____ |
| 36. Concerns that I have about the disease AIDS.....                  | 36.____ |
| 37. The sexual behaviors that I consider appropriate.....             | 37.____ |

38. How I feel about pregnancy at this time..... 38.\_\_\_\_
39. My reactions to working with a homosexual..... 39.\_\_\_\_
40. My reactions to rape..... 40.\_\_\_\_
41. My feelings about working with someone who has AIDS..... 41.\_\_\_\_
42. My personal beliefs about sexual morality..... 42.\_\_\_\_
43. How satisfied I feel about the sexual aspects of my life..... 43.\_\_\_\_
44. How guilty I feel about the sexual aspects of my life..... 44.\_\_\_\_
45. How calm I feel about the sexual aspects of my life..... 45.\_\_\_\_
46. How depressed I feel about the sexual aspects of my life..... 46.\_\_\_\_
47. How jealous I feel about the sexual aspects of my life..... 47.\_\_\_\_
48. How apathetic I feel about the sexual aspects of my life..... 48.\_\_\_\_
49. How anxious I feel about the sexual aspects of my life..... 49.\_\_\_\_
50. How happy I feel about the sexual aspects of my life..... 50.\_\_\_\_
51. How angry I feel about the sexual aspects of my life..... 51.\_\_\_\_
52. How afraid I feel about the sexual aspects of my life..... 52.\_\_\_\_
53. How pleased I feel about the sexual aspects of my life..... 53.\_\_\_\_
54. How shameful I feel about the sexual aspects of my life..... 54.\_\_\_\_
55. How serene I feel about the sexual aspects of my life..... 55.\_\_\_\_
56. How sad I feel about the sexual aspects of my life..... 56.\_\_\_\_
57. How possessive I feel about the sexual aspects of my life..... 57.\_\_\_\_
58. How indifferent I feel about the sexual aspects of my life..... 58.\_\_\_\_
59. How troubled I feel about the sexual aspects of my life..... 59.\_\_\_\_
60. How cheerful I feel about the sexual aspects of my life..... 60.\_\_\_\_
61. How mad I feel about the sexual aspect of my life. .... 61.\_\_\_\_
62. How fearful I feel about the sexual aspects of my life. .... 62.\_\_\_\_
63. How delighted I feel about the sexual aspects of my life..... 63.\_\_\_\_
64. How embarrassed I feel about the sexual aspects of my life..... 64.\_\_\_\_
65. How relaxed I feel about the sexual aspects of my life. .... 65.\_\_\_\_
66. How unhappy I feel about the sexual aspects of my life..... 66.\_\_\_\_
67. How suspicious I feel about the sexual aspects of my life..... 67.\_\_\_\_
68. How detached I feel about the sexual aspects of my life..... 68.\_\_\_\_
69. How worried I feel about the sexual aspects of my life. .... 69.\_\_\_\_
70. How joyful I feel about the sexual aspects of my life. .... 70.\_\_\_\_
71. How irritated I feel about the sexual aspects of my life. .... 71.\_\_\_\_
72. How frightened I feel about the sexual aspects of my life. .... 72.\_\_\_\_

**Appendix C**  
**Demographics Sheet**

## Demographics Sheet

**Gender:**

**Sexual Orientation:**

**Birth Year:**

**Ethnicity:**

**State of residence:**

**Major in school if you are a student:**

**Religious affiliation:**

**Appendix D**  
**Recruitment Flyer**

# Can you tell your story?

Participants needed for a research study looking at first intercourse experiences.

CRITERIA	COMMITMENTS	RESEARCHER	SIGNING UP
<p>To qualify for this study you must meet the following list of criteria:</p> <ul style="list-style-type: none"> <li>• 18 yrs. or older</li> <li>• Non-virgin</li> <li>• Honest</li> <li>• Thorough</li> <li>• No history of sexual assault, abuse or rape prior to first intercourse</li> </ul>	<p>The study may consist of any or all of the following procedures:</p> <ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Face-to-face interview</li> <li>• Follow-up meeting</li> </ul>	<p>Are you comfortable working with an interviewer who is:</p> <ul style="list-style-type: none"> <li>• A female</li> <li>• HHP Graduate Student</li> </ul>	<p>If you are interested in being a participant in this study please go to the <b>HHP front desk in McGill Hall</b> and ask for a <b>“research packet.”</b></p>

**Appendix E**  
**Human Sexuality Course Script**



This is the script to be read by the researcher to the University of Montana Human Sexuality class with the permission of adjunct Garry Kerr.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Audience: \_\_\_\_\_

# of people: \_\_\_\_\_

### SCRIPT

Hello, my name is Lindsey Doe. Garry has given me about five minutes of your time so I can tell you a little bit about myself and why I am here today. I am a graduate student in the Health and Human Performance department. I am currently working on my thesis, which as some of you know is a large research project many Masters Programs require of their graduates. My project is a phenomenology of individual's first experience with sexual intercourse. This means I will be working with approximately eight to ten students on a very personal level to develop a non-biased picture of what a person's first sexual intercourse experience looks like.

The procedure is as follows: First, candidates will have to take a 20-minute questionnaire regarding their sexual self-disclosure or willingness to share honestly their personal experiences with sex. Once I have collected this data the questionnaires will be scored anonymously to determine who has a high level of sexual self-disclosure. Finally, those individuals who are selected to participate in the actual research portion of the study will meet with me for in-depth interviews around three hours in length that will be audio-taped. Unless more information needs to be added to a person's testimony, that sums up the primary responsibilities of a participant.

Once I've collected this information the stories will be transcribed without actual names and reported as a description of what first intercourse looks like and how it happens. All of this is done to create a model of sexual research based on what Diane di Mauro calls a "much-needed view of sexuality not as a source of problems and risks but as a domain of well-being and human potential" (1995, p.4).

As for what I am looking for in a participant the answer is anyone regardless of sexual orientation, gender, ethnicity etc. The criteria participants must meet are experience having sex, an age of at least 18 years, and no history of sexual assault, abuse or rape before their first sexual intercourse experience.

If you are interested in participating in this study I have research packet available for you to take. Inside of each envelope there is a description of the study, instructions on what to do, and forms to fill out. In the case that you need some time to think about it, there are research packets available at the front desk of McGill Hall for people to pick up during office hours. If you have questions to aid you in making your decision, I would be happy to answer them to the best of my ability at this time. Thank you very much.

**Appendix F**  
**Candidate Informed Consent Form**

## INFORMED CONSENT FORM

### For Candidates

**TITLE:** Revised Sexual Self-Disclosure Scale

**CONTACT PERSON:** Lindsey Doe: 406-549-0206; UM, McGill Hall, Missoula, MT 59812

Please read this information carefully before you make a decision about whether to fill out the questionnaire. If this information sheet contains any words that are new to you, please ask the person who gave you this form to explain them to you.

This is a research study conducted through the Health and Human Performance department at The University of Montana meant to fulfill one of the requirements of a Masters of Science Degree. The project is titled: Phenomenology of First Sexual Intercourse among Individuals with High Sexual Self-Disclosure.

### PURPOSE

The purpose of this portion of the study is to assess participant's levels of sexual self-disclosure based on the William Snell's Revised Sexual Self-Disclosure Scale.

### PROCEDURES

Participation in this questionnaire is VOLUNTARY. If you agree to participate, you may be asked to take part in an interview covering various sexual topics. The questionnaire will take approximately 30 minutes. All data will be kept in a locked file cabinet. In no way will the researcher link your identity with your questionnaire responses.

### RISK/DISCOMFORTS

- You may find some of the questions very personal and they may make you uncomfortable.
- You may find that participation in this questionnaire brings up personal questions or issues related to sex.
- You may be concerned about your privacy and confidentiality.
- Although your names will not be associated with the information collected for this project or with any reports, you may have concerns that your identity as a participant in this study will become known.

### METHODS FOR REDUCING RISK

- You can withdraw from this project at any time if you feel personal discomfort. If a question makes you uncomfortable, you do not have to answer it.
- You will receive a list of available resources that may be helpful if questions, concerns or discomforts around sexual issues arise as a result of this study.
- Your name and identity will not be connected to the data or the project.

### BENEFITS

Your participation in this study will provide valuable information used to select participants for further research but may not directly benefit you.

### **CONFIDENTIALITY**

All of the information collected is confidential. Neither your name nor any other identifying information will be included in reports or other materials related to this study. None of the participants will be identified.

1. Participants' identities will remain confidential and will not be associated with information in any way.
2. At the conclusion of the study, any information pertaining to participants' identities will be destroyed.
3. No identifiers will appear on the questionnaires.
4. Data will be stored in a locked filing cabinet in researcher's office. The researcher will have the only key to the cabinet.

### **COMPENSATION FOR INJURY**

Although the risk of taking part in this project is minimal, the following liability statement is required in all University of Montana consent forms:

*In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant the Comprehensive State Insurance Plan established by the department of Administration under the authority of MCA, Title 2, Chapter 9. In the event of a claim of injury, further information may be obtained from the University's claims Representative or University Legal Counsel.*

### **VOLUNTEER PARTICIPATION/WITHDRAWAL**

Your decision to take part in this project is entirely voluntary. You may withdraw from this project for any reason and at any time. This includes leaving questions on the questionnaire unanswered.

### **QUESTIONS**

If you have any questions about this project now or later, you may contact: Lindsey Doe at 549-0206 or Laura Dybdal at 243-6988.

**I have read the above description of this project. I have been informed of the risks and benefits involved, and all of my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will be answered. I voluntarily agree to take part in this project by filling out the enclosed questionnaire honestly and returning it to the office. I am at least 18 years of age. I understand that I will receive a copy of this consent form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for your participation!**

**Appendix G**  
**Participant Informed Consent Form**

## INFORMED CONSENT FORM

### For Participants

**TITLE:** Phenomenological study of college students first experiences of sexual intercourse

**CONTACT PERSON:** Lindsey Doe: 406-549-0206; UM, McGill Hall, Missoula, MT 59812

Please read this information carefully before you make a decision about whether to participate in the interview(s). If this information sheet contains any words that are new to you, please ask the person who gave you this form to explain them to you.

This is a research study conducted through the Health and Human Performance department at The University of Montana meant to fulfill one of the requirements of a Masters of Science Degree. The project is titled: Phenomenology of First Sexual Intercourse among Individuals with High Sexual Self-Disclosure.

#### **PURPOSE**

The purpose of this portion of the study is to understand the first experience of sexual intercourse from the perspective and memory of participating individuals.

#### **PROCEDURES**

Participation in this research study is VOLUNTARY. If you agree to participate you will be asked to take part in two audio taped interviews each arranged for three hours of your time. The first interview will be a discussion of your first experience with sexual intercourse and the second interview will be an opportunity for you to edit what has been transcribed from the first interview. All data from interviews will be kept in a locked file cabinet.

#### **RISK/DISCOMFORTS**

- You may find some of the interview very personal and this may make you uncomfortable.
- You may find that participation in this interview brings up personal questions or issues related to sex.
- You may be concerned about your privacy and confidentiality.
- Although your names will not be associated with the information collected for this project or with any reports, you may have concerns that your identity as a participant in this study will become known.

#### **METHODS FOR REDUCING RISK**

- You can withdraw from this project at any time if you feel personal discomfort. If a question makes you uncomfortable, you do not have to answer it.
- You will receive a list of available resources that may be helpful if questions, concerns or discomforts around sexual issues arise as a result of this study.
- Your name and identity will not be connected to the data or the project—audiotapes will be destroyed following transcriptions.

## **BENEFITS**

Your participation in this study will provide valuable information to build the foundation for sexology, defining it then as a field in and of itself but it may not benefit you, the participant, directly.

## **CONFIDENTIALITY**

All of the information collected is confidential. Neither your name nor any other identifying information will be included in reports or other materials related to this study. None of the participants will be identified.

1. Participants' identities will remain confidential and will not be associated with information in any way.
2. At the conclusion of the study, any information pertaining to participants' identities will be destroyed.
3. No identifiers will appear on the transcription of your interview.
4. Data will be stored in a locked filing cabinet in the researcher's office. The researcher will have the only key to the cabinet.

## **COMPENSATION FOR INJURY**

Although the risk of taking part in this project is minimal, the following liability statement is required in all University of Montana consent forms:

*In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant the Comprehensive State Insurance Plan established by the department of Administration under the authority of MCA, Title 2, Chapter 9. In the event of a claim of injury, further information may be obtained from the University's claims Representative or University Legal Counsel.*

## **VOLUNTEER PARTICIPATION/WITHDRAWAL**

Your decision to take part in this project is entirely voluntary. You may withdraw from this project for any reason and at any time. This includes declining to answer or discuss an aspect of the experience.

## **QUESTIONS**

If you have any questions about this project now or later, you may contact: Lindsey Doe at 549-0206 or Laura Dybdal at 243-6988.

**I have read the above description of this project. I have been informed of the risks and benefits involved, and all of my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will be answered. I voluntarily agree to take part in this project by filling out the enclosed questionnaire honestly and returning it to the office. I am at least 18 years of age. I understand that I will receive a copy of this consent form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for your participation!**

**Appendix H**  
**Resource List**



## Resource List

**Health Promotion** 301 W Alder, Missoula, Montana Tel. 258-3896

*\*\*Health Promotion is a division of the Missoula County Health Department that offers counseling and testing as well as information about communicable diseases including those that are sexually transmitted like HIV.*

**Missoula AIDS Council** 127 N. Higgins, Ste 207 Tel. 543-4770

*\*\*MAC's mission is to "Provide HIV prevention information and risk-reduction supplies. Offer HIV education, including at-risk youth program, HIV positive speakers bureau, and community presentations." At this center located above Hallmark on Higgins, free anonymous rapid HIV testing is available and individuals who are HIV-positive can receive support.*

**Partnership Health Center** 323 W. Alder St.

*\*\*This center aids with medical, dental and pharmaceutical needs in addition to mental health services and educational resources. There is a sliding fee scale and time set-aside for walk-in patients.*

**Sexual Assault Recovery Center (SARC)** Curry Health Center  
Tel. 243-6559

*\*\*SARC is a campus service where anyone can receive confidential information, advocacy and counseling. Additional services include: 24-Hour Crisis line, individual support and advocacy, support groups, academic intervention, workshops and trainings, and a resource library*

**Counseling and Psychological Services (CAPS)** 634 Eddy Ave.  
Tel. 243-4711

*\*\*CAPS is a mental health care provider set up to assist students with their "personal counseling and psychotherapy needs" through a brief therapy model. They also are capable of making referrals for individuals who seek specialized and/or long-term care.*

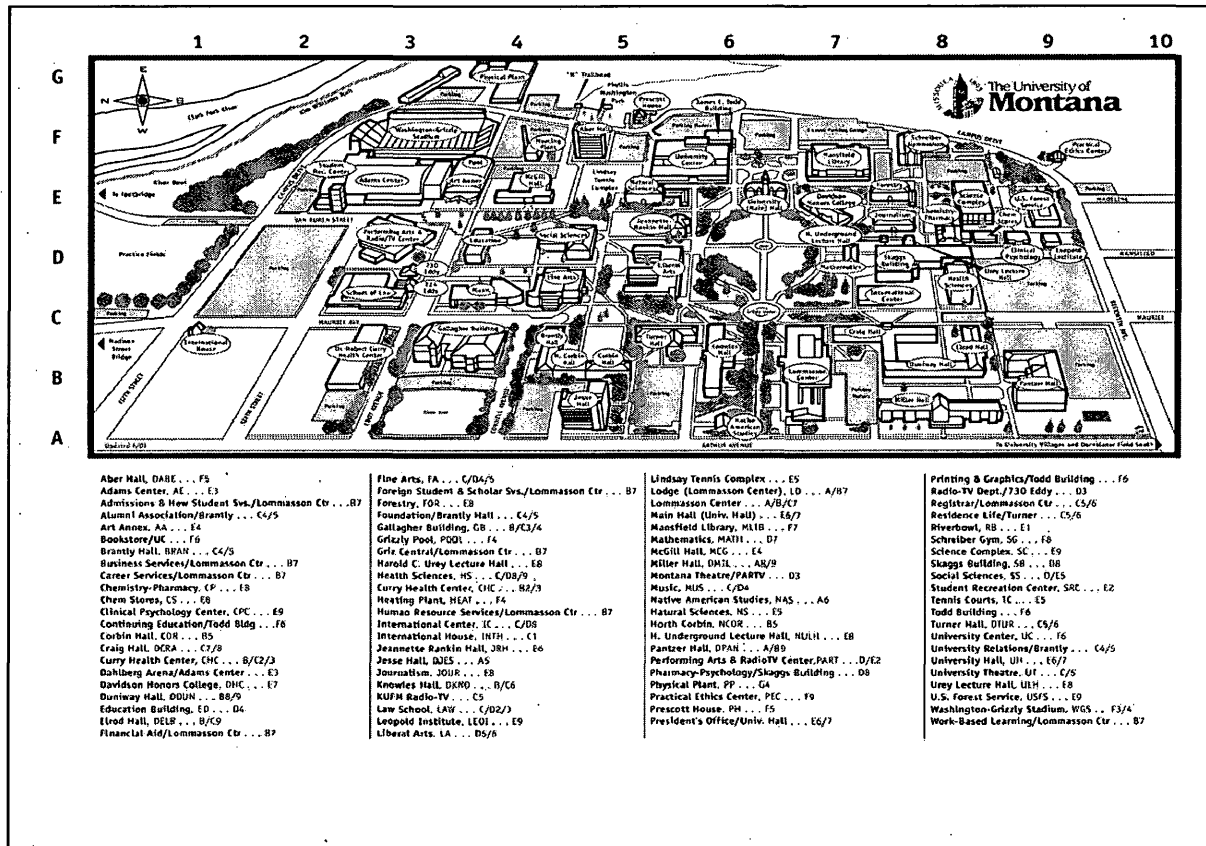
**Appendix I**  
**Instructions for Candidates**

## INSTRUCTIONS

Thank you for taking interest in this research study. Please take time to read over these instructions carefully.

1. Do not throw the manila envelope away.
2. Do not put your name on anything unless it is requested (Informed Consent Form and Contact Sheet only).
3. Keep the yellow papers (Instructions, Descriptions of the Study, Copy of Informed Consent Form) for your records.
4. Fill out all of white pages completely and honestly.
5. Put the Contact Sheet in the small envelope provided and seal it.
6. Make sure all yellow pages have been removed from the manila envelope and put the white pages in it. White pages include the Contact Sheet Envelope.
7. Seal the manila envelope and hand deliver it to the desk attendant (Callie, Heather, or Crystal) at the McGill Hall front desk during regular business hours. Monday through Friday 7:30-12:00 and 1:00-5:00.

Thank you again for your participation. Your time and effort are greatly appreciated.



**Appendix J**  
**Description of the Study**

## **Description of the Study**

The definition by name of phenomenology translates to the study of phenomena (Ihde, 29). Everything learned, understood, or thought to be true is effectively ignored, and the only information acknowledged as certain is what the researcher gathers from the participants. Essentially, nothing is known; everything is told, and the result is the consciousness of the lived experience (Creswell, 51).

This research study is a phenomenology looking at eight to ten individuals' first experiences of sexual intercourse. The information from each of the participants will be collected from in-depth interviews revolving around the main inquiry, "Tell me what your first sexual intercourse experience was like."

### **Participant criteria:**

The participant completes the Revised Sexual Self-Disclosure Scale.

The participant has experienced first sexual intercourse, the phenomenon being studied.

The participant is at least 18 years old.

The participant is able to articulate his or her experience of sex for the first time.

The participant has no history of sexual assault, abuse or rape prior to his or her first sexual intercourse experience.

### **Interview format:**

An initial interview will take place to gather as much information as possible from the candidate. The interview will be taped, transcribed from the audio-tape into a document the participant will have an opportunity at a follow-up meeting to critique.

### **Topics of discussion:**

The main topic of discussion is the participant's first intercourse experience which may include any or all of the following: who was present, the type of relationship to the partner, what happened before and after having sex, change in perceptions, and the physiological responses.

### **Credibility of the interviewer:**

The researcher/interviewer earned her Bachelors of Arts at UM in general psychology and is currently pursuing her Masters of Science in Health and Human Performance. She has an extensive knowledge of sexology and background in the data collection and interpretation. This thesis project will fulfill one of the requirements of the program she has prepared and trained to conduct.

### **Respondent confidentiality:**

All of the information collected is confidential. Neither the participant's name nor any other identifying information will be included in reports or other materials related to this study.

**Participants may withdraw from the study at any time without repercussions.**

**Appendix K**  
**Contact Sheet**

**Please mark the appropriate box:**

- I am no longer interested in participating in this study.**
- You have my permission to use the information below to contact me if I am selected to participate further in the study.**

If you checked the **first box**, do not fill out anymore of this form, put the form in the envelope, seal it, and give it to the desk attendant. Your participation in this study is appreciated!

If you checked the **second box**, please write your contact information legibly on the lines below.

Then read and sign the statement in italics.

Once you are finished fold the page and slip it into the envelope provided. Seal the envelope and return it to the desk attendant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

*I understand, from reading the informed consent form, this contact information will be locked in a file cabinet and it will only be opened if I am selected to participate in the research study. Otherwise everything I have contributed to this study, including this form will be destroyed. I also understand this identifying information will never be accessible to anyone but the researcher who will maintain my rights of confidentiality.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix L**  
**Permission from Dr. William Snell**



**From:** "William E. Snell, Jr., PhD" <wesnell@semo.edu>  
**To:** lindseydoe@yahoo.com  
**CC:** wesnell@semo.edu  
**Subject:** RE: research request  
**Date:** Mon, 6 Dec 2004 08:34:27 -0600

Lindsey,

You have my permission to use any/all my psychological testing instruments in your research. Regarding your question about consent forms, I would encourage you to modify the one you have. Other than that, I am not familiar with another consent form that you could use.

Good luck with your thesis, and happy holidays.

Best wishes,  
Dr. Bill Snell

=====  
William E. Snell, Jr., Ph.D.  
Department of Psychology--MS5700  
SE Missouri State University  
One University Plaza  
Cape Girardeau, Missouri 63701 USA  
Email: [wesnell@semo.edu](mailto:wesnell@semo.edu)  
Phone: 573.651.2447  
Fax: 573.651.2176  
Web site: <http://www4.semo.edu/snell/default.htm>  
=====

**Appendix M**  
**Letter to Candidates**

Dear (Candidate's Name),

(Date)

Thank you for taking interest in my study, *Phenomenology of First Sexual Intercourse*. Your participation thus far is greatly appreciated. From your survey I was able to measure your level of sexual self-disclosure or willingness to share personal information about your sexual history and behaviors. Your score on the scale was high enough to qualify you for the next level of research; a process of in-depth interviewing where I will ask you to tell me as much as you can remember about your first sexual intercourse experience. Your participation is voluntary and you may withdraw at any time during the process.

This letter is simply written to let you know I will call you some time this week. When I call I will introduce myself as Lindsey and ask if you are still interested in participating. If you say yes, you are committing to two interviews of three hours each scheduled around your availability. Interviews may not take three hours, but this assures that you have ample time to tell me as much as you can. They will be conducted in a private, quiet area on campus and tape recorded for me to later transcribe. All materials will be kept confidential and locked in a file cabinet. Again, if you choose not to participate during any part of this process you are able to withdraw without any repercussions.

Before I call please take some time to think about whether or not you would like to contribute further to my study and if you are able to commit. Below are spaces for you to jot down possible times in your schedule for the two of us to meet. When I call it will be helpful if you know what will work ahead of time.

Circle three hour increments that will work for you:

Monday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Tuesday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Wednesday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Thursday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Friday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Saturday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10
Sunday	7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10

Thank you again for your time and consideration. I will be in contact with you soon. If you do not hear from me within the week please call 549-0206 and ask for Lindsey.

Sincerely,

Lindsey T. Doe

**Appendix N**

**Dr. William Snell's Publication**

## The Sexual Self-Disclosure Scale

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William E. Snell, Jr.,<sup>1</sup> *Southeast Missouri State University*

The literature on human sexuality emphasizes the need for people to discuss the sexual aspects of themselves with others. Snell, Belk, Papini, and Clark (1989) examined women's and men's willingness to discuss a variety of sexual topics with parents and friends by developing an objective self-report instrument, the Sexual Self-Disclosure Scale (SSDS). The first version of the SSDS consists of 12 subscales that measure the following sexual topics (Snell &

Belk, 1987): sexual behavior, sexual sensations, sexual fantasies, sexual attitudes, the meaning of sex, negative sexual affect, positive sexual affect, sexual concerns, birth control, sexual responsibility, sexual dishonesty, and rape. In another study, reported by Snell et al. (1989), women's and men's willingness to discuss a variety of sexual topics with an intimate partner was examined by extending the SSDS to include a greater variety of sexual topics. The Revised Sexual Self-Disclosure Scale (SSDS-R) consists of 24 three-item subscales measuring people's willingness to discuss the following sexual topics with an intimate partner (reported in Study 3 by Snell et al., 1989): sexual behaviors, sexual sensations, sexual fantasies, sexual preferences, meaning of sex, sexual accountability, distressing sex, sex-

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<sup>1</sup>Address correspondence to William E. Snell, Jr., Department of Psychology, Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701; email: wesnell@semovm.semo.edu.

ual dishonesty, sexual delay preferences, abortion and pregnancy, homosexuality, rape, AIDS, sexual morality, sexual satisfaction, sexual guilt, sexual calmness, sexual depression, sexual jealousy, sexual apathy, sexual anxiety, sexual happiness, sexual anger, and sexual fear.

### Description

The initial version of the SSDS consists of 120 items that form 12 separate five-item subscales for each of two disclosure targets (male and female therapists). To respond to this version of the SSDS, individuals are asked to indicate how willing they would be to discuss the SSDS sexual topics with the disclosure targets. A 5-point Likert-type scale (scored 0 to 4) is used to measure the responses: (0) *I am not at all willing to discuss this topic with this person*, (1) *I am slightly willing to discuss this topic with this person*, (2) *I am moderately willing to discuss this topic with this person*, (3) *I am almost totally willing to discuss this topic with this person*, and (4) *I am totally willing to discuss this topic with this person*. Subscale scores are created for each disclosure target person by summing the five items on each subscale. Higher scores thus indicate greater willingness to disclose a particular SSDS sexual topic with a particular person.

The SSDS-R used by Snell et al. (1989) consists of 72 items that form 24 three-item subscales for the disclosure target (i.e., an intimate partner). In responding to the SSDS-R, individuals are asked to indicate how much they are willing to discuss the SSDS-R topics with an intimate partner. A 5-point Likert-type scale is used to collect data on the responses, with each item being scored from 0 to 4: (0) *I would not be willing to discuss this topic with an intimate partner*, (1) *I would be slightly willing to discuss this topic with an intimate partner*, (2) *I would be moderately willing to discuss this topic with an intimate partner*, (3) *I would be mostly willing to discuss this topic with an intimate partner*, and (4) *I would be completely willing to discuss this topic with an intimate partner*. To create SSDS-R subscale scores, the three items on each subscale are summed (no items are reverse scored). Higher scores thus correspond to greater willingness to discuss the SSDS-R sexual topics with an intimate partner.

The sample version of the SSDS-R in the exhibit is an example of how the SSDS-R may be modified for use with different target persons (e.g., mother, father, best female friend, best male friend).

### Response Mode and Timing

Respondents indicate their answers typically on a computer scan sheet by darkening in a response from A to E. Alternatively, responses to the SSDS can be written directly on the questionnaire itself. Usually, 20-30 minutes are needed to complete the SSDS.

### Scoring

The SSDS consists of 12 subscales, each containing five separate items. The labels and items for each of these subscales are as follows: (a) Sexual Behavior (Items 1, 13, 25, 37, 49); (b) Sexual Sensations (Items 2, 14, 26, 38, 50); (c) Sexual Fantasies (Items 3, 15, 27, 39, 51); (d) Sexual

Attitudes (Items 4, 16, 28, 40, 52); (e) Meaning of Sex (Items 5, 17, 29, 41, 53); (f) Negative Sexual Affect (Items 6, 18, 30, 42, 54); (g) Positive Sexual Affect (Items 7, 19, 31, 43, 55); (h) Sexual Concerns (Items 8, 20, 32, 44, 56); (i) Birth Control (Items 9, 21, 33, 45, 57); (j) Sexual Responsibility (Items 10, 22, 34, 46, 58); (k) Sexual Dishonesty (Items 11, 23, 35, 47, 59); and (l) Rape (Items 12, 24, 36, 48, 60). The items are coded so that A = 0, B = 1, C = 2, D = 3, and E = 4. The five items on each subscale are then summed, so that higher scores correspond to greater sexual self-disclosure.

The SSDS-R consists of 24 subscales, each containing three separate items: (a) Sexual Behaviors (Items 1, 5, 9); (b) Sexual Sensations (Items 2, 6, 10); (c) Sexual Fantasies (Items 3, 7, 11); (d) Sexual Preferences (Items 4, 8, 12); (e) Meaning of Sex (Items 13, 18, 23); (f) Sexual Accountability (Items 14, 19, 24); (g) Distressing Sex (Items 15, 20, 25); (h) Sexual Dishonesty (Items 16, 21, 26); (i) Sexual Delay Preferences (Items 17, 22, 27); (j) Abortion and Pregnancy (Items 28, 33, 38); (k) Homosexuality (Items 29, 34, 39); (l) Rape (Items 30, 35, 40); (m) AIDS (Items 31, 36, 41); (n) Sexual Morality (Items 32, 37, 42); (o) Sexual Satisfaction (Items 43, 53, 63); (p) Sexual Guilt (Items 44, 54, 64); (q) Sexual Calmness (Items 45, 55, 65); (r) Sexual Depression (Items 46, 56, 66); (s) Sexual Jealousy (Items 47, 57, 67); (t) Sexual Apathy (Items 48, 58, 68); (u) Sexual Anxiety (Items 49, 59, 69); (v) Sexual Happiness (Items 50, 60, 70); (w) Sexual Anger (Items 51, 61, 71); and (x) Sexual Fear (Items 52, 62, 72).

### Reliability

The internal consistency of the 12 subscales on the original SSDS was determined by calculating Cronbach alpha coefficients. These alphas ranged from a low of .83 to a high of .93 (average = .90) for the female therapist, and from a low of .84 to a high of .94 (average = .92) for the male therapist. The reliability coefficients for the SSDS-R ranged from a low of .59 to a high of .91 (average = .81). These reliability coefficients were all sufficiently high to justify using either version of the scale in research investigations.

### Validity

Snell et al. (1989) reported that women's and men's responses to the SSDS varied as a function of the disclosure recipient and the content of the sexual disclosure. Women indicated that they were more willing to discuss the topics on the SSDS with a female than a male therapist. Also, it was found that people's responses to the SSDS-R varied as a function of respondent gender and sexual topic.

### References

- Snell, W. E., Jr., & Belk, S. S. (1987, April). *Development of the Sexual Self-Disclosure Scale (SSDS): Sexual disclosure to female and male therapists*. Paper presented at the annual meeting of the Southwestern Psychological Association, New Orleans, LA.
- Snell, W. E., Jr., Belk, S. S., Papini, D. R., & Clark, S. (1989). Development and validation of the Sexual Self-Disclosure Scale. *Annals of Sex Research*, 2, 307-334.