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Deconstructing sex: An in-depth, qualitative exploration of women's sexual experiences
and difficulties

By

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A thesis submitted in partial fulfilment of the requirements for
the award of Doctor of Psychology (Clinical)

Date of submission: 30 November 2012

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

Statement of Confidentiality

Ethical clearance from the Edith Cowan University Ethics Committee was granted in November 2005. The confidentiality and privacy of the participants were protected at all times, including in all correspondence between myself, my research supervisor, and other colleagues. Pseudonyms for all participants were used in the current study. All raw data included in the thesis (i.e., verbatim quotes) was scrutinised for information that could render the informant identifiable.

Abstract

Epidemiological research on sexual difficulties in women has reported high rates of sexual problems and dissatisfaction across the lifespan. Nevertheless, feminist scholars and social science researchers argue that an absence of research exploring women's *subjective* interpretations of their sexuality and sexual difficulties exists, since prevalence studies do not address how the range of diverse socio-cultural, relational, biological and psychological processes interact to influence women's sexuality across the lifespan. The current study aimed to narrow this research dearth by presenting an in-depth, qualitative exploration of heterosexual women's accounts of their sexual experiences and their perceived sexuality. A phenomenological approach was utilised against the socially constructed notion of sex to understand women's sexuality. Five core themes emerged from qualitative interviews with 18 women that were considered paramount to women's subjective interpretations and experience of their sexuality and sexual difficulties. There were socio-cultural factors; inter-relationship factors; social roles and expectations; practices and preferences; and views on change. The current study highlights the multifaceted double standard within socio-cultural expectations of what it means to be a heterosexual woman, exemplified in the relationship between women's sexual difficulties and idealistic sexual expectations, male-centred sexual socialisation, over-burdened social roles, unequal relationships, and inadequate sexual practices. Despite experiencing sexual difficulties with associated distress throughout the lifespan, participants did not identify with prevailing medicalised notions of sexual problems. Participants differentiated between sex as important and sex as a priority. Relationships between sexual maturity, confidence and sexual satisfaction as well as sexual knowledge and sexual agency emerged in the narratives. Clinical implications incorporating women-centred classification frameworks such as a New View of women's sexual problems are discussed. Directions for future research are presented.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) Incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
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CHAPTER I

Motivation for the Current Study

“Sex is more than intercourse. It’s more than physical. It’s part of your personality. It involves all of you - body, senses, emotions, thoughts, memories, meanings, relationship” (Ogden, 2001, p.20). The development of sexuality is dependent on the satisfaction of fundamental human needs such as intimacy, the desire for contact, pleasure, tenderness, emotional expression and love; hence sexuality and relationships are intrinsically connected (Bozon, 2001). The World Congress of Sexology declared in 1997 that sexuality is an integral aspect of the personality of every individual, and that it is constructed through the interaction between the individual and social structures (Crooks & Baur, 2008; World Association for Sexual Health, 2007). An individual’s psychological sexual well-being refers to the perceived quality of their sexuality, sexual relationship and sexual life (Laumann et al., 2006). Sexual well-being and emotional connection to partners function reciprocally, such that subjective sexual well-being serves as a protective factor against life stressors and enhances an individual’s overall well-being by contributing to positive self-esteem, personal confidence and the stability of intimate relationships (Carpenter, Nathanson, & Kim, 2009; King, Holt, & Nazareth, 2007; Seagraves, 2007). Indeed, the largest ever sex survey conducted in Australia between the years 2001-2002 indicated that 88 % of men and 80 % of women considered sex as being essential to their overall sense of well-being (Richters & Rissel, 2005).

Since sexuality affects so many facets of an individual’s identity, it is likely that most psychologists and therapists would encounter clients grappling with some effect of or effect on their sexuality (Fye, 1980; Trice-Black, 2010). As most individuals are presently living longer than previous generations and are remaining sexually active in later life, understanding the factors that impact on sexual well-being has become increasingly important (Carpenter et

al., 2009; Laumann et al., 2006). Additionally, epidemiological research on sexual problems in women has reported high rates of sexual problems and dissatisfaction across the lifespan (Dunn, Croft, & Hackett, 1998; King et al., 2007; Laumann, Paik, & Rosen, 1999; Richters, Grulich, de Visser, Smith, & Rissel, 2003). However, feminist scholars and social researchers argue that despite many studies in the past two decades exploring the prevalence of sexual difficulties in women, there remains an absence of research exploring women's *subjective* interpretations of their sexuality and sexual difficulties (Bancroft, Loftus, & Long, 2003; Hinchliff, Gott, & Wylie, 2009; Kleinplatz, 2001; Tiefer, 2006; Wood, Koch, & Mansfield, 2006). Prevalence studies do not address how the range of diverse political, socio-cultural, economic, relational, biological and psychological processes interact to influence and shape different women's sexuality across the lifespan (Wood et al., 2006). Moreover, research exploring how aspects of women's socio-cultural milieu impact on their sexuality remains limited. Thus, to address what feminist scholars and social science researchers regard as a gap in the literature, the current study presents an in-depth, qualitative exploration of a group of heterosexual women's accounts of their sexual experiences and difficulties. A phenomenological approach was utilised against the socially constructed context of sex to understand women's sexuality. In particular, the current study has focused on how the context of these women's lives may impress on their sexuality and sexual experiences.

Introduction to the Study

In the past few decades there has been increased attention by the medical profession and social science disciplines to the sexual experiences of women. The relaxation of social values and mores regarding women's sexual behaviour stimulated a proliferation of research, books, presentations and currently internet websites addressing women's sexualities and sexual difficulties (Tiefer, 2010). Early 19th and 20th century sexologists, such as Freud, Krafft-Ebbing and Ellis are considered to have been the founders of sexology as a modern

science. They were the first to introduce topics, such as the ‘normality’ and ‘naturalness’ of human sexuality, for discussion to the clinical and public domains (Kennedy, 2001; Nicolson & Burr, 2003). The idea of ‘normality’ included sexuality in numerous forms, such as homosexuality and female sexual desire and orgasm. Towards the middle of the 20th century, the research work of Kinsey and his interest in human sexuality provided the general public with a social comparison on sexual behaviours and attitudes that he compiled through the use of questionnaires (Allgeier & Allgeier, 2000). The Kinsey group’s research work also laid the foundations for subsequent researchers like Masters and Johnson to further explore the behaviours and attitudes connected with human sexuality. The work of Masters and Johnson (1966, 1970) laid the foundation for what became known as the normative sexual response cycle. (Komisaruk, Beyer-Flores, & Whipple, 2006; Tiefer, 2006). Since then, deviations from the phases in the sexual response cycle known as excitement, plateau, orgasm and the resolution phase, were labelled sexual dysfunctions.

Despite the work carried out by these pioneering modern sexologists, during most of the 20th century there had been little interest in *women’s perspectives* and *subjective experiences of sexuality*, and the introduction of the pill was to enable married women to control fertility rather than to enable women to enjoy sex free from the worries and fears of unwelcome pregnancy (Bancroft, 2002, p. 452). With the occurrence of the socio-political movement known as the sexual revolution during the period of 1960 to 1970, the belief that heterosexual intercourse and orgasms were favourable to the health of individuals emerged more powerfully than ever before (Nicolson & Burr, 2003). Thus, the spotlight was turned to what constitutes ‘normal’ and ‘healthy’ sexuality in women and the underlying assumption was that heterosexual vaginal intercourse was good and healthy sex. Moreover, since the prevailing taboos on sexual intercourse had been exposed and lifted as a result of the sexual revolution and its assumptions of ‘free sex for all’, women who were not engaging in

frequent, 'normal' sex were at the risk of being considered atypical or frigid (Milnes, 2010; Nicolson 1993; Nicolson & Burr, 2003)

In Western societies (Western societies refers to the predominant White societies of North America, Europe and Australia), women's lives have undergone a dramatic change in the last four decades, as sexual values, attitudes and behaviours have become more permissive (Tiefer, 2010). This permissiveness is witnessed in research indicating a global drop in age of first sexual experience for women, women's right to sexual satisfaction and the number of sexual partners that women have (Oliver & Hyde, 1993). Conversely, other cultural groups have not undergone the changes that have taken place in Western societies and many of these groups restrict women's sexuality. While it is relevant to women's sexuality, it is beyond the scope of the current study to encompass other cultural meanings and behaviours regarding women's sexuality. The interested reader can see for example Amaro, Navarro, Conron, and Raj, 2002; Arroba, 2001; Baumeister and Twenge, 2002; Blackwood, 2000; Fourcroy, 2006; Kadri, Mchichi Alami, and Mchakra Tahiri, 2002; Kim, 2009; Meston and Tierney, 2010; Morokoff, 2000; Shoveller, Johnson, Langille, and Mitchell, 2004; Traeen and Martinussen, 2008; Vohra, 2001.

The two most influential views on the nature of human sexuality that have dominated the literature pertain to either the social constructionist theories (where sexuality is shaped by culture and socialisation) or the essentialist theories (encompassing evolutionary and biological views) (Baumeister, 2000; DeLamater & Hyde, 1998; Oliver & Hyde, 1993; Petersen & Hyde, 2010). Feminist scholars and social science researchers have disputed the essentialist view that human sexuality is an inherent, natural and universal experience (Jackson, 1984; Wood et al., 2006). Such scholars argue that sexual differences among individuals are dependent on race, gender, ethnicity, history, culture, class, environmental factors, sexual identity, as well as orientation and disease (Walkerdine, Lucey, & Melody,

2001; White, Bondurant, & Travis, 2000). Feminist scholars and social science researchers argue that the science of biological models of human sexuality has always been perceived to be fundamentally true, but that these models actually disguise the political agendas and the status of power imbalances in the social construction of sexuality and gender (Moore & Travis, 2000). By positioning sexuality solely within the individual, namely through biological reductionism, the nature of sexuality is depoliticised such that socio-cultural, relational, and political factors are viewed as insignificant (Daniluk, 1998; Jackson & Scott, 2001; Tolman, 2001; Wood et al., 2006). The consequence is that women's sexual problems become constructed as a disease or disorder so that women who do not fit the norm are labelled as dysfunctional or pathological (Wood, Mansfield, & Koch, 2007).

Feminist scholars and social science researchers assert that this disorder-based or medicalised thinking about women's sexuality is already occurring in a variety of ways. (Moynihan, 2003, 2005; New View Campaign, 2001; Tiefer, 2001a, 2001b, 2001c, 2001d). The American Psychiatric Association (APA) adopted Masters and Johnson's (1966) human sexual response cycle (HSRC) model in 1980 as the foundation for sexual dysfunction nomenclature (Tiefer, 2006). The HRSC model is a symptom-based view of sexual problems focusing on genital responses that does not consider the context of the individual's life and how it may contribute to the problem itself. In addition, this model originated from an era where early researchers emphasised the similarities between male and female physiological sexual responses and concluded that sexual problems were also the same for both sexes (Tiefer, Hall, & Travis, 2002). Thus, feminist scholars and social science researchers disagree with the model's assumption of sexual equivalency between women and men. Currently the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (American Psychiatric Association [APA], 2000) still uses similar nomenclature and ignores key factors that affect

women's sexual experiences such as socio-cultural, political, economic, relationship, psychological and medical factors (Basson et al., 2004; Tiefer 1991; 2001d).

Furthermore, since the pharmaceutical company Pfizer released the extraordinarily successful drug Sildenafil (Viagra) in 1998 for the treatment of medically diagnosed erectile dysfunction in men, a surge of interest in the potential treatment of women's sexual problems with similar methods has dominated the media and the pharmaceutical and medical fields (Bancroft et al., 2003; Tiefer, 2001a). It may be reasonable to expect that this interest in women's sexual problems would yield some benefits towards the treatment of such problems, although feminist scholars and social science researchers have raised significant concerns. Specifically, feminists scholars and social science researchers are concerned with the implications that the focus on sexual problems with a medicalised lens will contribute to the further pathologising and medicalisation of women's sexual problems, thereby ignoring the context within which women's sexual lives are played out (Bancroft, Graham, McCord, 2001; Bancroft 2002; Bancroft, Loftus, & Long, 2003; Ellison, 2001; Kleinplatz, 2001; Moynihan, 2003; Tiefer 2001a, 2001b, 2001c, 2006; Wood et al., 2006).

In relation to women's sexuality, feminist scholars and social science researchers assert that the critical issue becomes one of when and by what criteria a sexual problem or difficulty becomes labelled a 'dysfunction' with all the medical connotations of that label (Bancroft, 2002). A study by Laumann, Paik, and Rosen (1999), discussed in detail later, concluded that 43% of American women suffered from sexual dysfunction, although disagreements in the scientific community about the prevalence and how to classify and conceptualise these problems abound (Bancroft et al, 2003; Moynihan, 2005). Studies in the United Kingdom (UK) also revealed a large percentage of women (39-42%) reported sexual problems (Dunn, et al., 1998; Hinchliff, et al., 2009; Nazareth, Boynton, & King, 2003; Read, King, & Watson, 1997). In Australia, a national representative sample investigating the

prevalence and correlates of various sexual difficulties found that a quarter of male respondents and half of female respondents reported a lack of interest in sex (Richters, et al., 2003). Further studies claim that not only do sexual problems affect a great number of women but also that they have a significant impact on relationships, mood state, self-esteem and quality of life (Butcher, 1999; Dunn, Croft, & Hackett, 1999; Nicolson & Burr, 2003; Spector & Carey, 1990). Thus, feminist and social science scholars fear researchers funded by pharmaceutical companies continue to embark on prevalence studies (without enough attention to women's narratives), thereby enhancing the prevalence of female sexual dysfunction whilst promoting public awareness of the need for a 'Viagra-like' preparation for women (Bancroft et al., 2003; Moynihan, Heath, & Henry 2002, 2005; Tiefer, 2010). The danger lies in the myth that a pill could bring sexual fulfilment for all women who experience difficulties, whilst the numerous contextual factors that may contribute to these difficulties remain largely unexplored.

In response to the concerns aforementioned, feminist scholars and social science researchers produced the *New View Manifesto*, a published critique put forward by The Working Group on a New View of Women's Sexual Problems, which combines various types of scholarship and activism (Kaschak & Tiefer, 2001; New View Campaign, 2001). The *New View Manifesto* outlines a biopsychosocial framework that locates women's sexual problems principally in relational and cultural contexts; it is a multifaceted model of how women's sexuality should be approached (Loe, 2008; Nicholls, 2008; Tiefer, 2010). The New View (NV) of women's sexual problems aims "to more closely resemble women's own statements of sexual concerns" (Nicholls, 2008, p. 516). Within the framework of the NV sexual problems are defined as "discontent or dissatisfaction with any emotional, physical, or relational aspect of sexual experience" (Working Group on a New View of Women's Sexual Problems, 2001, p. 5) (see Appendix A for the classification framework). Sexual problems or

difficulties encompass, amongst others, sexual embarrassment and anxiety, discrepancies in desire for sexual activity between women and men, inadequate sex education, fear of partner's abuse, fatigue due to child and family care and so forth (Tiefer, 2010). Despite the NV document, the debates surrounding current understandings of women's sexual problems are still limited by the exclusion of research concerning women's perceptions and narratives: hence the call by feminist scholars and social science researchers for qualitative research that can encompass the full spectrum of women's sexual phenomenology (Graham, Sanders, Milhausen, & McBride, 2004; Hinchliff, et al., 2009; Kleinplatz, 2001; Wood et al., 2006; 2007). In addition, qualitative research would assist in informing biopsychosocial models needed to account for the contextual factors that may directly or indirectly impact women's sexuality.

At present, no qualitative studies exploring the phenomenology of women's sexual difficulties have been done in Australia (none that were identified by the researcher, as explained below). Consequently, the current study contributes to a contemporary body of literature that is in need of women's own voices through its exploration of sexual difficulties in a sample of heterosexual Australian women (Note: in this paper the term 'sexual difficulties' is used interchangeably with 'sexual problems'). In particular, the study explored how women articulate their sexual difficulties as well as how the social and cultural context of their lives impacts their sexual experiences.

Succeeding this introduction, Chapter 2 presents the literature reviewed for the current study. For the literature review, PsychINFO, PsychARTICLES and Ulrichsweb.com was used to identify abstracts that could match the current's study requirements. The search terms used included *female sexual disorders*, *female sexual dysfunctions*, *sexual function disturbances*, *socio-cultural sexual difficulties/problems*, *women's sexuality*, *female sexuality* and *female orgasmic disorders*. The review launches into a brief history on the standing of

female sexuality by considering former Victorian attitudes and societal norms, religious views of female sexuality, nineteenth and twentieth century research into the area of human sexuality, social and political movements such as the sexual revolution, and the work contributed by feminist scholars and social science researchers. The current review further presents the extant literature by focusing particularly on the work of feminist scholars and social science researchers and specifically the critique put forward by New View (NV) of women's sexual problems. Factors impacting on women's sexuality and sexual experiences outlined in the NV classification framework that form the basis for the review include the following: the impact of sexual socialisation on women and men's sexual beliefs, expectations, and behaviours; assumptions about the significance of diverse sexual acts; aspects of women's orgasm; the influence of religion on masturbation and women's sexuality; the role of sexual education; beliefs about differing standards for women and men's sexual behaviour; women's sexual bodies and body image; the impact of gender roles on women's sexuality; and the relational factors that impress on women's sexual experience and sexuality. Thereafter, contemporary sexological discourses and nomenclature debates are presented, as cultural expectations of what it means to be a woman are influenced by what message women receive about 'normal' sexual behaviours (Hinchliff et al., 2009). These debates include research related to prevalence studies as well as their limitations, the struggles experienced in the classification of women's sexual difficulties, the impact of the medical profession on the views of women's sexual difficulties, and the criticism as well as the activist role taken by feminist scholars and social science researchers in the creation of the NV of women's sexual problems.

The current review established that as long as sex is regarded as a biological self-evident phenomenon the need to consider the many factors within women's socio-cultural milieu that impact on their sexual experiences will be overlooked. Women and men may

continue to be socialised with diverse sexual values constructed from assumptions about the biological and therefore inflexible view of sexuality and sexual relationships. It is very often the same set of values that may be experienced as or may contribute to sexual difficulties for women. Feminist scholars and social science researchers assert that there are numerous consequences to regarding sex within primarily biological parameters since it rationalises sexual desire as something that exists prior to culture (Gavey, McPhillips, & Braun, 1999). As a result the contextual aspects of women's lives that impact their sexual experiences will remain largely overlooked, potentially undermining diagnosis and treatment of women's sexual difficulties. Based on this conclusion and subsequent to addressing the limitations of the review, Chapter 2 ends by positing recommendation for future research and presenting the research questions explored in the current study.

Chapter 3 describes the research design and methodology utilised as well as the theoretical considerations underpinning the current study. Participant information and considerations regarding the research rigour including ethical concerns involved in the current study are also presented. The findings and interpretations constitute Chapter 4, with Chapter 5 forming the final Chapter of the current study, offering an overall discussion informed by the findings, as well as the recommendations for future research, clinical implications, the strengths and limitations of the current study and a final conclusion. Appendices follow the reference list in the structure of the current study

CHAPTER II

Literature Review

Prologue: Historical Status of Women's Sexuality

Since antiquity sexuality has attracted passionate interest as witnessed in many works of art and literature pertaining to diverse aspects of love, sex, and relationships (Aslan & Fynes, 2008). Hence, the focus of this prologue into the current literature review on women's sexuality is to place the experiences of women in an historical and social context. The prologue will present some of the religious views on female sexuality, followed by the perspectives prevailing in the nineteenth and twentieth centuries and the work of early researchers on sexuality. A brief synopsis of the sexual revolution and women's liberation movement in the twentieth century and how it contributed to the current views on women's sexuality is offered. Subsequent to these social movements, a proliferation of research by various feminist scholars and social science researchers ensued and is briefly presented in the concluding paragraphs of this section.

Religious attitudes to women's sexuality.

Philosophical discussions of sexuality in the West can be traced back to the work of ancient Greek philosophers, such as Plato (ca. 427-347 BCE), whose writings contain some of the origins of later Christian aversion to sexuality (Soble, 2009). Plato divided reality into two substances (dualism): the visible and the invisible (McGreal, 1992). Thus, reality consisted of physical matter or the world as we see it, and of form or spirit encompassing the world beyond appearances, outside of time and space. This latter part of existence represented eternal truths and the essence of human life, unattainable by bodily senses, and superior to the physical world. Plato in turn, had been influenced by the Pythagorean dualistic view that distinguished the vulgar characteristics of bodily love and the virtuous aspects of spiritual love (Belliootti, 1993; Foucault, 1978b). For an individual to attain an excellent and

virtuous life, he or she needed to relinquish sexual acts in personal relationships. Passion was considered the enemy of reason (Grabowski, 2003). Plato considered a perfect society as reflecting a harmoniously integrated soul where appetite and desire were ruled by reason (McGreal, 1992). Aristotle (384-322 BCE) and later theologians and philosophers like Saint Augustine (ca. 354-430BCE) and Immanuel Kant also regarded sexual desires as comparable to appetites for drink and food; these were likened to animal appetites. In fact, after the ancient Greeks, many philosophers and theologians regarded human sexuality as the disgraceful divide between flesh and mind (Soble, 2009).

Nonetheless, within the Judaic tradition and the Old Testament, sex was considered natural and therefore intrinsically good (Bellioti, 1993; Hawkes, 2004). Hawkes argues that the Old Testament gave priority to the stability of marriage rather than the management of sexual behaviour (although the Bible scriptures of Leviticus in the Old Testament recommend death as a punishment for adultery, homosexual relations and bestiality) (New International Version, 2001; Soble, 1998). Amongst the early Christians, Saint Paul was one of the first to introduce celibacy as a Christian ideal (Bellioti, 1993). Saint Augustine, whose writings were very influential in the development of Western Christianity, embraced this view and became the chief refiner of a tradition that exhorted human beings to renounce the pleasures of the body (Grabowski, 2003; Kelly, 2002; Soble, 1998, 2009). Thus, sex was regarded as sinful if it occurred outside of marriage for the sake of pleasure rather than procreation (Mahoney, 2008; Soble, 1998). Some historical scholars consider the early Middle Ages (ca. 500-1000CE) to be a crucial time in the transmission of Christian antiquity views of sexual morality to later generations, as well as the institutionalisation of this morality, which became deeply embedded in Western European culture (Harper & Proctor, 2008; Logan, 2002).

In examining religious views on women's sexuality, various feminist scholars and social science researchers assert that religious traditions, customs and law have historically

compromised women's freedom, dignity and equality (Rose, 1999). The keystone of patriarchy, that is, the dominance of men over women in society (Abercrombie, Hill, & Turner, 2000), is considered to be one characteristic that Christian fundamentalism shares with other forms of religious ideologies regarded as fundamentalist (Rose, 1999). These include the monotheistic religions of Jews, Sunni and Shi'ite Muslim communities, and within the recent revival of evangelical Protestantism emerging from the United States of America (USA) (Rose, 1999). The argument presented by feminist scholars and social science researchers is that patriarchal religious traditions created sexual norms primarily to control women's sexuality (Hunt & Jung, 2009). Patriarchal religions are held responsible for the proscriptions with regard to women and sex, and fundamentalist views consider women and men to have been divinely designed as *essentially* different (Rose, 1999). Within these religions, women are seen as the keepers of the heart and home (the private sphere), and men as the keepers of the mind and the areas outside of the home (the public sphere) (Lengermann & Niebrugge-Brantly, 2000).

As previously noted, early Christianity inherited from the Stoics the demotion of pleasure and the elevation of celibacy as the purest form of human existence (Hawkes, 1996; Soble, 2009). Thus, succumbing to sexual desire and the appetites of the flesh in general could bring disastrous consequences to humankind, as illustrated in the Old Testament's account of Eve's succumbing to the serpent in the Garden of Eden, referred to as the Fall (Allgeier & Allgeier, 2000). Eve yielded to her physical appetite, where physical desires were considered base. An interpretation generally attributed to the Fall was that the flesh had rebelled against the human spirit (or will) in the same manner that Adam and Eve had rebelled against God (Soble, 2009). Although the elevated status of celibacy concerned both sexes, the story of the Fall highlighted Eve's (woman's) sexuality as being different to Adam's (men's), more easily influenced as it was Eve who succumbed to her physical desire

when she ate from the forbidden fruit. Physical desires, including sexual desires, endangered ‘mankind’s’ attempt at a virtuous life, such that according women sexual autonomy threatened man’s inherent moral supremacy. Even in today’s society, the Roman Catholic Church depicts procreational sex as a part of ‘nature’, and recreational sex as contrary to the divine, hence the Church’s rejection of contraception and sterilisation (Hubbard, 1990; Kissling, 1999). Moreover, there are clear lines of authority by which patriarchal religions exemplify nuclear families with the male as head. Husbands are to be obedient to God, wives to their husbands, and children to their parents (Rose, 1999). The New Testament entrusts the male as the dominant line of authority as is clear in a number of passages, such as:

Wives submit yourselves unto your own husbands, as unto the Lord. For the husband is the head of the wife as Christ is the head of the church, his body of which he is the saviour. Now as the church submits to Christ, so also wives should submit to their husbands in everything. (Eph 5:22-24, New International Version, 2001)

A recent qualitative study presents two quotes by Christian women that echo the Bible’s philosophy postulated by the Church; “you do not have full blown sex until you are married or that’s a sin,” and “my church taught that the woman was submissive to the man and sex was a woman’s duty no matter what” (Mahoney, 2008, p. 96). A further repercussion of Eve’s moral weakness in having been seduced into temptation by the serpent is that she eats out of the tree of knowledge and learns about carnal pleasures (Conrad, 2006). The interpretations of this narrative by early church forefathers typify Eve as the temptress and the holder of sexual desire (Hawkes, 1996). Women, by virtue of their sensuality, are portrayed as the conduits for the negative consequences of yielding to pleasure. This interpretation reinforced the dichotomy between body and soul, and since the soul was deemed superior, the body became gendered as feminine (Hawkes, 1996). Feminist scholars and social science researchers argue that in patristic theology, with reference to the definition

of woman, there is a forging of male-female dualism into soul-body dualism (Ruether 1974b, cited in Conrad, 2006, p. 311). Consequently the influence of the ancient Greek's dualistic view of impure mortal bodies and divine immortal souls increased, with virginity becoming an essential virtue and marriage an allowance for the morally feeble (Bellioti, 1993).

In the New Testament, however, representations of the Virgin Mary allow for the possibility of women's redemption in the New Testament (Hawkes, 1996). The Virgin Mary, or Madonna, the symbol of reproductive potential and motherhood, offers the possibility of chastity and purification of women's moral depravity in contrast to the whore or fallen woman, represented by Eve (Hawkes, 1996). Thus, a socio-religious ideal, known as the Madonna/whore dichotomy evolved and became particularly dominant in the Victorian era as the image of female sexuality (Crooks & Baur, 2008; Ogden, 2008; Ussher, 1993). The message associated with the image depicts women as needing to be sexual and desirable, yet simultaneously exhibiting chaste restraint. Kleinplatz (2001) describes young modern women as experiencing residues of the Madonna/whore image, in that they *should* be sexy and desirable, but not overtly so.

Apart from religious perspectives, other views about the control of women's sexuality are based on anthropological accounts as well as on perspectives from evolutionary psychology, both briefly mentioned in the next section.

Non-religious views of women's sexuality.

Anthropological accounts of the earliest communities present an argument about patriarchal societies having arisen due to the introduction of agriculture (Ehrenberg, 1989). As men were the first sex to own private property in the form of farming tools, their status as the primary producers led to their economic superiority over women (Robinson, 1992). In order to retain private possession, monogamy as a control of parentage was introduced and women needed to be restricted sexually. This argument indicates that even before the need to

restrict women's sexuality on moral grounds, there were practical considerations pertaining to the social organisation of societies that had previously been forager groups (Leacock, 1978). Notwithstanding the significance of the anthropological literature, the evolutionary timelines of these views are beyond the focus of the current study and will not be presented further (see Blackwood, 2000; Bonvillain, 2007; Ehrenberg, 1989; Leacock, 1978; Robinson, 1992; Tiefer, 2005, for more information)

Additional views on the control of women's sexuality have also arisen within the perspective of evolutionary psychology. These views regard physiological differences in the domains of sexuality (such as mate selection theories) and reproduction (such as parental investment theories) as being the greatest contributors to the divergent psychological and physical sexual experiences of women and men (Buss & Barnes, 1986; Bjorklund & Shackelford, 1999). Mate selection theories postulate that women prefer mates who showed good earning potential and who were college educated, whilst men preferred mates who were physically more attractive (Buss & Barnes, 1986). Mate selection theories hypothesise that women are typically viewed as objects of exchange; hence physical beauty (for example, where beauty enhanced the value of women as sex objects) becomes a value. As society has been structured with women being excluded from power positions, women's access to individual advancement is through mates that have characteristics associated with power, such as good income and education. This is referred to as the 'structural powerlessness and sex role socialisation' hypothesis and elucidates women's mate selection preferences (Buss & Barnes, 1986). Parental investment theories posit that the time and energy dedicated to offspring enhances their chance of survival and subsequently their chances of future reproduction (Bjorklund & Shackelford, 1999; Buss & Barnes, 1986; Ellis & Symons, 1990). Since women have more parental investment in offspring due to the time and effort devoted to pregnancy and lactation, they tend to mate with partners that have a willingness to invest

resources in them and their offspring, hence dictating preferred mate selection. Again, although enormously significant, these views will not be presented further, but the interested reader can refer to Barkow, Cosmides and Tooby, 1992; Baumeister, 2000; Buss, 1989, 1994, 1999, 2004; Buss and Barnes, 1986; Buss and Malamuth, 1996; Buss and Schmitt, 1993; Daly and Wilson, 1983; Eagly and Wood, 1999; Goldberg, 1993; Okami and Shakelford, 2001; Tooby and Cosmides, 1990; Townsend, 1995; Townsend and Wasserman, 1998; Trivers, cited in Bjorklund and Shackelford, 1999; Wiederman and Allgeier, 1992.

Victorian attitudes to women's sexuality.

According to Michel Foucault (1978a), at the beginning of the 17th century discourses and practices related to human sexuality were engaged in without much concealment and with a certain amount of frankness. Some historians trace the re-evaluation of women's moral and physical character to the humanistic philosophy that emerged during the European Renaissance period spanning the 14th and 17th centuries (Schiebinger, 1989). Humanism in the Renaissance denotes an intense interest in the individual and the focus was on a wide range of human activities such as philosophy, art, science, literature and religion (Hergenhahn, 1997). Many humanists began to question both the authority and the dogma of the church and a subtle shift towards a more open-minded way of inquiry began to take place. The new view accredited the human being as consisting of more than her or his soul, shifting the focus from the heavens to the living world (Hergenhahn, 1997). Humanists desired a more personalised and less formal relationship with God. Human attributes such as the capacity for individual reasoning, artistic endowment and enjoyment re-emerged as central to human existence.

Following from the zeitgeist of the Renaissance, the Enlightenment era in the 18th century was to a degree a product of the new scientific rationalism, where objectivity and observable facts were espoused rather than superstition and subjective beliefs (Crooks &

Baur, 2005). Thinkers during the Enlightenment era and the time of the French Revolution (ca.1789) challenged the views of the Catholic Church, and in relation to sexuality, refuted the idea that the pursuit of sexual pleasure for its own sake was condemnable (Dean, 1996). Women such as Mary Wollstonecraft of England, who asserted that premarital and extramarital sex were not sinful, enjoyed increased respect and were noted for their intelligence and wit (Crooks & Baur, 2005).

Nonetheless by the early part of the following century, there was a sharp turnaround when the Victorian era, named after the ascendancy of the British queen to the throne in 1837, shaped the roles of upper-middle class women in Europe and the USA (Crooks & Baur, 2008). The Victorian era became synonymous with women's sexual repression and the emergence of a societal sentiment regarding the attributes of an 'ideal' woman. That is, a woman who was socialised as being perfectly innocent and sexually ignorant and whose dedication to family and motherhood was vital (Katz, 2005; Vicinus, 1972). However, this ideal was more developed within the upper middle classes. Prior to the emergence of this discourse and attitude of repression, women's orgasms were regarded as fundamental to the health and sanity of women (Fahs, 2007). During the 1820s and 1830s, well-respected medical writers had described women as innately lusty and capable of achieving multiple orgasms with frigidity described as pathological (Smith-Rosenberg, 1985). However, by the 1860s and 1870s, the professional counterparts of these same medical writers advised husbands that women's sexual desire was solely reproductive and that frigidity was embedded in women's nature. According to Mason (1994), Matus (1995) and Thornhill and Gangestad (2008, p. 3), an acclaimed physician and expert in sexuality in Victorian England, William Acton, wrote in 1857: "I should say that the majority of women (happily for them) are not much troubled with sexual feeling of any kind".

Coexisting with the idea that women had “sexual anesthesia” (Caplan, 1987, p. 3) was another view that when sexual passions do occur in women, they are to be feared for a number of reasons (Thornhill & Gangestad, 2008). Nymphomania, masturbation and the neurotic disorder of hysteria (the common cure for hysteria being masturbation by a physician until orgasm is achieved to obtain relief for the sufferer) were considered a serious threat to health and life (Studd, 2007). Accordingly, while in pre-18th century Europe the absence of orgasm was considered unnatural, women in the Victorian age who displayed signs of a sexual appetite were often regarded as candidates for the category of ‘mentally ill’ (Fahs, 2007). Menstruation was another aspect of women that contributed to their image as wan, weak and incapacitated (Laws, 1990). Although the conviction that menstruating women were impure or cursed had its origins in religious scripture, the view that women were disabled whilst menstruating situated this physiological occurrence in the realm of disease (Bullough, 1974). Charles Knowlton, an American physician in the 1830s wrote of menstruation:

During its continuance, the woman is said to be unwell, or out of order. Various unpleasant feelings are liable to attend it; but when it is attended with severe pain, as it not infrequently is, it becomes a disease . . . during the existence of ‘turns’ or ‘monthlies’, as they are often called, indigestible food, dancing in warm rooms, sudden exposure to cold or wet, and mental agitations should be avoided as much as possible. (cited in Showalter & Showalter, 1972, p. 39)

Hence the historical correlation between women’s sexual and reproductive physiology and mental illness was sufficiently significant to be carried through into the following century.

The contribution of early sexologists.

It was also at the height of the Victorian era that sexology emerged as a new science, and human sexuality was approached (almost exclusively by male medical doctors) via

examining illnesses, diseases and cures associated with sexual behaviours, desires and practices (Spinelli, 2009). These male experts pronounced the rights and wrongs of sexuality in what Foucault describes as the psychiatrisation of sex (Foucault, 1967). Foucault argues that the female body became analysed and deemed pathological because of its intrinsic sexuality. Changes to human sexuality emerged in the form of Ellis (1859-1939) and Sigmund Freud's work (1856-1939), both of whom have been credited with the changes to perspectives in human sexuality that has formed the foundation for current Western psychological theories and practices (Crooks & Baur, 2008; Hartmann, 2009; Ussher, 1993). One of Ellis' concerns was to combat the fear and ignorance around sex and to establish sexual feelings and acts as a positive force in human life (Hawkes & Scott, 2005). Ellis also advocated as 'natural' the traditional roles for men and women; hence women were designed with reproduction in mind, ensuring copulation (Ussher, 1993). Although Ellis acknowledged the existence of female orgasm, it was inconceivable that this would occur outside of a sexual relationship with a man. In his view, women could only be aroused through stimulation provided by the man at the right time. Ellis also developed an elaborate theory of sexual dominance and submission by citing numerous examples from zoology and anthropology, where the male pursued and the female resisted (but did not really mean to resist completely), until she surrendered (Boyle, 1994; Jackson, 1984). Ellis argued that the power relation in sexual activity, where the male is aggressive and the female is passive, was a scientific fact and was consequently inevitable, normal and crucial to sexual pleasure.

Freud was equally influential in the history of sexuality by moving its analysis from the biological to the psychological domain (Hawkes & Scott, 2005; Ussher, 1993). Freud regarded female sexuality (like male sexuality) as innate and as a dynamic human force and he linked biological sex and personality: men were psychologically 'active' and women 'passive/responsive' (Crooks & Baur, 2008; Fahs, 2007; Nicolson, 1994). Freud also

proposed that a young girl has to give up her primary genital zone, the clitoris, for a new zone, namely the vagina, describing this change as necessary for young girls to become women (Freud, 1953, 1962). He states in his *Three Essays on the Theory of Sexuality*, that a woman adopts "...a new leading zone for the purposes of her later sexual activity" (1962, p. 87). Thus, the clitoral orgasm was related to immature sexuality and the vaginal orgasm was the response of a mature sexual adult. Although Freud believed in the biological sexual drive he also conceived sexuality as an instinct that was socially located, whose essential features were repressed due to cultural norms and civilisation (Ussher, 1993). Freud hypothesised that neurotic behaviour and pathological forms of sexual behaviour were not the result of a physical illness or of moral degradation, but rather the untamed subconscious whose primitive and unresolved desires escaped the demands of a civilised and socialised existence (Hawkes, 1996). Although Ellis and Freud were instrumental in establishing the legitimacy of scientific analysis of sexuality, their understanding of sexuality was significantly influenced by their time. They both considered sex as a natural phenomenon and also reinforced the connection between sexuality and pathology (Mitchell & Black, 1995; Ussher, 1993).

During the first half of the 20th century, Alfred Kinsey, who founded the Institute for Sex Research, compiled two books based on his questionnaires to over 10,000 American women and men (Hawkes & Scott, 2005). Kinsey's books tabulated the details of people's sexual behaviours and challenged a number of beliefs about sexuality Kinsey did not view sexual identity as a unified and constant characteristic of personality and he argued that there was no necessary association between sexual behaviour and sexual identity. Sexual behaviour, according to Kinsey, was variable throughout the lifespan (Kinsey, Pomeroy, & Martin, 1948). The results of his studies noted that although a high percentage of men (37%) engaged in same sex experiences to orgasm, they did not identify with being gay. Kinsey also challenged the idea of frigidity in women by accentuating sexual responsiveness among

women (Hawkes & Scott, 2005). Kinsey proposed that previous studies on sexuality confused scientific fact, moral values and philosophic theory (Hawkes, 1996). Consequently, he adopted a 'value-free' stance where sexual acts were considered only as physical phenomena, and he emphasised the incidence and frequency of sexual behaviours, regardless of social and moral contexts, as indicative of typicality. Despite Kinsey's attempt at scientific rigour, it is this aspect of his work, the focus being entirely on sexual behaviour irrespective of context, where criticism has been levelled (Hawkes, 1996).

The final contributors to early research in sexology during the 1960s to 1970s, and towards the 20th century movement of sexual liberalism, were William Masters and Virginia Johnson (Boyle, 1994). They have been regarded as providing scientific evidence about the physiological basis of normal human sexual functioning, of developing an elaborate model of sexual functioning, of providing a foundation on which to develop treatment interventions for sexual problems, of presumably settling the debate related to vaginal and clitoral orgasms (although, as mentioned further on, the debate continues), of describing women as multi-orgasmic, and of arguing that age posed no barrier to sexual enjoyment (Hawkes, 1996; Hawkes & Scott, 2005). Masters and Johnson (1966), whilst observing laboratory-performed activities such as masturbation and sexual intercourse (coitus), distinguished four phases (excitement, plateau, orgasm and resolution) in the sexual response patterns of women and men: these phases comprised their model of the human sexual response cycle (HSRC) (Crooks & Baur, 2008; Komisaruk, et al., 2006; Masters & Jonhston, 1966; Tiefer, 2004). Their emphasis was on the sexual similarities rather than the differences between women and men. Although the work of the pair has had huge implications for the science of sex, there has also been strong criticism by feminist scholars and social science researchers, as is discussed in a forthcoming section of the current review.

Sexual revolution and the women's liberation movement.

World War II (WWII) changed conditions for women dramatically as jobs previously performed by men were taken over by women (Crooks & Baur, 2008). By the end of the war, however, women returned to their traditional roles, the post war baby-boom occurred and what followed was a widespread disappointment in the domesticity of women's roles (Katz, 2005). This disappointment partly resulted from a new generation of people born post WWII and living during one of the most affluent times in history, thereby contributing to a movement towards gender-role equality (Crooks & Baur, 2008; Jackson & Scott, 1996; Owrarn, 1996). Notable increases in women's participation in higher education and paid employment enabled women to live financially and socially independently from men and enhanced their personal control in decision-making about procreation, abortion and sexual freedom (Garnets & Peplau, 2000). Moreover, reliable forms of birth control afforded women greater sexual liberty. Women's lives were also influenced by the work of Kinsey as well as Masters and Johnson, which publicly provided empirical evidence that mainstream American women and men were engaging in diverse sexual behaviours and non-traditional lifestyles, specifically shifting away from monogamous sexuality (Fahs, 2007; Laumann, Gagnon, Michael, & Michaels, 1994). In the UK, liberalisation of abortion and divorce laws as well as the decriminalisation of homosexual acts between men over the age of 21 contributed to an era of greater sexual freedom (Jackson & Scott, 1996).

Around the world, youth in Western nations rallied against the war in Vietnam, a host of other cases of injustice, and imperialism (Carroll, 2010). Simultaneously in the US, the African-American civil rights movement against racial discrimination, the gay and lesbian rights movements against 'natural' heterosexual coitus (penis to vagina only), and the women's liberation movement produced a climate of change resulting in an explosion of activism and scholarly work. Although these movements all had different aims, their shared

justification was the revolt against the oppression of the biological and determinist thinking of their time (Andersen, 2005; di Leonardo & Lancaster, 1997; Hawkes & Scott, 2005; Parker, 2007; Parker & Aggleton, 2007). The women's movement challenged the historical view that men were 'naturally' superior (or essentially and biologically different and therefore superior) to women, and argued that it was patriarchal culture not nature that conferred certain characteristics to women. An excerpt from a paper titled *The Document: Declaration of Feminism* produced by two activists reads as such:

Heterosexual relationships are by their very nature oppressive to women in a male dominated society. The woman is treated as a sexual object, a thing which exists for the gratification of man . . . for Eve was created from Adam's rib – or so the story goes . . . we are expected not to enjoy sex . . . it is our responsibility to control pre-marital relations...the cult of female virginity is a symbol of male control . . . labelling those who dare to refuse to become slaves as loose women, whores, and concubines . . . sexuality in our society is intimately related to the roles assigned to men and women. The man is expected to be aggressive, strong, virile, self-centred...while the woman is expected to be self-sacrificing, passive, docile, weak, and responsive to men's initiatives. (Lehmann & Sullinger, 1972, p. 24)

The new ideals of freedom and sexual liberation circulating during that time potentially situated women and men equitably in relation to sexual rights, and the idea of 'free love' was promoted whilst marriage was condemned as an institution belonging to the bourgeoisie (Carroll, 2010; Jackson & Scott, 1996). Free love challenged the old double standard, namely prohibiting pre-marital sexual intercourse for women but allowing it for men (Reiss, 1960, cited in Milhausen & Herold, 1999), and presented sex as something that could and should be enjoyed for its own sake. Feminists considered positive aspects of these ideals as being the dissociation of sex from reproduction, the emphasis on sexual freedom

and pleasure, the critique of monogamy and marriage and the recognition of the coercive aspects of male sexuality (Jackson & Scott, 1996). Feminist activism around the late 1960s and early 1970s focused on reclaiming women's sexuality and orgasm based on their own terms and also championing lesbian sexuality (Carroll, 2010; Fahs, 2007). Women collectively argued against the legacies of repression that had restricted women's pleasure within the discourses of silence, modesty, and decency. In particular, women rejected the view that vaginal orgasms were superior to clitoral orgasm and in this way fought for the right to have and to talk about orgasms (Jeffreys, 1990). Although feminists have sought to maximise the changes that benefited women, there was a lack of consensus on exactly what changes served women's interest the most. Feminist thinking and activism became a complex and divided arena with distinct opposing foci, such as socialist-feminism, cultural feminism, lesbian-feminism and radical feminism (Snitow, Stansell, & Thompson, 1983).

A fundamental insight of the wave of feminism that thrust forward in the 1960s was that 'the personal is political' (Ross & Rapp, 1997). The central tenet of that phrase was that the most private details of an individual's existence are actually structured by larger social relations. Although sex may feel individual and private, the feelings involved in how sex is experienced always incorporate the rules, symbols, definitions and meanings of the social world in which they are constructed. Through the women's liberation and feminist movements, women discovered that many individual problems, anxieties and difficulties were shared by other women and concluded that, as these difficulties were social in context, the solutions needed to be political (Jackson & Scott, 1996). Hence, aspects of women's lives that had previously been viewed as external to the realm of politics were opened for discussion, analysis and challenge, and a sudden increase of scholarly research and debate ensued on aspects such as:

- the idea that only 'bad' women were sexual

- the sexual double standard
- the idea of women as active rather than passive objects of men's desire
- the heterosexual pattern of foreplay followed by vaginal penetration (including the criticism of the HSRC model of sexual responses proposed by Masters and Johnson)
- the idea of the 'prescriptive orgasm' (vaginal orgasm through vaginal penetration only) as superior to the clitoral orgasm and other forms of sexual pleasure
- the idea that because women were the primary care-takers of children (known as the sexual division of labour), an entire social organisation of gender inequality existed
- the acknowledgement of sexual diversity among women, rather than women fitting a single sexual mould
- the right to better birth control and abortion
- the idea that sexual coercion and violence within normal heterosexual relationships paralleled rape
- the rejection of beauty pageants, pin-ups and pornography as the objectification of women and their bodies, and
- the commoditisation of sexuality via prostitution.

Feminist writers and activists critiqued all of these ideas as being fundamental aspects of heterosexuality, constructed by patriarchal societies that restricted and disempowered women in their experience of sexuality (Hawkes & Scott, 2005; Jackson & Scott, 1996; Nicolson, 1994; Rich, 1983; Snitow et al., 1983; Tiefer, 2004; Vance, 1992).

Finally, feminist scholars and social science researchers have sought to and continue to analyse and deconstruct the biological ideology of sex research and its assumptions of male and female 'nature' (Tiefer, 2004). Although the evolutionary psychological perspective

proposes that the characteristics of a species reflect genetically based traits that have facilitated survival and successful reproduction and nurturing of offspring (Looy, 2001; Mealey, 2000; Okami & Shackleford, 2001), feminist scholars and social science researchers argue that it is the *location* of gender rather than its *origins* that is central to how they regard gender (Bohan, 1993). In other words, essentialist views consider gender as originating in and being an inherent aspect of the individual (origin), such as a quality or trait or moral judgement. Such qualities are held as separate to the continuous interaction with the individual's socio-political context (location). Similarly, biological determinism stresses that genetic or biological factors are the primary cause of sex differences and behaviour in individuals despite complex interactions between the individual and her or his environment (Hergenbahn, 1997; Malott, 2007). The specific theoretical distinctions between biological determinism and essentialism are beyond the scope of this paper, but interested readers could refer to DeLamater and Hyde, 1998; Keller, 2005; Okami and Shackleford, 2001; and Sayers, 1982, amongst others.

This essentialist view also locates sexuality as a fixed essence within the individual, establishing a division between the individual and society (Padgug, 2007). Kaminer considers essentialism as follows; "Essentialism - a belief in natural, immutable sex differences - is anathema to postmodernists, for whom sexuality itself, along with gender, is a 'social construct'" (1993, p. 59). Feminist scholars and social science researchers consider postmodernism as a shift in worldview and the construction of reality, which seeks to challenge the absolutes in favour of various points of view (Tiefer, 2004). Tiefer argues that the area of sex research has historically depended on the legitimacy of scientific and biological approaches in order to study aspects of human life that have always been regarded as taboo. Consequently, sex is still regarded as a 'natural act' in order to both access and maintain the prevailing scientific authority. This prestigious hierarchy of knowledge has

prevented additional forms of knowledge that may be equally persuasive and more inclusive from acquiring legitimacy (Tiefer, 2004). Research that explores women's narratives and the phenomenology of their sexuality can deconstruct the ideology of sex as both natural and universal in its desire and expression. Hence, exploring the numerous facets of socialisation and relationships inherent in the lives of women may shed light on what may impact their sexual experiences.

Introduction: Present Status of the Literature on Women's Sexuality

The next section of the current review examines the prevailing research on women's sexuality with a focus on the work of feminist scholars and social science researchers. The current review covers research related to the social context of women's sexual experiences including the socialisation of women and men, beliefs and attitudes related to sexual intercourse, as well as the impact of religion on masturbation and female sexuality. Feminist views on women and their experience of orgasm, the different standards regarding sexual behaviour applied to women and men, and studies related to sex education are presented. Research exploring a number of issues associated with women's bodies, as well as the impact of social roles and relationships on women's sexuality is offered. Additionally, research is presented regarding the role of the medical profession on the views and classification of women's sexuality, the prevalence of sexual difficulties and new ways of regarding women's sexual problems. Finally, limitations of the current review, recommendations for future research and the research questions of the current study conclude the review.

Social Context of Women's Sexual Experiences

Sexual socialisation of women and men.

As liquid has no form outside of its container, so too has sexuality no form outside of its socio-historical container, thus imbuing it with shape, meaning and regulation (Tiefer, 2004). But like jelly, once the shape is formed it becomes quite fixed and very difficult to re-

mould. As sexuality develops over the lifespan, it becomes ever more central to adolescents' identities and social lives as they transition through the physical, social, and emotional changes of puberty, form romantic relationships, and have sex for the first time (Pearson, 2008). Developmental milestones towards adulthood do not occur in isolation but are experienced within the context of social relationships. Consequently, cultural views of sexuality mould girls' attitudes, beliefs and their initial sexual experiences. Though sexuality may be an individual experience, young women and men become sexual through the process of social learning and the first place of such learning is the family home. In fact, socialisation practices aimed at controlling sexuality begin already in childhood (Baumeister & Vohs, 2004). Schools, religious institutions, peer groups, and the media also play an important role in the socialisation of children (Pearson, 2008). Research investigating parent-child communication about sex and dating found that parents' advice on reproduction, sexual intercourse, sexual safety, sexual abstinence, menstruation and dating behaviours can contribute significantly to adolescent and young adults' sexual development and behavioural choices (Morgan, Thorne, & Zurbriggen, 2010). Moreover, the advice given to adolescents differed in relation to the gender of the adolescent, with sons more often receiving advice related to sexual pleasure and exploration, in contrast to daughters who received messages stressing protective issues and negative consequences of sexual activities. A review by Dilorio, Pluhar, and Belcher (2003) investigating the information and messages that are communicated/not communicated between parents and their children indicated a correlation between parent-child communication about sexuality and adolescent sex behaviour. Dilorio et al. (2003) offer the following points:

- Parent reports reveal the most frequently discussed topics with their children include menstruation, reproduction, birth, pregnancy, HIV/AIDS and sexual values. Topics

about which there is less communication include masturbation, erections/wet dreams and abortion.

- Mothers talked more with both their daughters and sons compared to fathers. This point was also found in other studies exploring communication of sexual issues between adolescents and parents (Averett, 2005; Dilorio, Kelley, & Hockenberry-Eaton, 1999). Children of both sexes considered their mothers as the parent most appropriate with whom to discuss sexual matters (Nolin & Petersen, 1992).
- Barriers to sexuality communication for parents included embarrassment, difficulty accepting adolescent sexuality, and parental communication styles that were uncomfortable for adolescents.

The studies concluded that factors that appear to play a central role include: religion, attitudes and beliefs of both parents and children regarding sex; confidence and attitudes in the family regarding family discussions; and family variables such as parenting styles, general communication, and the quality of relationships (Dilorio et al., 2003). Similarly, Moore and Davidson (1997) investigated feelings of guilt and shame among female college students and found that among the variables that correlated with feelings of guilt at first sexual intercourse were uncommunicative parents, over-strict father figure and discomfort with sexuality.

Indeed, an interesting point raised by Nolin and Petersen (1992) is that fathers are generally regarded as the appropriate parent to talk to with sons, yet they (fathers) are viewed by adolescent male respondents as being uncomfortable discussing sex. As a result, sons miss out on being able to discuss their emerging sexual feelings with fathers. Consequently, sons continue to interpret cultural norms through either peers or the media and this pattern of differing daughter-parent and son-parent sexual communication may be repeated in subsequent generations. Although Nolin and Petersen's study (1992) was explorative and did not employ a representative sample of participants' families, adolescents in their sample

(male n=38; female n=46) reported that they perceived boys as holding the power in ongoing relationships regarding the decision to engage in sexual intercourse. It seems that this decision could be made with limited access to sexual knowledge as knowledge from peers and the media may be limited, stereotypical and mistaken. In this manner, boys and girls gain their sexual knowledge via different sources. Thus, parent-son communication seems equally important in influencing adolescent sexual behaviour yet does not occur as often as parent-daughter communication.

A qualitative study of female undergraduate students at an American university reported that early childhood messages regarding sex received by these students were overwhelmingly negative (Askew, 2007). The messages included the following themes: guilt and fear, different sexual standards for women and men, abstinence until marriage, suppression of desire, lack of information and reliance on male partners. A quote by one of the participants conveys the negative messages she received from her mother; “Well I guess the biggest message was just my mom being like ‘sex is really bad and you can get pregnant, and boys try to use you for sex’” (Askew, 2007, p 257). Other researchers exploring the perceptions of female and male college students on their reasons for remaining virgins found that women experienced more pressure from their parents to abstain from sexual intercourse than their male counterparts (Sprecher & Regan, 1996).

Exploring cultural differences, a recent study compared the sexual experiences of American and Dutch college women by using qualitative and quantitative designs (Brugman, Caron, & Rademakers, 2010). This study investigated the factors that contribute to the USA having the highest rate of teenage pregnancy, births and abortions compared with the Netherlands that has the lowest rate of such phenomena across all Western countries. From in-depth interviews, distinct themes emerged between the American and Dutch participants related to sexual attitudes, comfort with sexuality and sexual behaviour (see Appendix B).

American parental attitudes were described as “warning mothers and joking dads” compared to “parents as supporters and educators” for the Dutch sample (Brugman et al., 2010, p. 38). Moreover, in sexual comfort, the Dutch sample reported “sleeping openly at parent’s house” (referring to women sleeping with boyfriends) and “comfortable dads”, while American participants reported “uncomfortable and silent parents” and “not at our house” (p. 38). Similarly, Averett’s (2005) qualitative study exploring parental communications with young women, found the following themes transmitted by parents to their daughters: the idea that sex is scary; the fear of being labelled a ‘slut’; young women are not to engage in sex; and sex must only happen within committed relationships. In addition, the participants related how parental messages reinforced gender roles that demand female passivity as the following quote suggests, “A lady would never be sexual or want sex” (Averett, 2005, p. 43).

Critiquing the sexual socialisation of individuals, feminist scholars, social science and anthropological researchers point out that it is the pervasive influence of the larger cultural gendered environment, rather than genetic and individual family variables, that plays the greatest role in constructing the different sexual beliefs and practices for men and women (Blackwood, 2000; Wells & Twenge, 2005). Women and men are raised with different sets of sexual values, with men’s values focusing on genital and physical gratification as well as varied experience, whilst women’s values relate to emotional closeness and committed relationships, disregarding desire and physical urges due to the threats of pregnancy, disease and social disrespect and disapproval (Tiefer, 1991). Although some evidence indicates that it is mothers and female peers that are the main sources of female sexuality control, feminist scholars and social science researchers argue that it is because of historical patriarchal institutions that have constructed women’s sexuality as subordinate to men’s desires that women learn their sexual role without questioning it and without conscious awareness or intent (Baumeister & Twenge, 2002; Baumeister & Vohs, 2004; Blackwood, 2000; Sanchez,

Kiefer, & Ybarra, 2006). Thus, feminist scholars and social science researchers maintain that because sex has since antiquity been socially and culturally regarded as biologically determined, it has acquired the status of a *fait accompli*, thus exempting thorough enquiry into the various processes that contribute to an individual's sexual beliefs, values, expectations and behaviour – the very processes that may impact and contribute to women experiencing sexual difficulties.

Hierarchy of sex – the ‘coital imperative’.

Within feminist discourse, heterosexual practices such as sexual intercourse are identified with the wider institution of heterosexuality and the oppression of women (Cacchioni, 2007). Sexual intercourse or coitus (both terms are used interchangeably with penile-vaginal penetration in the current study) remains the definitive heterosexual act and the taken-for-granted vital part of ‘real’ sex (Gavey, et al., 1999). Contained in the hetero-normative framework is the notion that sexual practices outside of coitus, such as kissing, touching and oral sex, are not ‘real’ sex and are demoted to ‘foreplay’ (Cacchioni, 2007; Knox, Zusman, & McKneely, 2008; Rothblum, 2000; White et al., 2000) and what Jackson (1984) terms the “coital imperative” (p. 44). Jackson traces the notion of a coital imperative to a biological model of sexual relationships asserting that coitus is regarded as the evolved biological imperative required for the reproduction of the species. She argues that, as coitus is considered ‘natural’, it is somewhat dubiously also considered pleasurable for women. For most individuals the ideology of heterosexuality and sexual intercourse is assumed so pervasively and non-consciously that it is never questioned (Hyde & Jaffee, 2000; Roberts, Kippax, Waldby, & Crawford, 1995).

A study employing in-depth interviews with 31 women described a participant's view of the coital imperative when, after describing how she had engaged only in foreplay before marriage because of her decision regarding pre-marital abstinence, she explained; “But then

we were married and it was like, ‘Well, if you’re married you have sex’” (Cacchioni, 2007, p. 305). In other words, although foreplay had been considered acceptable out of marriage, once wed sexual intercourse assumed the priority position in sexual practices. In another exploration of how respondents interpret having ‘sex’, 223 undergraduates’ responses indicated that young adults often yield to cultural definitions of sexuality when considering whether a sexual act is having ‘sex’ (Bogart, Cecil, Wagstaff, Pinkerton, & Abramson, 2000). This quantitative study illustrated that respondents labelled vaginal and anal intercourse far more frequently as having sex (97% and 93% respectively) compared to oral intercourse (44%). Moreover, in the heterosexual fictional scenario that the respondents were required to interpret, the person who experienced the orgasm through oral or penetrative intercourse was more likely to consider the act as sex (Bogart et al., 2000). The authors suggested that, particularly in oral intercourse, the finding that the person receiving the oral sex would be more likely to consider the act as having sex could be related to the finding that orgasm is important to an individual’s definition of what having ‘sex’ is. An Australian conducted in the state of New South Wales study however found that between 70-75% of both women and men responded that oral sex was considered ‘sex’ between two people (Rissel, Smith, Richters, Grulich, & de Visser, 2003).

A further study by Carpenter (2001) revealed that every respondent believed that penile-vaginal penetration constituted virginity loss, but less agreement existed regarding other sexual acts that occur between women and men. Only one fourth of respondents, ages ranging from 18 to 35 years, believed that women or men who engaged in oral sex with an opposite-sex partner would lose their virginity. Interestingly, Carpenter’s study (2001) like others (such as Holland, Ramazanoglu, Sharpe, & Thompson, 2000) found that women tended to view virginity as a valuable gift to be given to someone special whilst men tended to view virginity as a stigma. Thus, the study concluded that with the exception of coitus,

individuals disagree about what sexual activities are considered 'real sex' and what value certain sexual acts have (Carpenter, 2001). The finding that coitus is often synonymous with having sex is not only found amongst the recipients of surveys but also amongst the creators of surveys. A review of sex surveys from the reports of Kinsey to the AIDS related surveys of the 1990s demonstrated that heterosexuality remains implicit in questions, whilst oral and anal sex are depicted as secondary forms of sexual activity (Michaels & Giami, 1999).

Yet another study (Medley-Rath, 2007) using a qualitative content analysis of sexuality and health advice columns in the popular US teen magazine *Seventeen* from 1982-2001, set out to explore what sexual acts count as 'real' sex (Australia's equivalent magazine is called *Dolly*: a high circulation, glossy magazine with a target audience of girls aged 14 to 17 years of age [ACP, 2010]). The results of this study demonstrated that according to the advice columns of *Seventeen*, penile-vaginal penetration is the only sexual practice that causes virginity loss. Furthermore, the author suggested that in response to questions surrounding oral sex, the advice columns (although acknowledging that the act is intimate) were dominated by hetero-normative definitions of sex (coitus) and subsequent virginity loss. The author concluded by positing that "As long as intercourse is privileged, other meaningful sexual experiences are denigrated as less important" (Medley-Rath, 2007, p. 36).). Finally, there are a number of other empirical studies illustrating that women and men view the term 'sex' as meaning coitus, including and as cited in McPhillips, Braun, and Gavey (2001, p. 230). The authors refer to the work of Gavey (1992), Hite (1977, 1981) Holland, Ramazanoglu, Scott, Sharpe, and Thomson (1996), Holland, Ramazanoglu, and Thomson (1996), Holland, Ramazanoglu, Sharpe, and Thomson (1994), Kippax, Crawford, and Waldby (1990), Miles (1997), Roberts et al. (1995) and Stewart (1994).

Feminist scholars and social science researchers argue that it is not coitus that is a problem, but rather the cultural view that renders it beyond choice for many women (Boyle,

1993; McPhillips, et al., 2001; Nicolson, 1993; Ussher, 1993). Participants in Gavey et al.'s (1999) study included 15 women and 15 men whose age ranged from 18 to 50 years and although most were tertiary educated, they varied in relationship history, occupation, parental status and living arrangements. Participants described oral sex and mutual masturbation as typically or inevitably resulting in coitus, unless an unplanned interruption occurred, and described coitus as being the ultimate, obvious, and logical conclusion to the end of sexual interactions. Some participants suggested that the idea that 'having sex is coitus' comes from socialisation, particularly dominant in adolescence, and other studies report the same idea (Laumann et al., 1994). Participants in the Gavey et al. (1999) study described intercourse as following:

- The reason for wanting intercourse was described as 'natural' and biological' and was linked to human 'drives' and 'procreation'.
- The idea that women's and men's bodies were 'designed to fit', again reinforcing biology as pre-culture.
- The assumption that vaginal penetration is 'normal' and articulating reasons for engaging in it was difficult for most participants. As McPhillips et al. (2001) explain, articulating a reason for engaging in intercourse would require an individual to "...conceptualise and think about sex as other than 'common sense'; it would require the formulations of reasons and arguments for a problem that is almost never publicly posed" (p. 233).
- To not engage in intercourse, predominantly for women, risks being judged as 'frigid' or not 'normal'; engaging in it is also viewed as 'healthy'.
- Intercourse is viewed as the ultimate sexual experience. However, many of the female participants did not merge sexual desire or pleasure with orgasm, thus wanting to engage in intercourse may be related to other pleasures besides orgasm (Gavey et al.,

1999). In contrast, male participants primarily conflated orgasm with coitus (Braun, Gavey, & McPhillips, 2003).

Describing intercourse as ‘natural’ confers it the ‘imperative status’ (Gavey et al., 1999). Feminist scholars and social science researchers propose that by exploring and identifying the reasons that women and men give for having intercourse could reveal when intercourse could or should be eliminated from sex. Additionally, by identifying the assumptions inherent in the revealed reasons, as well as the discourses in which they are rooted, may disrupt their common sense authority and open the possibility of refusing to regard intercourse as an imperative. Feminist scholars and social science researchers uphold that in order to understand women’s experience of sexuality and sexual difficulties, it is necessary to dismantle the assumptions about the nature of sex. The next section will explore the experience of orgasm in women, in particular illustrating that for many women coitus is a) not regarded as the most significant act but a part of sexual interactions, b) other sexual acts are considered essential/more essential than coitus for women’s sexual satisfaction, and c) orgasm is not always considered as necessary for satisfactory sexual interactions.

Women and orgasm.

When friends and I began discussing our sexuality...we found very few of us had orgasms during intercourse, although we had always expected to and been expected to – almost automatically. Being able to admit to each other that we didn’t gave us a sense of relief and elation about ourselves – that we weren’t abnormal, weird or ‘different’ and we began to feel really good about our sexuality for the first time. (Hite, 2004, p. 183)

The Hite Report, first published in 1976 by Shere Hite, presents the testimony of over 3000 women of varied ages and backgrounds. The study found that only 30% of women were able to orgasm through sexual intercourse with a man compared to the 82% of women who

responded that they masturbated, and of these, 95% reported they could orgasm each time. A journalistic study in Australia (Sauers, 2008) involving 1806 self-selected respondents found the most common way that women orgasm was through masturbation (40%) followed by receiving oral sex (30%), and then through sexual intercourse (28%, of which many stimulated their own clitoris during penile-vaginal penetration). Caution with both the study by Hite (1976) and Sauers (2008) is advised as they were not scientifically reviewed. Other, more recent scientific studies present similar findings, with the National Health and Social Life Survey (NHSLs) in the USA finding that 29% of women compared to 75% of men reported orgasm with a partner. Although the study does not specifically indicate that this was through penile-vaginal penetration, 97% of women and 95% of men reported a lifetime frequency of sexual intercourse (Laumann et al., 1994). In Australia, the Study of Health and Relationships involving approximately 20,000 people, ages ranging from 16 to 59 years, found that 94.8% of men and 68.9% of women reported having had an orgasm at their most recent sexual encounter (Richters et al., 2006). The discrepancy between reported orgasm experience may be due to intercourse being typically regarded as the main and almost compulsory sexual practice that is often more successful for men to achieve orgasm than women, as most women in the study required other forms of clitoral stimulation to orgasm (Richters et al., 2006). Indeed, 95% of men versus 50% of women who engaged in sexual intercourse only, without other forms of stimulation, achieved orgasm.

Prevalence studies of sexual difficulties in women present lower percentages. A thorough review of literature spanning the decade between 1990 and 2000 identified 52 studies where community samples estimated that 7-10% of women had difficulties in attaining orgasm (Simons & Carey, 2001). Another systematic review of 85 studies found that the prevalence for anorgasmia (total inability to achieve orgasm) and orgasm difficulties were on average below the 20% range, with a few studies presenting rates of 20-

40% (West, Vinnikoor, & Zolnoun, 2004). Simons and Carey (2001) note that difficulties in achieving orgasm depend on age, sexual experience and adequacy of sexual stimulation. Both reviews concur that assessment techniques are extremely varied and many investigators use idiosyncratic definitions for assessing sexual difficulties, which can have profound effects on estimates and contributes to the wide discrepancies in studies' results (Simons & Carey, 2001; West et al., 2004). Additionally, prevalence studies typically obtain data on the occurrence of a symptom and not on psychosocial factors such as age, education, social class, religion, personality and relationship issues that may contribute to sexual problems (Meston, Levin, Sipski, Hull, & Heiman, 2004).

At any rate, what concerns feminist scholars and social science researchers is not so much prevalence rates but rather the social meanings that are given to orgasm in women (Jackson & Scott, 2001). Feminist scholars and social science researchers argue that there can be no sexuality that is freed from social contexts and relations. Firstly, in relation to women's orgasm, the notion that orgasm is the same for both women and men is disputed. Tiefer (2004) asserts that through the 1970s and 1980s, as women's sexual entitlement in industrialised nations burgeoned, women were freer to pursue sex. Orgasm commonly became the assumed measure of women's satisfaction in both feminist writings and sex research. Feminists triumphantly repudiated Freud's dismissal of clitoral pleasure, further engendering the notion that orgasm *should be* as valued for women as it is for men (Koedt, 1996). Moreover, since orgasm has been installed as a biological right, there exists an imperative to achieve orgasm, so that all individuals capable of achieving it *should*, as a measure of sexual health and competence (Nicolson & Burr, 2003; Potts, 2000). Yet, various studies have reported that women consider other aspects of sexual intercourse such as cuddling, kissing, touching, affection and the feelings of sensuality related to intercourse, as well as emotional closeness within their relationships as important as orgasm (Ellison, 2001;

Gavey et al., 1999; Hollender, 1970, cited in Meston et al, 2004; Hurlbert, Apt, & Rabehl, 1993; Nicolson & Burr; Schaefer, 1974, cited in Meston et al, 2004).

Secondly, research by Fugl-Meyer, Oberg, Lundberg, Lewin, and Fugl-Meyer (2006), Hite (2004), Richters, de Visser, Rissel, and Smith, (2006) and Sauer (2008) shows that coitus is not the most successful way for women to orgasm. In contrast, coitus is the preferred and most successful way that men orgasm (Koedt, 1996; Richters et al., 2006) and the idea that this should be so for women has resulted in women's orgasm being portrayed as mysterious and somewhat elusive (Jackson & Scott, 2001). As men's orgasm is seen as natural, women's orgasm requires work, and women that do not achieve orgasm often feel that there is something wrong with them (Nicolson, 1993; Nicolson & Burr, 2003; Ussher, 1993). Feminist scholars and social science researchers assert that it is because of cultural notions underpinning a male centred model of sexuality that many women experience the lack of orgasm as synonymous with both failure and uncommon sexual interactions; primarily, although even the work of Masters and Johnson acknowledged that female orgasm originates in the clitoris, sexual intercourse is still heralded as the ultimate way for women to orgasm (Richardson, 1996; Wood, et al., 2006). Richters et al. (2006) suggest that proximal causes such as the insufficient sexual stimulation delivered to women in the typical heterosexual coitus contributes significantly to the difficulties women report in their experience of orgasm and possibly to a lack of enjoyment in some of these sexual encounters.

Finally, women's orgasm and pleasure is represented in conventional ways, such that in keeping with the idea that women's orgasms are invisible and 'different', women need to provide 'evidence' for an orgasm so that it is comparable to men's orgasmic evidence as represented by ejaculation (Roberts et al., 1995). A common representation of this was the American film titled *When Harry met Sally*, which shows Sally demonstrating to Harry in a public diner how she can fake an orgasm (Jackson & Scott, 2001; Roberts et al., 1995;

Wiederman, 1997). A study by Wiederman (1997) of 161 women found that 55% reported having pretended orgasm. Other studies have found that men tend to believe that women either do not pretend orgasm or that if they did, they would be able to notice it (Knox et al., 2008; Roberts et al., 1995). The notion of women faking orgasm is closely related to the other notion that men are the providers of women's orgasm, reinforcing the view that women are sexually passive and require male sexual expertise (Koedt, 1996; Potts, 2000). The absence of orgasm has become equated with a failed sexual event, and not only does it represent the women's failure but also the man's flawed sexual technique in his inability to provide orgasm (Jackson & Scott, 2001; Nicolson 1993; Nicolson & Burr, 2003). A quote by a participant in the Roberts et al. (1995) study captures this assumption when she said that "I just, you know sort of fake it a little bit. I think everyone does sometime" and then in response to the question to why she fakes orgasm she stated, "...so he won't feel inadequate" (p. 529, 530). Accordingly, this can add further proof to the idea that women are not as natural as men in their orgasmic capabilities as they experience difficulties in achieving orgasm (Roberts et al., 1995).

Thus, feminist scholars and social science researchers emphasise that only through exploring and deconstructing the unconscious culturally shared assumptions of what constitutes 'natural' and 'normal' within the structures and discourses by which individuals understand their sexualities and relationships, can change occur (Koedt, 1996; Nicolson, 1993; Nicolson & Burr, 2003; Tiefer, 2004; Ussher, 1993). The change in culturally shared assumptions is crucial on many levels. Firstly, for psychologists and therapists who are presented with women who experience anorgasmia, a thorough exploration and understanding of factors that may be contributing to this is critical. For example, factors such as inadequate sexual stimulation; a predominant focus on coitus due to family values, religious beliefs and socialisation; and ignorance or shame in women and men related to

sexual acts (such as oral sex) that may enhance women's ability to orgasm. Secondly, for sexuality educators, teachers and parents who are responsible for conveying messages and knowledge about the nature of sexual interactions, the associations between physiology and pleasure/pain, communication in relationships, and emotional barriers such as shame and anxiety about not fitting cultural norms and ideals. Lastly, a change in how the medical profession constructs sexual pathology is vital (New View Campaign, 2001). Culturally shared assumptions of what constitutes normal sexuality may be challenged by research that explores women's sexual phenomenology and informs a model of human sexual relations that is women centred and context sensitive, both of which are to date lacking.

In consideration of the preceding discussion on women's orgasm, the current review would be incomplete if the role of religious beliefs and its impact on female sexuality was not scrutinised. Principally, given that the research presented reported a strong correlation between masturbation and orgasm in women (Hite, 2004; Sauers, 2008), the association between religion and masturbation forms the next section.

Female sexuality, masturbation and religion.

Feminist scholars and social science researchers stress that many Christian women are socialised with messages implying that they cannot be simultaneously sexual and spiritual (Mahoney, 2008). Tiefer (2004) argues that this separation of body and spirit/mind originates from the Judeo-Christian discourse whose moral agenda became associated with self-purification. This self-purification became linked with anti-masturbation preoccupation, which was especially prominent in the 18th century and in turn was translated into the medical idea that sexuality exists in a person prior to any sexual activity or relationship. Religions have traditionally been the guardians of society's sexual norms and practices, and are infamous for their proscriptions with regard to women and sex (Hunt & Jung, 2009; Ogden, 2008). Although religious beliefs vary widely, customs associated with marriage and family,

rituals associated with sexual initiation and childbearing, and views on gay sexuality and transgender individuals form some of the cultural dimensions created by religious understandings of sexuality.

Within the Roman Catholic Church, the boundary of what is permissible and unacceptable is delimited by the idea of sin (Porcile-Santiso, 1990). Religious affiliations in Australia's population are as such: 27% Catholic; 21% Anglican; 21% other Christian denominations; and 5% non-Christian religions (Australian Bureau of Statistics, 2006). The remaining 26% either responded with having no religion or inadequately responded to the question making classification of another religion unfeasible. Within the USA's evangelical framework, where the predominant religious affiliation comprises over 50% Protestant and approximately 24% Roman Catholic (Pew Research Centre, 2007), the loss of control over sex and the desires of the body are believed to threaten the integrity of the soul/spirit/mind (Rose, 1999). Thus, in Catholicism, any sexual solitary activity (masturbation), same-sex sexual activity (homosexuality), extra-institutional sex (pre-marital relationships/adultery) or an evasion of procreation (contra-conception) is considered sinful (Porcile-Santiso, 1990).

Feminist scholars and social science researchers argue that patriarchal religious and ethical thinking about sexuality has espoused an atomistic model (Hunt & Jung, 2009). This model proscribes a list of do's and don'ts regarding both personal and interpersonal behaviour that disguises the power of socially constructed and religiously hallowed scripts on women's sexual choices and decisions. This view of sex, myopic as it is, disregards the affective dimension of sex and the meaning of being a responsible agent of one's own sexuality. Issues such as women's reproduction and abortion, which affect women most deeply are proscribed by institutional bodies and committees that comprise primarily men; for example, the Anglican church in New Zealand which has undergone some changes leading to greater equality for women and men remains male-dominated in its leadership and decision-

making (Crawford, 1990). A press article published by AASECT (American Association of Sexuality Educators, Counsellors and Therapists) described how a U.S. community services agency, based on an abstinence-only-until-marriage sex education curriculum, encouraged girls to “wear modest clothing that doesn’t [sic] invite lustful thoughts”, as well as describing men as “strong” and “courageous”, and “real women” as “caring” (Contemporary Sexuality, October 2006, p. 15). A further newspaper clipping presents a quote from a minister of the First Unitarian Church describing how the philosophy that sex is sinful has been imprinted in an individual’s DNA (Contemporary Sexuality, November 2006).

Despite changes in sexual behaviour and attitudes, as witnessed in reports of increased pre-marital sex in the last few decades, some research indicates that there has been a revival, particularly in the USA, of more conservative attitudes to sexual behaviour (Earle et al., 2007; Richards, 1999; Rose, 1999, 2005). This revival has occurred as a result of religious right political groups and strong social movements such as the Southern Baptist Church’s “virginity pledges” among adolescents and college students (Bearman & Bruckner, 2001, p. 860). Moreover, abstinence-only education is the only form of sex education taught at a third of American public schools (Doan & Williams, 2008). The emphasis of abstinence-based education is on limiting the risks to sexual intercourse (such as pregnancy and sexually transmitted diseases [STDs]) and not on the positive aspects of sexual experiences (Hogarth & Ingham, 2009; Ingham, 2005).

Several researchers exploring attitudes and views on masturbation argue that there are still lingering historical perceptions based on religious doctrines that masturbation is sinful and evokes shame and guilt (Davidson, Moore, & Ullstrup, 2004). A study exploring the influence of women’s religiosity on their sexual attitudes, including feelings of guilt surrounding masturbation, found that respondents who were more religiously active reported feeling more guilt about masturbating (Davidson et al., 2004). The authors concluded that it

appeared that sexual guilt is socially and religiously constructed. Another study by Davidson, Darling, and Norton (1995) found that out of 805 nurses surveyed, approximately 89% reported that they engaged in masturbation. The nurses that frequently attended religious services were more likely to perceive masturbation as a sin and as an unhealthy sexual practice. They were also more likely to report feeling ashamed when disclosing about masturbatory practices, and to feel guilty about masturbation. Other studies have found similar results with guilt experienced by women engaged in masturbating (Davidson, Eau, & Moore, 1994), as well as guilt and masturbating being associated with church attendance (Wyatt & Dunn, 1991).

What the majority of these studies have in common is that the feelings of guilt are experienced particularly in relation to masturbation, and not necessarily other sexual activities. A study conducted with 531 couples associated with evangelical Christian churches in the USA indicated that married couples on average experienced guilt infrequently (Derflinger, 1998). Sex guilt was defined as an experience of discomfort whenever internal sexual standards were dishonoured in thought and action. Women reported significantly more guilt than men, with a relationship existing between increased guilt and infrequency of orgasm (Derflinger, 1998). But these results yielded quite different responses in relation to masturbation, with sexual guilt positively correlated with masturbation.

Laumann et al. (1994) went beyond questions related to frequency of masturbation and explored the relationship between orgasm and masturbation. They reported a negative relationship between orgasmic ability and high religiosity, as 79% of women participants with no religious affiliation reported experiencing orgasm in masturbation compared to other groups (53%-67%) who had religious affiliations (Laumann et al., cited in Meston et al., 2004). An interesting difference in the result obtained by Laumann and colleagues (1994) was that substantial education level differences existed between the women's ability to attain

orgasm through masturbation. Tertiary educated women (87%) reported that they masturbated more often, achieved orgasm more often and reported finding more pleasure in masturbation, compared to the reports of women (42%) with a high school education. These results echo Alfred Kinsey's research in the 1950s which indicated that the higher the educational level, the higher the incident of masturbation in both females and males; in contrast, the stronger the religious adherence the lower the incidence of masturbation (Greenberg, Bruess, & Haffner, 2002; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). However, it is possible when examining the results of the abovementioned studies that women who have a higher educational level feel more at ease in providing information apropos masturbation than women with a lower level of education, thereby influencing the results.

The role of education and knowledge (the role of sexual education is discussed in the next section) appears to be a key factor and needs to be explored further. Laumann et al. (1994) hypothesised that better educated women (and men) have more secular views, more liberal views regarding sexual activity regardless of religious affiliation and also focus on pleasure as a goal of sexual activity. A study by Cowden and Bradshaw (2007) distinguished between different types of religiosity and sexual concerns and indicated that not all religious views are associated with sex guilt and masturbation discomfort. According to their study, the more conventional types of religiosity (what they referred to as intrinsic and extrinsic religiosity) were associated with increased guilt and discomfort with masturbation (Cowden & Bradshaw, 2007). Conversely, a third type of religiosity, which they referred to as "Religion as Quest" (p. 16), described individuals with an open-ended and enquiring approach to existential questions, such that the search for the truth is marked by questioning and rejecting long prevalent cultural attitudes, including those which frown on masturbation. 'Quest religiosity' was associated with lower levels of sexual guilt and masturbation

discomfort. An Australian study reported that individuals who attended religious services more regularly displayed more conservative sexual attitudes and behaviour, but religious individuals who attended services infrequently were more similar in their attitudes and behaviour to non-religious individuals (de Visser, Smith, Richters, & Rissel, 2007).

Inasmuch as the literature indicates a strong relationship between feelings of guilt and masturbation, the concern among feminist scholars, social science researchers and therapists focusing on female sexuality is that in order to avoid feeling guilty and engaging in behaviours that violate internal and external standards of sexual morality, women deprive themselves of knowing their bodies and their desires, which may contribute to lesser physical enjoyment of sexual activity. Not enjoying sexual relations not only affects the individual woman but affects her sexual relationship with her partner (Carpenter et al., 2009). The Study of Health and Relationships in Australia found that only two thirds of men and one third of women masturbated alone in the past year, with women under twenty being the least likely to masturbate (Richters & Rissel, 2005). A further study by Smith, Rosenthal, and Reichler (1996) involving Australian adolescents aged between 15 and 18 years found similar results. In both of these studies, female participants reported lesser physical enjoyment with partners compared to reports by their male counterparts.

The emphasis on masturbation as crucial to female sexual health is two-fold. It is a sexual skill to be learnt like any other (and as previously mentioned, is the primary method of orgasm for women) and it provides a woman with a sense of mastery and responsibility over her own body and pleasure rather than relying on her partner as the sexual expert (Dodson, 1996, as cited in Polonsky, 2001; Hogarth & Ingham, 2009). Consequently, women who orgasm on their own are more likely to orgasm with a partner. Hence, considering that prevalence studies investigating sexual difficulties in women indicate that orgasm difficulties rank among the first two difficulties women experience the most, masturbation remains

crucial for women to maintain their sexual agency (Cass, 2004; Fugl-Meyer & Fugl-Meyer, 1999; Laumann et al., 1999; Nazareth et al., 2003; Richters et al., 2003). As will be expanded on in the next section, sexuality educators and clinicians play a major role in sensitively addressing and assisting younger and older women about the role masturbation can have in their experience of sexuality, both with or without partners. Younger women need to have access to sexuality education that is not focused on prevention of disease and pregnancy, but on information that can promote sexual agency and the positive aspects of masturbation, whilst addressing issues evoking shame, anxiety and guilt. As for older women, the same would apply, as female life expectancy has reached 85 years (compared to men whose life expectancy is 79 years), resulting in the probability that women may be sexually active for more years, both with or without sexual partners (Australian Government Department of Health and Ageing, 2008).

Sex education in schools.

Sex education presumes that human sexual development is a learning process; hence sexual behaviour is typically learnt in the family, the classroom and from peers (Scott, 2005). Discourses related to sex education are imperative because they include and eliminate, allow and disallow, promote and stigmatise. Currently, sex education in Western countries is considered a political issue, with moral conservatism and liberalism disputing the benefits and pitfalls of each view (Askew, 2007; Jackson & Weatherall, 2010). Some research done in Australia, the UK and the USA indicated that despite young people's preference for parents and schools to be their source of information, their friends remain the most common source of sexual information (Scott, 2005). Other studies investigating the first sexuality information sources for women, however, reported that of parents, teachers and peers, parents were most often the first source (Ballard & Morris, 1998; Moore & Davidson, 1999). The results also

suggested that the measured variable of 'parents as first sources' was notably correlated with a number of safer sex behaviours in addition to more positive sexual attitudes.

Since the 1970s, sexual health and relationship education has been officially part of school curricula in most states in Australia (Gibson, 2007). Sex education discourse was underpinned by a paradigm of heterosexuality until the advent of the human immunodeficiency virus (HIV) epidemic in the 1980s mandated an acknowledgement of a greater variety of sexual practices and desires, with a focus on disease transmission. More recently there has been increased attention to comprehensive sex education that incorporates key components such as accepting young people as sexual beings, providing skills to enable them to control and enjoy sexual activity, and catering for the sexual diversity of students (Weaver, Smith, & Kippax, 2005). However as formerly noted, the influence of the Christian right socio-political movements and organisations in the USA has shaped a great part of the government's conservative abstinence-only approach to sex education. Various feminist scholars and social science researchers argue that abstinence-only programmes equate sex with fear and danger (by only focusing on pregnancy and HIV) and do not include proper information on STD prevention, contraception, masturbation and sexual orientation (Allina, 2001; Rose, 2005; Travis, 2008). The origin and rationale behind sex education is to curtail the number of unintended pregnancies and STDs (Gibson, 2007). Yet a study comparing the relationship between sexual health education and reproductive health statistics of young people aged 15 to 19 years in the USA, France, the Netherlands and Australia found that countries with sex-positive government policies (Australia, France and particularly the Netherlands) have better sexual health-related statistics (such as lower rates of teenage pregnancy, abortion, STD and HIV incidence, and higher use of contraception) than the one country with a primarily sexual abstinence-based policy, such as the USA (Weaver et al., 2005). Other studies have suggested similar conclusions, and have added that more open and

comprehensive policies may better equip young people with skills enabling healthier sexual behaviours (Brugman et al., 2010).

Furthermore, contemporary models of sex education lack information on the pleasurable aspects of sexual practices, on knowledge of the body, on sexual desire and arousal, on masturbation and orgasm, as well as how a healthy sexuality understanding can contribute to positive and satisfying healthy relationships (Allina, 2001; Shoveller et al., 2004). This is particularly so for women. A qualitative study with undergraduate female students who attended a feminist informed sexuality course noted that prior to taking the course the participants' information on sexual issues was largely negative and limited (Askew, 2007). A participant verbalised how her lack of knowledge about herself sexually made her very dependent on the opposite sex and how her experience of sexual intercourse was not "just about sex, it was about my self-esteem and stuff like that, so it is deeper than sex . . ." (Askew, 2007, p. 260). A similar study conducting a class discussion with university students on women's sexual problems found that a Puritan ethic (or a Protestant ethic) pervaded many of the students' knowledge of health and sexuality (Loe, 2008). Specifically, female students reported having received ambivalent messages about what constitutes female sexuality as well as messages devoid of the mention of sexual pleasure.

The primary feminist critique of sexuality education in schools is related to how gender binaries are pervasive in the manner in which sex is represented to students (Jackson & Weatherall, 2010). These binaries strengthen heterosexuality and coital sex, positioning masculinity and men's needs as the primary goal in sexual relationships (Holland, Ramazanoglu, Sharpe, & Thomson, 2000). Fine (1988) argues that sex education ignores female sexual desire, focusing rather on male desire and thereby depriving adolescent women of a sense of sexual subjectivity and responsibility. As women are sent powerful messages that they do not have the same desire as men, culture (represented by institutions, media and

everyday language) creates a self-fulfilling prophecy. Women are socialised to discount their own bodily experiences of sexual desire because they do not have the cultural foundation to acknowledge or interpret such feelings and experiences (Tolman & Diamond, 2001).

Moreover, feminist scholars and social science researchers assert that, particularly from a Christian perspective, women are viewed as less controlled by their sexuality and desire than men and so are considered more responsible for both their own sexual behaviour and that of men (Rose, 2005). As previously discussed, although Eve (representing women) was regarded as the less sexually responsible individual, motherhood (represented by the Madonna) promoted women's image as the responsible caretaker of the family. Moreover, during the last two decades of the 19th century, the social purity movement arose in the UK (Morgan, 2007). This movement emerged amidst a rising culture of juvenile prostitution and divorce scandals and consisted of powerful religious lobby-groups that wanted to strengthen Christian norms of sexuality, marriage and family life. The social purity movement was initiated and carried out by women who re-appropriated Christian categories of pious motherhood and female virtue, designed to combat male sexual impurity by promoting religious expectations of male sexual restraint (Morgan, 2007).

Embedded in abstinence-only sex education are gender stereotypes underpinned by Christian values that position young women as having to preserve their virginity against sexually aroused young males; men are still characterised as the sexual aggressors (Hyde & Jaffee, 2000). Thus, "for girls sexual behaviour is seen as containable, for boys inevitable" (van Roosmalen, 2000, p. 214). The focus on sexual intercourse further emphasises the 'coital imperative', which works against egalitarian sexual relationships and the sexual empowerment of women, since it highlights male needs and eliminates other sexual practices like masturbation, petting and oral sex (Jackson & Weatherall, 2010). Excluding these other sexual practices not only deprives women of sexual behaviour, which is significantly

associated with sexual pleasure, but also disregards this 'safe' sex behaviour as an alternative to the abstinence-only approach. Even in sex education programmes that are not based on abstinence from sex, such as in Australia and New Zealand, young people's accounts of the focus of the programmes is on unwanted pregnancy, STDs, reproduction, unwanted sex, and puberty (Jackson & Weatherall, 2010; Marie Stopes International, 2008). Discourses of sex as pleasurable, emotional aspects of sex, sexual decision making (responsibility) and same-sex sexuality are not being addressed sufficiently, such that only a minority of sexuality education programmes advocate the idea that positive experiences of sexual pleasure and desire are fundamental to young women's and men's sexual health and well-being (Allen, 2004, 2005; Hillier & Mitchell, 2008; Ingham, 2005). Feminist scholars and social science researchers argue that safety and pleasure in sexuality education are not mutually exclusive and that if young women are more knowledgeable and more comfortable about their sexuality, their bodies and about their own pleasure, then they could be better equipped to not engage in unwanted and undesirable sex (Ingham, 2005; Jackson & Weatherall, 2010).

Hitherto, the current review has appraised the literature concerning the sexual socialisation of women and men and the attitudes of individuals and society (including religious institutions and the media) regarding the 'natural' position of sexual intercourse in relationships. Additionally, the role of sex education at school has been reviewed and considered as another contribution to the differing sets of sexual values by which women and men are raised. Feminist scholars and social science researchers conclude that whilst individuals continue to internalise existing and historical sexual values that consider women's sexuality and sexual preferences as subordinate to the sexual desire of men, women's experience of their own sexuality remains impacted, often manifesting in sexual difficulties. The current review continues by exploring other aspects within the context of women's lives that may impact their sexual experience. Such aspects include women's as well as the

media's perceptions of the female physical body, the experience of being a mother and its outcome for women's sexuality, and the relational facets of women's sexual experiences. In the next section however, rules about sexual behaviour for women and men that are prevalent largely in educational environments and the impact they have on women's experience of their sexuality, will be examined.

Sexual double standards.

“Sexual reputations can regulate behaviour, knowledge and expectations, since they are constituted through very powerful normative conceptions of what it is to be masculine and feminine” (Holland, Ramazanoglu, Sharpe, & Thomson, 1996, p. 239). Feminist scholars and social science researchers argue that traditionally women and men have been governed by unequal ‘rules’ for guiding sexual behaviour (Crawford & Popp, 2003). Women have been stigmatised for engaging in pre-marital sexual activity whereas men were often rewarded for (such as gaining prestige and status in the eyes of their peers) or expected to have sexual intercourse before marriage (Baumeister & Vohs, 2004). Hence, the different standards of sexual permissiveness for men and women are known as the sexual double standard. The consequences to transgressing these sexual gender-based norms or social expectations are expressed through the action of labeling (Shoveller et al., 2004). For a young woman to engage in sexual activities with different partners might mean that she will be labeled a ‘slut’, ‘slag’, ‘tart’ or an ‘easy lay’ (Foreman & Dallos, 1992). “It is the lowly, dirty, sleazy quality of the slut that marks her out, a quality that suggests that overt sexuality in women is precisely not ‘classy’” (Attwood, 2007, p. 238-239). Also, negative labels are more often applied to young women (slut), while less derogative labels are applied to young men, such as “he’s a player” (Shoveller et al., 2004, p. 482). In discovering adult sexuality, young women have been pressured into safeguarding their reputations and been faced with the

Madonna/whore dichotomy in that they were either virginal and pure or promiscuous and easy (Crawford & Popp, 2003; Holland et al., 1996).

Although expectations by social science researchers that the demise of the sexual double standard would ensue after the sexual revolution and the women's movement, there is still much disagreement about its status (Crawford & Popp, 2003; Gentry, 1998; van Roosmalen, 2000). A study reporting on the sexual behaviours and attitudes of college students at a large university in the USA over a twenty-year period (1965-1985) found that there was a continuing liberalisation for both female and male students, with female students showing a large shift in their sexual permissiveness and a steady decline in the negative attitude toward pre-marital sex (Robinson, Ziss, Ganza, Katz, & Robinson, 1991). However, when considering promiscuity, the authors reported that both females and males viewed promiscuity as both immoral and sinful compared to reports from the 1970 study. Moreover, both female and male students considered promiscuous females less moral. Similarly, McCormick argues that the sexual double standard, although modified by images allowing women to wear and remove suggestive clothing, remains the dominant cultural script in popular television programmes; men remain preoccupied by women's bodies and use various means to initiate sexual activity and women are valued primarily for their appearances (McCormick, 2010).

In an interview-based study with 40 females and males aged 18-24 years, researchers explored socio-cultural influences on young people's sexual development and found that study participants recounted how adolescent experiences had taught them to judge young women more harshly than young men if they were perceived to have transgressed social norms (Shoveller et al., 2004). In explaining the basis for this judgment distinction between the women and men, participants suggested the following; as girls mature faster than boys, they *should* know better than to get themselves into difficulties; that since it is girls' bodies

that experience pregnancy, they *should* protect themselves no matter what; and that since girls are the ones more likely trying to attract partners (with the way they dress and wear make-up) they *should* protect themselves. Other studies also suggest that the responsibility of avoiding pregnancy and preventing STDs is perceived to be owned by young women (van Roosmalen, 2000).

Conversely, a study with 165 unmarried women exploring the sexual double standard at a Canadian university found that respondents gave mostly negative labels to both men and women who were highly sexually experienced (Milhausen & Herold, 1999). This sample also labeled the men as ‘sluts’ or ‘players’, and described the latter word as depicting manipulative and exploitative men. Moreover, the researchers argued that contrary to the assumption (primarily by feminist scholars) that the sexual double standard originated within a patriarchal culture, it was the women who judged other women’s sexual behaviour more harshly. Similarly, a review of multiple sources evaluating theories about the cultural suppression of female sexuality concluded that it is women who have stifled each other’s sexuality because sex has historically been a limited resource that women use to negotiate with men, and scarcity of sex gives women an advantage (Baumeister & Twenge, 2002). Social exchange theories suggest that “the woman gives sex and the man gets it” (Baumeister & Vohs, 2004, p. 355). Accordingly, cultural systems protect girls from losing a valuable resource, whereas boys’ sexuality does not have much exchange value. Still, it is perhaps because of a social discourse that portrays men as needing sex more than women, that women’s sexuality may become an important resource to men, which women can use to exert power (Foreman & Dallos, 1992).

However, other studies demonstrate that although the traditional sexual double standard is not always evidenced, it is a multidimensional phenomenon that may operate at a subtler level and be unnoticed by the methods used to study it (Crawford & Popp, 2003).

Gentry (1998) explored the operation of the sexual double standard by surveying 254 undergraduate men and women at an U.S. university and reported that participants rated the targets described in a fictitious interview as good or bad depending on the target's level of sexual activity and relationship type, rather than the target's gender. Nevertheless, the study did find other aspects of the double standard in that male participants rated both male and female targets with average and above average sexual activity levels as more appealing, while female participants found the female targets with the lowest sexual activity level as the most appealing. Moreover, the author suggested that although some empirical support based on quantitative studies for the demise of the sexual double standard does exist (see Crawford & Popp, 2003, for a review and critique), anecdotal evidence suggests that a sexual double standard operates in the daily lives of some students (Gentry, 1998). For example, the student participants attending the university where Gentry (1998) conducted the aforementioned study reported an awareness of a phrase known as the "walk of shame" which is used in conversations to refer exclusively to female students returning to their rooms after having spent the night at a male student's room (p. 511).

Another dimension of the sexual double standard is how the type of relationship a woman is involved in will determine the way she will be perceived by her peers (Crawford & Popp, 2003; van Roosmalen, 2000). The longer and more committed the relationship the woman is involved in, the less the double standard will be applied. Men also seemed to judge women's sexual behaviour more restrictedly when asked to view the target (female) as either a marriage partner or a casual sex partner, with females who say 'no' to sex being viewed as more appealing for long-term relationships (Gentry, 1998). A qualitative textual analysis of 875 letters written to a magazine targeting adolescents suggested that girls would risk their reputations and pregnancy by having sex in exchange for romantic love or a committed relationship, such that this constitutes the only grounds on which sexual activity may be

“pardoned” (van Roosmalen, 2000, p. 214). Accordingly, the underlying assumption is that men want sex and women want love (Holland et al., 1996). Other studies concur and suggest that girls are introduced to fairy tales and romances at a very early age, so that the narratives that young women use to describe their sexual experiences are informed by a dominant cultural romantic narrative, characterised by accounts of love, intimacy, commitment and trust (Averett, 2005; Milnes, 2010; McHugh, 2006). Thus, the review by Crawford and Popp (2003) concluded that, with the exclusion of some religious and ethnic minorities, an absolute standard of pre-marital female sexual abstinence is rare. Rather, contemporary heterosexual double standards are local social constructions that involve continuous negotiation and meaning making within specific social groups.

Exploring other countries, a cross-cultural review presented findings of sexual attitudes and the sexual double standard from three different places, namely Finland, Estonia and Russia (Haavio-Mannila & Kontula, 2003). Results indicated that sexual life in Estonia and St Petersburg in the 1990s resembled that in Finland in the 1970s. The researchers found the prevalence of a double standard and a wide gender gap in St Petersburg and to some extent Estonia (even amongst the young respondents), and concluded that this was due mainly to a male dominated sexual culture, a lack of sex education and limited contraception. Finland, by comparison, represented a far more egalitarian sexual culture. In response to the research dimension of women taking the sexual initiative, women were still more reserved than men in Finland. There was almost no difference in the sexual satisfaction reported by both young women and men, suggesting that egalitarian sexual attitudes were positively associated with sexual satisfaction (Haavio-Mannila & Kontula, 2003).

Although the literature points towards shifts in conceptualisations of the sexual double standard, feminist scholars and social science researchers emphasise that the sexual double standard is often internalised and used by women to evaluate themselves, placing

them in a compromised situation (Crawford & Popp, 2003; Milnes, 2010). Women receive very ambivalent messages about their sexuality such as young women learning to be sexy but saying ‘no’ to sex; being feminine and passive but not sexual; being depicted as sexual objects yet rejected as ‘sluts’ when expressing their sexuality; and encouraged by the media and peers to participate in first sexual intercourse (which is considered a normative event) but discouraged by parents and religious organisations (Averett, 2005; Holland et al., 1996; Moore & Davidson, 1997; Shoveller et al., 2004; Wood et al., 2006). Hence, women often conform to the standards imposed by their social milieu and deny their own sexual urges, sacrificing their sexual autonomy for social desirability, often resulting in negative sexual identities (Crawford & Popp, 2003). As noted earlier, young women may risk pregnancy and reputation in exchange for being in a committed relationship, while others may risk unprotected sex because restrictive socio-sexual norms may interfere with their choice of providing a condom and being considered socially undesirable (Hynie, Lydon, & Taradash, 1997). Feminist scholars and social science researchers refer to socialisation processes as still being entrenched in well-rehearsed cultural discourses such as sex education and attitudes regarding sexual double standards (Nicolson & Burr, 2003). Such discourses position male sexual drive as biological, active and always demanding of sexual satisfaction as compared to female sexuality, which is regarded as passive and as a response to male sexual desire. Consequently, women’s own desires, active participation and agentic capacities fail to develop unequivocally within such environments. An added consequence of these discourses is how women’s sexual bodies are positioned, which is explored in the next section.

Women’s sexual bodies.

Feminist scholars and social science researchers propose that individuals are always *embodied* in a social context so that the way an individual sees her or his body or other’s bodies, or the way they engage sexually is influenced by socio-cultural locations and

biographical histories (Jackson & Scott, 2001). Studies show that one of the prominent sources of sexuality information for individuals is the media, including television, magazines, print media, films, music videos, pornography and the internet (Ballard & Morris, 1998; Wright, 2009). Many feminist scholars and social science researchers argue that popular media often perpetuates young women's social subordination by teaching girls how to be women according to the prevailing cultural standards (Brugman et al., 2010; Carpenter, 1998; Daniluk, 1993). The media operates as a dominant means of setting socio-cultural norms (Nowatzki & Morry, 2009). A study researching the effects of mainstream entertainment mass media on youth sexuality suggested that adolescents are often exposed to sex stereotyped portrayals of human sexuality (Wright, 2009). Magazines such as *Cosmopolitan* emphasise centrefold looks, suggesting that women should look like supermodels and that if women know what to do, fantastic sex may result (Johnson, 2007). A study using a quantitative content analysis of four popular media (television, movies, magazines and music) amongst over 3000 Black and White adolescents (12-14 years) found that less than half a percent of the content depicted sexually healthy behaviour (Hust, Brown, & L'Engle, 2008). When qualitatively analysing the health content across all four media, the researchers found that the content was either inaccurate or ambiguous, used humour to undermine sexually responsible behaviour and reinforced gender stereotypes. For example, men were depicted as obsessed with sex and sexual performance and women as the ones responsible for giving access to sex as well as for the consequences of engaging in sex (pregnancy, STD prevention and contraception). The study also found themes of sexual violence. The authors concluded that on a positive note, there were topics previously tabooed, such as masturbation that are being discussed more. Yet, the focus was more on how males masturbate to improve performance, rather than how young people can explore their sexuality without the risk of pregnancy or STDs.

Objectification theory posits that women are acculturated into internalising an observer's perspective as the main view of their physical selves, muting subjective experience and increasing opportunities for bodily anxiety and shame (Fredrickson & Roberts, 1997). Hence, sexual objectification occurs when women are treated as objects or bodies only for the pleasure of others. Particularly in Westernised societies, there is a concern with the physical appearance and attractiveness of women as witnessed by the abundance of sexual images of women's bodies (Nowatzki & Morry, 2009; Weinberg & Williams, 2009). A content analysis of sexual rhetoric in editorial photographs contained in issues of the male-oriented magazines *Maxim* and *Stuff* found that the content framed sexuality and sexual practice in a manner that privileged heterosexuality and objectified women (Krassas, Blauwkamp, & Wesselink, 2003). Nowatzki and Morry (2009, p. 96) cite studies by Hawkins, Richards, Granley, and Stein (2004), Stice and Shaw (1994), and Tiggemann and Pickering (1996) indicating that exposure to sexually objectifying media has been correlated with disordered eating patterns and greater body dissatisfaction. A higher prevalence for depression has been associated with exposure to sexually objectifying media (Harrison & Fredrickson, 2003; Tolman, Impett, Tracey, & Michael, 2006; Weinberg & Williams, 2009). In addition, exposure to sexually objectifying media may be associated with a greater acceptance of sexually objectifying ideas about women. A study by Zurbriggen and Morgan (2006) exploring sexual attitudes and behaviours of undergraduates who watched reality dating television programmes proposed that greater exposure was correlated with adversarial sexual beliefs, the belief that physical appearance was important for dating, the endorsement of a sexual double standard and the belief that men are sex-driven.

Body image concerns have also been shown to affect women and men's sexuality. Sanchez and Kiefer (2007) investigated whether body shame was related to sexual problems and pleasure among 320 women and men, ages ranging from 17-71 years. Their findings

indicated that although women were significantly more likely to describe physical appearance concerns, for both women and men appearance concerns negatively affected sexual pleasure and promoted sexual problems. Another study of 184 heterosexual adults examined the role of nudity and how it affects sexuality, intimacy and pleasure when individuals attempt to align their nude bodies with cultural values (Weinberg & Williams, 2009). The researchers found that both women and men who were comfortable with their nudity were likely to experience their sexual activities as more enjoyable and to view a variety of sexual practices as appealing. Still, only women reported that nudity heightened their identification with the body and how they were evaluated, which hindered their sexual enjoyment and intimacy. A female participant was quoted as saying, "I feel like my partners probably compare me to sexy females portrayed by the media. I don't feel like I have much choice in measuring up" (Weinberg & Williams, 2009, p. 59). Some women in the study though reported that feelings of objectification could be modified through positive and trusting relationships with partners. On the other hand, feelings of objectification did not affect men's sexual pleasure, although the size of the penis was a concern that was expressed by a few male participants. The researchers proposed that male embodiment centres on the penis rather than the appearance of the whole body as is the case for women (Weinberg & Williams, 2009). Similarly, another study exploring the factors that women perceived as "enhancers" or "inhibitors" of sexual arousal found that feeling comfortable and positive about one's body was frequently reported as a factor facilitating sexual arousal (Graham et al, 2004, p. 527).

Further studies assessing the importance of body appearance as a factor in sexual satisfaction and success have reached analogous conclusions. A study with 488 respondents consisting of a non-clinical and a clinical group with sexual problems in Portugal, found that women with sexual problems endorsed body image beliefs such as "women who are not physically attractive cannot be sexually satisfied" (Nobre & Pinto-Gouveia, 2006, p. 74). This

study however, utilised non-random methods of sample collection and so generalisability is cautioned. Likewise, researchers Seal, Bradford, and Meston (2009) presented findings indicating that higher body esteem was positively related to self-reported measures of sexual desire. In particular, measures assessing sexual attractiveness and body weight concerns (which relate to characteristics that are publicly evaluated) were predominantly associated with sexual desire.

Some studies present different findings, such as a study conducted in Australia that randomly selected participants from the telephone directory and mailed out questionnaires (Davison & McCabe, 2005). From the 437 returned and completed questionnaires (resulting in an over-all response rate of 49.83%), there were no gender differences in ratings of the *perceived* importance of physical appearance and attractiveness. Nonetheless, the researchers suggested that body concerns were generally more prevalent among women as results indicated that women were more concerned about how others evaluate them (Davison & McCabe, 2005). Other exceptions included middle age men (30-49 years) with negative body images who reported problematic social and sexual functioning as well as depression and anxiety symptoms reported by some women and men in late adulthood (50-86 years).

A feminist commentary in response to the American Psychological Association's (APA) report of the *APA Task Force on the Sexualisation of Girls*, which addresses the sexualisation of girls via the media and other cultural messages, both applauded and critiqued the report (Lerum & Dworkin, 2009). A relevant point here is that although sexualised imagery of women and women's bodies is available in more places than ever before, these representations have also moved from only thin and passive sexualised ideals to include images of strong, empowered and more muscular ideals. Further, personal and financial independence, as well as sexual agency are also sold to women through sexualised bodily signifiers used to sell products such as clothing, sneakers, make-up and more, thus shifting

media images of women from objects of desire to empowered sexual subjects (Lerum & Dworkin, 2009). Corresponding with the argument that women internalise sexual double standards, feminist scholars and social science researchers remain primarily concerned that women, in societies where sexual objectification of women is rampant, find it difficult to define their sexuality in subjective ways that focus on their feelings rather than the presumed values of an external audience (Nowatzki & Morry, 2009). Future research could explore and monitor social influences that negatively impact on women's experiences of sexuality and sexual expressiveness from women's perspective, thus encouraging empowerment and sexual health.

Yet another aspect of women's sexuality that is impacted upon by the cultural values of mainstream society relates to the social roles that women appropriate. In particular, the role of mother eventuates in often major changes for women's psychological and physical experience of both their bodies and sexual relationships. Consequently, the next section of the current review explores some of the theories connected with the differing social roles of women and men, and the factors contributing to and impacting on women's sexual experience within these roles.

Gender roles and women's sexuality.

A number of theories in psychology address gender differences in social roles and sexuality from diverse perspectives, such as evolutionary psychology, social learning theory, the gender similarity hypothesis and social structural theory. Evolutionary theorists posit that women and men differ psychologically and tend to occupy differing social roles because of sex-specific evolved adaptations (Buss, 2005). Primarily, women focus on selecting mates that would provide resources to ensure the survival of their offspring and successful transmission of genes, while men desire multiple short-term sexual partners to ensure as many sexual unions as possible to pass on their genes (Buss & Schmidt, 1993). The

differences are due to women being limited in their capacity to give birth to and care for a limited number of children while men are not limited in reproductive capacity. These differences contribute to women and men differing in their sexual preferences, their selections of mates, and the social roles they occupy.

Social learning theory proposes that individuals learn how to behave by observing other people and modelling the behaviour (Bandura, 1986). Initial learning takes place within the family home and family unit. As individuals mature, other forms of modelling become gradually more significant. In terms of sexuality, television, internet and other media exposure have contributed to sexual images and behaviours becoming increasingly common in countries the world over (Petersen & Hyde, 2010). Research indicates that more sexually permissive attitudes and behaviours have been associated with increased media exposure (Chia 2006; Wells & Twenge, 2005; Zurbriggen & Morgan, 2006). According to social learning theory, women imitate the images they are exposed to and the gender gap in sexual behaviours is likely to decrease (Petersen & Hyde, 2010). Oliver and Hyde (1993) found a decrease in gender differences on measures of sexual attitudes and behaviours in sexuality from 1975 to 1990. These gender differences included, amongst others, incidence of masturbation, permissive attitudes towards casual sex, age of first intercourse and age of first intercourse. However, other studies question the role of social learning theory in the relationship between exposure to media and effects on behaviour and suggest that numerous factors mediate effects on behaviour (Durham, 1999; Roberts & Good, 2010).

The gender similarity hypothesis predicts that women and men are mostly similar in psychological variables but for a few exceptions (Hyde, 2005). In terms of sexuality, the differences found were in frequency of masturbation and attitudes to casual sex (Oliver & Hyde, 1993; Petersen & Hyde, 2010). This hypothesis argues that over-inflated claims of gender differences, notwithstanding the academic concern, have costs to both genders in

areas such as work, parenting and relationships (Hyde, 2005; Reskin, 1991). For example, claims of large gender differences reify the stereotypical view of women as nurturing and men as not, excluding men from the idea that they can be nurturing in their roles as fathers. In relationships, assumptions about large gender differences may contribute to the erroneous belief that men and women just cannot communicate and live harmoniously together.

In contrast, social structural theorists argue that because women and men occupy different social roles, they develop in psychologically different ways to adjust to their social roles (Eagly & Wood, 1999). In particular, gender differences are due to the division of labour and the disparity in power resulting from men occupying the role of breadwinner and women the role of homemaker. In many societies, women still experience lower wages, still perform more domestic work than men, are still concentrated in different occupations, and are less represented in the highest organisational levels (Desmarais & Curtis, 1997; Eagly & Wood, 1999; Firestone & Shelton, 1994; McKeen & Bu, 2005; Noonan, 2001; Reskin, 1991; Wilkie, Ferree, & Ratcliff, 1998; Wright & Baxter, 2000). For example, according to the Australian Bureau of Statistics (2010), female earnings were 89%-93% of male earnings, resulting in a gender wage gap of up to 11%.

Social structural theorists agree though that physical sex differences in interacting with ecological and social conditions have influenced the roles assumed by women and men, as particular activities are more successfully accomplished by one sex (Eagly & Wood, 1999). Men's greater size and strength influences their role occupancy and anthropologists have argued that men typically specialised in activities such as herding and warfare that yielded greater power, wealth and status (Ehrenberg, 1989; Harris, 1993). Thus, men's adjustment to roles that yield more power and status results in more dominant behaviour, which can be assertive, controlling, autocratic, relatively directive, and may include sexual control (Eagly & Wood, 1999). Women's adjustment to roles with less power and status on

the other hand, produces more subordinate behaviour such as compliancy to social influences, cooperation, conciliation and a lack of sexual autonomy. In relation to sexuality, social structural theory argues that gender inequality of power adds to the idea that women are the objects of men's sexual desire (Hekma, 2008; Petersen & Hyde, 2010; Reynaud, 2002). For example, in many Western countries until quite recently the laws did not forbid rape in marriage because it was the husband's right to have sex with his wife (Temkin, 2002). A pertinent precedent relates to the state of New South Wales in Australia being the first state to reform the sexual assault laws in 1981 (Kift, 1995; Temkin, 2002). Men's more dominant behaviours may contribute to the devaluing of women as sexual objects, leading to more casual sexual relationships (Eagly & Wood, 1999). However, because women have less power and still less earning capacity than men, they rely more heavily on long-term commitments with men that can act as providers (Cacchioni, 2007).

Moreover, women and men attempt to accommodate to these roles by acquiring role-related skills. These roles favour a pattern of psychological attributes and social behaviour, such as nurturing behaviours that facilitate child-care and care for others. A case in point is Feingold's (1994) meta-analysis that found women to be more tender-minded (for example, more nurturing) than men. Although the study found personality differences such as men being more assertive than women, the origins of these differences are not attributed to one particular theory. Additionally, the characteristics that are necessary to perform sex-typical tasks develop into stereotypical ideas about women and men (Eagly & Wood, 1999). Through social interactions, individuals communicate gender-stereotypical expectations, which can evoke in the recipient behaviour that confirms these expectations. Hence this identification with the socially constructed idea of gender guides an individual's behaviour, so that she or he conforms to the gendered expectation in a manner that is compatible with

the gender's construction in a specific social context (Bohan, 1993). These expectations can also be internalised as part of the individual's personality and self-concept (Feingold, 1994).

Studies of women's and men's sexual self-views (or sexual self-schemas) found that men's sexual self-views (unlike women's), included traits akin to agency, such as aggressive, powerful, domineering and individualistic traits within sexual areas (Andersen & Cyranowski, 1994; Andersen, Cyranowski, & Espindle, 1999; Andersen, Cyranowski, & Aarestad, 2000). Another study exploring changes in gender-role attitudes and behaviour across the first time transition to parenthood, found that female and male parents showed changes in gender-role attitudes following the birth of a child (Katz-Wise, Priess, & Hyde, 2010). These gender-role attitudes became more traditional over time and the authors propose that societal pressures to conform to the role of mother for women and the role of provider for men may have contributed to these attitude changes.

Sexuality is a lifelong experience that is impacted by multiple transitions (Trice-Black, 2010). For example, childbirth produces a more permanent shift from spousal roles to parental roles resulting, in the prominence of sexuality (Bozon, 2001). Studies investigating how differing social roles for women and men influence women's sexuality have focused on the effects of motherhood and family care-taking, as well as how paid employment and domestic work can impact this role. A study exploring how women and men perceive motherhood and sexuality when applied to women, found that both quantitative and qualitative analyses demonstrated that both women and men perceived a split between the two (Friedman et al., 1998). Results indicated that the more sexual a woman is perceived to be, the less she is perceived as a good mother. Or, that to be a mother is to not be a sexual being (Butcher, 1999). The perception related to the negative correlation between being sexual and being a good mother was somewhat stronger among men than women, and stronger among parents involved in active parenting than in older parents (Friedman et

al.,1998). Although the study does not indicate what theoretical perspective is responsible, the study does demonstrate the existence of deeply rooted sex role norms and stereotypes.

Feminist scholars and social science researchers argue that women in heterosexual relationships who are mothers are caught in two powerful ideological constructions (Croghan, 1993). On the one hand, the sexual relationship between women and men is characterised as equal and mutually rewarding, whilst on the other hand mothers are cast into the primary caretaking role with father's parenting role characterised as optional. Bozon (2001) argues that it is at childbirth that the specialisation of female and male tasks within the division of domestic labour becomes increasingly reinforced, thus escalating the share of work done by women. Croghan (1991) examined the experiences of new motherhood in women (aged 17-33 years) and found that participants were struggling to make sense of their anguish at their partner's failure to share the parenting work, as well as their own perceived failure in living up to the ideal of 'good motherhood'. Feminist scholars and social science researchers propose that women are isolated in their mothering role, as there is a societal assumption that the support they need will be found within the nuclear family; however, mothers participating in the study by Croghan (1991) reported experiencing motherhood as an increased workload and as stressful due to lack of support. Not all studies present similar findings though as a study in Australia reported contrary findings (McVeigh, 1997). Using a survey measure and employing content analysis, McVeigh (1997) found 79 first-time mothers cited their partners as the main support during the first few weeks of motherhood, although only a follow-up study would determine whether this support remained as infants developed.

The increased workload associated with motherhood was similarly found by researchers examining the effect of the transition to parenthood on the division of labour among married couples (Sanchez & Thomson, 1997). Using samples based on the National Survey of Families and Households in the USA, the researchers found no effects of the new

fatherhood role on husband's housework and only a small effect on husband's paid employment due to a second child. However, motherhood substantially increased wives' domestic work and curtailed employment, leading researchers to posit that motherhood is still linked to the primary responsibility of parenting and household management.

The experience of motherhood, with its increased workload and corresponding lack of time due to parental responsibilities, contributes to tiredness and fatigue (Bick & MacArthur 1995, cited in De Judicibus & McCabe, 2002; Callahan, Sejourne, & Denis, 2006; McVeigh, 1997; Thompson, Roberts, Currie, & Ellwood, 2002). Fatigue, especially in pregnancy and the postpartum period, has been associated with loss of sexual desire (Convery & Spatz, 2009; Reamy & White, 2009; Symon, Glazener, MacDonald, & Ruta, 2003; Trice-Black, 2010). Similarly, at four months post-partum, fatigue has frequently been cited as a reason for lack of sexual desire, infrequent sexual activity and lack of sexual enjoyment (De Judicibus & McCabe, 2002; Hyde, DeLamater, & Hewitt, 1998; Hyde, DeLamater, Plant, & Byrd, 1996). Indeed, Hyde et al. (1998), in their study investigating sexuality in the dual-earner couple, suggested that the most striking finding of their longitudinal study with over 500 women and their partners, was the extent to which women's fatigue was associated with decreased sexual desire at all three points of data collection, namely one month postpartum, four months postpartum and 12 months postpartum. The other salient finding was that there were no differences between employed women and homemakers in their reported levels of fatigue.

Major physiological changes occur after birth for all women, some which include pelvic and vaginal trauma, incontinence and dyspareunia (genital pain during or after sexual intercourse) related to the birth and surgery (Convery & Spatz, 2009; O'Reilly, Peters, Beale, & Jackson, 2009; Williams, Herron-Marx, & Knibb, 2007). Additionally, during the period of breastfeeding women can experience a number of sex-related problems such as vaginal

dryness, increased nipple sensitivity, dyspareunia, leaking milk, decreased arousal and erotic feelings while breastfeeding, all of which are related to hormonal and physical characteristics of breastfeeding (Avery, Duckett, & Frantzich, 2000; Bertozzi, Londero, Fruscalzo, Driul, & Marchesoni, 2010; Callahan et al., 2006; Convery & Spatz, 2009). A study seeking to describe various aspects of sexuality for *primiparous* (women having a first child) breastfeeding women reported an association between breastfeeding duration (3 to 6 months) and decreased sexual arousal and satisfaction, compared to women who ceased breastfeeding one month post birth (Avery et al., 2000). Another experience related to breastfeeding is that because of the constant tactile stimulation between mother and baby, mothers may not desire any additional touching by partners (Jordan & Wall, 1993). This can lead to partners feeling excluded and resentful of the mother-baby bond. Moreover, the return to sexual intercourse following the birth of a child can be a difficult challenge for women (Convery & Spatz, 2009). A review of the sexual advice literature written by healthcare providers on breastfeeding during the past 30 years suggested that a societal view exists that women need to return to intercourse within 'normal' timing, where 'normal' could refer to pre-birth frequency of sexual activity or the frequency desired by the partner (Saha, 2002). Similarly, a qualitative study involving 26 women explored their subjective importance of sexuality and their contentment with their sex life during pregnancy and the postpartum period (Trutnovsky, Hass, Lang, & Petru, 2006). Participants reported having disagreements with their partners regarding sexual desire and needs. For example, some women described feeling pressured by their partners to have intercourse whilst others perceived that their partners neglected their sexual needs. Other women also described being worried about displeasing their partners sexually due to their decreased sexual desire during and after pregnancy (Trutnovsky et al., 2006).

A recent phenomenological qualitative study sought to describe mothers' perceptions of their own sexuality within the context of motherhood (Trice-Black, 2010). This study, unlike previous ones, interviewed mothers with younger children as opposed to other studies interviewing mothers during the postpartum year. The researcher presented a number of themes emerging from participants' narratives describing their experience of sexuality.

Firstly, narratives related to the change in the mothers' body shapes and the mothers' (particularly employed mothers') struggle to find the time to exercise and focus on self-care. Mothers described struggling with the image, function and role of their breasts, as pre-birth breasts were associated with sexuality and sex, and post-partum breasts were associated with breast-feeding and motherhood. Thus, the struggle pertained to the dichotomous function of the breast as a nurturing and nourishing part of the body as well as a sexual part of a woman's body, paralleling the struggle for some women between their role as a mother and their role as a sexual being. Secondly, participants' narratives highlighted their struggle with competing needs in the family, such as the baby's, the partner's and their own needs. In particular, the changes in their sexual relationship due to being worried about being interrupted during sex, being too tired to desire sex (and faking orgasm so as not to disappoint their partners), feeling stressed due to a constant lack of time to accomplish tasks and desiring more support and affection (Trice-Black, 2010).

Thirdly, Trice-Black highlights participants' struggle with their perceived unrealistic expectations about being 'good mothers' or the illusion that they could fulfil everyone's needs perfectly and not feel conflicted about it. Similarly, McVeigh (1997) reported that her participant first-time mothers commented that they had had no preparation for the loss of personal time and space, the level of fatigue they experienced and the unrelenting demands of infant-care. Participants referred to a 'conspiracy of silence' in society where the realities and difficulties of motherhood were not acknowledged (McVeigh, 1997). Lastly, participants in

Trice-Black's (2010) study struggled with the difficulties in transitioning from paid workers to mothers. The struggle involved the many roles that women fill, for example leaving a satisfactory full-time successful career to working part-time. This transition did not always bring about the same level of work-related satisfaction. In considering work-role quality and sexual satisfaction, researchers found that it is the quality of the work done (such as how rewarding or stimulating it is), rather than the time spent working that impacted the most on sexual satisfaction (Hyde et al., 1998). Hence, the transition to motherhood encompasses a whole range of other transitions, which may affect a woman's perception and experience of herself as a sexual being and partner.

In summary, feminist scholars and social science researchers suggest that fatigue as well as overwork related to the multiple roles that women fulfil in society (such as being mothers, being responsible for more of the domestic work than men, and working in paid employment) contribute to fatigue and a lack of sexual interest (Candib, 2001). For example, if a woman is angry with her partner for not sharing equally in domestic work, it can be experienced as a loss of sexual desire or sexual difficulty, such as inability to orgasm. Sheer exhaustion can also contribute to a lack of sexual desire. Australian research into domestic work found that even when women work full time, their male partners perform only a small share of child care and housework (Bittmann & Pixley, 1997; Dempsey, 1997; cited in Richters et al., 2003). Moreover, the fundamental inequalities of power between women and men, intrinsic in the way society is economically organised, as well as the ideologies of appropriate gender roles affect the way that women experience their sexuality (Foreman & Dallos, 1992). Societal expectations and beliefs are woven into the fabric of couples' lives, resulting in a tilting of heterosexual relationships to unequal positions. This may not be necessarily overt, but the awareness that one is dependent on another is enough to constrain or mould specific behaviours. Thus, women that may be in positions where they are

financially dependent on their partners are less likely to challenge their partners' sexual needs or precipitate conflict by being assertive about their own needs (Cacchioni, 2007).

Ultimately, feminist scholars and social science researchers argue that it is socially constructed gender roles rather than biological sex differences that have led to this power imbalance in society.

Finally, exploring how aspects within the context of women's lives may impact on their experience of sexuality, research pertaining to factors inherent in relationships between women and men is presented and concludes this section of the current review.

Relationships: Women and men.

Various feminist scholars and social science researchers suggest that the relational aspects of women's sexuality are bypassed in models that focus primarily on the physiological differences or similarities between women and men, such as the HSRC model by Masters and Johnson, which has dominated the sexual literature and sexual nosology (Working Group on a New View of Women's Sexual Problems, 2001). Relational aspects include trust, affection and communication between partners, partner's sexual knowledge and feelings of sexual reciprocity, discrepancies in preferences for various sexual activities, discrepancies in sexual desire, and women's fear of abuse by partner.

Bancroft et al. (2003), in their national survey of 815 American sexually active heterosexual women aged 20-65 years, found that the best predictors of sexual distress were markers of general emotional and physical wellbeing as well as the emotional relationship with their partner during sexual activity. They propose that women who are highly stressed and fatigued, or women in low-intimacy and unrewarding marriages in which sexual relations are considered to be wifely duties, may feel less positive about both their sexuality and their sexual experiences with partners and hence have less sexual interest and desire. Equally, King et al. (2007) and Dunn et al. (1999) found relationship, marital and emotional

difficulties to be the most common perceived cause of sexual difficulties in women. Research indicates that sexual feelings in women are more dependent on and responsive to emotional closeness with a partner than on markers of sexual desire such as spontaneous sexual thoughts and fantasies (Basson, 2000, 2001a; Hiller 2005). Even without such markers a woman may be receptive to sexual stimuli including those provided by her partner. Thus, sexual desire is described as a responsive rather than a spontaneous event. Basson (2000, p. 52) describes women's willingness or motivation to have sex as stemming from numerous "rewards" or "gains", which may not be strictly sexual (these rewards may not be relevant to men). The predominant motivation to have sex is to enhance intimacy asserted Basson (2000); hence a physically and emotionally rewarding sexual experience will enhance intimacy. Various feminist scholars and social science researchers have described the importance of non-genital aspects of women's sexual satisfaction such as tenderness, communication, trust, respect, romance, reciprocity and a focus on other behaviours such as touching and kissing (Basson, 2001b; Byers, 2001; Graham et al., 2004; Levine, 2002; Tiefer, 1991). These non-genital aspects stem from intimacy needs which in turn foster intimacy.

Equally, Laan and Both (2008) suggested that sexual feelings in women might be more influenced by meanings activated by stimulus context than by genital response, whereas men seem to be more influenced by genital response. They proposed that for women who are somatically healthy yet experience sexual problems, researchers and therapists need to focus on relationship issues, negative emotions to sexual stimuli (for example, having sex when not feeling like it), and lack of sexual stimulation due to inadequate knowledge or technique. Context, such as lack of privacy or safety may also impact on the sexual experience (Basson, 2001b). Focusing on relationship and contextual issues is more informing than looking only at impaired genital responses such as anorgasmia and loss of desire (Laan & Both, 2008). Similarly, McCabe and Cobain (1998) found that relationship quality was strongly associated

with sexual problems in women, but not as strongly in men. The researchers proposed that it may be that negative attitudes to sex (as well as difficulties communicating) may impede the development of sexual intimacy contributing to both sexual problems and difficulties in other areas of the couple relationship (McCabe & Cobain, 1998). In Trice-Black's phenomenological qualitative study (2010, p. 158) a female participant described her sexual desire as such: "For me to desire (husband's name), I have to have affection and intimacy [sic]...if you can emotionally satisfy me then I have sexual desire".

Being able to communicate one's sexual needs within a relationship of trust has a marked impact on how women experience their sexuality. A lack of communication as well as not being able to assertively communicate about sexual preferences have been found in couples experiencing sexual problems, whereas sexually assertive women reported higher desire, arousal and sexual satisfaction (Hurlbert, 1991; McCabe, 1999, 2009). A study in Norway found that more women than men who experienced reduced sexual desire reported not communicating their sexual needs to their partners and having 'obligatory sex' as a means to satisfy their partners (Træen & Skogerbø, 2009). In their research, Hurlbert, Apt, and Raehl (1993) suggested that the ease and comfort with which women are able to communicate their sexual needs with partners as well as their relationship closeness are more important in understanding female sexual satisfaction than knowing about sexual variables such as frequency of sex and sexual desire.

Another study exploring the self-reported communication patterns of 47 heterosexual couples whose female partners were experiencing anorgasmia found significantly less comfort compared with orgasmic-coupled women in communicating with their partners about sexual activities involving direct clitoral stimulation (Kelly, Strassberg, & Turner, 2004). Moreover, male partners of anorgasmic women were considerably less accurate than the male partners of orgasmic women in estimating their partners' sexual preferences. The authors

note that although it was not clear why couples with an anorgasmic female partner experienced difficulty in discussing sexual techniques, this difficulty more than likely interfered with the couple's ability to effectively stimulate the woman in order to improve sexual responsiveness (Kelly et al., 2004). Additionally, both partners in anorgasmic couples reported a low acceptance of the woman's, but not the man's, sexual responsiveness, suggesting that both partners considered the responsibility of sexual difficulties to reside in the female, which may be an essential dynamic in the development of anorgasmia in women. These results have implications for clinicians treating sexual dysfunction in couples and suggest that communication barriers are unlikely to be effectively removed if the focus is maintained on the female rather than on both partners in a relationship (Kelly et al., 2004).

Women participants have expressed the importance of reciprocity in sexual interactions with partners. In a study with focus groups involving 80 women, women spoke about how their arousal increased when their partners were interested in them as individual women and not just someone to have sexual intercourse with (Graham et al., 2004). Women discussed feeling desired, accepted and aroused by partners who touched them in ways that were not only genitally focused, who did not make genital contact too quickly, who accepted their responses (such as making sounds while having sex), who accepted their favourite way of climaxing, who were attentive to their needs (such as longer foreplay), who took responsibility for contraception, and who were enthusiastic about spending time and attention on them. Reciprocity is intimated in sexual relationships that are described as satisfactory to both partners. A participant was quoted as saying, "Something that really puts the brakes on for me is if I can detect that the person I'm having intercourse with is in it more for himself and it's not a fair balance" (Graham et al., 2004, p. 534). A male participant in another study similarly described the importance of reciprocity; "Well, frankly put, men sometimes may not put enough effort in pleasing their partner. Does their wife have an orgasm? Maybe more

than one? . . . Many men aren't sensitive to the needs of their partners" (McCabe, Tanner, & Heiman, 2010, p. 255). Participants have referred to the time and attention needed for satisfactory sexual interactions. Thus, learning sexual techniques and skills, such as generating sexual pleasure in a partner and developing an ability to enjoy sexual interactions, is a time-consuming process (Heino & Ojanlatva, 1998). Several of the male participants in a study by McPhillips et al. (2001) described how their sexual knowledge as adolescents centred on coitus and then changed through adulthood as a result of their more varied sexual interactions. Additionally, this knowledge of sex determined the sort of sex they had as teenagers. Too often, sexual interaction is seen in a vacuum, but what may emerge in therapy or in research is that women's partners are wanting to rush into intercourse, have little knowledge of what the woman finds enjoyable or of how to provide sexual and sensual excitement, or the partner is sexually constricted himself (Polonsky, 2001). Moreover, women may feel the need to protect their partner's sexual inadequacy and so do not reveal to him their lack of desire (or some do but do not reveal the reasons for this).

A discourse of reciprocity then appears to be evident in accounts of sex where both partners 'give' and 'receive' pleasure (Braun et al., 2003). Participants in a study by Braun et al. (2003) referred to an ideal sexual encounter as both partners experiencing orgasm. Descriptions such as "equal exchange", "quid pro quo", and "fair deal" were used by participants in their study (Braun et al., 2003, p. 246). However, there is some criticism by feminist writers as to how the focus on reciprocity as 'orgasm giving' only can reinforce the idea of the 'coital imperative'. As formerly observed, many women have described orgasm as being extra to the satisfaction they feel in a relationship where there is sensuality and physical affection such as kissing, hugging and touching without orgasm or a genital focus (Ellison, 2001; Gavey et al., 1999; Hurlbert, Apt, & Rabehl, 1993; Nicholson & Burr, 2003).

Notwithstanding the criticism levelled at reciprocity being too focused on orgasm, the concept of reciprocity in sexual interactions has enabled women's diverse preferences and differences in attaining sexual pleasure and satisfaction to be explored, discussed and brought to light as being central to fulfilling relationships. Again, as the current review has formerly acknowledged, women's preferences for sexual interactions are varied, not only amongst themselves, but often different to men's. This is so for their sexual desire too. An individual's sexual thoughts, fantasies and preferences are typically seen as the expression of her or his distinctiveness (Laumann et al., 1994). Yet, subjective sexual preferences are as much a result of social factors as are sexual behaviours. In their National Health and Social Life Survey, Laumann et al. (1994) found significant differences between women and men with regard to particular sexual practices such as the *appeal* of both giving and receiving oral sex. For women, the percentages preferring to receive oral sex were more than ten percentage points higher than those preferring to give oral sex, whereas for men the difference between receiving and giving was very small. Although there were no differences in the data between women and men giving or receiving oral sex in the last sexual interaction reported, the difference lay in the appeal of a behaviour. The reasons why individuals engage in the behaviour may be very different to the appeal of it. Certainly one of the key influences found in their study was the role of education, particularly for women, on their willingness to express their appeal for certain sexual practices. Contrary to many feminist writers' views on the appeal of vaginal intercourse, Laumann et al. (1994) reported the following: "Of the techniques that we considered, only vaginal intercourse commands almost universal appeal" (p. 151). However, it is important to consider that the responses may be as much a result of the highly normative character of vaginal intercourse, rather than the actual *subjective preference* of the individual (Laumann et al., 1994). Hence once again, only through phenomenological studies such as the current study exploring women's subjective sexual

experiences and preferences, can notions regarding the universal appeal of sexual behaviours be further informed.

Graham et al. (2004) presented findings where there were numerous discrepancies for preferences of sexual behaviour such as differences in receiving and giving oral sex, differences in the desire for sex dependent on an individual's mood (such as some women wanting to engage in sex when anxious or depressed, while others did not), and differences in the various styles of approach/initiation of sex by a partner. Researchers (Purnine & Carey, 1998) conducting a follow-up study found that gender differences in sexual behaviour preferences that were replicated in their study included women's stronger preference for romantic foreplay and men's greater preference for using alcohol and drugs with sex, as well as men's greater erotophilia (in other words, having a more positive orientation towards sexual behaviour) (Purnine, Carey, & Jorgensen, 1994).

Sexual desire is also experienced differently between women and men. Sexual desire is a central facet of women's sexual identity, sexual function and sexual dysfunction and varies from woman to woman (Levine, 2002). Levine describes sexual desire as all the forces that incline an individual towards and away from sexual behaviour. However, sexual desire does not remain static but may ebb and flow from one social context to another, such as becoming engaged, married, becoming parents, having affairs, getting divorced or widowed, often without the person being aware of the inciting source. Loss of sexual desire has been reported in numerous studies, with women experiencing decreased desire significantly more than men (Laumann et al., 1994; Kadri et al., 2002; Nazareth et al., 2003; Richters et al., 2003). Besides reported complaints of the loss of sexual desire, there appears to be various behavioural differences in terms of sexual desire between women and men (Leiblum, 2002). These behavioural differences, outlined in a review by Baumeister, Catanese, and Vohs (2001) include the following:

- thoughts, fantasies and spontaneous arousal,
- desired frequency of sex,
- desired number of sexual partners,
- masturbation,
- willingness to forego sex,
- emergence of sexual desire (men's desire emerging earlier),
- seeking and initiating sex versus avoiding and refusing sex,
- favourable attitudes to sex, and
- preference for sexual variety and novelty.

The review by Baumeister et al. (2001) indicated that men rate higher than women in all of the above differences excepting for women who are higher in their willingness to forego sex, as well as being higher in avoiding and refusing sex. Although research appears to point to men's sexual desire being stronger than women's, feminist scholars and social science researchers dispute that sexual desire is *experienced* differently by women (Leiblum, 2002; Peplau, 2003; Tolman & Diamond, 2001). Furthermore, biological contributions such as menstruation, gestation and lactation, the role of hormones such as estrogen and testosterone, as well as the role of the neuropeptide oxytocin in the affectional bonding and sexuality of the mother may contribute to sexual desire being experienced as periodic rather than weaker. Hormones can raise the likelihood that behaviour will occur but it will not cause it (Leiblum, 2000). Circumstances, habit, expectations, conditioning and acculturation can have a far more profound effect on behaviour, as has been discussed so far in the current review. Female sexual desire is constrained and constricted by social conventions and expectations. Women's comfort with their sexuality is worn down by unrealistic expectations of desirability and beauty, and concerns about getting pregnant, gaining a negative reputation, and acquiring STDs. Additionally, with women's greater responsibility for childcare and caring roles,

greater history of sexual coercion and physical abuse (discussed in the next paragraph), as well as resentment about power inequities in their relationships, it is almost impossible to assess the true impact of all of these factors on women's experience, enjoyment of their sexuality and their awareness of sexual desire, save for listening to women's own voices and phenomenological experience.

Lastly, statistics in relation to women who have experienced forced sexual activity, point to one in five Australian women having been frightened or forced into a sexual activity without their consent (Richters & Rissel, 2005). This experience was found to be consistent across most age groups (with lower rates among older women) and backgrounds (higher among women of English-speaking backgrounds). Twenty-two percent of women in the study by Laumann et al. (1994) reported having been forced by a male into a sexual activity against their will. The Centres for Disease Control and Prevention's (2008) fact sheet reports that 10.6% of women and 2.1% of men researched in the USA indicated that they had experienced forced sex at some time in their lives. Of the first rape experience of women victims, 30.4% was perpetrated by intimate partners, 23.7% by family members and 20% by acquaintances. However, statistics of prevalence of coerced sex vary widely due to the difficulty individuals have in reporting incidents (Crooks & Baur, 2005). Difficulties include feeling ashamed, blaming self, fear of blame from others, protecting perpetrators and fear of recalling a traumatic experience. In researching victims of violent crime, researchers found that anger and especially shame plays a crucial role in whether victims develop symptoms of posttraumatic stress disorder (Andrews, Brewin, Rose, & Kirk, 2000).

Williams and Frieze (2005) argue that these prevalence rates are even more disturbing when the consequences of psychological abuse and physical violence are deliberated. Besides the physical injuries sustained by women (36.2% of injured female victims in the USA received medical treatment according to the Centres for Disease Control

and Prevention in 2008), researchers indicated that the experience of violence is associated with alcohol and drug abuse, negative health perceptions and behaviours, and sexual problems (Resnick, Acierno, & Kilpatrick, 1997). Fontes (2001) recounts the stories of several patients who were sexually abused in childhood by family members and who experience sexual problems in their current adult relationships. For many women, sexual molestation or a forced sexual activity becomes the defining moment of their subjective sexuality and in some cases for their lives in general (McHugh, 2006). Numerous women struggle to reclaim their sexuality in the context of new and supportive relationships (Fontes, 2001).

Despite the amount of research and policy changes regarding violence against women, intimate partner violence continues to be a serious health factor for women's psychological and physical health (Barrett & St. Pierre, 2011). Intimate partner violence includes physical, sexual, emotional and financial abuse and seems to occur globally. In a national study of abuse against women in Pakistan, only 14 women out of 7895 women who had experienced partner violence reported the matter to the police (Andersson et al., 2010). Women reported a fear of bringing dishonour to their families, but also of exacerbating the problem and risk being separated, divorced and losing their children. Ubiquitously for women who are mothers, a violent partner presents not only a concern for their own safety but also for their children (Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010). U.S. mother participants described wanting to spare their children the effects of violence but also wanting to keep their families together (Rhodes et al, 2010). A further study investigating the association between relationship, social and economic factors and the sexual practices of African American women in low-income areas sought to answer the following question:

What is the relationship between sex to avoid being hurt, sex to avoid verbal abuse, sex for shelter, unwanted sex, sex after repeated requests following an

initial refusal, sex due to fear of relationship loss, and being physically forced to have sex? (Whyte, 2006, p. 236)

The study found that the association to have sex to avoid being hurt and/or physically forced were strong, so that women who had been forced to have sex were more likely to have sex to avoid being hurt in the future. Moreover, the results also indicated that these same women, who engaged in sex without a desire to do so, did so to maintain their relationships and standards of living (Whyte, 2006). Thus, the consequences of being a victim of coerced sex can be devastating for women, and affect them on a number of different levels (Richters & Rissel, 2005). These women are often more likely to lack interest in sex and not find it pleasurable, and are often fearful, anxious and unhappy about their sexuality.

To reiterate and to conclude this section of the current review, feminist scholars and social science researchers argue that a focus on the biological underpinnings of the differences between women and men in relation to sexual preferences and sexual desires can lead to a hierarchy of 'normal' or 'deviant' desires or behaviours, disregarding the relational dimensions that impact on the ability of women to experience both sexual desire and satisfaction (Tolman & Diamond, 2001). As noted, relational aspects of women's sexuality often lie at the heart of sexual satisfactions and difficulties, such as the desire to please a partner or in some cases the desire to avoid offending or angering a partner, the desire for intimacy, yet also the desire to protect both herself and her children and preserve the family unit (Working Group on a New View of Women's Sexual Problems, 2001). However at the same time, exclusive attention to the socially constructed origins of sexual desire can deny the role of a woman's body and biology in human sexual experience. A biopsychosocial framework is needed in order to consider all contextual aspects of women's lives that may impact on their sexuality and sexual experiences.

Thus far, the current review has explored the numerous facets of socialisation processes and relationships inherent in women's lives that may directly and indirectly influence their experience of sexuality and sexual difficulties. In particular, the literature focused on the work of feminist scholars and social science researchers. In the next section of the current review, the impact of the medical profession on the current viewpoint regarding women's sexual difficulties is presented. Feminist scholars and social science researchers maintain that the medical profession has greatly shaped how women experience sexual difficulties because classification models employed by medical professionals posit generalisations about sexual functions, which assume universality. Hence, the next section commences by presenting literature associated with the prevalence of sexual difficulties in women, the medicalisation of sexual problems and the complexity surrounding the classification of women's sexual problems. Lastly, a new classification framework defined by the Working Group on a New View of Women's Sexual Problems (2001) is presented as the alternative way of considering and classifying the difficulties women experience in their sexual lives.

The Impact of the Medical Profession on Women's Sexuality

Prevalence of sexual difficulties.

The most often quoted study in the last decade relating to sexual difficulties in women has been by Laumann et al. (1999) who sampled 1749 women and 1410 men between the ages of 18 and 59 years in a national sample in the USA. Their results indicated that 43% of women and 31% of men experienced a sexual dysfunction. Sexual dysfunction was more likely experienced in women and men with poor physical and emotional health, and was also more highly associated with overall wellbeing and negative experiences in sexual relationships. Again in the USA, Bancroft et al. (2003) conducted a large-scale telephone survey of women aged between 20 and 65 years who were in heterosexual relationships. The

sample consisted of 987 women and a total of 24.4% of respondents indicated that they experienced marked distress about their sexual relationship and/or their own sexuality. In England, 979 women and 789 men (age range of 18 to 75 years) responded to a questionnaire exploring prevalence and types of sexual dysfunction, which was sent to a stratified random sample of the adult general population (Dunn et al., 1998). Women (41%) reported the most common problem as being vaginal dryness, followed by infrequent orgasm. Men (34%) reported erectile dysfunction and premature ejaculation as the most common problems experienced.

Still in England, another study noted that 40% of women and 22% of men (N=1512) attending general practitioners in London reported a sexual difficulty, with the most commonly reported difficulty being loss of sexual desire, failure of orgasmic response in women, and erectile failure as well as loss of sexual desire in men (Nazareth et al., 2003). Similarly, a Swedish study of 2810 women and men aged between 18 and 74 years found that 47% of women and 23% of men reported having one or more sexual difficulties (Fugl-Meyer & Fugl-Meyer, 1999). Lastly, two further studies, one conducted in Morocco (Kadir et al., 2002) and one in Australia (Richters et al., 2003) found analogous results, with the Australian study presenting the highest rates of sexual difficulties (such as a lack of interest in sex), namely 54.8% and 24.9% of sexually active women and men, respectively, in the year prior to data collection. The Moroccan study explored sexual difficulties in women only and reported that 26.6% of respondents indicated they experience a sexual problem, with low sexual desire being the most common finding. More recent studies conducted worldwide report comparable results to the ones aforementioned (studies vary with rates of sexual difficulties estimated between 20-40%) (Christensen, 2011; Lutfey, Link, Rosen, Wiegel, & McKinlay, 2009; Palacios, Castaño, & Grazziotin, 2009; Rosen, et al., 2009; Shepherd, Heke, & O'Donovan, 2009; Song, Jeon, Kim, Paick, & Son, 2008; Træen &

Stigum, 2010; Vanwesenbeeck, Bakker, & Gesell, 2010). However, what is also indicative in the literature is that researching prevalence of sexual difficulties is problematic due to the inconsistent and highly individualised manner in which researchers investigate their subject. These factors contribute to some of the limitations of prevalence studies and the need to regard them cautiously as is discussed in the next section.

Limitations and criticism of prevalence studies.

Assessment techniques used to research sexual difficulties are varied and many investigators use idiosyncratic definitions to assess participants' experiences, thus leading to wide discrepancies in estimates of prevalence (Christensen, 2011; Simons & Carey, 2001; West et al., 2004). For example, the Laumann et al. (1994) study employed 90-minute face-to-face interviews and did not exclude anyone from their sample even if she or he had been sexually inactive for any period of time in the recent past (Rosen & Laumann, 2003). In contrast, the study by Bancroft et al. (2003) was a telephone interview that excluded anyone who did not have a sexual partner for at least the past six months. Alongside the possibility that participants respond to direct face-to-face interviewing and telephone interviews differently, due to the latter being inherently more restrictive, the different exclusion criteria also pose a methodological problem as it does not allow direct comparisons. A case in point is the recent study by Luftey, Link, Rosen, Wiegel and McKinlay (2009) who reported that a total of 49% of their sample (N= 3205 women aged 30-79 years) responded that they were not sexually active. However, the most common reasons quoted were lack of interest in sex (51.5%) and the lack of a partner (60.8%). Therefore, results indicated that only 13.7 % of the sexually active sample of women exhibited both sexual difficulties and dissatisfaction with their overall sexual lives, which is a much lower and non-comparable result to other studies and would have been overlooked if one erroneously mistook their 49% result as equating to women who reported sexual difficulties.

Another limitation is that some studies use *yes/no* answers to questions about sexual difficulties, without allowing for any inquiry as to whether the woman participant experienced distress related to the difficulty, what the difficulty actually was or whether she considered this difficulty to be a problem at all (Bancroft et al., 2003; King et al., 2007; Palacios, et al., 2009). For example, a literature review by Palacios et al. (2009) found that although 40% of women experienced some form of sexual difficulty, only 12 to 25% of these women associate this difficulty with distress. Rosen et al. (2009) found that the strongest correlate to sexual distress was having a current partner. Similarly, Shepherd et al. (2009) and Vanwesenbeeck et al. (2010) found relational problems to be the most common complaint. Sexual distress has been considered an important component of the diagnostic criteria used for sexual problem classification, but there appears to be scant knowledge about the factors associated with this distress (Rosen, 2009). Often relationships between variables such as age, education, medication and so forth are not explored so a number of factors could impact the results.

A further limitation lies in the response categories available to participants that are often inadequate to represent the variable under consideration (Crawford & Popp, 2003). Using *never/rarely/always* response categories allows for frequency correlates and not for any other consideration. Consequently, feminist scholars and social science researchers argue that prevalence studies do not allow for a clear idea of how, when and what exactly constitutes a sexual difficulty for a woman. For example, does the woman wish to address her low sexual desire or does she seek help because she wants to please her partner who complains that he would like to have more sex? (King et al., 2007; Nicolson & Burr, 2003). Tiefer (2001c) notes that one of the difficulties in designing meaningful research into women's sexuality is that many researchers remain uncomfortable with "real-life sexuality" (p. 626) and protect themselves behind the use of standardised questionnaires that address

only a vocabulary of sexual acts. Questions about what sexuality means in people's lives and relationships, and about how eroticism is connected to profoundly intimate longings for affirmation, about the need for power, the avoidance of inner doubt and about a secure sense of identity are not addressed by researchers. "Researchers talk instead about sexual desire, arousal and activity as if these were natural and universal, spontaneous and standardisable, comparable in people and rats" (Tiefer, 2001c, p.626).

A comprehensive systematic literature review conducted by Dunn, Jordan, Croft, and Assendelft (2002) of five sexual problems in women and men in order to estimate their population prevalence, concluded that the variety in methodology, study design and case definitions, together with the broad range of estimates did not allow for a reliable overall estimate of the prevalence of sexual problems. The review highlighted the lack of standardisation in prevalence studies and suggested that the actual prevalence of sexual difficulties remains a matter for conjecture. Similarly, Bancroft et al. (2003) argue that the important point about prevalence studies is that there is still no theoretically well-developed criteria that is able to assess whether a woman has a problem with her sexuality or not. Indeed, it is this lack of consensus regarding a framework that can best encompass women's sexual difficulties that is explored in the next section of the current review.

The gulf in the classification of women's sexual difficulties.

Debates surrounding the value of psychiatric diagnostic categories have been commonplace in the past, although most clinicians and clinical researchers today would acknowledge the need for them (Bancroft et al., 2001). However, what remains an issue of disparity is what form they should take and what purpose they should serve. The diagnostic classification system of sexual problems in women is currently formulated in the 4th, revised text edition of the DSM (DSM-IV-TR, American Psychiatric Association [APA], 2000). Another classification system is the World Health Organisation International Classifications

of Diseases-10 (ICD-10), which also defines sexual problems. For the purposes of the current review, the DSM is used as a precedent because as previously noted, it has relied heavily on the HSRC first described by Masters and Johnson (Basson et al., 2001a; Leiblum, 2001; Tiefer, 1991). The HSRC model stresses that sexual response involves a temporal sequencing and coordination of phases such as sexual desire (libido), arousal (excitement), orgasm and satisfaction (resolution). This linear model then assumes that there is only one right way of moving through the stages of the model (Wood et al., 2006). However, this model has been challenged by Basson (2000, 2001a, 2001b) who argues that sexual desire does not have to be a precursor to sexual arousal. In fact, Basson (2001b) reports that responses from women, who had been referred to a clinic due to experiencing low sexual desire, indicated that a lack of emotional intimacy contributed to their lack of desire. Feminist scholars and social science researchers argue that the DSM's classification has located the boundary between normal/abnormal (or healthy/unhealthy) sexual function entirely on genital performance, with intercourse as the gold standard for many of the diagnoses (Leiblum, 2001; Tiefer, 1991). The trademark of medical models such as the HRSC model is that it focuses on the individual, includes a mind-body split, and posits generalisations about human function and experience: the result is a universalised, function-focused model of sexuality whereby sexual conduct is dictated by physiology (Tiefer, 2001a). Given that the sexual lives of women diverge significantly, a universalised, one-size-fits-all model of both sexual problems and treatment fails to capture the individual context of women's sexual experiences (Tiefer et al., 2002; Wood et al., 2006). Clinicians and social researchers argue that the mixture of sexual problems that women are presenting with depends on the history of each woman's problem and at what time in that history they present for help (Bancroft et al., 2001).

The emphasis by feminist scholars and social science researchers on the real-life implications of classification systems that pathologise sexual behaviour is that women

internalise these standards as ‘normal’ standards of sexual functioning and seek external professional interventions when they perceive that they have not met these standards (Ussher, 1993; Wood et al., 2006). Western society attributes priority to science, such that there is a reciprocal connection between science and self-knowledge or in other words, what individuals believe is ‘normal’ or ‘natural’ in themselves and others (Nicolson, 1993; Jackson, 1984; Tiefer, 2004). Nicolson’s simple representation (1991a, diagram cited in Nicolson, 1993, p. 59) depicts this relationship clearly (see Appendix C). The diagram depicts the erroneous belief of evaluating ‘natural behaviour’ against the dominant discourse on human sexuality without challenge. Nicolson’s representation follows on from Foucault’s ideas regarding the knowledge cycle, in particular “the way sex is ‘put into discourse’” (Foucault, 1978a, p. 11). Diagrammatically, scientific knowledge posits that women ‘normally’ have orgasms during intercourse; study populations are expected to be orgasmic; media popularises sexual intercourse as ‘natural’ and ‘fulfilling’ for both sexes; women are depicted as multi-orgasmic by popular magazines; and the impact leads women who are anorgasmic during sexual intercourse to seek external therapeutic interventions (Nicolson, 1993). Hence, there is interconnectedness between self-knowledge and self-concepts, science and the media.

An international consensus group of multidisciplinary experts in the field of female sexuality suggested changes to the DSM classification system of sexual problems in women (referred to as female sexual dysfunction [FSD]) (Basson et al., 2001, 2004). These changes reflect the inclusion of a personal distress criterion that the woman may experience as a result of a sexual difficulty for most of the diagnostic categories. There are also changes recommended for adoption into the 5th edition of the DSM to be published in May 2013 and available to view on the APA (2012) website (Segraves, Balon, & Clayton, 2007). Despite the proposed changes, feminist scholars and social science researchers maintain that there are

five major consequences to the manner in which sexual difficulties in women have been conceptualised and classified. First, there is a false notion of sexual equivalency between women and men (Tiefer et al., 2002). As early researchers highlighted similarities between women's and men's physiological sexual responses, they assumed that sexual disorders were also similar despite a lack of research describing women's points of views. Second, it has acquired a social legitimacy as the basis for sexuality diagnosis and treatments (Tiefer, 2004, 2006). Third, it has been adopted by classification systems worldwide and dominates psychological sex research (Bancroft et al., 2001; Tiefer, 2004). Fourth, it levels differences among women so that as women differ greatly in relation to values, social and cultural backgrounds, approaches to sexuality and current situations, so too do neat categories of desire, arousal, orgasm and pain fail to assist in approaches to treatment (Tiefer et al., 2002). Fifth, current models of classification ignore the relational context of women's sexuality. These criticisms have been discussed extensively in the current review by the presentation of the vast and wide variability in the social and cultural contexts of the lives of women, such that classification criteria and research derived from biomedical models of sexuality fall short in capturing the nature of female sexual dysfunction. Furthermore, if a personal distress criterion has been added to the DSM classification, then aspects that women consider distressing in their sexual lives should be included in the diagnosis (Tiefer, 2001b). These aspects include inhibition due to religion and culture, lack of romance, tenderness and knowledge in sexual skills, fear of domestic violence, shame about appearance, and resentment due to unequal childcare or household responsibilities. Lastly, feminist scholars and social science researchers are concerned that clinical sexology research and practice is being dominated by the commercial interests of pharmaceutical industries, which have led to what they refer to as the medicalisation of sexuality, particularly female sexuality (Tiefer, 2010).

Medicalisation of female sexual difficulties.

Medicalisation is the process whereby social life and social problems are viewed through medical lenses and seen as diseases, hence disempowering and undermining the autonomy of the person in coping with her or his problems (Harding, 1998). The concept of medicalisation has been strongly associated with the view of medical dominance over a docile lay populace (Ballard & Elston, 2005). However, the concept of medicalisation is considered by some who regard the lay populace as active participants in the quest to improve social experience as a positive utilisation of medicine. Natural life processes like childbirth and menopause for women, while regarded by feminist scholars and social science researchers as being another sphere dominated by medical interventions, are considered by some as experiences freed from pain and the constraints of the body (Ballard & Elston, 2005; Davis-Floyd, 1994; Lewis, 1993). For some women, rather than viewing the medical establishment as controlling them, they report regarding the resources available as both empowering and as contributing to their sense of control over life process decisions (Davis-Floyd).

The principle of the medicalisation of sexual functioning currently divides academic, medical and professional camps, with feminist scholars and social science researchers alarmed at the possibility that just as women's sexuality and opportunities for women are being liberated, the medicalisation and commercialisation of sexuality threaten this sexual emancipation (Tiefer, 2010). The promotion of quick drug solutions for lifestyle problems, such as weight loss and hair loss, as well as solutions aimed at 'perfecting' the individual (such as the Western beauty cultural practice of 'labiaplasty', defined as the surgical reduction or reshaping of the vaginal labia on the Cosmetic Surgery Australia website, 2005) are examples of the medicalisation of everyday life and a culture enamoured with finding a pill to solve any problem (Jeffreys, 2005; Rosenthal, 2001; Tiefer, 2010; Travis, 2008). Thus,

the arrival of a drug like Sildenafil for male sexual problems is viewed by feminist scholars and social science researchers as a culmination of a medicalisation of male sexuality (Hicks, 2006; McHugh, 2006; Tiefer, 1996, 2000). Although marketed as a sexual panacea, Sildenafil impacts the physiological process of penile erection and not psychological aspects of desire and attraction (although there is a possibility of psychological placebo effects). Since its introduction in 1998, Sildenafil has been prescribed to millions of men (Moynihan, 2003). In order to build markets for drugs, pharmaceutical companies require distinctly defined medical diagnoses that have measurable characteristics to assist in credible clinical trials. Consequently, feminist scholars and social science researchers fear that female sexuality may be medicalised in the same way that male sexuality was medicalised (Bancroft, 2002; Moynihan, 2003, 2005; Rosenthal, 2001; Tiefer, 2010).

Criticism by feminist scholars and social science researchers is based on the argument that clinical trials are founded on current DSM classification systems and on quantifiable endpoints within that system, which fail to capture the nature of women's sexual problems (Bancroft et al., 2001; Bancroft, 2002; Everaerd & Both, 2001; Wood et al., 2006). Another criticism (explicated previously under the limitations of prevalence studies) rests on the notion that prevalence studies have over-estimated the prevalence of sexual difficulties due to the way that problems have been defined and the questions that have been asked (Bancroft, 2002; Tiefer, 2001a). This prevalence has aided in the pharmaceutical industry, the media, and some urologists, clinicians and sexual health researchers joining together to search for a drug to treat women's sexual problems (Hartley, 2006; Loe, 2008; Moynihan, 2003, 2005; Tiefer, 2001a). For example, the efficacy of Sildenafil was tested with 48 women experiencing sexual arousal disorder (Berman et al., 2001), and in 2004 a testosterone patch (Intrinsa) was recommended by a pharmaceutical company as a treatment for low sexual desire (McHugh, 2006; Wood et al., 2006). Thus, women's sexual difficulties still remain

embedded in a male dominated, medically based, commercially centred view, discounting years of research by feminist scholars and social science researchers on how the context of women's lives impact on their sexual lives (Nicolson & Burr, 2003). Tiefer (2010) outlined potential disadvantages of the medicalisation of women's sexuality as follows:

- an emphasis on women's sexual performance,
- a reinforcement of narrow definitions of sexual normalcy focusing on genital response,
- a discounting of types of sexual experience that are not focused on arousal and orgasm,
- an encouragement of research focused on solutions to sexual problems whilst ignoring the ways in which oppressive sexual norms become established,
- the possibility that women will become more sexually insecure,
- the possibility that pharmaceutical companies will dominate sexual health research,
- the media may continue to ignore social factors that contribute to women's and men's anxiety and sexual problems,
- an overlooking of sex education in favour of quick solutions,
- a favouring of drug treatments by insurance and government healthcare systems over relationship counselling and sexual health therapies, and
- the tendency for women with sexual difficulties and sexual dissatisfaction to attend medical personnel hyped to be 'experts' whilst having little knowledge in the social and cultural factors that impact on women's sexual lives (Tiefer, 2010).

In order to contest the biomedical model used in the classification systems that defined criteria for FSD and that has dominated research investigating women's sexual problems, a

group of feminist scholars, social science researchers and therapists joined together to form the Working Group on a New View of Women's Sexual Problems (2001) to produce research and commentary criticising current nomenclature for women's sexual problems and to produce a new women-centred definition of women's sexual difficulties (Tiefer, et al., 2002; Wood et al., 2006).

A New View of Women's Sexual Problems.

The aforementioned working group published a new theoretical framework and classification system for women's sexual problems (Kaschak & Tiefer, 2001). The New View (NV) classification framework is woman-centred and subjective in order to avoid the universalisation and biological reductionism of the DSM classification (Tiefer, 2002; Tiefer et al., 2002). The NV classification aims to empower women to develop a perception of their sexuality that contains less focus on the act of sex and more focus on the factors that contribute to a healthier sense of self (Williams, 2001). Furthermore, it identifies four areas that are inter-related in women's lives, namely:

- socio-cultural, political or economic factors,
- partner and relationship factors,
- psychological factors, and
- medical factors.

The NV classification avoids any notion of a 'normal' format for sexual responses and recognises that sexual dissatisfaction and discontent may arise from numerous areas of women's lives (Beyers, 2001; Candib, 2001; Firestein, 2001; Fontes, 2001; Iasenza, 2001; Tiefer, 2002; Vohra, 2001). The NV classification also suggests approaching sexual difficulties by considering the consequences of faulty learning, limited social experiences, or negative and restrictive notions of sex that exist in very traditional or religious backgrounds (Safir, 2001). Loe (2008) explored how junior and senior college students discussed and

critiqued women's sexual problems in the 21st century. The students taking part in discussions reported that the NV is no revelation since they already knew that social, relational, psychological and physical factors shape sexuality but that the multidimensionality of sexuality is clouded behind the repeated messages that sexual difficulties are treatable with medication because they are physical in nature.

The NV classification was developed as a response to concerns that women's sexual difficulties would follow the route of medicalisation thereby, promoting an unbalanced view of sexuality (Hicks, 2006; Tiefer, 2002). It was designed for researchers exploring women's sexual difficulties, clinicians treating women who experience sexual difficulties, educators teaching about women's sexuality and the general public that needs a balanced classification giving insight into the factors that affect women's sexual lives (Tiefer et al., 2002).

Additionally, it may be of interest to women who may want to find out more about how key organisations form their own sense of their desires (Nicolson, 2003). The challenge for researchers in incorporating the NV is to conduct qualitative research that articulates women's subjectivities (Iasenza, 2001). For therapists and clinicians, the challenge lies in discarding the old images and notions of sexuality that shaped their socialisation so as not to further pathologise clients by aiming to return clients to those very same standards of normative performance of female sexuality (Kleinplatz, 2001). Clinicians and researchers need to continuously re-examine their own assumptions about gender roles, sexual orientation and sexual functioning as they address women's sexual difficulties (Candib, 2001).

Finally, a recent study tested the utility of the NV classification scheme by developing an open-ended questionnaire survey designed to collect heterosexual women's descriptions of their sexual difficulties (Nicholls, 2008). A sample of 49 women completed the questionnaire. Of the issues participants described, the majority could be incorporated at either the specific NV classification subcategories or at a thematic major categorical level.

Sexual difficulties were attributed to relational (65%), contextual (20%), individual psychological (8%) and medical factors (7%). The authors propose that the importance that women attribute to relational and contextual issues suggests that these should be given priority when clinically assessing problems and also when doing research into women's sexual difficulties. Whilst it is beyond the scope of the current study to resolve, it would be interesting for future research to assess whether the above categories identified by Nicholls are mutually exclusive or not. Limitations in this study include bias inherent in the self-selected sample as these women were either comfortable in discussing sexual difficulties or had a particular interest in the area. Also, the majority of the sample's ages ranged between 18 and 35 years and so types of sexual difficulties in this age group could differ from other age groups. Validity of the NV classification will have to be analysed in other ways in future and should include older women, women from different cultures, and women with different sexual orientations. Nevertheless, the NV classification encourages the exploration and deconstruction of the effect that oppressive discourses have on women's sexualities by attending to issues such as, amongst others, sexual violence, sexual ignorance, fatigue due to family commitments and the impact of media images on sexual desire: issues that have been circumvented by the biomedical construction of women's sexual difficulties (Nicholls, 2008; Tiefer, 2002).

This section concludes the current review of the literature. The next section of the current paper provides a summary and conclusion to the literature review, followed by a brief discussion on the limitations of the review and recommendations for future research into women's sexual difficulties as identified within the literature. The current review concludes by presenting the research questions pertaining to the current study.

Summary and Conclusions

Previous literature indicated that there were high rates of sexual problems and dissatisfaction across the lifespan (Dunn et al., 1998; King et al., 2007; Laumann et al., 1999; Richters et al., 2003). However, feminist scholars and social science researchers argue that there is still limited research investigating what factors may contribute to women's sexual difficulties and how these factors may contribute to women's experience of their sexuality and sexual difficulties (Hinchliff, et al., 2009; Kleinplatz, 2001; Tiefer, 2006; Wood et al., 2006). Thus, the current review has presented literature related to what factors may impact on women's experience of their sexuality as well as how the context of women's lives may contribute to sexual difficulties.

The current review was prefaced by examining the historical and social context of women's sexuality. Religious views and early philosophical debates were discussed, leading to the views prevailing in the 19th and 20th centuries. Research undertaken by the early sexologists and the lead up to the women's liberation movement and sexual revolution was also considered. The preface concluded by presenting feminist scholars and social science researchers' arguments on how sexual interactions and the experience of sexuality is not a private but a social and political phenomenon, constructed by patriarchal societies and religious institutions that have restricted and disempowered women in their experience of their sexuality (Bohan, 1993; Hawkes & Scott, 2005; Jackson & Scott, 1996; Nicolson, 1994; Rich, 1983; Ross & Rapp, 1997; Snitow et al., 1983; Tiefer, 2004; Vance, 1992).

Following the preface, the current review commenced by presenting research and arguments about the role sexual socialisation plays in influencing women and men's sexual beliefs, expectations and behaviour. Feminist scholars and social science researchers maintain that cultural and social systems instrumental in the sexual socialisation of individuals include the family, religious institutions, schools, peer groups and the media (Baumeister & Vohs,

2004; Nolin and Petersen, 1992; Pearson, 2009; Tiefer, 2004). It is within these systems that individuals' sexuality is learnt and shaped (Averett, 2005; Dilorio et al., 2003; Morgan et al., 2010). Thoughts and beliefs about what individuals regard as imperative in sexual interactions, how individuals attain sexual satisfaction, what individuals regard as appropriate sexual behaviour for women and men, and how individuals negotiate between the demands of social roles and relationships are largely determined by the greater cultural milieu. Feminist scholars and social science researchers argue that women's sexuality and sexual desire is socially constructed and that women's sexual needs are culturally regarded as subordinate to men's (Blackwood, 2000; Sanchez et al., 2006; Tiefer, 1991; Wells & Twenge, 2005).

Conclusions drawn from the current review are premised on the principal argument that as long as sex is regarded as a natural phenomena or a biological self-evident fact, women and men may continue to be socialised with a different set of values without inquiry as to the processes contributing to this existing view of sexuality and sexual relationships (Cacchioni, 2007; Hyde & Jaffee, 2000; Jackson, 1984; Roberts et al., 1995; Tiefer, 2004). It is very often the self-same set of values that may be experienced or may contribute to sexual difficulties for women. Feminist scholars and social science researchers assert that there are numerous consequences to regarding sex within primarily biological parameters since it rationalises sexual desire as something that exists prior to culture (Boyle, 1993; McPhillips, et al., 2001; Nicolson, 1993; Ussher, 1993; Gavey et al, 1999; Tiefer, 2004).

Firstly, as witnessed by research, coitus is assumed as a logical finale to any sexual interaction, rendering it beyond choice for many women regardless of their expectations, preferences and desires (Cacchioni, 2007; Boyle, 1993; Gavey et al, 1999; Jackson, 1984; McPhillips, et al., 2001; Medley-Rath, 2007; Nicolson, 1993; Roberts et al., 1995; Ussher, 1993). For women presenting to psychologists and therapists with sexual difficulties such as anorgasmia, low sexual desire and dyspareunia, best practice would dictate that there is a

thorough exploration and understanding of factors, such as inadequate sexual stimulation and sexual ignorance, religious beliefs and family attitudes regarding sexuality, and sexual coercion that may be contributing to the difficulty. Moreover, research indicates that emotions such as guilt evoked due to religious prescriptions; fatigue; anger or resentment related to unequal participation of child, home and caring responsibilities; and fear and anxiety related to sexual coercion or domestic violence may greatly impact on sexual desire and sexual satisfaction (Andersson et al., 2010; Andrews et al., 2000; Callahan et al., 2006; Cowden & Bradshaw, 2007; Davidson et al., 1994, 1995, 2004; Fontes, 2001; Graham et al., 2004; Hunt & Jung, 2009; McVeigh, 1997; Richters & Rissel, 2005; Thompson et al., 2002; Whyte, 2006; Wyatt & Dunn, 1991).

Secondly, feminist scholars and social science researchers maintain that socialising agents, such as parents and schools remain overly focused on preventative sexuality education and that the main burden of responsibility of prevention of STDs and pregnancy is still located with the female (Allina, 2001; Askew, 2007; Jackson & Weatherall, 2010; Marie Stopes International, 2008; Loe, 2008; Rose, 2005; Shoveller et al., 2004; Travis, 2008). Thus, models of sexuality education that encompass information about sexual practices such as masturbation and its relationship to sexual satisfaction and responsibility for women's own sense of sexual agency need to receive more attention and focus. If models of sexuality education remain under the assumption that safety and pleasure are mutually exclusive, young women may remain misinformed and uncomfortable about their sexuality, their bodies and their sexual experiences and continue to engage in unwanted and undesirable sex (Ingham, 2005; Jackson & Weatherall, 2010). Additionally, women not only receive these messages directly as in sex education at school or at home, but indirectly because cultural discourses remain respondent to the idea that male sexuality is biologically driven, thus reinforcing a double standard (Jackson & Weatherall, 2010; Nicolson & Burr, 2003).

Some research indicates that certain aspects of the sexual double standard have ceased to exist as evidenced by research indicating similar rates of pre-marital sex for women and men as well as social labelling of sexual behaviour occurring equally for both women and men (Haavio-Mannila & Kontula, 2003; Milhausen & Herold, 1999; Robinson et al., 1991). However, feminist scholars and social science researchers argue that the sexual double standard is not one-dimensional but rather a complex phenomenon that exists at various levels within the social fabric of sexuality discourse and interpretation (Crawford & Popp, 2003). As such, it is apparent in confounding ideas about women's sexual conduct, for example: women are regarded as more appealing if sexual relations occur within committed long-term relationships as opposed to casual relationships: the social reinforcement of young girls by parents, peers and the media for appearing beautiful and sexy and yet cautioned and discouraged against expressing their sexuality: and furthermore, some research indicating a dichotomy between motherhood and sexuality inasmuch as the more sexual a woman is perceived to be, the less she is regarded as a good mother (Averett, 2005; Friedman et al., 1998; Holland et al., 1996; Moore & Davidson, 1997; Shoveller et al., 2004; Wood et al., 2006). The idea of the sexual double standard does not remain isolated within the sphere of sexual behaviour, but pervades into women's consciousness of their bodies, such that women internalise an observer's view of their physical selves, muting their own emotional awareness and increasing the probability for anxiety around body image (Crawford & Popp, 2003; Milnes, 2010). Hence, women mature within social environments that dictate and negotiate their sexuality, by silencing, ignoring and superseding women's subjective and spontaneous experience of their sexual selves.

Thirdly, views presented in the current review explicating the differences between women and men's social roles include evolution theory, social learning theory, the gender similarity hypothesis and social structural theory (Bandura, 1986; Buss & Schmidt, 1993;

Buss, 2005; Eagly & Wood, 1999; Hyde, 2005). Despite social structural theorists' agreement with evolutionary theorists about social roles having been initially influenced by physical sex differences between women and men, they nonetheless assert that it is because women and men still occupy different social roles that they develop in psychologically diverse ways (Eagly & Wood, 1999). Besides, these dissimilar social roles carry with them dissimilar social values, where men's social roles still attract more social power, wealth and status (Cacchioni, 2007; Eagly & Wood, 1999). Feminist scholars and social science researchers argue that it is the unequal distribution of power in social roles and relationships that impacts on women's sexual experience and contributes to sexual difficulties (Cacchioni, 2007; Candib, 2001; Foreman & Dallos, 1992; New View Campaign, 2001). It is by virtue of socialising agents that reinforce behaviour such as compliancy to social influences, cooperation, conciliation and a lack of sexual autonomy as a means of women's adjustment to existing social roles that further enhances the idea that women are the objects of men's sexual desire (Hekma, 2008; Petersen & Hyde, 2010; Reynaud, 2002).

Feminist scholars and social science researchers maintain that in no place is this gender imbalance and the biological view of sex more pronounced than in the family home, with women's role as mothers impacting greatly on women's sexual experience (Bozon, 2001; Croghan, 1993; Sanchez & Thomson, 1997; Trice-Black, 2010). Through childbirth, the specialisation of women's and men's tasks becomes increasingly emphasised resulting in larger workloads and corresponding lack of time due to parental responsibilities, especially for women. Research indicates that parental responsibilities contribute to tiredness and fatigue, consequently decreasing sexual desire in women (Convery & Spatz, 2009; Reamy & White, 2009; Symon et al., 2003; Trice-Black, 2010). Additionally, childbirth introduces major physiological changes to women's bodies, often affecting sexual interactions due to vaginal trauma and pain (Convery & Spatz, 2009; O'Reilly et al., 2009; Williams et al.,

2007). Changes occur not only at a physiological level but may also occur at psychological levels rendering women's pre-motherhood sexual experiences as different to experiences post motherhood (Saha, 2002; Trutnovsky et al., 2006). Sexual difficulties are reported by women when they perceive they have not met expectations about 'normal' sexuality post-motherhood. Yet again, motherhood is socially perceived as natural, subduing women's lived experiences.

Intrinsically linked to the social roles women inhabit are the relationships that form a major part of the context of women's lives. It is within this context that feminist scholars and social science researchers suggest many sexual difficulties originate (Working Group on a New View of Women's Sexual Problems, 2001). Contrary to a biological model of sexuality that locates it solely as an essence within the person, research indicates that trust, communication, affection, respect, sexual knowledge and sexual reciprocity contribute more towards sexual arousal and desire in women, than spontaneous inherent sexual urges (Basson, 2000, 2001a, 2001b; Byers, 2001; Graham et al., 2004; Hiller 2005; Levine, 2002; Tiefer, 1991). Although research (for example, Richters et al., 2003) has described women's sexual desire and sexuality as lower than men's, feminist scholars and social science researchers assert that due to transitional physiological and social developmental cycles women may experience sexual desire more periodically but not necessarily as less than men's (Baumeister et al., 2001; Leiblum, 2002; Peplau, 2003; Tolman & Diamond, 2001). Also affecting numerous women's lives and having a great impact on women's sexual lives is violence within relationships (Laumann et al., 1994; Richters & Rissel, 2005; Williams and Frieze, 2005). The repercussions of intimate partner violence appear widespread and incorporate physical, sexual, emotional and financial forms of abuse (Barrett & St. Pierre, 2011; Fontes, 2001; Resnick et., 1997). Consequently women engage in sexual behaviour due to either being physically forced or because of fear of being hurt, fear of losing the relationship and

possible loss of home, and because of fearing the costs on their children if they do not comply with the sexual demand (Andersson et al., 2010; Rhodes et al., 2010; Richters & Rissel, 2005; Whyte, 2006).

Finally, feminist scholars and social science researchers argue that the medical professions have been guided by medical models (such as Masters and Johnson's HRSC model established in the DSM), that have greatly influenced women's experience of sexual difficulties, since these models offer generalisations about sexual function which assume universality (Basson et al., 2001a; Leiblum, 2001; Tiefer, 1991, 2001a; Wood et al., 2006). However, feminist scholars, social science researchers and clinicians suggest that women present with a mixture of sexual problems that are dependent on multiple factors (Bancroft et al., 2001; Tiefer et al., 2002; Wood et al., 2006). Furthermore, there is limited consensus on prevalence studies that identify large percentages of women reporting sexual difficulties. Firstly, researchers use idiosyncratic criteria by which to measure sexual difficulties; and secondly, idiosyncratic criteria are used because there is a lack of consensus on a classification framework which captures the complexity of women's sexuality and sexual difficulties (Christensen, 2011; Crawford & Popp, 2003; Dunn et al., 2002; King et al., 2007; Nicolson & Burr, 2003; Simons & Carey, 2001; West et al., 2004).

It is also a concern for feminist scholars and social science researchers that since Western society credits science with such authority, it is to this discipline that remedies for female sexual dysfunction will exclusively be sought from (Tiefer, 2010). A precedent example is the success of Sildenafil for sexual impotence in men and the potential for pharmaceutical agents to address women's sexual difficulties in the same manner (Hicks, 2006; McHugh, 2006; Moynihan, 2003; Tiefer, 1996, 2000). As a response to the opposition of medical models for women's sexual problems as well as to address the perceived imminent medicalisation of women's sexual problems, feminist scholars and social science researchers

grouped together to produce the women-centred NV classification framework. The NV encompasses women's sexual problems that are affected by socio-cultural, political, economic, relationship, psychological and medical factors (Kaschak & Tiefer, 2001; The Working Group on a New View of Women's Sexual Problems, 2001). Thus, feminist scholars and social science researchers hope that the effect of a women-centred framework such as the NV ultimately has a number of outcomes.

- It may broaden the scope of inquiry for researchers exploring sexual difficulties in women by promoting contextual factors in women's sexual lives as worthy of exploration.
- There are advantages to pharmaceutical exploration for sexual problems in women and this constitutes choice for women. However, the NV may be used to reveal how apparent choices may not be meaningful choices if they ignore other factors in the context of women's lives (Tiefer, 2001d).
- It may influence sexuality educators and researchers by presenting a model of women's sexual difficulties based on decades of women's health activism and clinical research that can help fashion comprehensive sex-education programmes that use a top-down approach to knowledge (Tiefer, 2001d).
- It may assist psychologists, therapists, psychiatrists, medical professionals, and other health professionals in being aware and deconstructing their own sexual beliefs in order to more fully explore, identify and understand the complexity of women's low sexual desire, anorgasmia, dyspareunia, and so forth.

The next section presents the limitations of the current review and recommendations for future research. The preceding recommendations may assist prospective research in finding

new approaches to understanding how women construct their sexuality within the numerous institutions that have historically had a vested interest in controlling sexuality.

Limitations and Future Research

The exploration into sexual difficulties and experiences of sexuality in women has burgeoned extensively in the last twenty five years. Major contributors to this area of research have been feminist scholars and social science researchers and the current review has reflected mostly on their work. Much of this work is premised on a social constructionist theoretical framework and so the potential for a selection bias in choosing this literature to review exists. As a result, it is possible that other contributors to this expansively wide field of study that endorse different views of sexuality such as from evolutionary and genetic approaches, intelligent design approaches, and social exchange approaches have not been as broadly covered. In addition, work by urologists, pharmacologists, geneticists, and anthropologists amongst others who have undertaken research into sexual difficulties and sexual experience in women has not been substantially included.

The prevalence studies examined in the current review have the advantages of using large and often representative samples and thus yield statistical power and permit generalisations (Crawford & Popp, 2003). However, they are limited in their capacity to explore interrelationships between the concepts and the concepts frequently remain de-contextualised. There is a lack of consensus on the conceptual and linguistic categories pertaining to sexual difficulties in women and how to go about measuring and quantifying these difficulties. Another limitation is that the current review has mostly excluded research examining women whose sexual orientation is not heterosexual. Still, it seems the greatest limitation in the current review is the dearth of qualitative and phenomenological research that captures the rich and detailed variety of women's sexual experiences. There are a number of qualitative studies exploring various aspects of sexuality, such as sexual desire, but very

little research into the phenomenology of sexual difficulties. In particular, phenomenological and qualitative studies exploring sexual problems in younger women are scarce. An inherent limitation of research into a sensitive topic such as sexuality is that many of the participants undertaking such research are self-selected and probably comprise of women who feel comfortable discussing sex-related topics (Graham et al., 2004). This may be one of the reasons why there is limited research with younger women as they may feel less confident about their sexual selves to be able to participate openly in this type of research, particularly as Laumann et al. (1994) found that younger women were more anxious about their sexual performance.

Although the actual prevalence of sexual difficulties is regarded by some as a matter for conjecture, there is research that indicates that for women and men who experience a sexual problem, there is a need for professional health care for that problem, with Vanwesenbeeck et al. (2010) reporting figures of 24% and 19% of women and men respectively seeking assistance. Only half of those seeking assistance however received it. Future research could explore what some of the barriers are for women and men in seeking assistance for sexual difficulties. Such research is notably important as sexual difficulties correlate negatively with sexual and overall wellbeing. Moreover, what are the real-life implications of research findings on the general population and how are these findings being interpreted?

Certainly one area that appears to warrant further research as a tool for activist work is in sexuality education. Programme content of sexuality education needs to address the ideologies of today (Lamb, 2010). Research into programme content has indicated recipients of these programmes find the information irrelevant to their lives, boring, repetitive and too scientific (Allen, 2005). Recipients attribute this effect to the fact that schools underestimate adolescent's sexuality knowledge and repeat information year after year which does not meet

young people's evolving needs and also fails to cover all aspects of sexuality. Prospective research would need to explore how programmes focused on the interpersonal facets of sexual relations as well as on the nature of gender embedded in current ideologies could be delivered as part of formal sexuality education curriculum.

Future research would do well to investigate sexual difficulties by prompting women's own descriptions of the difficulties they experience rather than as responses to preconceived ideas and concepts of female sexual problems (Bancroft et al., 2003). Essentially, explorations into those aspects of sexual difficulties that evoke distress in women are of concern, as personal distress and how it relates to a particular problem has received comparatively little focus of enquiry (Palacios et al., 2009). Interviewing individual women from different population groups would certainly provide a more even-handed literature base. Women who are younger, women who belong to diverse racial groups, women from different socio-demographic groups and women whose sexual orientation is not exclusively heterosexual comprise a research opportunity for future work. Moreover, partners are equally responsible for the kind of sex a couple has together, and in the case of heterosexuality, men are as responsible as women are (Lamb, 2010). Hence, even though feminist scholars and social science researchers have dedicated a wealth of research into female sexuality and with it have empowered a multitude of women, it may be timely for these same scholars to turn to write about men. Working with and on behalf of men may challenge traditional gender ideologies and the position of the female and male in sexual relationships, thereby disrupting existing common sense assumptions about the 'natural' order of sexual relationships.

Research Questions of the Current Study

In consideration of the dearth of qualitative research investigating the contextual nature of women's sexual difficulties, the current study explored a number of research questions.

- How do women's social constructions of themselves influence their sexual experiences and understandings?
- How have women defined their understandings of themselves as sexual beings in relation to dominant socio-cultural and male-centred outlines of sexual interactions as biologically driven and natural phenomena?
- What are the factors intrinsic to the context of many women's lives that impact on their experience of sexual interactions and relationships?

The next chapter of the current paper details the methodology employed to explore the aforementioned research questions. The current study utilised a phenomenological approach to investigate how participants experienced their sexuality and sexual lives. Theoretical orientations underpinning the current study are those of feminist and social construction theories. A qualitative research design was engaged to explore participants' experiences and data collected were analysed through a process of interpretative phenomenological analysis. The current study undertook the research utilising appropriate methodological principles consistent with the requirements for research rigour and ethical considerations.

CHAPTER III

Research Design and Methodology

Aims of the Study

In view of the aforementioned research questions, the first aim of the current study was to explore how a sample of heterosexual Australian women experienced their sexuality and their sexual interactions within the context of their different lives, regardless of their background, their age, their differing roles in society and the type of relationships that they were involved in. All women are not the same and their needs, values, perceptions, difficulties and approaches to difficulties cannot be arranged snugly into one category (The Working Group for A New View of Women's Sexual Problems, 2001). The second aim was to comprehensively analyse the literature in an attempt to search for both the similarities and the differences between what the literature presents as the difficulties within women's sexual lives and what women describe from their own point of view and in their own words. Thus, questions about how and what they feel about sex, why they do what they do within their sexual relationships and what sex means to them, can be explored by discussions with women (Richters & Rissel, 2005). The third aim was to explore whether women who experience sexual difficulties in their relationships are able to resolve and manage those difficulties. Of the women who experience sexual difficulties and struggle to manage these, what do they perceive to be the barriers associated with encountering a satisfactory resolution to their difficulties? Lastly, what ideas, if any, do women in the studied sample present as beneficial ways and means to address sexual difficulties within their relationships by taking into account the numerous differences between their lives?

Theoretical Considerations

Phenomenology.

The philosophical approach adopted by the current study was one of phenomenology. Phenomenology originated with Edmund Husserl (1900-1970) and a fundamental goal was to explore how events and objects appeared to consciousness, since nothing could really be witnessed or understood if it did not come through consciousness (Giorgi & Giorgi, 2008). The focus of phenomenological research is on the subjective and/or lived experience of the person (Robson, 2002). According to Giorgi and Giorgi (2008) a cornerstone of phenomenology is the notion of intentionality, this being the essence of consciousness in as much as consciousness is constantly aimed at some world (an imaginary world, a real world etc.). It is the event or object itself that is seized by an individual's consciousness and not a representation of it. A phenomenological approach is concerned with a *personal* perception of an event or object and not an objective statement concerning the event or object in question (Smith & Osborn, 2008). Hence a phenomenological approach is an anti-traditional style of philosophising that attempts to get to a genuine, subjective individual's truth and describe phenomena as it appears and manifests itself to the consciousness of the researcher (Moran, 2000). Some phenomenological approaches may, for example, be described as explaining how "participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2008, p. 53).

Attempting to get into the world of the participant cannot be done directly since access is complicated by the researcher's own personal conceptions of the world (Smith & Osborn, 2008). Husserl determined that if one was to make these acts of consciousness known then the method for this entailed careful description of these experiences (Giorgi & Giorgi, 2008). However, careful descriptions are ubiquitously biased since these biases lurk

behind common everyday meaning and attitudes. Moran (2000) presents phenomenology's first step as the attempt to "avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common sense, or, indeed from science itself" (p. 4). As such, descriptions and explanations are not given by the researcher until the phenomena are understood from within. Husserl suggested that to avoid errors in presenting and describing phenomena studied, researchers needed to have a phenomenological attitude that encompassed two attitudinal checks, namely 'bracketing' and 'reduction' (Giorgi & Giorgi, 2008). Reduction refers to the researcher adopting an open, curious, wondering and non-judgmental approach about the world whilst simultaneously 'bracketing' or keeping at bay prior understandings about phenomena in an attempt to be critically attentive to the *present experience* (Finlay, 2011). Bracketing is further discussed in the current review under the section 'Research Rigour'.

The aim of the current study was to explore the 'lived' sexual experiences among a sample of women. Primarily this entails thinking about and attempting to understand what it means to *live* for a particular individual. Van Manen (1990) describes research that seeks to know what it means to be human and experience certain phenomena as the following:

As we research the possible meaning structures of our lived experiences, we come to a fuller grasp of what it means to be in the world as a man, a woman, a child, taking into account the sociocultural and the historical traditions that have given meaning to our ways of being in the world. For example to understand what it means to be a woman in our present age is also to understand the pressures of the meaning structures that have come to restrict, widen, or question the nature or ground of womanhood (p.12).

In particular, and pertinent to the literature reviewed for the current study, the researcher aimed to explore in what ways women's sexual experiences are both rooted in their

sociocultural and historical settings and how the specific settings have contributed to the nature of their sexual experiences and difficulties, as well as the meanings drawn from these. Given that feminist scholars and social science researchers argue that it is the very nature of historical patriarchal institutions that have constructed women's sexuality as subordinate to men's desires, the philosophy underlying the phenomenological approach was most well-suited since it seeks to grasp the meaning of sexuality for this sample of women. Thus, in the current study phenomenology was the most appropriate way for understating this phenomenon as it lends itself to the enquiry underlying the research topic given its emphasis on subjective experiences (Morrissey & Higgs, 2006). Moreover, feminist scholars and social science researchers maintain that because sex has historically and socioculturally been considered 'natural' human phenomena the various processes that contribute to an individual's sexual beliefs, values, expectations and behaviour have been exempt from thorough enquiry (Jackson, 1984; Tiefer, 1991, 2004; Wood et al., 2006). It is these very sociocultural processes that may contribute to women experiencing sexual difficulties. Equally significant to enquiry through a phenomenological approach is the notion proposed by feminist scholars and social science researchers that women learn their sexual role without questioning it and without conscious awareness or intent (Blackwood, 2000; Wells & Twenge, 2005).

Crotty (1998) suggests that the phenomenological research method is geared towards the collection and analysis of data in a manner that does not prejudice the subjective nature of the data. Generally, and as in the current study, in collecting data researchers interview individuals in an unstructured or semi-structured manner, using open-ended questions to attempt to obtain subjective discourses of lived experiences that later see themes arising out of the data. Since sexual experience encompasses both conscious and unconscious thoughts, beliefs, sensations, fantasies, memories, ideologies, perceptions, and emotions, it was

assumed that using questions and language in a particular form would assist in deconstructing sociocultural and historical meaning structures in order to evoke recollections of participant's *lived* sexual experiences. Morrissey and Higgs (2006) describe how by using a broad opening prompt such as "Tell me about your experience ..." (p. 166) in their phenomenological research into female adolescent's first sexual intercourse elicited feelings, memories and stories about their first coitus experience rather than personal theories about the phenomenon in general. Becker (1992, p. 38, cited in Morrissey & Higgs) described a good phenomenological research question as evoking "memories of events that have been *lived through* rather than thoughts about the phenomenon" [italics added]. In this manner, the researcher attempts to capture participant's phenomenology and not descriptions of their roles, activities and social status within the world. This seeking to tap into and understand participant's phenomenology requires both addressing researcher biases and appropriate interviewing. (Research questions are further discussed in the current review under the section 'Methods of Data Collection').

Social constructionism and feminist theory.

The theoretical frameworks underpinning the current study are based on social constructionism and feminist theory. A full examination of all the tenets of both theoretical frameworks is beyond the scope of this paper, thus a brief outline of the theories and the rationale for using them will be offered. The central concern of social constructionism is that social processes are instrumental in how we conceptualise the world (Dickins, 2004); primarily that "...what we take to be the world importantly depends on how we approach it, and how we approach it depends on the social relationships of which we are a part" (Gergen, 2009, p. 2). Gergen (2009) goes on to add that social constructionist ideas will challenge most of the words that we have taken for granted such as 'truth', 'reason', 'knowledge' and even 'objectivity', such that the manner by which reality is defined is always seen from a particular

point of view. Points of views may be influenced by religion, science, philosophy, cultural norms and so forth, as well as each individual's lived experience. Miller (1997) posits, "A core assumption of social constructionism is a view of discourse as prior to and constitutive of the world". Furthermore, social constructionism invites one to take a critical stance towards conventional knowledge and to challenge the assumption that this knowledge of the world is unbiased and objective (Burr, 2003; Gemignani & Peña, 2007).

DeLamater and Hyde (1998) drawing on the work of Berger and Luckmann's book, *The Social Construction of Reality (1966)*, organise the principles of social constructionism around five statements.

- Individuals perceive the world as ordered and comprising of discreet events and specific people acting in an ordered way.
- Individuals make sense of their world through language and discourse that provide categories or typifications to classify and order both events and people.
- An individual's experience of reality and everyday life is intersubjective because it is shared with others through language.
- Shared categories of people and events results in habitualisations so that others' behaviour becomes expected and predictable. Habitualisation of behaviour then becomes institutionalised, creating mechanisms of social control which perpetuate the expectations and occurrence of behaviours, for example behaviours related to sexuality (DeLamater & Hyde, 1998; McElwain, Grimes, & McVicker, 2009).
- Knowledge may become institutionalised not only within society but within subgroups of society; hence a "sub-universe of meaning is a socially segregated store of knowledge 'carried' by a specific group. There may be conflict between such groups" (DeLamater & Hyde, 1998, p. 14).

Biological or essentialist views of human sexuality portray several human phenomena as natural to the human condition and dictated by cycles that are connected to the reproduction of the species rather than being the product of culture (Giles, 2006; Spinelli, 2009). A constructionist model however does not regard sexuality as universal phenomena that remain unchanged throughout history and in all different cultures but is rather created by culture; societies give great variability to sexual behaviours and lifestyles, specifying explicit sexual expressions thereby making sexuality embedded in culture and deriving its meaning from interaction, language and discourse (Giles, 2006; McElwain et al., 2009). Diamond (2008) writes about sexual fluidity describing women's sexual responsiveness and sexual orientations as being determined by context rather than innate, so that heterosexuality may also be understood as a context dependent condition. As such, individuals identify themselves "as homosexual, heterosexual or any-kind-of-sexual not because of past circumstances or biological dictates, but because it is both we and who our culture says - or insists - we are" (Spinelli, 2009, p. 23).

There are various links between social constructionism and feminist theory (White, Bondurant & Travis, 2000). Feminist theory is a wide-ranging and generalised arrangement of ideas about human experience and social life from a women-centred perspective so that the origin of all investigation is a) the context and experiences of women in society, b) women are the central subjects in the investigative process, and c) it seeks to create a better world for women through its critical and activist nature (Lengermann & Niebrugge-Brantley, 2000). Although there are many feminist positions, ranging from liberal to radical ideologies (McCormick, 1994), feminists argue that traditional and modernist approaches to the social sciences (objectivity being one of the fundamental views of these approaches) have rendered women invisible in major ways, for instance, women being the objects rather than the investigators of that knowledge (White et al., 2000). Thus, the nature of reality and

objectivity in research is questioned. Most feminist theories posit that traditional methods of acquiring knowledge about the social world are flawed, function to disadvantage women and propagate inequalities.

Post-modern feminist theorists, like social constructionist theorists question the use of language and discourse, maintaining that contemporary linguistic categories are derived from the dominant group in society and do not adequately depict women's experience (White et al., 2000). Since language produces the categories by which individuals organise their sexual identities, desires and practices, the hitherto invisible and largely unacknowledged categories derived from women's experiences still need to be explored and categorised from women-centred perspectives (Cameron & Kulick, 2003; Lengermann & Niebrugge-Brantley, 2000).

In contrast to essentialist views of gender as a trait of the individual, feminist theorists see gender as a process external to the individual, and as denoting the social division and distinction between women and men (DeLamater & Hyde, 1998; Jackson & Scott, 2001). In this way "gender ideologies, the cultural set of beliefs and practices about men and women and their relations to each other, construct men's and women's sexualities differently" (Blackwood, 2000, p. 227). According to Kessler and McKenna (1978) the term gender has historically been used to describe social, cultural and psychological aspects of femaleness and maleness, whereas the term sex has described the biological components of femaleness and maleness. Feminist theorists emphasise that despite the biological differences between females and males, it is the culture of a society that assigns a gender to the individual and which most influences what behaviours will be deemed appropriate or not for that individual (Oakley, 1981, as cited in Haralambros & Holborn, 1995; Blackwood, 2000; Oakley, 2005). Bodily functions and biological 'sex' differences such as genitalia, breasts or beards, are not considered pre-social facts, so that even the recognition of sex differences is enabled by an individual's social gender (Jackson & Scott, 2001; Kessler & McKenna, 1978). It is through

the process of *gender attribution*, or the decision to regard an individual as female or male, that societies categorise the world around them. Gender attribution results in *gender identity* (the attribution of gender to the self, often resulting in tensions between the self and other's attributions as seen in the myriad case of gender reconstruction cases), which shapes *gender roles*, those expectations about what behaviours are considered appropriate for an individual holding a particular position within her or his societal context (Haralambros & Holborn, 1995; Kessler & McKenna, 1978).

Feminist theorists are in accord that a new epistemological stance (that a new way of acquiring knowledge about the world) must be utilised that features women's subjectivity at the core of inquiry (Kleinplatz, 2001; Wood, Koch, & Mansfield, 2006). Numerous points to overcome the deficits in understanding women's experiences, sexuality, gender and gender asymmetry are offered:

- Recognition of the pervasive impact of gender in all facets of social life; this includes the practice of science.
- Consideration of gender as a social category, created and perpetuated through the gender-attribution process.
- Highlighting the heterogeneity of experience and the significance of the historical, cultural, community and language context in shaping the individual.
- Undertaking to commit to research that focuses on women's experience and seeks to empower women, eliminate sexism and adds to societal change.

In accord with the tenets of both of the theoretical frameworks aforementioned, the current study seeks to explore the following questions; a) How do women's social constructions of themselves influence their sexual experiences and understandings? and b) How have women's social positions in relation to dominant male stereotypes defined their understandings of themselves as sexual beings and shaped their sexual expectations and

beliefs? In other words how have women's relationships, the social groups and the culture they live within, the discourse and language utilised within those groups, the roles they occupy in their society, and the biological processes and gender labels with which they identify themselves with interacted to shape their sexual expectations and experiences? By using theoretical frameworks that challenge the very notions of an assumed reality by questioning language categories, 'facts' about the immutable nature of female and male, and the conceptualisations of normal sexuality, the current study sought to present women's subjectivity as the core of its exploration.

Research Design

Qualitative research.

Since the epistemological position of the current study is informed by social construction and feminist theories, which are concerned with identifying the various ways that social reality is constructed, this too will prescribe the methodology used (Willig, 2008). Not all research methods (a specific research technique) are compatible with every one of the methodologies (a general approach to researching topics), but in light of the aims of the current study, that is to explore the subjective experience of women's sexual expectations and experiences, the research design most suitable was qualitative design (Robson, 2002).

Qualitative research can be harnessed to investigate how individuals make sense of their world and how they experience events (Willig, 2008). Cause and effect relationships generally do not form part of the inquiry as they do in quantitative research designs. Furthermore, "the word qualitative implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity or frequency" (Denzin, & Lincoln, 2005, p.10). An important distinguishing feature of qualitative research is that it starts from the actions of the subjects studied, whereas quantitative research starts from the researcher's ideas about what

should constitute the central focus (Alvesson, & Skoldberg, 2009). The challenges to qualitative researchers is to go beyond what presents itself and expose dimensions of phenomena that are obscured, whilst simultaneously being cautious by not imposing meaning upon the phenomena or to compress it into preconceived categories or theoretical conceptualisations (Willig & Stainton-Rogers, 2008).

Qualitative data collection methods need to allow participant-generated meanings to be captured (Willig, 2008). Accordingly, they need to be flexible and open-ended enough to make possible the emergence of novel and unexpected categories of experience and meaning. The data that are collected need to be naturalistic; so the data must not be reduced, categorised, summarised, or coded at the collection point, and as little as possible should be lost whilst translating the data. Although this is almost impossible, as even verbatim transcripts fail to capture everything experienced in the participant's speech, qualitative methods aim to minimise reduction of data as much as possible so that they are presented in optimal breadth for analysis (Willig, 2008).

There has been much debate about the credibility and validity of qualitative research due to the differing epistemological stances supporting quantitative and qualitative research approaches (Elliott, Fischer, & Rennie, 1999). Questions raised within this debate have been whether qualitative research is a scientific enterprise consisting of reporting and analysing findings or whether it is simply storytelling and story constructing (Miller, 1997). Fixed design or quantitative researchers criticise the lack of a standard such as theirs to assure validity and reliability, for instance checking inter-observer agreement, direct replication of experiments, having control groups and using quantitative measurements (Robson, 2002). However, numerous elements and circumstance of social life cannot be replicated outside of a researcher's laboratory or a structured setting (Bloor, 1997). This does not mean that qualitative research is not able to address the problems of validity. Firstly, qualitative data

techniques ensure that participants are free to correct researcher's assumptions about the meanings explored by the research (Willig, 2008). Secondly, a great deal of qualitative data collection occurs in real-life settings so that there is no need to extrapolate from a created setting to real life, thereby enhancing the ecological validity of the research. Finally, reflexivity (the manner in which the person of the researcher is enmeshed in the research and its findings) may assist the researcher to scrutinise the research continuously in order to avoid imposing her or his meanings onto the research findings and so contributing to validity.

Methods of Data Collection

In-depth, semi-structured taped interviews were chosen as the method of data collection, as the format most suitable to explore unknown material and to discover unique experiences (French, Reynolds, & Swain, 2001). Generally the information obtained is very rich and a researcher is free to probe and follow up distinctive responses as they arise (Bless, & Higson-Smith, 1995; French et al., 2001). The interview schedule (Appendix D) consisted of questions, some which explored the demographic characteristics of participants and the rest which were open-ended questions, explored the research topic. Examples of research questions were "When I say the word 'sex' what comes to mind" and "Tell me about ...". Probes follow research questions, and some probing questions such as "How do you mean that...?" or "What would be an example of that?" allow for greater depth to responses without biasing later answers (Babbie, 2009). Research prompts and questions are prepared in advance and predicated on topics through exploration of past research and by bearing in mind the phenomena and research questions to be investigated (Morrissey & Higgs, 2006). This method is typical of semi-structured interviews and it focuses the interview conversation (Morrissey & Higgs, 2006). The researcher did not use the questions in a particular order and the topics have a mnemonic function. Each interview took approximately one hour to conduct and interviews took place either in one of the rooms of the Edith Cowan University

Psychology Department, participants' homes, a community hall and a park. The setting of the interview was previously discussed and agreed upon as suitable by both interviewer and participant, such that it was somewhere safe for both parties, facilitated good conditions for the interview (i.e., discreet enough to allow for emotional openness such as crying), and the interview could be clearly audio-taped.

Recruitment of Participants

Pilot study.

Snow and Wiley (1991) opined that a true pilot study is, apart from possibly a few minor improvements, the central study in the small. In the current study, the pilot study was simply a smaller sample of people from the same population of interest. The grounds for using the pilot group in the current study initially was to pre-test the interview schedule (Appendix E) and learn whether the questions posed were reliable and focused enough to answer the research questions posed in the study. In this way, the researcher could alter, replace or delete problematic words or phrases, and re-write the questions if required (McNabb, 2004). Transcripts of the interviews were transcribed and analysed once. While minor amendments to the interview schedule were facilitated by the pilot study, no major changes to the scope and topic appeared necessary. Some interview questions were deemed vague and tangential and for this reason the data obtained from pilot study participants were not incorporated into the presentation of findings and interpretations but served to hone and streamline the interview with the next set of participants constituting the main study. Thus, data from the pilot study were not included in the analysis of the current study.

The pilot study forming the first part of the current study began with recruiting voluntary female participants from the community. Inclusion criteria included women who did not currently have an AXIS I disorder such as depression, a general medical condition or a substance-related disorder diagnosed by a clinician as per the criteria in the DSM

(American Psychiatric Association, 2000). The rationale for excluding such individuals was to avoid confounding variables, as the aim of the study was to explore sexual difficulties related to social constructions rather than sexual difficulties related to clinically diagnosed disorders. Recruitment was done through adverts left at the offices of some healthcare practitioners who agreed to the advert being posted on their bulletin boards (Appendix F). Posting an advert in a healthcare centre would alert women who may have sought advice from healthcare practitioners for sexual problems to consider participating in the study. In this manner healthcare practitioners did not know who volunteered to participate in the study. The advert was also placed in some community newspapers (Appendix G).

Five participants responded to the advert in the community newspaper and contacted the researcher who, after assessing their suitability for the study, sent them the information letter (Appendix H). Prior to commencing the interviews, the researcher requested that the participant read, understand and sign a consent form (Appendix I). For confidentiality purposes, pseudonyms were used for all participants and only the researcher had access to any identifying information on any written material (such as transcripts). Once all five interviews were completed, the researcher transcribed and analysed the data (see Data Analysis section ahead for a more detailed discussion).

Participants: Main group.

To recruit more participants for the current study an advert (Appendix J) was placed in the daily major newspaper published in Western Australia. Using a major publication to advertise in offers an effective way to access a wide cohort of participants. Out of 15 responses to the advert, 13 women met the criteria (aforementioned) for the study. Similarly, as in the pilot study, participants were sent the information letter prior to the scheduled interview. Participants signed consent forms prior to commencement of the interview.

Data Analysis

In much of qualitative research, analysis of the data occurs throughout the data collection process and informs successive data collected (Pope, Ziebland, & Mays, 2000). Pope et al. (2000) describe this as “Such continuous analysis is almost inevitable in qualitative research: because the researcher is ‘in the field’ collecting the data, it is impossible not to start thinking about what has been heard and seen” (p. 114). Furthermore, since the current study employed a pilot group first, a good portion of data were analysed prior to the next set of data collection. Either the researcher or an individual employed by the researcher for the transcription purpose (and having signed a declaration of confidentiality; see Appendix K) transcribed the recorded interviews verbatim. The data analysis that ensued was a ‘bottom-up’ process, whereby the themes emerged from that data. The transcripts were read and re-read whilst notes were made of interesting or distinctive responses, reflections of personal bias, expressive comments or emotional tone of participants’ voices. By reading and re-reading the transcripts, the researcher becomes familiar with the participants’ accounts of their experiences, so that each reading has the potential to provide new insights (Smith, 2008; Taylor-Powell & Renner, 2003). In this manner, the researcher conducts an interpretative phenomenological analysis (IPA) and aims to search for common threads that extend throughout an entire interview or set of interviews, exploring in detail how participants make sense of their personal and social world (Morse & Field, 1995; Smith & Osborn, 2008). The predominant currency of the IPA approach is to attend to and scrutinise the meanings that particular emotional states, events or experiences have for participants.

Initially numerical codes for easy identification and representing subthemes, were given to concepts, key ideas, incidents described, language used and so forth, for all of the transcripts. Since analysis of data would have been laborious due to the amount of interview

material collected, coding transcripts involved breaking down the data into manageable and meaningful investigative units (Bong, 2002). Secondly, subthemes were collapsed into the core themes that link the substantial portions of the interviews together. Usually themes may be quite abstract and comprise concepts indicated by the data, rather than actual entities described by participants (Morse & Field, 1995). In the current study for example, if a participant's response is "As I was growing up I had a lot of hang-ups about sex" the themes identified could relate to inadequate sexual education or unrealistic sexual expectations, although the actual words and language used do not specify the theme. Thirdly, the demographic information was structured by using a question ordered matrix display (see Table 1 overleaf). Creating a demographic data matrix provides details about the sources of the data and the interrelationship between the demographic characteristics (Bazeley, 2009). Finally, selected sections of data were chosen and put together that best described identified themes and provided vivid and rich glimpses into the lives of the participants involved in the study. The significance of the themes becomes clear once they are all linked to provide a coordinated picture of the experience of sexual interactions and difficulties in the sample of women in the current study.

Table 1: Demographically Ordered Matrix for all 18 Participants

*Participants & Age	Birth place & Nationality	Marital Status	# children	Education	Current Religion & past religious upbringing	Work status	Family of origin- (FOO) parent's marital status	# of siblings (excl. participant)
Beth 47	Australia – Asian and Caucasian parents	Divorced	2	Post graduate	Christian; past was predominantly Buddhist	Director in company	Married	1
Catherine 32	South African- parents & self	Married	0	Post graduate	Catholic	Audiologist	Divorced	1
Daisy 35	New Zealand – Maori parents	Married	2	?	Catholic	Working Admin	Separated	11
Eleanor 56	Australian- Anglo	Married	2	Post Graduate	Past was Uniting church	Academic / & Education fields	Married	2
Fiona 47	Australian - Anglo	Married	2	Year 10	Non-religious-past was Catholic	Library officer	Married	2
Hailey 38	Australian – Italian and Scottish parents	Married	0	Graduate	Non-religious; past was Catholic	Teacher	Married	3
Ida 53	New Zealand – Maori parents	Divorced	2	Year 9	Non-religious; past Christian	Labourer	Married	1
Louise 43	Australian – Anglo	Married	2	Graduate	Non-religious	Social work	Divorced	1
Megan 35	Australia – German & Hungarian parents	Married	3	Graduate degree	Non-religious; past was Lutheran	Domestic Duties	Divorced	2
Natalie 62	England	Divorced	3	Post Graduate	Catholic past	Self-employed	Married	1
Olive 27	Australian- Anglo	Married	2	Graduate	Non-religious	Domestic Duties	Married	2
Penny 45	New Zealand – Maori parents	Married	2	Year 8	Non-religious; past Anglican	Domestic cleaner	Married	3
Rona 36	Australian- English parents	Married	3	Year 10	Christian	Part-time work	Divorced	1
Tammy 42	Chinese/S. African parents	Married	2	Year 12	Catholic	Domestic Duties	Married	6
Uma 35	America – Australian parents	Married	2	Post Graduate	Christian, current and past	Lawyer - currently unemployed	Married	0
Vera 36	Australian- Anglo	Married	2	Year 12	No religion	Admin work	Married	2
Wendy 21	Australian- Anglo	Single	0	Graduate	Past Christian	Studying	Divorced	2
Yasmin 36	Australian- Anglo	Single	0	Graduate	No religion	Admin work	Divorced	1

* Pseudonyms were used for all participants

Research Rigour

Reflexivity.

A number of commentators stress the importance of reflexivity; i.e., an awareness of how the researcher's background and social identity can influence the research process (Robson, 2002). Indeed, it seems that reflexivity has become an essential feature of qualitative research, such that academics and social scientists accept that the qualitative researcher constructs the collection, selection and interpretation of data (Finlay, 2003). Reflexivity is challenging and requires that the researcher make an effort to identify and interrogate professional and personal practices (Finlay & Gough, 2003). The means by which researchers make the effort to not impose their assumptions on the data is known as bracketing (Crotty, 1996). Ahern (1999, p. 408) explains the process of bracketing as “an iterative, reflexive journey that entails preparation, action, evaluation, and systematic feedback about the effectiveness of the process.” A brief summary of Ahern's suggestions for reflexive bracketing includes the following tips for the researcher;

- identify taken-for-granted assumptions about gender, race, socio-economic status, political milieu, and the reasons for doing the research;
- clarify personal value systems and areas of being subjective;
- recognise areas of potential role conflict (including with gatekeepers such as university committees) by noting emotions that may arise during the research process;
- recognise feelings that may convey a lack of neutrality, such as avoiding situations that invoke negative feelings, or seeking out situations that invoke positive feelings;
- question if there is anything new or surprising in the data analysis, and if not whether this indicates saturation or the researcher's boredom, desensitisation or a mental block;

- and if there is a block in doing the research, attempt to reframe it by posing different questions that could lead to another insight;
- following analysis, are certain respondents' quoted more than others or is the way the findings section written more skewed towards certain respondents?;
- and finally, does the literature review support the analysis or express the same background as the researcher?

The first aspect to consider would be the reason why the research was undertaken, in this case as part of the researcher's post-graduate degree. Prior to the start of the research process, developing a research topic and writing a proposal that would be accepted by the university committee would already determine the way the researcher would access and address participants. Moreover, the researcher would have to consider what the impact of interactions with participants might be if the topic selected had the potential to evoke distressing emotional responses (see the *ethical considerations* section below for a brief discussion related to addressing participants about potentially sensitive topics). In addition, prior to commencement, the current study had inherent set criteria such as the size and scope, as well as a time frame within which to complete it. An example of challenging these set criteria was during the course of data analysis, when the researcher had to constantly check that the data were not being 'squeezed' into a subtheme that the researcher considered important but to rather allow a new subtheme to emerge. Or, at times when the analysis was well underway and became quite laborious, again the researcher needed to ensure that a new subtheme was not being added simply because the researcher desired to finish up.

The researcher's gender, as female, had a marked role in why this particular topic was selected, as well as the selection of the theoretical frameworks underpinning the study, namely feminist and social construction theories. Whilst studying as an undergrad student, the researcher became familiar and interested in how both social constructionism and feminist

theories challenge the ideas of reality by questioning language categories that order events and people, as well as challenge facts about the unalterable nature of females and males.

Subsequently, the work of The Working Group for A New View of Women's Sexual Problems (Tiefer & Kaschac, 2001) influenced the researcher's view of female sexuality by providing a women-centred and non-medical model in which to view women's sexuality and the factors that might impact women's experience as sexual beings.

Thus, it is through a specific socialised lens (Gair, 2002) that includes race (White), nationality (Australian), middle-aged (age), professional (psychologist), researcher (Doctoral student) and female (gender) categories by which the current study has been executed. It is also through those same social categories that a personal framework of values and meaning was developed throughout the life of the researcher, and can be seen filtering through the research process. Whilst maintaining reflective notes during the course of the current study, a number of instances were recorded where the researcher's socialised lens was used. For example, whilst transcribing and analysing certain transcripts, the researcher wrote the following comments in her notes:

There are some participants that I listen to and am much more drawn to – the way they speak, what they say, their humour, how I relate to them and them to me. So, do I pay more attention to what they say? And do I think it's more valid than what someone else says because of how I relate to her? Or do I relate to them because what they say is far more in line with the way *I would have* said it?

Through this reflective process, the researcher gains insight into how the social categories that have shaped the researcher's personal narratives have also shaped the way the current study has been both conducted and interpreted.

Being currently part of the dominant White race category (Reber & Reber, 2001) in Australia (race defined as the social-cultural-political identification by a sub-division of *homo*

sapiens), and having a history of being reared in a social and political milieu where one race dominated another in South Africa during the 1980s and 1990s, the researcher found that certain language constructions were not visible during the data collection process. During one of the interviews for example, a participant referred to an individual in her responses as an African. However, the researcher referred to the individual as a “black guy” whilst responding to the participant’s comment further along the interview. When the data were being analysed, the researcher noticed this difference and reflected for the first time that the term could be considered pejorative, both by the participant and by the readership of the study. Although a discussion on the consensus of the appropriate language use is beyond the scope of the current paper, it is evident that a critical reflection on the use of language, given the researcher’s historical and social context, is crucial.

An additional feature of qualitative research that contributes to presenting the phenomenological experience of participants is that the researcher begins from the actions of the participants as the central focus of the study. As the researcher reviewed some of the transcripts it was clear that there were a few instances where participant’s comments or points of view that could have been potentially meaningful for them, were not elaborated on or perceived as meaningful by the researcher. This occurrence could have been either due some sort of lack within the interview process (such as loss of attention, noise pollution and so forth) or through unconscious biases intervening by disregarding the comments. Finally, as articulated by Gair (2002), while the researcher’s commitment and great interest in the area of women’s sexuality, both from a researcher and a professional perspective influenced and propelled the current study, the academic achievement as the reward for the end product could not be discounted.

Triangulation.

A method that is used by researchers to enhance rigour in a study is triangulation, specifically cross-referencing understandings from three different angles (Flick, 2007; Neuman, 2000). In the current study, the method used was triangulation of investigators, namely the current researcher, a colleague and the project's supervisor. The aim of triangulation was to limit the biases in the study since having a sole investigator means their restrictions become the restrictions of the study. In the current study, the first point of view originated from the principal researcher. The second point of view came from the researcher's colleague, a clinical psychologist, who analysed a sample (three) of interview transcripts and corroborated the data by extracting the same themes from the transcripts as the researcher. Lastly, the third point of view was the supervisor's reading of a sample of transcripts and scrutinising the analysis, again corroborating the themes picked out by both the principal researcher and the researcher's colleague.

Member checking.

To address the validity of research, it is important that the researcher's analysis of data accurately represents the social world and context of research participants' descriptions (Elliott et al., 1999; Neumann, 2000). Member checking or validation occurs when the researcher returns (either by telephone, email or physically presenting to participants) material such as transcripts, interpretations, summaries or findings to participants in order for them to judge the adequacy of the material (Robson, 2002). Four participants were emailed a summary of the findings of the study to read and interpret. These same participants responded with validation of the current study's findings. Member checking can demonstrate to participants that the researcher values their observations and additional contribution to the study (Robson, 2002). Thus, participants agreed with the themes and subthemes. No changes were negotiated or required, and themes and subthemes were finalised.

Variability of sample.

The final consideration to research rigour concerns the diversity of the sample participants. In the current study, the demographic characteristics of the sample population were diverse in terms of the following characteristics (refer to Table 1):

- age ranged from 21 years to 62 years,
- diversity in parental and participant birth place,
- marital status ranging from single, married and divorced women,
- number of children ranging from none to three,
- differing educational levels,
- diverse religious denominations (during childhood and current denomination),
- work status, and
- number of siblings.

Although sample variation was not sought out as the current study does not aim to generalise interpretations, the variability of participants' ages, backgrounds, employment and so forth offer a broad range of perspectives and diverse experiences with the potential to provide contrasts in phenomenological experience (Holloway & Wheeler, 2010). Patton (2002) identified this strategy as a means to obtain difference in a small sample that is researched intensively (Rubin & Babbie, 2010). Within a variable sample, shared themes that emerge are of great value as they cut across diverse participants' experience and offer a shared core facet of a phenomenon (Patton, 2002).

Ethical Considerations

The current study was granted ethical approval by Edith Cowan University's Human Research Ethics Committee. As previously stated, prior to commencement of the study, informed consent was obtained from each participant subsequent to their reading the

information letter outlining the study's aims and procedures (Appendix H and I, respectively). All guarantees of privacy were honoured through the use of pseudonyms, omitting of identifying information, destruction of audio material at the completion of study, and securing transcripts in a locked cabinet so that they may be erased after the statutory seven years have passed. According to Banister, Burman, Parker, Taylor, and Tindall (1994), to operate within the informed consent model the researcher needs to ensure that the participants understand the full purpose and outcome of the research, that they are clearly advised that participation is voluntary and so they can withdraw from the study at any time without experiencing any consequences, that confidentiality is guaranteed, and that all efforts have been utilised to minimise participant's anxieties.

Another ethical issue that arises out of the researcher-participant relationship is the power gradient (Sheehy, Nind & Rix, 2005). The power gradient results from the participant having no power or influence over the outcomes of the research. The power imbalance can also be epitomised by the advent of the researcher into the private and personal domain of the participant, in this case either in her home (in some cases) or as part of the personal nature of the topic. Furthermore, the topic of the current study could be considered a sensitive topic, wherein sensitive is defined as research topics exploring phenomena containing elements of *privacy*, elements of *stigma or fear* for participants, and elements containing *political threat* (Renzetti & Lee (1993), cited in Banyard & Flanagan, 2005); thus a topic that involves costs to either the participant or the researcher. The current study required that participants discuss and therefore disclose private and potentially emotionally laden information that could be embarrassing or difficult to articulate given the nature of the topic being researched. However, Hutchinson, Wilson, and Wilson (1994) assert that women who cannot tolerate discussing particular topics will not do so and although there may be aspects of the topic that when discussed may evoke uncomfortable feelings, if the women feel at ease with the

interview process then disclosure results from their willingness to participate. As Gair (2002, p. 137) presented in her study, “Overall, the above participant’s comments allude to some prior calculations of the risks in becoming a participant and to a willingness to take the risks to pursue personal or collective benefits”. Moreover, Kvale (1996) proposes that for some participants just having the researcher listen to what they have to say for an extended period of time as well as the quality of the listening, can provide a unique and valuable experience for the participant, as one of the participants in the current study verbalised:

I mean this whole sexuality thing it’s so powerful... it can make or break people, but what’s good is that you need to be able to talk about it, laugh about it, explore it and um not feel like it’s dirty or whatever and that’s what I find empowering about what’s happened to me in my life...and when I saw your ad it was just, yip I need to talk to someone about this because that’s what’s happened to me...and if other women can read something and go wow that’s what I have been thinking, you mean someone actually went through this and someone’s you know processed it and it has happened to someone.

Consequently, not only is it the researcher’s ethical responsibility to make interpretations of findings consistent with the data provided by participants, but also for the benefits, as calculated by the participants, to be worth the risks (Gair, 2002).

This concludes chapter III of the current study. Chapter IV presents the findings and interpretations by illustrating the core themes and subthemes that emerged from participant narratives and linking these back to the literature reviewed.

CHAPTER IV

Findings and Interpretations

Introduction

The current study sought to explore how heterosexual Australian women experienced their sexuality and sexual difficulties within the differing contexts of their lives. This exploration was done with a sample of 18 women utilising a phenomenological approach, underpinned by a theoretical orientation embedded in feminism and social constructionism enquiry. Prior to the interpretation of the data, past research had been thoroughly explored, which generated points of enquiry relating to women's sexual experiences and relationships. These points of enquiry encompassed historical and traditional social attitudes to sexuality, religious rituals and beliefs, diverse cultural assumptions and educational expectations about sexual behaviour in women and men, and expectations about sexual desires as well as sexual preferences of individuals. Other points of enquiry revealed various attitudes regarding social roles adopted by women and men, plus the impact of diverse opinions, assumptions and cultural expectations of women and men's sexual behaviour on their relationship with each other. A final point of enquiry was the influence of institutions (such as the media and the scientific/medical professions) on women's experience of sexual difficulties and their sexual selves.

The sample of participants interviewed in the current study varied considerably in terms of demographic characteristics and life experiences. Within this diversity of factors and differing experiences lay concerns, expectations, beliefs and desires that were evoked and verbalised during participants' interviews, which emerged into themes and were further divided to encompass subthemes. Themes and subthemes are presented in Table 2. The interpretative phenomenological analysis (IPA) indicated that sexual difficulties experienced by the sample of women in the current study were related to the following themes: socio-

cultural factors, inter-relationship factors, social roles and expectations, practices and preferences, and views/ ideas on change, each with its subthemes as shown in Table 2.

Table 2. – Principal themes and subthemes that emerged from the data.

<i>Theme</i>	<i>Subtheme</i>
Socio-cultural factors	Sexual socialisation & education Gender differences in socialisation Attitudes and expectations about sex
Inter-relationship factors	Relationship satisfaction versus sexual satisfaction Responsivity of partner Relationship violence and abuse
Social roles and expectations	Wife and wage earner Mother and carer
Sexual Behaviour: Preferences and Practices	Sexual confidence and maturity Types of sexual behaviours Sexual desire: how important is sex?
Views and ideas on change	Medication Women enlightening women

The next section of the current study presents detailed findings and interpretations of the analysed data discussing each theme and subtheme in greater detail by introducing numerous quotes of participants that reflect their phenomenological experience of sexuality and sexual difficulties. Themes and subthemes are discussed in turn and are related to the existing body of knowledge. Pseudonyms are used for all participant responses as per the demographic table (Appendix L).

Principal Themes and Subthemes

Socio-cultural factors.

Grouped under the first theme, namely *socio-cultural factors* are the following subthemes:

- Sexual socialisation and education
- Gender differences in socialisation

- Attitudes and expectations about sex.

Sexual socialisation and education.

The first subtheme, *sexual socialisation and education* is related to the impact of the internalisation of dominant social norms and how an individual's social interaction and behaviour is guided by the expectations of others. Thus, participants' narratives included their memories and experiences of individuals who were significant in their sexual socialisation and education during childhood, adolescence and adulthood such as parents, siblings, other family members, peer groups and sexual partners. In addition to the family and individual influences from each parent or family member, institutions such as churches, schools, the media and the Internet were also identified as powerful agencies of social norms. Included under this theme are participants' reflections on the changing nature of current discourses on sex and sexuality. Many participants in the current study were mothers and narratives encompassed discussions related to their role as sources of sexual socialisation for their children.

In response to questions exploring participants' memories of how they first learnt about what sex was and the meanings surrounding sex, participants' dialogue was varied. Vera explained that she was given "*the 'where did I come from' book...and basically was told to sort of read it and... if I had any questions my mum was willing to discuss it with me*". Vera added that in her home she was "*never sort of been brought up with my dad as far as um you know um talking about sex when we were younger*". In contrast, Yasmin identified personal experience, peers and the Internet as the greatest contributors to her knowledge of sex, as indicated:

Um, trial and error, so no one taught me, I think I read some period books, which talked a bit about sex, but mainly I just learnt from dating boys. Yeah, and then I guess when I was a little bit older in my twenties I started learning it from friends,

work colleagues, and then I probably learnt the most recently in my thirties from the internet and from watching porn actually.

The majority of participants identified their home as the primary place of sexual learning. Some participants' recollection of sexual learning encompassed either vivid memories or narratives of sexual content. Whilst for other participants, they recalled no direct mention of sex, but rather a non-specified and perceptible aversion to discourse surrounding sexual matters at home. Direct memories were in the form of images and words, or attitudes and behaviours surrounding discourse on sex, such as Eleanor's explanation of being given a specific book to read about menstruation and "*on becoming a woman*". Eleanor recalled the unspoken message she received simultaneously as the book was given as one of "*you can ask me any questions but behind that was a please don't because I just don't want to answer those*". Another participant Uma described her parents as very committed Christians and recalled a memory she has of asking her mother what sex was like and hearing the response as "*It was your nightgown gets wet... [giggles]*".

In exploring participants' memories of their sexual socialisation, culturally diverse discourses in socialisation for participants who identified as Maori and Asian were not as evident in the current study when compared to the discourses of participants who identified as white or European. Participants who identified themselves as Maori and as Asian also described sexual discourses immersed in Christian ethics not unlike other Australian participants' narratives. Penny recalled having an Anglican upbringing and having "*protocols I suppose you'd call it, taboos and things associated with sex and sort of like kept quiet*", whilst Daisy recounted having a very young mother and "*a multicultural background of lots and lots of children, different fathers so my scope was always that sex was natural and normal*". Despite having religious education and going to Sunday school, Daisy stated that this did not have any impact on her "*being promiscuous as a teenager*". Ida described having

the same taboos associated with “*your basic Christian...you don’t go tramping around*” yet recalled hearing her Maori aunts talking about sex as “*quite a natural thing*”. Identifying as Asian and as Christian, Beth described the Chinese films she watched growing up as having “*thunder and lightning and boom you know, and then they would have the next scene would be a flower and it would wilt*” signifying that a woman had been “*taken advantage of*”.

Narratives related to receiving indirect sexual messages encompassed a variety of pathways in which participants recalled making their first connections or conscious memories of sex. An example is Megan’s description of finding out, at age 10 years, about her mother’s infidelity with a family friend, recalled as follows: “*...and although she wouldn’t have specifically talked about sex I kind of worked out enough in my own mind to know what they were doing*”. Indirect messages were also recalled as adults ceasing to talk when a participant entered a room or the television being switched off during a certain scene. Beth attributed her ideas of sex to books or movies and recalled locating a book in her parent’s room which used words such as “*fuck*” and “*sex*” and hiding under the blanket to read it. Still others used words such as “*taboo*” or “*rude*” to describe the attitudes they felt were implicit in their family homes. Hailey remembered being given the Australian *Dolly* magazine, the equivalent to the American teen magazine *Seventeen*, in which to educate her about sexual matters. Others recalled friends or a cousin either discussing sex or sharing books and magazines about sex with them. Thus, all participants recalled receiving either direct or indirect sexual messages that influenced their sexual expectations. For most participants, the internalisation of sexual expectations occurred in the family home.

For the majority of participants, it was the mother who was responsible for communicating about sexual issues, even in those families where siblings included boys. Thus, gender differences emerged in the way participants were socialised with descriptions such as “*he had three daughters ...well that’s my mum’s domain*”, or “*my father was not around a lot of the*

time” or “*My background was very White middle class Anglo-Saxon and um never saw my father naked*”. Hailey described her father’s direct input as being through humorous comments or “*silly things like...shoulders back, boobs out, that kind of thing*”. Hailey added that her brother was socialised in a different manner, stating that “*It was different... he was groomed more with his talents and intellects and career and future wealth and things like that, totally different*”. Hailey stated that the expectation for her was marriage. Mothers communicating with their children regarding sexual matters are in line with the research by Dilorio et al. (1999) and Averett (2005) who described mothers as talking more with both their daughters and sons about sexual matters compared to fathers.

Messages about sexual behaviour and expectations were remembered by participants as being laden with both positive and negative attributes. The most common feeling referred to by participants was that of guilt. Guilt was experienced by participants in a myriad of ways and in conjunction with many experiences such as sexual intercourse and orgasm, masturbation and premarital sex. Beth, the participant who discovered the book in her parents’ room (referred to earlier) depicted her guilt by saying “*It’s terrible, I have never told anybody that, and I was so aroused by it*” when she described reading the book under the blanket and thinking “*Oh my goodness, this is bad, but I really enjoyed reading it*”. Olive described feeling guilty when she was younger and experienced an orgasm as she considered herself more sexually active than her peers, as she described; “*... I never felt that it was the right thing to be doing and I was always so much more sexually active than my friends and yeah it does bring some back yeah some negative feelings*”.

The majority of participants whose family of origin strictly espoused religious values, recalled their parents being uncomfortable with discourse related to sex. They also shared views on how the beginning of their sexual experiences was remembered with negative emotions such as guilt and shame. Words used to describe some of the attitudes participants

felt they inherited were “*dirty*”, “*slutty*” and “*not right*” or describing masturbating and “*making sure no one is around*”. Averett’s (2005) qualitative study exploring parental communications with young women reported similar findings: participants described their parents as conveying negative messages about sex. Natalie, who described being from a very strict Catholic home recalled being “*shocked and horrified*” when the boy across the road told her the facts of life: interestingly, her shock was related to imagining her mother, not her father, taking her clothes off to engage in some act. Daisy, who recalled having some religious influence in her childhood home described herself currently as a “*strong Catholic*” and reflected that guilt and shame were not part of her sexual experiences when she was young, however, as a Catholic they are *now* in relation to her “*promiscuous*” past. Yasmin, who did not remember religion influencing her upbringing, responded that there was no negativity around masturbation or sex, however there was about “*men*”. Similarly Vera, who did not identify with any religious background, remembered having positive views about sex, with the exception of falling pregnant. Olive, socialised in a non-religious family, recalled her mother witnessing her masturbating and then being told by her mother that she needed to do this in a quiet room and not in public. However, she did not recall any negative feelings associated with this memory of masturbation, although she recalled feeling guilty as an adolescent experiencing orgasm. In contrast to Olive, Hailey’s family was Catholic, but she too did not recall having any negative feelings associated with her memory of being seen by her mother while masturbating when approximately five years old.

Numerous researchers exploring attitudes toward masturbation have linked sexual guilt with individuals who are more religiously active compared to those who are not, concluding that as sexual guilt retains historical perspectives on sexuality and sexual behaviour it is a socially and religiously constructed phenomena (Davidson et al., 1995, 2004; Wyatt & Dunn, 1991). Studies such as Moore and Davidson’s (1997) noted that feelings of

guilt and shame described by female college students were correlated with uncommunicative parents, less affectionate parents and an over-strict father figure. Brugman et al. (2010) similarly noted that in their interviews with U.S. college women and Dutch college women, themes that emerged presented two very different experiences for both sets of women: Dutch women revealed positive attitudes to sex and recalled sexually positive and comfortable parents compared to the U.S. women who recalled adults who were both sexually silent and negative in their attitudes. Consequently, as a representation of cogent arguments offered by Brugman et al. (2010), Uma who originated from the USA and later resided in the Netherlands and Australia described her feelings of discomfort with her own nakedness, linking it back to her memories of both her mother and father regarding nakedness as something to be kept hidden. However, she described her experience of living in the Netherlands as quite different and found herself “...*acquiring a much more European attitude to the body that I found very, very liberating*”. In contrast to the aforementioned research by Davidson et al. (1995, 2004) and Wyatt and Dunn (1991), findings from the current study did not link sexual guilt exclusively with participants whose family of origin espoused religious values, but found all participants recalled some feelings of guilt and shame related to sexual behaviours or experiences. For the participants in the current study, guilt and shame evoked in relation to expectations about appropriate sexual behaviour pervaded beyond religious expectations, as discussed further ahead in the course of the current section.

A topic that emerged in relation to sexual socialisation and education in the lives of participants concerned the discourse and attitudes to *current* sexual education and socialisation, predominantly because the majority of participants were mothers and so had reflected on their role as current or future sexual educators within their families. Participants' comments are consistent with other research suggesting children of both sexes consider their mothers to be the primary source of sexual knowledge in the family home (Averett, 2005;

Dilorio et al., 1999; Nolin & Petersen, 1992). Comparisons were made by many participants about changes or similarities between their own sexual socialisation, socialisation of their children and contemporary societal attitudes to sexual socialisation and education. Penny described her upbringing as a Maori woman in a religious home and explained that she has been “*more open*” with her son and daughter about sexual socialisation. Penny stated that although she did discuss sexual details with her children, she had always answered their questions and acknowledged throughout their adolescence that she knew what they were doing and that “*I’m fine with it as long as it’s safe*”. Although Penny presented as a sexually confident and assertive woman, who described much sexual satisfaction in her own relationship and referred to herself as “*more open*”, there was no mention of sexual pleasure/satisfaction in sexual discussions with her children. This incongruity in Penny’s sexual communication with her children highlights arguments presented in the literature by feminist scholars and social science researchers; namely, that safety and pleasure in sexuality socialisation are not mutually exclusive, yet parents’ communications with children still focus mainly on issues related to safety, such as menstruation, reproduction, birth, pregnancy, and STDs (Dilorio et al., 2003; Ingham, 2005; Jackson & Weatherall, 2010; Morgan et al., 2010) . However, if young women are more knowledgeable, more aware and more comfortable about their sexuality, their bodies and about their own pleasure, then they could be better equipped to not engage in unwanted and undesirable sex, often risking safety. Thus, whatever other benefits Penny’s children could have derived from her comfortable feelings around her own sexuality may not have been fully communicated, as safety often precludes any dialogue around pleasure.

Olive, who is a mother to two young children, suggested that sexual socialisation of children needs to focus on the reality of the difficulties some women may face in their sexual relationships due to erroneous or unrealistic ideas about sexual interactions. Olive’s response

was evoked when the interviewer asked her if she could think of a way of assisting women like her that may have difficulty attaining an orgasm through penile-vaginal penetration or that may experience a lack of desire for sexual intercourse. Olive proposed the following:

I think mums talking with their daughters...I think girls need to learn from their mums at an early age, that it is normal and it's not just about the... boys' satisfaction and girls do like sex as well and it's not, um, yeah, [sighs]... I guess girls just talking to their mums and knowing ...it's not as normal as you know, as teachers and that make it out to be and...if you see sex on TV and it looks like the woman is having...an orgasm...we look at that and think well that's not how it happens but if you are a young person and seeing that then obviously you are thinking that is supposed to happen, but if your mum, if you're learning it from other women that you know women find it a lot harder to get satisfaction then ... you know what you are in for [giggles].

Olive's quote identifies with two auxiliary points suggested in the literature. Firstly, that as a woman she continues to perpetuate and conform to the idea that sexual socialisation is conveyed by women to women, consequently bypassing the role of the father communicating with the daughter. Research indicates the limited role that fathers have in communicating with children about sexuality, particularly with their daughters (Dilorio et al., 1999; Hutchinson, 2002; Hutchinson & Montgomery, 2007 Nolin & Petersen's, 1992). Additionally, Hutchinson and Cederbaum (2011) found that young women in their studies identified fathers as being in the unique position of providing them with a male perspective and assisting them in developing insights about men, which could assist in negotiating relationships. Nolin and Petersen's (1992) research, in turn, explored the limited role the father partook in influencing adolescent sexual behaviour, specifically (in their study) due to limited parent-son communication. The outcome was that adolescent males' sexual

knowledge was often acquired through stereotypical and flawed information from peers and the media. This conclusion is salient in that as their study indicated that adolescents of both genders perceived boys as holding the power in on-going relationships regarding the decision to engage in sexual intercourse, adolescent males then remain entrenched in often mistaken and stereotypical views of sexual intercourse. A further consequence of not having fathers involved in the sexual socialisation of daughters and sons is that potentially a one-sided view of sexual knowledge could be conveyed. It is possible that if the mother has herself inherited a negative and restricted view of sexuality, any benefit to acquiring a different perspective of sexual socialisation through fathers is missed, and the intergenerational cycle of same set values continues. In the same way, the taboo and discomfort around sexual matters continues as fathers' avoidance perpetuates this. A case in point is provided by Vera's response to the question about how her children were going to acquire sexual knowledge. Vera expressed both her and her husband's desire to be involved, stating "*he wants both his kids to come to him, you know he doesn't necessarily want A (the daughter) to go to him and B (the son) to come to me*". Vera emphasised that her husband, despite having a similar upbringing to hers, with limited direct messages and information regarding sexual knowledge, wanted to convey sexual knowledge to his son about "*how to please a woman and all that sort of stuff*", adding that they were both determined "*that the cycle won't continue for our own children*". "*The cycle*" Vera referred to, is the "*big problem that parents still don't talk to their children openly*".

Secondly, Olive's quote states that women also enjoy sex. Olive indicates further however, that when she started learning about sex it was "*always about the men's satisfaction*". Hailey also described growing up with the message that sex was "*more about pleasing them*" (referring to men), explaining that her mother had been "*submissive*". Olive and Hailey's descriptions, echoed by other participants, are in line with research by Averett (2005) and Askew

(2007) that suggest that parental messages reinforced gender roles that demand female passivity and suppression of sexual desire. Additionally, when reflecting on her own sexual socialisation, Ida who described being given a “*clinical book*” by her mother, a book depicting the technicalities of sex and devoid of any emotional, psychological or social-cultural contexts, suggested that society “*transmits*” the wrong sexual messages to children. Ida compared her sexual socialisation to her longing to socialise her granddaughter by sharing what she has learnt; she states that “*we’re not transmitting because we don’t know, I mean I have learnt what I have learnt now, who says it’s right and who says it’s wrong? But I will transmit it; you wait till my granddaughter grows up yee ahh!*” [laughing]. In summary, studies conducted by Ballard and Morris (1998), and Moore and Davidson (1999) exploring the first sexuality information sources for women, reported that of parents, teachers and peers, parents were most often the first information source. This was the case in the current study, with all participants except the youngest one recalling either having direct messages of sexual socialisation/education at home or indirect messages. Wendy, the youngest participant, described learning about sexual intercourse for the first time through a school friend.

As formerly revealed in the literature regarding sexual socialisation and the internalisation of social norms and expectations, the second largest source of sexual information for participants came from teachers, peers or the media, in the form of books, magazines or movies (Pearson, 2008). Apropos sexual education at school or teachers as first sources of sexuality information, only Hailey aged 38 years and Wendy aged 21 years, remembered having sexual education at school. Wendy described how that was delivered by stating as follows: “*It was how to protect your lifestyle like you know in terms of not getting pregnant*”. Gibson (2007) confirms that since the 1970s sexual education was part of the school curricula in most states of Australia and that the origin and rationale behind sex education was to curtail the number of unintended pregnancies and STDs. Wendy’s comment

may be regarded as a working example. In contrast, Weaver et al. (2005) propose that more recently there has been increased attention to comprehensive sex education that incorporates key components such as accepting young people as sexual beings, providing skills to enable them to control and enjoy sexual activity, and catering for the sexual diversity of students. In response to questions enquiring about sexual education curricula at school Wendy answered with: *“I don’t think they overtly said girls could have orgasms”*, indicating that pleasure in sex was not necessarily the focus. Prior research exploring sexual messages received by young women through contemporary models of sex education suggests that they lacked information on the pleasurable aspects of sexual practices, on knowledge of the body, on sexual desire and arousal, on masturbation and orgasm, as well as how a healthy sexuality understanding can contribute to positive and satisfying healthy relationships (Allina, 2001; Askew, 2007; Shoveller et al., 2004). The medium age of participants in the current study was 40 years, indicating that their secondary education occurred during the mid-1980s, a time when there was either no sexual education in some schools or when sexual education emphasised the negative consequences of sexual interactions that Hailey’s comment suggests. Hence, narratives regarding school sex education are limited in the current study.

In returning to the media as the other influential sexual socialising agent, Olive’s description of young women watching televised images cited earlier refers to the media as a powerful force for both women and men. Eleanor contemplated the prominent role of the media by wondering whether the media *“reflects real life”* or whether *“people copy what’s in the media, so which comes first? ...the media is so powerful”*. Beth described how images in films she watched whilst growing up depicted sexual behaviour in certain ways, as she stated: *“I really feel sorry for the women who are still lying on their backs having sex, having their husbands have sex with them”*. Beth’s comment refers to the manner in which individuals learn about appropriate or expected sexual behaviour. Through the sexual messages received

by various figures in their social milieu such as celebrities, actresses and models, women often conform to or aspire to behave and experience their sexuality in ways that are incongruent with both their own desires and their capacity to achieve sexual satisfaction. Crawford and Popp (2003) propose that women deny their own sexual urges due to the standards and expectations imposed on them by socialising agents, often occasioning negative sexual identities after their sexual autonomy has been forfeited for social desirability. Moreover, women not only deny these urges but are socialised to discount their own bodily experiences of sexual desire because they do not have the cultural foundation to acknowledge or interpret such feelings and experiences (Tolman & Diamond, 2001). Many feminist scholars and social science researchers argue that the media operates as a dominant means of setting socio-cultural norms through television, magazines, print media, films, music videos, pornography and the internet; norms that often perpetuate young women's social subordination as they instil in girls expectations of *how* to be sexual women according to the prevailing cultural standards (Ballard & Morris, 1998; Brugman et al., 2010; Carpenter, 1998; Daniluk, 1993; Nowatzki & Morry, 2009; Wright, 2009). Wright's (2009) research suggested that adolescents are often exposed to sex stereotyped portrayals of human sexuality through mass media. Examples include adolescents' favourite television programmes depicting males as preoccupied by sex, masculinity as directly related to males sexual "conquests" (p. 185), and males valuing females primarily for their physical appearance.

Another case in point related to the media as a dominant force in setting socio-cultural norms and expectations can be illustrated by Ida's indignation at an advert that aired on Australian television about the dangers of using alcohol targeted at adolescents and youths. What follows is Ida's interpretation of the advert:

...one of the shots is a girl, you don't see her face and that, but you see her underwear coming down...you hear the drunken talk, now that, that pisses me right off... they're sort

of saying that alcohol will get you into certain situations which are not healthy here, it shows the boys fighting and all that, but then there is this angle on a girl taking her knickers off, I don't understand why that is even on that ad, I find that highly offensive, what they're saying is a woman when she is drunk, a girl well the same thing, they're telling them don't drink cause you might take your knickers off which means basically you're gonna have sex... well hello, it's like a threat over us you know, we're not allowed to have sex, um, we do it accidentally, that's the only way...that's going to get us in trouble, now I really disagree with that.

Ida's interpretation (including her indignation) highlights the fact that the behaviour of women and men is 'expected' (in this case by whoever commissioned the advert) to conform to a different set of norms: females have sex when they drink and men fight, both of which are portrayed as undesirable. That men also have sex when they drink and women may fight is contrary to a stereotypical portrayal of gendered behaviour. As has been demonstrated previously with much of the literature regarding sex education, portrayals such as this one described by Ida position sexual pleasure and safety as not merely mutually exclusive, but as one trumping the other: safety over pleasure.

A final opinion contributed by Megan concerned incongruent messages given to women about being overtly sexual especially to be found in the media. Megan argued that despite the overt sexual messages and behaviour, particularly portrayed by younger women, "*when you look at the world around you, you might be thinking it is ok, but I think there are many people that perhaps think it is not*". In other words, the messages encourage young women to be sexual and comfortable with their sexuality, yet punish and label them when they are. For example, women are socialised as regarding physical appearance as very important to sexual relationships, yet discouraged against having sex and labelled

pejoratively by family and friends if they engage in sexual interactions (Averett, 2005; Holland et al., 1996; Moore & Davidson, 1997; Shoveller et al., 2004; Wood et al., 2006).

Hitherto, the current discussion has focused on the first subtheme, *sexual socialisation and education* that emerged from participants' discourse by presenting information and messages that are communicated/not communicated between parents and children.

Additionally, participants' narratives illustrated the diverse ways messages are conveyed that included peers, school curricula, the internet, and the media. Religious ideals of sexuality and appropriate sexual conduct were embedded in many of the narratives. Although participants varied in the sorts of messages they received in their childhood home, with some recalling negative messages whilst others did not, feminist scholars and social science researchers (Blackwood, 2000; Wells & Twenge, 2005) argue that it is the pervasive influence of the larger cultural gendered environment, rather than simply genetic and individual family variables, that plays the greatest role in constructing the different sexual beliefs and practices for women and men. The family, schools, churches, peer groups, media, government, organisations and institutions all form part of the larger cultural gendered environment and contribute to the individual's sexual socialisation in myriad ways. In essence, as the first theme suggests, participants' narratives described many of the *Socio-Cultural factors* that impact on women's experience of sex and their sexuality. In particular, socio-cultural factors contribute to women and men being raised with different sets of sexual values, some examples which are presented in the forthcoming section.

Gender differences in socialisation.

The second subtheme, *gender differences in socialisation*, comprises participants' narratives associated with disparate beliefs about sexuality and sexual behaviour appropriate for women and men such as double standards, women as the enforcers of double standards, beliefs related to sexual pleasure being more important for men than for women (for example,

women feeling “selfish” pleasuring themselves or faking orgasm to please men) and concerns with body image.

The sexual double standard was characterised in participants’ memories of having been being labelled/or labelling other women as a “*slut*”, “*tart*”, “*sleaze*” or “*easy*” and was predominantly remembered as present in high school, although Yasmin recalled being aware of it in her “*twenties and thirties*”. Wendy, the youngest did not recall being aware of a difference between girls and boys at school. Differences between “*good girls, nice girls*” and “*tramps*” or “*bad girls*” also permeated messages conveyed at home about appropriate behaviour for women as recalled by most participants. Penny described a double standard between Maori women and men in relation to women not wearing bikinis because “*they are pretty reserved*” whereas Maori men “*strut around with no shirt or shorts*”. Penny also remembers the word “*slut*” being used for both genders, albeit as “*more severe for the girls*”. Eleanor remarked that the double standard still permeated society but that it had changed and shifted rather than disappeared, that “*what’s acceptable is different from previous generations but is still a double standard*”. Eleanor’s opinion is in accord with some of the literature proposing that although the traditional sexual double standard is not always evidenced, it is a multidimensional phenomenon, which may operate at a subtler level and be unnoticed by the methods used to study it (Crawford & Popp, 2003). A few participants also mentioned, again as suggested in the literature, that the longer and more committed the relationship the woman is involved in the less the double standard was applied (van Roosmalen, 2000).

This double standard appears to pervade far beyond the high school years. Daisy recounted how she considered herself to be very promiscuous as an adolescent and how she presently thinks she “*should have slowed down*”. Augmenting her thoughts, Daisy questioned herself:

... would I like my daughter going out and doing what I did? Heck no, does my husband know what I was like back then? Hell no, he would turn around and say a woman is not supposed to have more sexual partners than her partner and I know I would have.

Olive remarked that “*it was all right for guys to go sleep with six girls but then once a girl actually slept with one person they were seen as a slut*”. Additionally, Olive commented that it was acceptable for men to “*brag*” about who they had sexual intercourse with but for women to discuss sex was not that acceptable. Olive used the fact that she had agreed to partake in the current study as a case in point of a double standard due to responses received by male and female friends, as she described:

“...I say to the girls, oh I’m doing this sex survey and they’re all ah cool you know, go for it and then you know the boys ask and I like tell X my partner and he’s, you know, they’re just different about it, like Oh you know! ‘she’s talked about sex’ (laughs) I like well yeah, they don’t really, yup definitely double standards, but if a guy’s doing that and talking about sex, it’s...it’s acceptable”

Beth’s response to a double standard was illustrated by the following view she had always maintained: “*...if you let someone have sex with you they are taking something from you...but you never think of the man actually losing something*”. This quote closely resembles Baumeister and Vohs (2004) suggestion that “the woman gives sex and the man gets it” (p. 355). Beth points out that “*there is a lot of still that kind of dichotomy between good and bad and it’s all like if you want good sex then you must be bordering on the promiscuous, the bad, the... you know, the sexy*”.

Directly contradicting the double standard and creating a *social pressure* experienced by a number of participants in high schools and beyond, was the pressure to engage in sexual intercourse. Ida referred to being sexually active later than her peers in high school and

expressed this by commenting that “... *I had to get rid of my virginity...yeah well you see among my peers I was the weird one*”. The need to “*get rid*” of her virginity was to be “*like the rest*” and not to stand out at the age of 15 years. Wanting to have sex was also defined by Yasmin as curiosity and the need to be involved in sexual behaviour similar to that of her peers. Hailey and others resonated with curiosity being a factor in engaging in sexual behaviours, either because they had boyfriends or because their peers were having sex. Beth remembered how her boyfriend called her “*frigid*” because she “*did not go all the way*” and threatened to leave her for another girl if she did not have sex with him. Feminist scholars and social science researchers emphasise that the sexual double standard is often internalised and used by women to evaluate themselves, placing them in a compromised position (Crawford & Popp, 2003; Milnes, 2010).

As referred to previously in the literature, women receive very ambivalent messages about their sexuality including learning to be sexy but saying ‘no’ to sex, being sexually objectified and encouraged by the media and peers to engage in sexual interactions but discouraged by parents and religious institutions (Averett, 2005; Holland et al., 1996; Moore & Davidson, 1997; Shoveller et al., 2004; Wood et al., 2006). Olive’s narrative demonstrated this tension and ambivalence very well as she described her family as non-religious and did not recall direct messages conveyed to her by her parents about the inappropriateness of sex. However, Olive described feeling guilty after having sex, particularly after orgasm although the feelings have not persisted into adulthood. Olive’s descriptions resonate with the study by Derflinger (1998) that defined guilt in relation to sex as an experience of discomfort whenever internal sexual standards were dishonoured in thought and action. Although participants in Derflinger’s (1998) study were Christian and Olive was not, she nonetheless appears to have internalised a sexual double standard and to have evaluated herself against it. Similarly Beth discussed the influence her “*conventional, traditional, Asian upbringing*” had

on her sexual attitudes. She explained that “*bad girls were the ones that walk around with low cut neck lines and I still suffer from that a little* [referring to her own attitude]”, adding that she believes these attitudes will “*probably be forever*” despite her being cognisant of the double standard they uphold.

It appears that these ambivalent messages around women’s sexuality may influence many women to enforce the double standard, whether intended or not. The literature is divided apropos this point, with some researchers proposing that it is women and not men who are the harshest judges of women’s sexual behaviour and thus enforce a double standard (Baumeister & Twenge, 2002; Milhausen & Herold, 1999). Beth, who described herself as “*not a conventional person*”, despite her conservative Asian background, demonstrated this when she reflected on watching a female colleague that “*had this plunging neck line, and honestly you could almost see her knickers, I was sitting there trying to figure out why I was feeling so uncomfortable*”. Beth related this to her dilemma in raising her own daughters and described how she needs to walk a “*fine line in trying to teach them values but trying not to do what was done to me...which is have all of those images and stereotypes and whatever that I carried through up until I was in my twenties*”. Vera commented that she also formerly considered girls who were having sex as “*sleaze*” and recalled not considering boys negatively at all, stating that “*I know that’s terrible but when I was that age I did not think that he really sort of... he was a 50% partner in it so I really viewed him, it was always sort of more the girl*”. Eleanor reflected that many “*fathers perpetuate the double standards, maybe mothers too because I still hear its ok for boys to do this*”. Eleanor, who has sons, compared the differences in attitudes that her sister, who has only daughters, has by stating that “*there is still quite a double standard evident in the way my sister and her husband, in the things that they accept about my boys and what they do with their girls*”. Ida strongly opined that women help enforce the double standard, particularly those women that have

“retained those beliefs” adding that these women *“get very angst about someone like me”*. Ida was referring to the fact that she considered herself sexually assertive and did not support a double standard in any way. Although the current narratives are pervaded with examples of women directly or indirectly imparting messages imbued with a double standard, feminist scholars and social science researchers refer to socialisation processes as still being entrenched in well-rehearsed cultural discourses (for example, sex education and attitudes regarding sexual double standards). Hence, women’s own desires about sexual needs, active participation in and around sex and sexual matters, and agentic capacities fail to develop explicitly within such environments (Nicolson & Burr, 2003).

Some literature points towards shifts in conceptualisations of the sexual double standard and debates abound about its demise, specifically in relation to societal sexual attitudes being more ‘open’ than in the past (Milhausen & Herold, 1999; Robinson et al., 1991). In the current study however, the two youngest participants Wendy and Olive, although only six years apart, contributed differing opinions about their explicit awareness of a double standard in the family home, at school and the social milieu. Additionally, both participants diverged in their religious upbringing, as Wendy had past Christian influences and Olive was socialised in a non-religious home. Wendy remembered having *“high morals”* and *“...my father actively encouraged my brother’s relationships”* in their family home whilst not recalling any double standard at school. Olive, on the other hand, recalled having no religious influence or explicit negative awareness at home but being aware of a double standard at school. Inasmuch as feminist scholars and social science researchers argue that it is the pervasive influence of the larger cultural gendered environment that plays the greatest role in constructing the different sexual norms for women and men, exploring the double standard in present cohorts of adolescents and young women is a possible point of enquiry for future research (Blackwood, 2000; Wells & Twenge, 2005). Despite the wide age range in the

current study, assertions about current societal changes to the double standard could not be made as the study failed to find any marked differences between participants from younger and older cohorts.

Closely attached to the double standard is the idea that men's sexual needs are more important, more biological and stronger than women's sexual needs. Feminist scholars and social science researchers argue that sexual socialisation at home, at school and through religious mediums create gender binaries that strengthen heterosexuality and coital sex, positioning masculinity and men's needs as the primary goal and right in sexual relationships (Holland et al., 2000; Jackson & Weatherall, 2010). Additionally, women are viewed from a Christian perspective as less controlled by their sexuality and desire than men who are characterised as sexual aggressors; hence women are considered more responsible for both their own sexual behaviour and that of men (Hyde & Jaffee, 2000; Rose, 2005). The idea of men's sexual needs as paramount is expressed in a number of related meaningful issues across participants' narratives.

Firstly, that sexual pleasure is more important for men and that women engage in sexual activity despite having no desire to, for example: "...well I have to give it out every Friday night", such that sex is considered an obligation rather than a desired interaction. Daisy commented that she used to feel that there was something wrong with her because many of the times she had sex with her partner was for his not her pleasure stating that "*when you talk about that, it's very, very common...because a lot of women say it*". Daisy added that even when she feels resentment towards her partner, she sees it as a way of connecting because "*at the end of the day you still love them...and it's still a need of theirs...even though you are just so pissed off*". Yasmin expressed her view of society's pressure by stating that during her "*twenties it was all about...getting a boy and finding a husband and all of that society pressure*" but that now that she has reached her thirties she is "*having sex for me,*

although there is a bit of pleasing men. It's hard to get rid of that one". Yasmin described not knowing where this idea came from but rather that it was *"imbedded in me to want to please men sexually"* and that *"the guy had to cum, and that would mean he was happy or that I had made him happy"*, emphatically suggesting that the *"fantasy that I am meant to please him"* was both a personal fantasy and a desire perpetuated by what she termed *"society pressure"*. Olive responded that when she heard the word sex mentioned it was her partner's sexual satisfaction that came to mind, stating that *"I find after having two kids and after ten years of being in a relationship, I find that sex isn't on my priority list but it is I know on his and so I do it for his satisfaction"*.

Secondly, women feeling that there is something amiss with them because they want to get their sexual needs met through ways that do not always include penile-vaginal penetration emerged as yet another meaningful issue. Ida described how she was *"selfish"* because she demanded to be sexually pleased by her partner during sexual interactions, as she stated that *"if I am going to have sex I'm having it for me. I'm not having it for someone else; if you're coming along for the ride good luck, realistically the truth is it's for me"*. Yasmin described feeling *"embarrassed"* about masturbating in front of a man in order to become sexually satisfied. Eleanor, when prompted about whether she could make her sexual needs known to her husband of 30 years expressed her hesitance due to *"maybe...being seen as critical, judgmental, defensive um demanding I mean that might be part of it...He may perceive that... I am sort of saying well you know you could do better"*.

Thirdly and lastly, the idea that men's sexual needs are more important than women's sexual needs is related to women faking orgasm in order to have sex when they do not want to so as to end the interaction quickly; or because they do not want to hurt their partners by verbalising that they were not sexually satisfied; or because they may feel that orgasm is something they are *supposed* to have during penile-vaginal penetration. Ida stated that she

“learnt to play the game, fake the orgasms to try and get it over with as soon as possible”.

Penny described not having an orgasm with her partners or husband when she was younger and so she could *“fake everything and um as soon as they left the room I would masturbate and cum by myself”*, adding that *“because I was so worked up and they couldn’t, they didn’t know what to do and I didn’t know how to tell them”*. Implicit in this quote is the conviction that both Penny and her partner ‘should’ have made her orgasm during sexual intercourse as well as Penny almost having to ‘hide’ in order to pleasure herself. Tiefer (2004) asserts that orgasm has commonly become the assumed measure of women’s satisfaction as well as their right in feminist writings, sex research and the media. Moreover, since orgasm has been established as a biological right, there exists an imperative to achieve orgasm, so that all individuals capable of achieving it *should* as a measure of sexual health and competence (Nicolson & Burr, 2003; Potts, 2000). Indeed, the narratives related that as a measure of competence, both genders appear to fall short if orgasm is not achieved. Beth recounted both having sex often against her own desire and pretending *“to climax, which I did quite a lot”*. In response to the question *why*, Beth responded that *“...sex was so important to my ex-husband I think that I, either refusing him or letting him know that I wasn’t enjoying it, it would have hit him at the core of his being”* adding a little later that *“I almost felt like it was cruel”*.

Olive recounted that there were often times when she *“would have to fake it [laughs]”* and *“you just like to see the satisfaction on their face when they make you cum...like they have been able to satisfy you”*. Feminist scholars and social science researchers assert that by faking, women’s orgasms become comparable to men’s in an attempt to demonstrate evidence of sexual satisfaction (Roberts et al., 1995). Not only do women fake orgasm to reassure partners that they have been sexually satisfied, but they are commonly depicted in media such as, for instance *Esquire Magazine*, as being the ‘the loudest in bed’; yet another demonstration of satisfaction evidence (Woods, 2008). A recent study exploring the

phenomenon of copulatory vocalisations and their relationship to women's orgasm found that while women's orgasm was most frequently experienced during foreplay through clitoral stimulation, copulatory vocalisations occurred most often prior to or concurrently with men's ejaculation (Brewer & Hendrie, 2011). The authors suggested that at least some elements of these responses are under conscious control, as noted:

This manoeuvring of male behaviour not only ensures the delivery of his ejaculate, but may also serve to end male copulatory effort under circumstances when the female is, for example, suffering discomfort or pain, boredom, fatigue, or simply does not have enough time for the encounter to last longer. Females appear to be fully conscious of the positive effects that their copulatory vocalisations have on male self-esteem and a very high percentage reported using them for this purpose (p. 563).

Thus, 'performances' that women exhibit in bed such as vocalisation of sexual pleasure and faking orgasm are primarily to amplify male self-esteem as well as to fit into a socially sanctioned model of 'evidence' of sexual pleasure; evidence that is comparable to men's orgasmic evidence as represented by ejaculation (Jackson & Scott, 2001; Roberts et al., 1995; Wiederman, 1997). Furthermore, if socially sanctioned models prescribe evidence, then it is possible that women may indeed 'perform' in order to mask self-criticism over their own sexuality.

Faking orgasm and engaging in sexual intercourse without much desire may be interrelated to the impression that women's bodies are to be enjoyed by others, an impression that is internalised by women and evident in some of the participants' narratives. Sexual objectification occurs when women are treated as bodies for the pleasure of others by means of internalising an observer's perspective as the main view of their physical selves, thus muting subjective experience and increasing opportunities for bodily anxiety and shame (Fredrickson & Roberts, 1997). Studies such as Hust et al. (2008) suggest that across the

media, men were depicted as obsessed with sex and sexual performance and women as the ones responsible for giving access to sex. Accordingly, feminist scholars and social science researchers assert that it may be difficult for women to define their sexuality in subjective ways that focus on their feelings, as opposed to the presumed values of an external audience (Nowatzki & Morry, 2009). Furthermore, body image concerns have been shown to affect women's and men's sexuality, with women being significantly more likely to describe physical appearance concerns, as proposed by Sanchez and Kiefer (2007). Davison and McCabe's (2005) study exploring the relationship between men's and women's body image and their psychological, social, and sexual functioning found no gender differences *in ratings* of the perceived importance of physical appearance and attractiveness, yet suggested that body concerns were generally more prevalent among women. Body concerns were depicted as women being more apprehensive with how others evaluate them, comparing their bodies to others, reporting lower satisfaction with their bodies and having a greater tendency to conceal their bodies. Baker and Gringart (2009) found the strongest predictor of self-esteem in older women was their concerns about weight, such that changes in body shape and anxiety about being overweight was important throughout the lifecycle.

A number of participants in the current study expressed concerns related to their bodies. Uma recounted how through her mother's "*modesty*" and religious ideals, the naked body was to be kept "*hidden*". Yet, after marriage Uma recalled becoming more comfortable through "*having my body being so appreciated and enjoyed was just delightful*" and again shedding her "*inhibitions*" as a result of pregnancy and giving birth. Uma's narrative presents one of many of the tensions and dichotomies for women around their sexual selves such as female bodies are to be covered but revealed for men: hence Uma's subjective experience of her body is muted (Uma was socialised to keep her body hidden), and only acceptable and made comfortable through the 'other's' appreciation and enjoyment of it (Uma was

encouraged to exhibit her body to her husband). As such, whatever pleasure Uma may have originally derived from her body is only experienced through the eyes and discourse of her husband. Other dichotomies encompass male's sexual desire versus female's desire (such as participants faking orgasm or having sex without desiring it): females retaining virginity against males as sexual aggressors (Beth's example of being called frigid because she did not engage in sexual intercourse): and women's bodies as vehicles for recreation (sexual pleasure) yet also for procreation (Eve and the Madonna), a dichotomy further explored under the third theme relating to social roles and expectations.

In contrast to Uma, Natalie who described her upbringing as both strict Irish Catholic and as Victorian, recalled that she had no "*inhibitions at all*", adding that "*I find this with a lot of Catholics*". Beth described herself as "*a very good girl growing up as a teenager*" and remembered that she "*was never comfortable with her body growing up...I don't like exposing my body*". Beth like Uma became more comfortable with her body when she was married, stating that being comfortable related to "*...when I really felt loved and yeah I was happy with my body*". Penny, who was 45 years of age when interviewed, described how as a teenager she had "*a beautiful tight body with no stretch marks or anything but I would hide it all the time but now...everything is just gone [giggles] but I don't care, and the curtains are wide open ...the lights are on...[giggles]*". However, both Vera and Yasmin, who were both 36 years of age, described themselves as being "*self-conscious*" about their bodies even with long-term partners. Yasmin did not think body self-consciousness was exclusive to women and offered the media as a major contributor. Two factors stand out from the above mentioned narratives: participants' satisfaction with their body appears to increase as they age, and feeling comfortable with and accepted by their partner increases body image satisfaction. Equal conclusions are posited by researchers exploring the importance of body image satisfaction and positive sexual experiences (Graham et al, 2004; Weinberg &

Williams, 2009). Moreover, it is possible that women may benefit from the ageing process when they are no longer exposed to the social pressures that strongly emphasise physical appearance as suggested by Baker and Gringart (2009).

This concludes the second subtheme, *gender differences in socialisation*, which sought to present participants' narratives encompassing unequal beliefs about sexuality and sexual behaviour appropriate for women and men. Accounts highlighting disparate ideals of sexual permissiveness for women and men and potential consequences for transgressing these standards were presented, along with narratives that position men's sexual desire as more important than women's. Additionally, the accounts offered by participants thus far hint at how the internalisation of dominant social and sexual norms influences an individual's interaction with others and shapes their attitudes, expectations and discourse surrounding sex and sexuality. The final subtheme within the *socio-cultural factors* theme is covered next.

Attitudes and expectations about sex.

Underlying participants' narratives introduced in this section are meaningful issues related to the distinction between sexual intercourse and other sexual acts (for example, penile-vaginal penetration topping the hierarchy of sexual behaviours and referred to in the literature as the *coital imperative*), virginity as an ideal for marriage, idealistic expectations about sex, and concerns about 'sexual normalcy'.

For over half of the participants, the word sex was identified predominantly with sexual intercourse (penile-vaginal penetration). Despite not being asked to elaborate on the point further, Yasmin distinguished sex by stating that whilst growing up her view was that "*there was sexual intercourse and then other sexual stuff*". Eleanor described sexual intercourse as "*the ultimate*" in terms of a hierarchy of sexual behaviours with "*doing it*" referring to the manner in which one measured "*how far*" one went sexually. Hailey described sexual behaviours as forming part of a "*pyramid*" and when asked whether a

woman was still a virgin if she had engaged in oral sex or manual stimulation, Hailey responded with a “*yes...it would probably depend on how many boys you’ve been with as to how virginal you would appear in this country town*”. Beth described going out with her second boyfriend for three years and during that time “*I only let him, like he would perform oral sex on me mutually, but I never let him cum in me...for me that was almost like, I haven’t done it yet!* [laughs]”. Daisy was quite emphatic about what constituted sex, stating “*...remember sex is about reaching the ultimate goal, it’s not just about you know sometimes lying there and playing with one another and that, that’s great but that’s foreplay that’s not sex*”. Indeed, as the literature suggests, sexual intercourse for most participants remains the definitive heterosexual act and the assumed vital part of ‘real’ sex, whereas sexual practices outside of coitus such as kissing, touching and oral sex are not ‘real’ sex and are demoted to ‘foreplay’ (Cacchioni, 2007; Gavey et al., 1999; Knox, Zusman, & McKneely, 2008; Rothblum, 2000; White et al., 2000).

Jointly linked with the coital imperative is the ideal of remaining a ‘virgin’ prior to marriage. Uma, born and raised in North America until she was 16 years of age and who described herself and her husband as both past and present Christians, wanted to “*remain true to an ideal*”: the ideal being to remain a virgin until married. When discussing sexual behaviours outside of coitus, Uma recounted how “*it was pretty hard to know how on earth to draw any lines...how that affected the ideal I kinda had...you know, where does it stop and what is sex*”. Eleanor, significantly older than Uma and also coming from a Christian home recalled how “*you wouldn’t think of doing anything until you were married*”. Closer in age to Eleanor, Natalie who was born in England and reared a Catholic, recounted the “*shame*” and “*terror*” of falling pregnant before marriage. Beth, a “*practicing Christian*”, raised in Malaysia by her Buddhist grandmother until she was 17 years of age, recalls how her “*whole hang-ups with sex when I was younger was very much you could only have it if you were*

married, so if you weren't married you don't have sex". Beth added that "giving up" her virginity was also closely associated with commitment and marriage and recalled reflecting on whether she was "going to marry this person? Am I committed to them for the whole of my life?".

The common denominator between all participants' narratives regarding virginity as an ideal (in the aforementioned paragraph) is a religious background, as was correspondingly found within the literature. Jackson (1984) traces the notion of a coital imperative to a biological model of sexual relationships asserting that coitus is regarded as the evolved biological imperative required for the reproduction of the species. Analogously, participants in the study by Gavey et al. (1999) described sexual intercourse as 'natural', 'biological', 'and normal'; these participants also linked 'procreation' as well as women's and men's bodies as 'designed to fit'. Feminist scholars and social science researchers assert then that the ideology of heterosexuality and sexual intercourse is assumed so pervasively and *non-consciously* that it is never questioned by most individuals (Hyde & Jaffee, 2000; Roberts, Kippax, Waldby, & Crawford, 1995). Underlying notions of sex as natural, biological and engaged in for procreation are historical religious ideals. The Roman Catholic Church still depicts procreational sex as a part of 'nature', and recreational sex as contrary to the divine (Hubbard, 1990; Kissling, 1999). Additionally, women are held responsible for holding on to the essential virtue of virginity and having to exhibit chaste restraint regardless of their subjective desires and feelings. Smith, (2009) the Vice President for public policy at the Sexuality Information and Education Council of the United States, in his address to the World Association of Sexual Health Congress highlights three important messages conveyed through the content taught in 'abstinence-only until marriage' programmes: a) the content has an implicit anti-contraception message, b) that sex is only appropriate within the context of a heterosexual marriage, and c) programmes provide negative images around gender

stereotypes, including the notion that women are the ones needed to “put the brakes on any sexual activity that might happen”. As Uma reflected back on her “*conservative Christian upbringing*” she responded to a question regarding masturbation by stating:

I haven't got a clue what I would be advising children, except that I think probably just go away and do it in private because it's just so natural and we postpone marriage so long these days (begins to laugh), you just gotta help yourself get there somehow.

“*By getting there*” Uma’s comments reveal the restraint and muting of subjective desires that are inherent in current sexual abstinence ideals if one is to attain them in contemporary society, specifically since the median age at first marriage for women in Australia in 2010 was 27.9 years (Australian Bureau of Statistics, 2010). Virginity as an ideal for marriage was found predominantly in narratives of the older participants of the current study and in participants who described a religious influence in their family home. In Australia, sexuality education continues to be ad hoc, with ‘abstinence from sex until marriage’ forming only a part of what is taught in secondary schools (Smith et al., 2011). Additionally, underpinning abstinence programmes are religious values and debates about whether Australian society is at present more secular than Christian continues (Crisp, 2008). Since virginity as an ideal for marriage was not alluded to by the younger participants, this finding is contrary to some of the literature investigating current virginity ideals, primarily in the USA (Bearman & Bruckner, 2001; Doan & Williams, 2008). The median age range of participants in the current study was 40 years of age; hence future research will have to be undertaken with younger participants to explore whether virginity before marriage is an ideal in Australian female adolescents.

Ideals of a comparable nature are the unrealistic and idealistic expectations that participants’ accounts reveal about sexual intercourse. As such, meaningful issues such as *men as performers and women as recipients* are perpetuated by stereotypes of sex and women, both in the media and in pornography. In addition, women’s and men’s sexual knowledge either maintains or challenges idealistic expectations. Natalie described a long-

term partner as sexually “*hopeless...he didn't have a clue*” whilst discussing sexual intercourse, yet simultaneously stating that she would not be able to masturbate with a partner, emphasising that “*I would never do anything like that with somebody...I would expect the man to do that sort of thing*”. Uma reflected on masturbation being a sexual act she engaged in alone without her husband, adding that she found this “*a bit sad*”. Uma regarded the sexual messages she received predominantly through her church group as depicting sexual intercourse as “*all bad and immoral*” and having no “*clear message about sexual pleasure*”. Penny chuckled when she recalled that she thought that *she* had discovered masturbation since she was not “*told anything*” when growing up. Penny explained that it was her current husband’s sexual knowledge that had been influential in getting her sexual needs met: she explained that “*he's sort of educated me about things, um about letting go, about trying different things, about being comfortable with yourself*”.

In response to a question about her first sexual intercourse experience, Yasmin explained what she felt as “*...no feeling, so it wasn't bad it wasn't good, I was relieved I'd done it, I was relieved I wasn't bleeding, I was relieved that it was over... a bit of disappointment, yeah*”. Ida similarly connected her first time to being “*no great shakes*” adding that “*...but I was at that age where you please*”. Previously, Yasmin had referred to her idealistic fantasy about the need to please a man being situated in her sexual knowledge during her twenties. When discussing the man’s desire to sexually please a woman, Yasmin commented that “*I think they want to, I think they don't know how*” emphasising the role of sexual knowledge and expectations about sexual interactions as she stated “*But when I do tell them what to do they are really happy and they respond*”. Hailey recounted having first sexual intercourse at around 15 or 16 years of age and explained that “*the reality of it was it did hurt, it was over and then I wanted to break up with him, I just withdrew and broke up with him*”. Hailey described receiving messages about women being more “*submissive*” as well as regarding sex as being “*about pleasing*” men, such that she

had a “*succession of boyfriends...but I don't think I really enjoyed it until I was like 26*”. In response to her ability to assert her sexual needs Hailey described sex being “*like a formula...kissing, petting, screwing*” until she was married and she began to get “*to know my body, just growing up into more of a sexual being*”. During the time of interviewing, Hailey who had recently emigrated from Turkey back to Australia had been experiencing “*a sexual problem*” (lack of desire) with her current husband (elaborated further under a subsequent theme) and described his expectations of sex as such:

He thinks that sex is different from life, he has to understand that I feel I am getting a fair go in all areas before I can extend myself that extra other bit...sometimes to get things on track, such as employment, moving to a country, he had to wait for his visa, so I think I have been really patient and you know to ask of sex when I'm not feeling like it, it's just another oh my God!

While discussing sexual intercourse, Olive recounted how she had been with her current partner for 10 years and had only ever orgasmed through having clitoral stimulation when being vaginally penetrated in a certain position. However, Olive stated that “*I probably never discussed with him that's the only way that's it ever happened in my whole life, um I mean I discuss it with girlfriends*”. Olive continued by acknowledging that it is still something that plagues her – the fact that even though most of her girlfriends discuss orgasm occurring through some sort of clitoral stimulation, she still admitted that “*I don't know why that's the only way*”. When prompted about whether Olive experienced this lack of vaginal orgasm as something amiss with her she responded by stating that “*the view, you know that men can just, you know cum, you know doing anything, so you know you feel like that you should be able to do that as well*”. When asked to elaborate on the reasons related to this difference between women and men, Olive responded as such:

Oh, I guess we're just wired different [laughs], yeah I guess that um our pulses are just in different spots you know, I guess the way that we are made up is that, you know the vagina is there for their satisfaction and the clitoris is there for ours and it's just a matter of them working out how to use it [laughs]...because they don't know how to use it.

In difference to Olive, Vera explained that it was through her husband's communication and willingness to ask many questions about her sexual preferences that she had been able to achieve sexual satisfaction stating that *"whereas if he didn't I would probably...I am not the sort of person probably to actually sort of say a lot"*. Ida agreed by identifying her first husband as showing her how to orgasm. Beth also attributed her sexual knowledge and sexual confidence as being a result of her ex-husband's sexual exploration, adding that *"I think probably as he taught me I taught myself"*.

Ida, Olive, Megan and Vera, once again, suggested that the sources that contribute to a diverse set of sexual expectations and perpetuate unrealistic expectations between women and men include the media, peers and religious ideals. Pervading media images are considered a primary attributor to sexual expectations that are misaligned with the reality of women's lives as suggested by Megan: *"I have got good health ... a good figure, I am reasonably attractive, all of those things...I have got a loving partner who wants to have sex with me all the time...why am I not wanting to do it?"* Megan explained that she felt that the message *"out there"* is that she 'should' be having more sex: If she is not, then there is something wrong with her. An exemplar is the portrayal by magazines such as *Cosmopolitan*, which consistently emphasise women's appearance and are permeated with tips on how to have fantastic sex (Johnson, 2007). Accompanying the media's focus on sex is the clinical attention on the health benefits of having sex and the development of sex enhancing drugs such as Sildenafil for men (and the potential for a similar drug for women), such that the popularisation of messages highlighting the need for frequent sex and the perfect sex life are

rampant (Nicolson & Burr, 2003). As Megan accentuated a little later: “...well it’s obviously a big enough problem for these people to make a medication for it so I should obviously be wanting more sex”.

In addition, Olive elaborated on the erroneous messages regarding sex by focusing on the images that surround women and men via television, the internet and books, specifically by stating the following:

They don’t normally show you how long it actually takes a woman to get satisfaction and the lead up ...to having an orgasm for a woman is normally... about 5 to 10 minutes before you start having sexual intercourse...to have that orgasm but the media doesn’t show that. And it also shows boys that that’s how they think that girls are supposed to be like that so men don’t also grow up realising that that’s how women are satisfied, they need that extra 5-10 minutes of pure, pure devotion just for them to, and then to sexually explore to get there...I mean you speak to all, like all of my girlfriends and not one of their partners is brought up to...you know they don’t understand, you know just give me five minutes to, you know to satisfy me and get me started and then I’ll be fine but they just don’t want to give that five minutes.

In line with Olive’s comments, the study by Medley Rath (2007) suggests that whilst sexual intercourse is heralded as the definitive sexual act, other sexual experiences are disparaged regardless of their meaning for the other, thus nullifying women’s choices or preferences (Boyle, 1993; McPhillips et al., 2001; Nicolson, 1993; Ussher, 1993). A study exploring the sexual messages during prime time broadcasting concluded that the influence of televised messages is a slow and cumulative process (Farrar, Kunkel, Biely, & Eyal, 2003). Moreover, the images used to convey the act of sexual intercourse are discreet images in 90% of the programmes, thus excluding realistic depictions of sexual behaviour. Having access to implied and potentially idealistic sexual messages may fuel stereotypical and mistaken beliefs

about the manner in which sexual pleasure is achieved in women, and may also explain why Vera suggested that the role of peers was significant in perpetuating idealistic sexual expectations as their knowledge, often gleaned from the media, may be “*skewed*” unrealistically. Zurbriggen and Morgan’s (2006) research suggested that the sexual attitudes and behaviours of undergraduates who regularly watched reality dating television programmes were correlated with adversarial sexual beliefs, such as that men are sex-driven, a sexual double standard, and the importance of physical appearance for dating.

Finally, Ida attributed “*old beliefs*” and “*social pressures*” such as the double standard and unrealistic expectations about sex, particularly the variances between women and men’s sexual behaviour and preferences, as originating from religious ideals. From generation to generation these expectations have further been distorted and perpetuated by society’s interpretation, culminating in women experiencing discordant and incompatible desires within their sexual selves, as she described “*...this is the denying, lying to yourself because you do have certain things that stimulate you, excite you, even when you’re young, but you cannot allow it, you can’t, you deny it to yourself*”. Ida commented that these feelings are in response to messages about women being “*bad*” or doing “*dirty*” things, adding that she believed it has occurred for too long, as she emphasised: “*... I’m sorry but I refuse to believe that the way I experience life and sexual relationships now as I do, and I enjoy it, it ain’t unnatural, it’s got to be natural*”. Thus, what seems to be natural for Ida is not the manner in which sex is performed but rather the congruency between her subjective feelings of desire and the manner in which she achieves sexual satisfaction.

Unrealistic sexual expectations are connected to concerns about fitting in with ‘what is normal’ in both sexual behaviours and the sexual body. Yasmin reflected on her preoccupation with fitting in with ‘normal’ sexual behaviour as she stated “*...I guess I’m embarrassed about noises that I might make verbally. Am I doing the normality?... if I really*

like the guy then I probably wouldn't show him what to do because I wouldn't want to be embarrassed". Yasmin's concerns about normality extended to her feelings about her vagina as noted by her comments: *"it would be good to see someone else's vagina to know, yeah actually they are pretty similar. And that my vagina is normal"*. One of the ways in which Yasmin was able to compare her genitals was through viewing pornography. However, although her concerns about fitting in were partly addressed, Yasmin noted that pornography perpetuates an unrealistic stereotype about what women should look like as she stated *"all the women are shaved and that gives women a false picture, and in some women the outer lip has been cut down or is not there..."*. A review of the research investigating the impact of internet pornographic material on adolescents found a correlation between the self-concept of adolescents and their pornography viewing (Owens, Behun, Manning & Reid, 2012). The girls reported that they felt physically inferior to the women in this media and the boys reported feeling fearful that they were less virile or unable to perform as the men in pornographic material. Beyond a concern for physical attributes, are also concerns about sexual behaviour not meeting with 'normal' standards with narratives across participants in the current study relating to the following points; worried that there may be something wrong with her prior to first intercourse, embarrassed to articulate her sexual needs for fear of rejection, concern about not meeting the standard of vaginal orgasm, and concerns about frequency of desire for sex.

Thus far, the interpretation of the findings has addressed the subthemes that comprise the first theme, namely *socio-cultural factors*. Contained within the first theme are the subthemes *sexual socialisation and education, gender differences in socialisation, and attitudes and expectations about sex*. Embedded within the subthemes are narratives that illustrate varied experiences connected with the internalisation of prevailing social norms, such as sexual constraints, double standards, competing sexual needs and the coital

imperative, anxiety about body image, virginity as an ideal for marriage, idealistic expectations about sex, and concerns about 'sexual normalcy'. Findings related to socio-cultural factors capture themes that are consistent with conclusions drawn from the literature. These conclusions, argued by feminist scholars and social science researchers, concern the often damaging consequences to women's experience of their sexual selves and their sexual relations, inasmuch as regarding sex within primarily biological parameters rationalises sexual desire as something that exists prior to culture, thus nullifying the impact of religious beliefs (such as guilt), family attitudes, sexual ignorance, and distorted media exposure and norms.

Moving from the broad view employed in this section of findings to a more narrow focus, the next section of the current study explores the accounts linked to aspects of relationships with partners that impact on women's sexuality and contribute to the experience of sexual difficulties.

Inter-relationship factors.

Inter-relationship factors are correlated with relationship and partner satisfaction/dissatisfaction and their impact on participants' sexual experiences. This theme comprises the following subthemes:

- Relationship satisfaction versus sexual satisfaction
- Responsivity of partner
- Relationship violence and abuse

Relationship satisfaction versus sexual satisfaction.

Contained within the first subtheme of *relationship satisfaction versus sexual satisfaction (and vice versa)* are narratives apropos women's experiences of facets of their relationship with their partners that impress on their sexual satisfaction and contribute to sexual difficulties, including communication, trust, feelings of intimacy, anger and

resentment. Natalie indicated an imbalance of investment in relationships, more than she was willing to make, as she stated that *“for the little bit of sexual pleasure I may get it’s not worth the hassle of all the other emotional and physical and looking after a house and feeding somebody, I couldn’t be bothered”*. Vera expresses the importance of communication to both the sexual and overall relationship by stating that communication is *“100% important... if you don’t communicate you’re not emotional and if you don’t have an emotional connection to me then you’re not going to be feeling like going down that sexual road”*. Penny, as has been previously mentioned, described not being able to assert her sexual needs with previous partners although with her current husband *“it’s totally different we can do anything and everything anywhere anytime sort of deal and it’s all uninhibited and it’s all, we just love each other now, that’s the real big thing because we really, really do”*. Wendy recounted not being able to orgasm with someone in a new relationship, but needing to feel comfortable and trusting the other person prior to asserting her sexual preferences or the manner by which she can attain orgasm. Hailey also recalled having to make a *“conscious decision to trust”* her first husband before she was able to experience orgasm and experience a *“mind and body connection”* leading to a more desirable sexual experience. Research indicates that being able to assertively communicate sexual preferences within a relationship of trust and closeness is associated with higher levels of sexual desire, arousal and sexual satisfaction (Hurlbert, 1991; McCabe, 1999, 2009; Træen & Skogerbø, 2009). McCabe and Cobain (1998) found that relationship quality was strongly associated with sexual problems in women, but not as strongly in men, hypothesising that negative attitudes to sex and inability to communicate may impede the development of sexual intimacy contributing to both sexual problems and other difficulties in the couple relationship.

Most participants opined that sexual needs and desires are not experienced in isolation to other factors in the relationship as described by Eleanor:

I have always felt that um it's not about, you know, are you awake? Um as far as foreplay goes, but it's about how you feel about or how I feel about X in the 24 hours before you go to bed and that if I am really angry with him, he has done something or I am upset or whatever and then you go to bed and have sex, well no I am not particularly interested, so I have always felt that it's more to it than going to bed...

Likewise, Hailey described how her resentment with her husband impacted on her desire for him sexually and on her desire to be intimate. Despite being content with their sexual relationship in the beginning of their relationship, Hailey attributed her lack of desire to her dissatisfaction with other areas within the relationship, such as his lack of involvement and efficiency in household chores, and her mounting fatigue due to their process of emigration. Contrarily, Eleanor felt sexually neglected by her husband and equally felt resentment and described vacillating between wanting more sex to “*couldn't be bothered*”. Megan suggested that a man's sexual desire is not impacted by the same factors as a woman's, adding that “*...I think with men perhaps it is more a physical thing with women I think it is emotional*”. Megan regarded a sexual difficulty as needing to be addressed “*in the context of the relationship...and her life, or having the babies or whatever it is...that's kind of where sex begins and ends in my life*”. Apropos sexual difficulties in her own relationship, Megan explained she is “*kind of happy with how I am... I feel happy to let things just sort of move on*” although she elaborates by stating “*...I guess the only problem where it becomes an issue is the times where I feel I should be more sexual because of my husband*”. Some research suggests that sexual feelings in women might be more influenced by meanings activated by stimulus context than by genital response, whereas men seem to be more influenced by genital response (Laan & Both, 2008). On that account, having sex when not feeling like it and lack of sexual stimulation due to inadequate knowledge or technique may lead to sexual difficulties in women (Basson, 2001b).

Megan's preceding quote alludes to a meaningful issue found across most of the participants' narratives, namely that relationship satisfaction is connected to the desire for sexual interactions and the enjoyment of those interactions. In some cases the opposite was the case, as Natalie explained that sexual compatibility and satisfaction "*kept the marriage together a lot*" until an eventual disintegration. Ida too described her marriage break up due to her husband's erectile dysfunction. Daisy expressed her view in the following quote: "*... he's thinking of sex and I'm thinking of love and commitment and one way to sum it up I suppose is a man has to make love to feel loved and a woman has to feel loved to make love*". Daisy commented that she experienced many pressures interrelated to the context of her life, such as work, children, the house and bills to pay, all of which contributed to feeling both overloaded and resentful of her partner. Daisy illustrated her experience by describing her belief that if she cannot "*push aside*" her resentment then having sex with her partner "*becomes another one of the jobs that you have... because we have to be psychologically tuned into our body's to achieve orgasms and so forth*". Daisy reflected that her resentment was related to her feeling that some of her needs were not taken care of and that she was "*pandering to somebody else's needs again, so it makes it harder to achieve orgasm...or just to enjoy it full stop, cause I don't think that necessarily you actually have to have an orgasm to enjoy it*".

Uma similarly related her desire for sex as being "*strongly tied to my feelings of emotional satisfaction in my relationship...to be truly satisfied then it's got to be holistic*". Additionally, Uma suggested that even if she did not have an orgasm, she felt sexually satisfied if she was feeling emotionally close to her husband. However, she had also experienced much difficulty with her sexual relationship due to life choices that had made her feel "*very second to other priorities*". Both Uma and Daisy acknowledged feeling angry and resentful and "*withholding*" sex from their partners. Indeed, the literature indicates that sexual

feelings in women are more dependent on and responsive to emotional closeness with a partner than on markers of sexual desire such as spontaneous sexual thoughts and fantasies (Basson, 2000, 2001a; Hiller, 2005). Olive recounted how after caring for two children the whole day all she wanted to do at day's end was "*lie on the couch and do nothing...I just don't have the impulse to have sex as much as he does*". Olive added that since she did not sexually climax all the time as her partner did, it affected her desire to engage in sexual intercourse, elaborating "*you just feel like oh well he's just [inaudible] over and done in five minutes and I'm all forgotten about*".

In response to the question about what thoughts the words sexual satisfaction evoked in their minds, participants' responses differed: half of the participants responded with equating sexual satisfaction with the experience of orgasm whilst the other half mentioned "*partner's satisfaction*", "*warm feeling...attention, affection, things like that...extra hugs and talking*", "*smile on my face...being with a partner, masturbation...sitting on the couch and kissing for hours*", "*...a lot more than physical stimulation*", and "*it's all wrapped up with this love and affection and care...if we didn't have an orgasm, it doesn't really matter*". Only Yasmin was not able to fully experience orgasm with a partner and described feeling that she had not yet been "*able to let go*" and at times experienced this as sexual dissatisfaction, expressing feelings of disappointment that permeated other areas of her life. Although most participants did, at some point or other, relate sexual satisfaction with orgasm, all narratives contained within them expressions about "*togetherness*", "*intimacy*", "*closeness*" and connection beyond orgasm. The underlying motive contained within these narratives is one of seeking intimacy and relevance in the relationship. Participants' narratives match much research that describes the significance of non-genital aspects of women's sexual satisfaction such as tenderness, communication, trust, respect, romance, reciprocity and a focus on other behaviours such as touching and kissing as stemming from closeness needs that in turn foster

intimacy (Basson, 2001b; Byers, 2001; Graham et al., 2004; Levine, 2002; Tiefer, 1991). However, some recent research questions the extent to which women's sexual desire is dependent on closeness, intimacy and commitment. A study by Sims and Meana (2010), comparable to the current study, explored 19 women's causal attributions for low sexual desire and found that despite self-reported happy marriages, participants revealed that closeness had led to familiarity and boring sex, impacting on levels of desire. Rather, participants related desire to novelty, to a time when their relationship was in its infancy or to the excitement of sex with a new partner. Equally, psychotherapist Esther Perel in her book *Mating in Captivity*, posits the following:

Marriage, we've been taught, is about commitment, security, comfort and family. It's a serious business, a responsible and purposeful enterprise; it's all the things we need, and all the things we need to do. Play and its playmates (risk, seduction, naughtiness, transgression) are left to fend for themselves outside the solid architecture of our homes (p. 202).

In the current study, the majority of participants were married with no indications of not being content in their present setups. Nearly half of the participants had children under the age of 10 years. It stands to reason that during this life phase most participants are negotiating numerous desires, needs and tasks beyond the dyadic relationship and associated with a child caring role, more of which will be covered in a subsequent theme. While most narratives exposed longings for closeness and intimacy, orgasm as sexual satisfaction was likewise acknowledged: hence the two are not mutually exclusive. It is not a simple case of men want sex and women want closeness as is often anecdotally implied. Participants did not desire closeness at the expense of orgasm and vice versa, but rather the desire to engage in sexual activities is affected by a plethora of issues, most of which demand immediate gratification. Following on from this subtheme, the current study presents another topic that emerged as

implicated in women's experience of their sexual interactions, which is the responsivity of their partners, addressed in the next section.

Responsivity of partner.

The second subtheme *responsivity of partner* encompassed concerns or affirmations by participants about their partner's sexual responsivity and reciprocity in the form of regarding the sexual satisfaction of their female partners as relevant as their own.

Additionally, sexual difficulties experienced by a couple of participants included their partner's incapacity to respond sexually due to health problems and erectile dysfunction as a factor interfering with the partner's capacity to respond sexually as desired.

As much as Yasmin referred to her fantasy of the need to please men sexually, she also described realising later that "*one of the things that I learnt as well is that men are actually really happy to make a woman orgasm*". Yasmin added that being able to assert one's sexual needs influenced men's responsivity to women, as she stated:

Like as much as I want to make him happy he also wants to make me happy. I learnt that men are ok with telling them directions so I guess I've learnt about men that if you, that they would rather you say go to the left than have you lie there and have nothing.

Yasmin suggested that the times when she responded sexually by presenting a façade of "*no don't worry about me*" men do not attempt to "*go any further*" thus implying that women need to assert their own needs. Simultaneously, she recounted how her sexual satisfaction was greatly enhanced by sexual partners who would "*hold off getting an erection and say this is about you*". Vera equally associated her husband's curiosity about her sexual pleasure and his responsivity to her sexual needs as responsible for her sexual satisfaction as "*he asks me a lot of things*" about her preferences and dislikes. Vera equated her sexual satisfaction with the notion that "*neither of us actually ever feel the need to satisfy ourselves on our own*". Penny,

Megan, Ida and Beth attributed their sexual satisfaction to partners that were interested in their sexual needs and who also knew what their sexual needs were. Conversely, Eleanor recalled something that she has remembered for 30 years in her marriage and which she expressed as being “*quite an issue*” for her; that is her husband’s discrepant sexual need. Eleanor stated “*at one stage ...just after we were married he did make a comment that I was carrying on again, that I placed far too much importance on sex...I can still very clearly remember that*”. Eleanor described this discrepancy in their sexual desire as contributing to her lack of desire. Olive recounted not being able to assert her sexual needs fully with her husband, reconciling herself to being at a “*point now where I’m quite happy to just satisfy him and I’ll just satisfy myself*”. Hailey described feeling that it is mostly about “*intercourse*” with her husband and there is a lack of attention to her sexual needs, for example oral sex.

Various studies investigating sexual responsiveness and reciprocity in women’s heterosexual partners propose that aspects considered crucial include non-genital touching, delayed genital touching and intercourse, longer foreplay, acceptance of the woman’s individual way of climaxing, enthusiasm about spending time (as developing sexual proficiency takes time) and attention on her, and women not needing to protect their partner’s perceived sexual inadequacy (Graham et al., 2004; Heino & Ojanlatva, 1998; McCabe, Tanner, & Heiman, 2010; Polonsky, 2001). Concurrently, as the preceding subtheme findings presented and in line with the literature, partner responsiveness is not exclusively sexually focused but includes other aspects of the relationship such as engagement in romantic gestures and behaviours, feeling connected, intimacy, lack of resentment and tenderness (Sims & Meana, 2010; Wood et al., 2007). Daisy emphasised that women need to feel “*valued and cherished*” through having more romantic gestures that do not lead to sexual intercourse, as she put it:

The stroking, the hand holding, the screaming from the top of the Empire state building that this woman was yours and that you loved her...what we need is crave me more to kiss me, don't crave me to fuck me. There is a big difference.

Narratives emerging from the current study position partner's responsivity and women's sexual satisfaction as mediated by a number of inter-related factors such as: a) women recognising their own sexual needs and accepting them as equally important to men's sexual needs, b) women feeling comfortable about asserting their sexual needs, c) women having other relationship needs met, d) men recognising and meeting women's non-sexual needs, and e) men recognising and accepting women's sexual needs as equally relevant yet different to their own needs. However, as the current research demonstrated, subjective sexual desires and preferences are a result of social factors such as expectations, attitudes, conditioning, habit, discourse and circumstances such that the ability for women to firstly, recognise their own sexual needs apart from an 'other's' needs, and secondly, to comfortably assert those needs, is often equivocal and contingent. Explicitly, socio-cultural discourses that favour male sexual desire and preferred behaviour as biological and natural, and women's sexual desire and preferred behaviour as foreplay and as responsive to men's desire, do not provide an environment conducive to the development of women's agentic capacities. Moreover, the unconscious culturally shared assumptions of what constitutes 'natural' and 'normal' heterosexuality, within the structures and discourses with which individuals understand their sexualities and relationship frequently fail to provide women with the knowledge, opportunity and capacity to question this shared ideology (Hyde & Jaffee, 2000; Roberts et al., 1995).

As a conclusion to the second theme, *inter-relationship factors*, the final subtheme addressed is concerned with the effects of violence and coercion in the relationship.

Relationship violence and abuse.

Three of the participants in the current study recounted experiences of sexual assault and violence with partners, as well as child sexual abuse. Wendy described an incident of sexual assault occurring whilst she was involved in a sexual relationship with another man. She described the difficulty she experienced in trying to explain the situation to her boyfriend and explained that she felt *“that it was my fault and that I had cheated...that was quite horrible because I felt very guilty”*. Wendy elaborated by recounting that her sexual relationship with her boyfriend *“...became pressured, you know I was doing it because I felt like I should, and I really had no desire and that was upsetting him and it was upsetting me and it quite was an awful time”*. Wendy ended the relationship after six months of difficulty as she felt her boyfriend blamed her for what had occurred. Ida described her first husband as a *“hell of a good sex partner”* although *“there was a lot of violence in the whole relationship”*. Ida recounted how she had sex with him despite no desire for it and faking her orgasms because rejecting his requests for sex just *“wasn’t worth trying, I would have been assaulted...so it was a form of rape more than anything”*. Ida *“tried leaving a number of times but he was very dangerous”* until she eventually left and decided that she would *“never...play those sexual games again...it was my choice to have it my way or no way”*. Daisy recounted that she was sexually molested as a child and then *“raped as an adult”*. Daisy referred to herself as *“promiscuous”* in her teenage years, describing herself as being *“dissociated”* from many things after her rape at the age of 20 years and losing her *“ability to make healthy rational decisions”* as well as feeling shame and *“bad”* about engaging in some of the sexual behaviour she engaged in during her earlier years.

In terms of the Australian statistics formerly presented in the review (see page 81) for sexual coercion or assault of some kind, the narratives of participants fit both the frequency of occurrence and descriptions of perpetrators being intimate partners. Moreover, in

agreement with the narratives that emerged in the current study, research investigating sexual coercion or assault posits that victims described the following consequences: feeling shame, blaming themselves, fearing others would blame them, protecting their perpetrators in some way, experiencing negative health outcomes and experiencing sexual problems in later relationships (Andrews et al., 2000; Crooks & Baur, 2005; Jozkowski & Sanders, 2012; Resnick et al., 1997). Further, researchers propose that sexual molestation or coercion may become the defining moment of a woman's subjective sexuality leading to difficulties in the context of new relationships (Fontes, 2001; McHugh, 2006). The consequences of sexual abuse and sexual assault on women's physical, psychological and sexual health is a complex and broad area of research that is beyond the scope of the current study. Moreover, despite participants' disclosure of sexual abuse in the current study, interview questions did not prompt further exploration; thus, the current study is not able to shed new light on this multifaceted issue, but merely suffices to present indicators of yet another potent factor that may impact on a woman's sexual experience and relationship as was earlier reflected in the literature.

Presently, the section interpreting the second theme *Inter-relationship Factors* and its subthemes viz. *relationship satisfaction versus sexual satisfaction*, *responsivity of partner* and *relationship violence and abuse* concludes its demonstration of participants' narratives encompassing concerns within relationship dynamics that impact on women's sexual experiences, both in positive and negative ways. Closely associated with relationship dynamics are the social roles occupied by women in society and how the expectations attached to these influence women's experience of their sexuality and sexual interactions, some of which are addressed in the next theme.

Social roles and expectations.

The third theme emerging from participants' narratives, *Social Roles and Expectations* of women, comprised statements related primarily to the major changes that participants reported had arisen within their relationships and experience of sexual desire as a consequence of multiple roles. These roles included being married, working and having children, thus encompassing the following subthemes:

- Wife and wage earner
- Mother and carer

Wife and wage earner.

As the literature heretofore suggested, women's sexuality is a lifelong experience which is influenced and altered by a number of factors, above all by identification with and conforming to a socially constructed idea of what specific social roles entail. A number of participants reflected on certain aspects of their roles as wives that had shaped some of their sexual experiences. Natalie, the oldest participant, remarked that marriage for her was like "slavery" because she was "*looking after everybody else's needs and not yours*". Despite the fact that she described herself as "*someone who liked sex so much*" Natalie remarked that she had to "*switch off*" desiring sex when she decided that she wanted a life on her own and remarked that "*if the pill had been around I could see I would have the life I've got now, which is to me perfect*". Eleanor described coming from a home where the woman stayed home and explained that she had "*spent my whole life being told that a good mother stays home*". Early into her marriage, with two young children, Eleanor recounted that her husband lost his job and she had to go back to work whilst he stayed home, explaining that she felt that he "*had taken my role away from me*". Effects of these changes resulted in a lack of sexual desire for both Eleanor and her husband. Research and anecdotal accounts refer to the struggle that women have in attempting to meet the idealised goals of so many different role

demands and still perceive themselves as ‘good mothers’ (Croghan, 1991; Maushart, 2006; McVeigh; 1997). Olive too explained that although she considered herself to be a “*worker*” and stated “*I actually like work*”, her husband was socialised in a home where “*the mum does everything*” so that domestic chores were not shared in her home. Olive explained that she feels resentment because there is not much respite for her, such that both the fatigue and resentment impact on her sexual desire.

Uma, Hailey and Daisy observed how life decisions regarding their husband’s employment have impacted on their experience as wives and mothers (excluding Hailey, as she did not have children). Uma recalled feeling “*second*” in a line of priorities, resulting in a lack of sexual desire; she explained that “*it is the consequences of the choices he makes about how he spends his time*”, which has resulted in her marriage being less of the “*partnership*” and more about “*playing particular roles*”, something which Uma had not wanted and described as “*all too much*”. Hailey described how being the main breadwinner with a big workload and being married to a man who has “*no life skills because he’s always been supported by...a mother or a maid*” has decreased her sexual desire due to her disappointment and fatigue about an unshared workload. However, Hailey was all too aware of how her own stereotypical expectations of her husband were impacting her desired image of him as she reflected:

Yesterday we put together an office chair, he calls me, sometimes I just think he’s useless and that transcend to the bedroom...that image of your partner...I want someone who I admire and respect and but that, this can also challenge my old beliefs of what a man should do...he will bring other good things into the relationship instead of the ability to be able to lift bags of potatoes or something which he would never do...they’re the old values that my family had.

Similarly, Daisy stated that it was not because she did not find her husband attractive any longer, but rather that “*it’s just harder to get to that point where you can let go*” in order to engage in sexual behaviour or to orgasm. Daisy described experiencing a “*build up*” of resentment and frustration resulting from her role as both wife and mother: that is, since her husband worked away often, she stated that “*I deal with everything for that two weeks, if they’re sick, if they’re in a hospital, if I’m in a hospital, or if we missed another birthday...*”. Daisy explained that sometimes she was able to “*put it all out of my mind and relate to my partner.... Yet he’s able to do that instinctively, it’s either the kids, work, home or sex*”. Whereas for Daisy, she explained that as a woman her role did not allow her to be able to focus on only one task, stating that “*we are always thinking about shopping...the washing we have got on the line or what time you have to pick up the kids and all the rest of it*”. Daisy’s argument was identified in the literature inasmuch as being a mother augmented the domestic work load due to parental responsibilities. This in turn contributed to a lack of time as well as fatigue primarily in women, as narratives presented in the ensuing subtheme illustrate (Callahan et al., 2006; McVeigh, 1997; Sanchez & Thomson, 1997; Thompson et al., 2002). Moreover, as Kaplan (1990) suggested, it seems that inadequate and expensive childcare as well as inflexible work schedules may make it impossible for women to combine sex, work and motherhood. Most narratives illustrate that the real increase in workload and tasks occurs with the advent of children and allude to a perceived unequal distribution of chores, primarily carried by women as is shown next.

Mother and carer.

Preceding narratives refer to participants associating a diminished desire to engage in sexual interactions owing to fatigue or overload in terms of daily tasks to be attended to. In response to questions enquiring about sexual difficulties or changes in the experience of their sexual relationship, a number of participants reflected on motherhood and its bearing on their sexuality and sexual experience. Vera recalled that since having two children her “*sex*

sessions” with her husband were not as long as they used to be by reason of being time poor, adding that “*by the time we actually do get to think about ourselves it is usually quite late and we are both tired*”. Olive similarly recalled that after looking after her new baby and little boy, her life was “*pretty crazy and you know by the end of the night all I want is a little peace and quiet and all he wants is sex...yeah it’s really not on my top priority by that stage*”. Olive also described how sex for her had changed as she found it very hard to relax if there was someone else in the house. Uma recounted how being on the pill affected her desire for sex and her ability to have an orgasm. A number of participants commented on their fear of falling pregnant, particularly when they were younger, although Uma related this fear to being present after having children, stating:

I faced a major terror of getting pregnant again, and so we had this phase after my second son was born where I was on the pill and X was on condoms just to absolutely cover us both and since he has now had the snip [referring to her husband’s vasectomy] it’s not an issue for us and there has been a great freedom in that [giggles], just being able to let go of all those, those impediments to enjoying sex.

Fatigue, being sick through pregnancy and physical recovery from the birth of her children affected Uma’s desire for sex, decreasing frequency substantially and marking this period as “*difficult*” for Uma. There is much literature that associates physiological changes resulting from giving birth such as pelvic and vaginal trauma, dyspareunia and surgery, and the impact on women’s sexual relationships (Convery & Spatz, 2009; O’Reilly et al., 2009; Williams et al., 2007). Eleanor marked the arrival of her children as a period that she described contributed to sexual difficulties, particularly to a lack of sexual desire. In accordance with the literature, Eleanor attributed fatigue as a key element (Convery & Spatz, 2009; Reamy & White, 2009; Symon et al., 2003; Trice-Black, 2010).

Daisy suggested that the difference between women and men's sexual desires lay in the fact that *"we can bear children and they cannot. There're always singular we never are"*. For Daisy not being singular pertained to an increased workload as women undergo a transformation with the birth of children by virtue of the way they *"relate"* to their children (by holding them constantly in mind). This transformation along with the manner in which women are socialised sees women's needs put aside or positioned at the end of a queue. Megan like Daisy suggested that unconsciously her needs also ended up at the bottom of the queue, although she was aware that at some level she was more comfortable with this, stating *"but I feel happy knowing everyone else is ok and is fine"*. The workload is not only measured in terms of an increase in daily chores but rather in the way that individual needs become competitive in their desire to be fulfilled. Thus, Daisy's sexual desire for her husband encounters the same experience: that is, it competes against other needs that have risen in significance and so becomes positioned lower down her queue of needs, mismatching his sexual needs. Daisy recounted how not having her other significant needs met built her feelings of anger as well as resentment and hence lowered her sexual desire for her partner, explaining it as *"you know, you don't need to be taken out, you don't need to buy chocolates or anything, sometimes it's just about doing the dishes and making the beds and cleaning the floor and that kind of thing"*. The research literature resonates with participants' accounts of anger and frustration at overburdened social roles as well as fatigue contributing to a loss of sexual desire (Bittmann & Pixley, 1997; Candib, 2001; Dempsey, 1997; Richters et al., 2003).

A view closely associated with competing demands, explicitly expressed by Ida and Daisy and implied by other participants, relates to the notion (referred to earlier) that in asserting their own demands, participants feel they are being *"selfish"*. Additionally, they feel that others too consider them to be behaving selfishly. Mahoney and Knudson-Martin (2009)

propose that women's characteristic empathy and awareness of other's needs is a result of an adaptation process in order to deal with their lower status position in society. Inasmuch as awareness of other's needs is crucial to building relationships, an overemphasis on others may render it hard for women to articulate their own needs, which contributes to unequal relationships. Moreover, this notion of selfish versus selfless as a mother is akin to a double bind, damaging women's confidence and in turn evoking feelings of inadequacy and guilt (Bateson, 1972; Watzlawick, Beavin, & Jackson, 1967 as cited in Johnston & Swanson, 2003; Maushart, 2006). The media in particular constructs the 'good mother' as a woman who is naturally endowed for nurturing, is selfless, is interdependent with children and is successful in the domestic domain (Johnston & Swanson, 2003). Above all, the study by Johnston and Swanson (2003) indicated that selflessness is equated with a maternal virtue, which rarely encourages being 'good to self', especially for at-home mothers. Consequently, societal expectations shape women's internalised identities as conforming to this ideal, namely that mature women subjugate their own desires so that others benefit (Dundes, 2001). This ideal affects women's sexual needs in the same manner – when women become selfless, partners' needs take precedence.

Megan recalled how having her three children impacted her own relationship with her sexual body, stating:

I feel that, particularly when my kids were younger, at the end of the day, there's always the tiredness, and after carrying a baby, and feeding and nursing a baby, and I fed my kids until they were nearly 10 months, that kind of part of me...was a bit out of bounds, I almost feel that there was the babies' time, and then there was time for me, just for me to enjoy my body, shower, rest, whatever, and then I would feel with my husband it was almost, oh...I've been touched too many times like and I would feel...that I would only have so much time or so much feeling in my body for so much

and then what I would feel is that my husband's time for me was a time that I could allow the least because I could say no to him but I didn't feel I could say no to my babies.

Literature supports Megan's sentiments in that the constant tactile stimulation between the infant and the mother, above all on parts of the body connected to both sexual arousal and nourishment such as women's breasts, induces decreased sexual desire (Avery et al., 2000; Convery & Spatz, 2009; Jordan & Wall, 1993; Trice-Black, 2010). Megan recounted how she felt divided between the different demands associated with her role as both wife and mother; explicitly as the primary carer of both her children and her husband's needs. Megan explained that when she was feeling stressed, rushed or tired "*the first thing to go is my sex life...without question*" yet her husband "*can be absolutely on his death bed...and I come and lie down to console him, he would happily have sex*". She suggested for her husband to "*feel as him, he needs to be with me and is related to sex*" whereas Megan wanted time "*to myself, solely me*", a time with no demands whatsoever. Thus, her husband wanting to be with her becomes another demand on her time, her body, and her relatedness regardless of what she would prefer. However, Megan found herself in a double bind because as she rejected his sexual needs her guilt escalated, as she recounted: "*Which is a shame because in his mind he accommodates everyone, he would accommodate me I think over the kids in terms of needs and that but then I think is it biological?*".

Megan's question captures the essence of what feminist scholars and social science researchers argue is the pervasive assumed 'natural' position of heterosexual intercourse and its consequent sexual desire in society: if one does not have sufficient desire to engage in the 'natural' biological act of sexual intercourse with one's partner, then either one is biologically dysfunctional or intentionally selfish. Yet, as both the literature and the current study has hitherto demonstrated, sexual desire is not a constant entity but may oscillate between social

contexts, such as when an individual first meets a partner, through to marriage, parenting and widowhood, simultaneously as biological attributes for instance, menstruation, pregnancy, lactation and hormones may initiate changeable sexual desire (Leiblum, 2000; Levine, 2002). Participants' narratives exemplified their experiences of varying levels of sexual desire as well as the changing nature of their desire, depending on life phases and the circumstances of their life. Ida referred to her changed sexual desire and altered sexual experiences as a consequence of her being divorced, being single, aged 53 years, and being a working woman who had left behind the nurturing space and had not "*automatically become*" a babysitter for her grandchildren. Beth recalled her varying levels of sexual desire through her early widowhood, re-marriage, divorce and her experiences as a "*mature*" 47 year-old woman. Daisy supposed that most sexual education or information for women and particularly for men focuses on limited aspects of sex and that most people are not aware of the "*stages of sexuality*" and how various life phases and circumstances impact a woman's sexual desire and experience. Megan too expressed how she would like to be like her "*single girlfriends*" who talk about being "*proactive*" in their sexual interactions and have "*strong sex drives*" but found that "*when I actually apply it to my own life I think well no I am not that kind of person anymore because my life is different now*". Megan reflected the fact that her youngest child was three years-old and yet she did not know "*how to get that back... I think about it a lot because it's not something that makes either of us enormously unhappy but... I kind of feel there is this part of me that should be active that isn't*".

In concluding the current two subthemes, *wife/wage earner* and *mother/carer* roles, within the third theme of *Social Roles and Expectations*, it appears that narratives emerging from the current study resonate with many of the subthemes drawn from the literature (Avery et al., 2000; Bozon, 2001; Callahan et al., 2006; Convery & Spatz, 2009; Croghan, 1991; Jordan & Wall, 1993; McVeigh, 1997; Reamy & White, 2009; Saha, 2002; Sanchez &

Thomson, 1997; Symon et al., 2003; Thompson et al., 2002; Trice-Black, 2010; Trutnovsky et al., 2006). Firstly, participants reported that regardless of whether they worked outside or inside the home, the advent of children generates an increased workload contributing to fatigue and altering for many participants their desire to engage in sexual interactions. For most participants motherhood and its associated workload, including the management of the home, was primarily considered by their partners (and them to a certain extent) their responsibility. Secondly, many participants experienced their own needs as directly oppositional to the needs of both their partners and children, such that their unmet needs evoked anger and resentment, whilst not gratifying other's needs elicited guilt and feelings of selfishness. Both the former and latter emotional experiences hindered levels of sexual desire. Needs named by participants included desiring to have more 'self-time' as well as having non-sexual needs met prior to sexual ones, such as time for affection, help with domestic duties as well as child rearing responsibilities, and partner's investment in romantic gestures. Lastly, there was an underlying concern for some participants about needing to return to the same level of sexual arousal and desire that they experienced both in the beginning of their relationship and prior to having children. Thus, attribution of blame for this lack of desire was towards either self or other. In spite of this attribution of blame, participants were clearly cognisant of how the changing circumstances of their lives had affected their sexual responsivity. Yet the ideologies of appropriate social roles and expectations are so intricately merged into heterosexual partnerships that many women remain in unequal relationship positions despite conscious awareness and acknowledgement of this position.

Subsequent to the preceding discussion regarding ideologies, the current interpretation of findings proceeds to narratives that emerged relating to participants' actual preferences and practices of sexual behaviour, as presented in the fourth and penultimate theme.

Sexual behaviour: Preferences and practices.

Narratives associated with participants' sexual experiences and behaviours were grouped into *Sexual Behaviour: Preferences and Practices* and consisted of the following subthemes:

- Types of sexual behaviours
- Sexual confidence and maturity
- Sexual desire: how important is sex?

Types of sexual behaviours.

As pointed out in the literature review with studies such as the Hite Report (1976; 2004), National Health and Social Life Survey (Laumann et al., 1994), the Study of Health and Relationships (Richters et al., 2006) and others (Fugl-Meyer et al., 2006; Sauer, 2008), the most common way for women to orgasm is not through sexual intercourse (as is the case for men) but through clitoral stimulation, either manually or orally (the term sexual intercourse will be used interchangeably with penile-vaginal penetration). Participants' responses indicated that 'self-pleasure' was synonymous with masturbation, as Yasmin stated "*other than a good cup of tea [giggles], definitely masturbation*". For most participants, orgasm was related to clitoral stimulation. Megan and Penny explained that clitoral stimulation outside of sexual intercourse led to orgasm, with Penny emphasising that sexual pleasure was "*of course masturbation and straight away the most powerful orgasms that can be achieved for me is through that... couldn't be anything else really*". Penny elaborated on this statement by adding that she orgasms in this manner "*every time*" and may sometimes achieve orgasm if her partner performs oral sex, but that through "*intercourse, once in maybe a thousand times, so that's once in a blue moon, hardly ever*". Eleanor differentiated between the sexual behaviours by explaining that the predominant way for her to orgasm was manually with a vibrator, but that the sexual behaviour she most desired was sexual intercourse because of the intimacy she experienced with her husband. Oral

sex was the primary sexual act to achieve orgasm for both Vera and Uma, with Uma describing penile-vaginal penetration “*less so*”, adding that “*touching and petting in advance*” led to a higher likelihood that she would orgasm and highlighting clitoral stimulation as the most essential aspect for orgasm.

Olive voiced that she liked to have sex but did not “*feel anything*” with penile-vaginal penetration and that “*to have an orgasm it’s more likely to happen with masturbation than with sex for me*”. Olive added that for her to orgasm with sexual intercourse, it had to be in a certain position to allow her manual clitoral stimulation. Ida, on the other hand, discussed the manner in which she reached orgasm as “*...predominantly would be manual or oral stimulation but the whole combination of it, it must finish with internal*”, expressing her desire for intercourse in this manner: “*...if it doesn’t get me there, look out mate. Yeah it’s like that, that’s my closing point, that’s my explosion point*”. Ida described this “*peak point*” as the range of orgasm she could sometimes achieve when vaginally penetrated. Likewise, Beth recounted being able to orgasm “*any which way*” with some partners, along with considering sexual intercourse as the most important sexual behaviour because of the “*togetherness, it’s about people coming together and it’s a giving of yourself*”. Both Natalie and Hailey regarded penile-vaginal penetration as their predominant way of achieving an orgasm, both highlighting clitoral stimulation as unnecessary for orgasm. Hailey described the differences between her vaginal and clitoral orgasm stating, “*This one feels deeper, from the inside out whereas the other one was more like from the outside in*”. Simultaneously though, Hailey suggested that “*sex on top*” was the favourite sexual activity for men, but that this was not so for her and that other activities were essential to sexual pleasure.

Resurrected debates regarding the controversial existence of vaginal orgasm as opposed to clitoral orgasm currently abound in academic circles, with specific references to the existence of a vaginal G-Spot (named after Gräfenberg) being responsible for vaginal orgasms (Foldes & Buisson, 2009; Jannini, Whipple, Buisson, Foldes, & Vardi, 2010; Jannini et al., 2012;

Kilchevsky, Vardi, Lowenstein, & Gruenwald, 2012; Komisaruk et al., 2006). Freud's dismissal of the clitoral orgasm as immature provoked strong criticism from feminist scholars and social science researchers who asserted that although many areas are implicated in sexual arousal, all orgasms are extensions of sensations due to clitoral stimulation (Koedt, 1996). In contrast, researchers are presently claiming that evidence suggests that vaginal orgasm is accessible, that it is related to psychological well-being, that different sexual behaviours attain different outcomes, and that specifically penile-vaginal intercourse is associated with better physiological and psychological health and function (Brody, 2006; Jannini et al., 2012). In other words, evidence suggests that sexual satisfaction and health are positively correlated with penile-vaginal penetration and no other sexual behaviours (Brody & Costa, 2012; Brody & Weiss, 2011). In opposition to the arguments posited by feminist scholars and social science researchers about the value of other sexual behaviours and longer foreplay for orgasm, specific research stresses the duration of penile-vaginal intercourse, the length of the penis and sex education that focuses mental attention on vaginal sensations (rather than greater duration of foreplay and related sexual behaviours) as associated with consistent partnered orgasm in women (Brody & Weiss, 2010; Weiss & Brody, 2009). Philippsohn and Hartmann (2008) also suggest that their research indicated that sexual intercourse was "a far more important activity and source of satisfaction in female sexual life than petting or masturbation" (p.1001). Other research disputes the evidence of vaginal orgasms, asserting that firstly, the evidence is not conclusive and therefore causal attributions cannot be made; secondly, that vaginal areas implicated in vaginal orgasms are highly variable and are not discrete anatomical structures; and thirdly, that the structure of the very highly innervated clitoris is responsible for orgasm even in penile-vaginal penetration (Charland, Shrier, & Shor, 2012; Foldes & Buisson, 2009; Jannini et al., 2010).

The findings of the current study challenge research that suggests that penile-vaginal penetration is more important than other sexual behaviours, or that it is equated with more

satisfaction, or that the duration of penile-vaginal intercourse compared to longer foreplay is associated with sexual satisfaction (Brody & Costa, 2012; Brody & Weiss, 2011; Philippsohn & Hartmann, 2008). The current study found that feelings of sexual satisfaction were associated with both orgasm (through masturbation, oral sex or penile-vaginal penetration) and feelings of closeness with partners. In spite of participants describing a desire to orgasm through penile-vaginal penetration, the overarching desire was to feel close to partners as well as to orgasm, without one trumping the other. This finding is in accordance with research by feminist scholars and social science researchers (Basson, 2001b; Byers, 2001; Graham et al., 2004; Levine, 2002; Tiefer, 1991). Thus, the underlying desire contained within participants' narratives was one of seeking intimacy and relevance in the relationship. Indeed, despite Philippsohn and Hartmann's (2008) suggestion about the importance of sexual intercourse over masturbation and petting, the authors simultaneously asserted that crucial to sexual satisfaction through sexual intercourse are the following: feeling close to one's partner, experiencing orgasm, feeling pleasantly indulged and not feeling unsettled inside. Additionally, and in accordance with the findings of the current study, the authors proposed that sexual satisfaction contains a double character which was essential for participants in their study: that is, sexual enjoyment/pleasure and relational/communication factors.

Perhaps the most striking and concerning feature of these academic and research debates about the existence of vaginal orgasms versus clitoral orgasms, is that the confusion, focus and irrefutable claims made do not remain insulated but permeate the media, thus influencing women's own perceptions and expectations about their sexuality and sexual interactions. Additionally, the media is not bound by the same reporting restraints imposed on the dissemination of research and academic work, and often present a skewed angle on topics. A very quick perusal of *Cosmopolitan Magazine* topics on the internet highlights how these debates have spilled into the limelight, as noted by titles such as *The female orgasm DOES exist*

(referring to vaginal orgasm in *Cosmopolitan*, April 17, 2012) and *The G-Spot Booster* (Marton, 2012). Feminist scholars and social science researchers argue that making causal inferences about the normalcy of certain behaviours, specifically about how one behaviour trumps another one, can have social ramifications as women may see their inability to attain a certain type of orgasm as a problem particular to them (Charland et al., 2012; Graham, 2009; Nicolson, 1993; Nicolson & Burr, 2003; Ussher, 1993). As such, orgasm has a social meaning and women's experience of their sexuality cannot be separated from this meaning: in other words, what does it now mean for women that there is evidence a vaginal orgasm exists? Indeed, although participants' narratives are varied in the current study, a number of narratives revealed that the inability to achieve 'vaginal orgasm', or orgasm without being aware of clitoral stimulation resulted in feelings of inadequacy. Olive lamented her inability to achieve orgasm through penile-vaginal penetration and despite acknowledging that she knew many women who could not, admitted that she felt there could be something wrong with her. Megan attributed her "low sex drive" to not being able to orgasm during penile-vaginal penetration, stating "*I have thought right, well I don't feel really the, you know, say the orgasm from intercourse so maybe that's why I don't want to do that so much*". Yasmin explained how for her the inability to orgasm with sexual penetration led to "*some disappointment and upsetness and a 'why me'*". Yasmin added that depending on her mood her inability to achieve orgasm could generalise, as she noted:

...then the "why me" is quite deep so it's "why can't I orgasm" and then it leads into every other part of my life and then it's "why can't I do this" or "why can't I do that" so it gets bigger and so that's when I start off feeling a bit miserable.

Despite the difficulty in estimating the precise incidences of a lack of orgasm in women, much research has reported that it is one of the most common difficulties, with some stating that it is the second most common difficulty behind a lack of sexual desire (Laumann et al., 1994; Meston et al., 2004; Read et al., 1997; Richters et al., 2003; Simons & Carey, 2001; West et al., 2004).

Although women who attain orgasm through clitoral stimulation will not meet the criteria laid out in the DSM for female orgasmic disorder, what is of significance is how women attribute this assumed 'lack' to either themselves or their partners, and whether this attribution causes considerable distress for them. Limitations of prevalence studies include scant knowledge about the myriad factors that contribute to women experiencing distress due to a difficulty such as lack of orgasm with penile-vaginal penetration (Bancroft et al., 2003; King et al., 2007; Palacios et al., 2009; Richters et al., 2003; Rosen, 2009).

Certainly the current study, albeit relatively small, illustrates a few salient markers about women's sexual difficulties. For some participants in the current study, a lack of orgasm is connected to a) unrealistic expectations about sexual intercourse when young that are defined by 'the knowledge out there' rather than sexual knowledge acquired by the woman through comprehensive sexual education and experience; b) lack of sexual knowledge about the woman's body and the relationship of the clitoris to orgasm, both from the woman and her partner; c) a sense of inadequacy or fault (attributed more to self in this study than to partner) in not attaining an orgasm the 'right way' or through penile-vaginal penetration; d) some distress or discomfort with a lack of orgasm through penile-vaginal penetration mainly manifested in faking orgasm and decreased desire for sexual intercourse; e) a sense of discomfort in masturbating in front of a partner, regardless of whether the relationship has been long-term; f) feelings of resentment and anger about relational dynamics influencing sexual desire and orgasm; and g) sexual satisfaction mostly reported by participants who described partners who were interested and responsive to their individual sexual needs (although other needs in the relationship were not necessarily being satisfied).

In order to address their lack of orgasm through penile-vaginal penetration, a number of participants explained that they maneuvered themselves physically into certain sexual positions to achieve orgasm through penile friction near the clitoris without verbalising this need to their

partners, emphasising that this was the only way they could orgasm through penile-vaginal penetration. In line with the qualitative research by Nicolson and Burr (2003), participants' accounts revealed the same tension: women are expected to have penile-vaginal orgasm and yet the ability to make overt demands for orgasm is constricted, often due to romantic and idealised beliefs about how orgasm 'should be' attained fuelling a sense of personal inadequacy.

Nonetheless, other narratives demonstrated that through knowing one's body and recognising sexual preferences, participants were able to be more in touch with aspects of their own arousal and desire, often becoming assertive in their ability to verbalise those desires and feeling more confident as well as more mature about their sexuality, a subtheme addressed in the forthcoming section.

Sexual confidence and maturity.

...but in terms of my sexuality as a woman I have just, I think I have gone from, you know one end right to the other, it's almost like I have gone up over the rainbow and come down again. (Beth)

Sexual maturity and confidence encompassed participants' narratives related to retrospective accounts of, as well as reflections about, changed sexual selves in the form of the capacity to comfortably and confidently assert sexual needs and assume responsibility for their own sexual pleasure. When discussing various sexual behaviours, participants varied in their responses to masturbation as a sexual behaviour performed either privately or as part of the sexual repertoire with partners. Vera reported that it was "*definitely part of my sexual relationship with my husband*". Megan described that she masturbated privately (indicating embarrassment) despite her husband's insistence and desire to incorporate this into their mutual sexual repertoire because for him "*it's a turn-on to watch me doing it*". Similarly, both Wendy and Yasmin related embarrassment about masturbating with a partner, with Yasmin emphasising that embarrassment was positively correlated to her feelings for the

man. Responses varied between participants, with some describing masturbation as a sexual behaviour they were comfortable with, whilst for others masturbating in the presence of a partner evoked embarrassment. It may be that for some participants body image self-consciousness pervades the genitalia. Negative genital perception has been linked to greater body image self-consciousness, lower sexual esteem and reduced enjoyment of sexual interactions (Schick, Calabrese, Rima, & Zucker, 2010). As noted by psychotherapist Phillips (2012), while many men focus on the penis as *the* sexual object, many women do not have the same regard for their clitoris and tend to struggle with many aspects of their bodies. Moreover, linked in with negative genital perception could be unconscious negative attitudes to masturbation.

For some participants, there seemed to be a difference between whether they or their partners manually stimulated the clitoris, with a few participants describing the need to self-masturbate during sexual interactions as strange or uncommon. For some participants, there was an expectation that orgasm *should* occur *naturally* through either the partners' clitoral stimulation or vaginal penetration. Therefore, the responsibility was directed towards the partner. In Potts' (2000) analysis of transcripts regarding heterosexual orgasm similar narratives emerged; hence as Potts points out, "...intimacy becomes problematic when her orgasm is achieved via self-masturbation" (p. 65). This position presents a paradox, since on the one hand orgasm through self-masturbation is too revealing whilst on the other hand it lacks the intimate bond of orgasm induced by an 'other'. As such, the construction of the coital imperative as well as the penile-vaginal orgasm as a biological 'natural right' is exposed. (Koedt, 1996; Nicolson & Burr, 2003; Potts, 2000). Moreover, some research asserts that vaginal orgasm or the failure thereof is related to health (Brody, 2006; Jannini et al., 2012). It is similarly related to sexual competence, such that the absence of orgasm has been presented as due to either the man's lack of skill or the woman's failure (Jackson &

Scott, 2001; Nicolson 1993; Nicolson & Burr, 2003). Indeed, the notion that not attaining penile-vaginal orgasm represents ineptitude exists within various domains of the social milieu, including research indicating that women who do not achieve vaginal orgasm are still experiencing “lesser sexual function than that they might have been capable of achieving” (Brody, 2006, p. 402). Olive’s narrative resonates well with the notion that her orgasm through masturbation is somewhat less than the ‘ideal’ and reveals her sense of inadequacy, as she worries about making her sexual needs known, stating that “... *I just don’t really see the point of bringing it up because I don’t want him to feel like he’s you know, I guess I don’t want him to start looking out to try and satisfy someone else*”. In order to circumvent the necessity of this position, Olive found it easier to satisfy herself explaining that “...*it takes me like a couple of seconds*”.

For participants such as Penny, Ida, Vera and Beth, incorporating masturbation into their sexual repertoire with partners appeared to be related to the responsiveness of partners, which in turn enhanced their flourishing sexual confidence and maturity over the years. Sexual confidence was expressed in the form of participants’ comparisons between their earlier sexual interactions and how these had changed as they matured. Penny believed it was owing to communicating and verbalising her sexual needs that had made a difference to her sexual satisfaction, describing it as the following: “...*because now...I know what I want and how to get it...yeah, and I...tell people what I want...before I couldn’t I was too shy*”. Penny elaborated by adding that “*I tend to lie in poses that I would never dream of when I was young like a teenager, I don’t care what’s showing*”, explaining that she felt confident in her own body. Ida recounted that as she matured and had sexual intercourse she began to ask questions, stating that sexual intercourse “*was not great... he’s having all the fun...you know you hear all the romance stories and...a load of bloody crap to my way of thinking*”. Ida referred to the change in her experience of a sexual self as resulting from her becoming “*very*

selfish” and *“demanding*” when asserting what she wanted sexually, describing herself as having taken responsibility of her sexual needs. Ida opined that a number of things have allowed her to become sexually assertive as she matured: being able to work and leave the home so that she (for example, and other women) did not *“automatically become babysitters for their grandchildren”* and *“I think women need to be more aware of themselves the good, bad and the ugly, not what is written in the books... Communication...women have to learn how to speak truth to each other and to themselves”*. In *“speaking truth”* Ida elaborated that this also *“frees the man”* because he does not have *“to work out how to make me feel good”*, opining that this has a strong bearing on sexual satisfaction. Literature suggests that women who are able to assert their sexual wants and needs report higher desire, arousal and sexual satisfaction (Hurlbert, 1991; McCabe, 1999, 2009). Yasmin too suggested communication and women learning about their bodies and themselves as instrumental to sexual confidence. Yasmin attributed much of her sexual confidence to having conversations with women at an adult sex shop, women *“who are okay with their bodies and women who are okay with sex”*, and being told that *“look some women like this and this, and give this a go and dadada...”*, thus normalising her sexual experience and preferences.

The aforementioned participant narratives demonstrate some of the prominent points found in the literature regarding a partners’ responsivity, gaining sexual knowledge and being able to verbalise individual sexual needs and desires. Research reveals that if sexual interaction is centred on coitus and approached as if in a vacuum by male partners, the opportunity to gain and enhance sexual knowledge through discovering individual likes and dislikes along with the consideration of context and the time needed (for example, for longer foreplay) may not eventuate (Graham et al., 2004; Heino & Ojanlatva, 1998; McCabe et al., 2010; McPhillips et al., 2001; Polonsky, 2001). Lack of sexual stimulation due to inadequate knowledge may lead to both a lack of sexual arousal and desire to engage in sexual

interactions (Basson, 2001b; Laan & Both, 2008; Richters & Rissel, 2005). Partners demonstrating an interest in a woman as herself, rather than as a female body for sexual intercourse, have been considered as vital for increased feelings of sexual desire (Trice-Black, 2010).

Beth recalled how she had “*a lot of hang-ups*” when she was younger about sex given her religious upbringing. However, she attributed her sexual confidence to having married her first husband a little later in her twenties and being “*the leader and the manager*” in that sexual relationship, explaining as such: “*I was now able to determine what gave me pleasure and to be able to give pleasure and to be able to start to say what I wanted...or to actually just take his hand and put it on my breast*”. Having become widowed early, Beth had a second husband that she described as “*very, very sexual*” and sex with him as “*just incredible*”. Hailey described that as she matured she was able to assert her sexual needs because she felt that she “*was worth it, I deserved it*”. What appeared to help her was learning about her body and becoming more “*self-educated about lots of things in life and that, just sexuality is just one of them, emotional health, physical health...*”. Beth likewise described valuing herself and her body, as she expressed, “*I value what I am about*”, adding that [referring to men] “*you get to this age and people think ah don’t be so picky you know like, well I want to be picky, why do I have to take the crumbs!*”. In spite of their differences in age, culture, religious influences and marital statuses, a common feature of Ida, Penny, Beth and Vera’s narratives was their descriptions of men in their lives who were sexually interested in their individual preferences, who participated in discovering their individual sexual needs, and who facilitated their capacity to communicate those needs. This is not to say that these relationships were satisfactory on all levels, but rather that participants reflected on aspects of past or current relationships that enhanced their sexual confidence in their experience of sexual interactions, their bodies and their sexual selves. As indicated by

Hurlbert et al. (1993), sexual satisfaction in women is related to the ease and comfort with which women are able to communicate their sexual needs with partners, as well as relationship closeness.

Sexual confidence was not always associated with maturing or being in long term relationships for some of the participants, but rather with the ability to feel that one's sexual needs are both equal to other needs, along with being as valid as another's sexual needs. Eleanor, who was one of the oldest participants, recounted that she was not comfortable asserting her sexual needs with her husband of thirty years for fear of being perceived as "*demanding*". The assumption here was that her husband was 'giving' Eleanor something, thus overlooking any desires that Eleanor may have as part of a reciprocal interaction. In addition, since Eleanor was 'receiving' something, the idea that she may have wanted more or that she may have wanted something different and idiosyncratic was not considered. As indicated in the literature (Koedt, 1996; Potts, 2000; Roberts et al., 1995), Eleanor was positioned as a passive recipient of her husband's sexual prowess and may have been considered "*judgmental*" or "*critical*" as she added that, "*He may perceive that...I am sort of saying, well you know you could do better...*". Uma likewise explained that she would not be able to reject her husband if he approached her for sex unless she used a reason like "*tiredness*", adding that in order to verbalise her sexual needs she would have to "*think very carefully about how to say it*". As Polonsky (2001) posited, some women may feel the need to protect their partner's sexual inadequacy and so either do not reveal their lack of desire to him or do not reveal the true reasons for this. In some cases, women may feel that their partner's self-esteem is partially dependent on their ability to sexually satisfy them, as suggested by Brewer and Hendrie (2011).

Finally, Daisy credited sexual confidence and maturity as a product of women being able to learn how to assert their needs in line with everyone else's needs, and understood the capacity to do this as easier for women who either did not bear children or delayed having

children since they “*don’t give as much*”. Daisy opined that women are looked upon as “*providers*” by society and it is “*how socially we have been exposed to as children*”. Having children during one’s twenties does not allow one to “*find*” oneself according to Daisy because “*the children come first, and the house comes first, and the husband comes and all the rest of it...*”. Daisy’s ideas were echoed by Ida as she also regarded “*women who stay within the family*” as providers and carers of other’s needs, whereas “*...women who are out working...that to me is what has changed*”. The idea that women are regarded as the providers of care-taking in society is consistently argued by feminist scholars and social science researchers. In a study of heterosexual couples by Knudson-Martin and Mahoney (2009), women were more likely to describe attending to partner’s emotional needs, doing what partners wanted, accommodating to partners’ needs, fitting in with partners’ schedules, and worrying about offending their partners. Women and men identify with a socially constructed idea of gender, thus guiding behaviour that is compatible with that construction in a specific social context, for example as in the context of motherhood (Bohan, 1993). Although modern marriage has become known as an equal partnership, many scholars consider this view of marriage as an illusion that is quickly shattered with the arrival of children (Bozon, 2001; Mansfield, McAllister, & Collard, 1992). In particular, whatever aspirations of equality couples hold during courtship and marriage without children, it is at childbirth that the specialisation of female and male tasks within the division of domestic labour becomes increasingly reinforced (Bozon, 2001; Sanchez & Thomson, 1997). Katz-Wise et al. (2010) found that female and male parents showed changes in gender-role attitudes following the birth of a child, with attitudes becoming more traditional over time. Moreover, women that have higher expectations about egalitarian partnerships and an equal distribution of domestic responsibilities may experience more resentment, initiating more conflict with partners and leading to less love, affection and understanding from partners

(Wilcox & Nock, 2006). Thus for Daisy, being sexually confident is feeling that her non-sexual as well as her sexual needs have been met by her partner in an equal manner. Daisy explains that for her husband “*women are women and kids are kids and... you go well no, actually I should be able to do this, this and that and please treat me as an equal, that is all actually we are asking for...*”. In order to deal with issues of inequality within relationships, individuals use strategies such as rationalising and relabeling (Knudson-Martin & Mahoney, 2009). For example, Megan opined (refer to page 174) that the differences between women and men were due to men being more physical and women more emotional, thus rationalising inequalities within the relationship as natural.

So far, within the theme *Practices and Preferences*, participants’ narratives related to the type of sexual activities that are preferred, as well as the confidence that participants convey about their capacity to initiate or engage in these preferred sexual interactions with partners has been illustrated. Factors implicated in participants’ accounts of feeling sexually confident were the sexual responsiveness of partners, capacity to communicate preferences and esteeming one’s own needs to be as worthwhile as another’s. Sexual confidence and maturity were manifested in the manner with which some participants recounted being comfortable masturbating with partners, requesting favoured sexual positions or activities, feeling at ease with their bodies and describing sexual satisfaction (particularly being able to achieve orgasm). It stands to reason that feeling sexually confident and attaining sexual satisfaction would be strongly associated with sexual desire as well as how important a sexual relationship was to a participant. Hence, the final subtheme within the current theme interprets narratives corresponding to sexual desire and the significance of the sexual relationship as presented in the next section.

Sexual desire: how important is sex?

Research exploring interest and enjoyment in sexual activities reports higher levels of enjoyment and erotophilia in men (Baumeister et al., 2001; Garcia, Cavalie, Goins, & King 2008; Laumann et al., 1994; Purnine et al., 1994; Purnine & Carey, 1998). Eighty percent of women and 88% of men in the largest Australian sex survey ever completed agreed with the statement “An active sex life is important for your sense of well-being” (Richters & Rissel, 2005, p. 34). The same study reported that 54.8% of women and 24.9% of men lacked interest in having sex though, with worldwide research estimates of sexual difficulties being between 20-40% (Christensen, 2011; Fugl-Meyer & Fugl-Meyer, 1999; Kadir et al., 2002; Lutfey et al., 2009; Nazareth et al., 2003; Palacios et al., 2009; Rosen et al., 2009; Shepherd et al., 2009; Song et al., 2008; Træen & Stigum, 2010; Vanwesenbeeck et al., 2010). Moreover, women report a loss of sexual desire significantly more than men. Feminist scholars and social science researchers argue that sexual desire is experienced differently by women and impacted on by biological contributions, acculturation, social conventions and expectations, greater responsibility for childcare and caring roles, greater history of sexual coercion and physical abuse, as well as power inequities within relationships (Leiblum, 2000; 2002; Peplau, 2003; Tolman & Diamond, 2001).

Participants’ narratives in the current study revealed a range of factors that impacted on their desire to engage in sexual activities with partners, over and above what has already been illustrated hitherto; this is very much in keeping with other research. Moreover, a number of participants emphatically stated that the sexual relationship was essential to a satisfactory relationship. Vera and Penny presented in the interviews as the most satisfied with both their sexual relationship and their general relationship. Vera considered her daily sexual interaction as “*almost more an intimacy thing*” where both partners “*can’t go to sleep properly*” without sex. Sex for Vera was “*very, very important...I am a huge believer that sex*

is a huge part of marriage...if that goes downhill I think a lot of things go downhill". Natalie considered a satisfactory sexual relationship crucial, stating "*I love sex*" and explaining that "*she used to have sex probably every night and maybe two or three times a night*" with her ex-husband. Factors influencing her sexual desire were a partner's sexual performance and anatomy, linking the size of a penis with sexual satisfaction. Wendy on the other hand recounted loss of sexual desire as an outcome of sexual assault, resulting in a broken relationship and substantial distress. Ida too recalled that in her earlier years she "*couldn't give a shit about sex*" and described faking orgasm and avoiding sex with a partner who was violent. Ida described her ex-husband as having a "*constant appetite, right and it was really a pain because you don't want sex every god damn day of your life*". However in her later years, she recounted that sex "*... is an importance to me. I like the sharing of sex with a partner, um, yeah I like the unity I like the physicality of it*". In contrast, another reason impacting on sexual desire was Ida's second ex-husband's erectile dysfunction, eventually leading to a divorce; however, the current study did not address men's erectile dysfunction beyond this point and interested readers may refer to Gott and Hinchcliff, (2003a), McCabe and Goldhammer (2012), and Wood et al., (2007).

For Olive, fatigue, several role responsibilities and her partner's inadequate sexual stimulation accounted for her lack of sexual desire. Olive described the differences between her sexual desire and her partner's as being twofold: firstly in terms of frequency, her husband "*would have it every five minutes if he could you know, or maybe not to that extent but you know he would have it at least three times a day if he could*"; and secondly, in terms of orgasm and satisfaction she does not "*get her satisfaction...all the time...I guess that it takes it away from it as well [referring to her desire]*". In spite of emphasising positive feelings about their husbands and their relationship and describing an enjoyment of sex, Uma, Hailey and Daisy recounted a loss in sexual desire as a result of feeling angry and resentful

with their husbands as they described other non-sexual needs within the relationship as being neglected. Daisy explained how resentment impacts on her desire for sex as such: “...*excuse my French, but I’m so fucked off I can’t do it, you know*”. Hailey explained that in relation to having sex she was “*happy with the activities we were doing even though they were relatively limited and they still are...*” but feeling stressed and overburdened by multiple role requirements has resulted in a complete loss of sexual desire, including masturbation. Hailey also attributed a thyroid problem that left her in a depressed state as a young adult to lack of desire for sex with partners at that time. Uma described needing to feel “*cared for*” before wanting to engage in sex. Other aspects that have resulted in Uma’s description of “*my libido just plummets*” have been being “*premenstrual*” and “*the pill*”, with the latter attributed to no desire at all for sex and a difficulty in attaining orgasm. Eleanor likewise expressed resentment; however, as she described herself as a “*fairly sexual person*”, her resentment was attributed to her husband’s lack of sexual desire, which in turn influenced her own desire to engage in sex. Illness was yet another cause of diminished sexual desire in Eleanor’s relationship.

Regarding the significance of sex to the relationship, Daisy, like Vera, described its prominence as follows:

...it’s a very big important part of a long-term relationship, I mean especially for men, but for women it’s you know they, they say it’s especially for men, but women it’s actually more because we have got to be so much more in tune and so much more aware of everything, that if that’s where it starts breaking down you know that things are in trouble.

Hailey emphasised that her lack of sexual desire for her husband “*hasn’t affected other areas of my life...I don’t wake up going ah another day or ...it’s just sex, and in the whole graph...it’s important, but... life takes over, things come and go don’t they?*”. Beth however

“would find it very difficult if I was with someone who didn’t enjoy sex”, describing that her marriage broke up because of many reasons that did not include sex. Beth indicated that *“If we share something physical then sex is a huge part of it. I find it strange that a man...would not see that as being important”*. Finally, Megan recalled that when she first met her husband she was *“very proactive in terms of wanting to have sex, what I wanted to have, where I was willing to do it and anything like that”*. However, Megan explained that she is not sure why but that she does not *“feel free”* anymore, inasmuch as she may have a sexual thought but will *“think so much about it”* that she loses her desire for anything. In her attempt at trying to pinpoint why she felt this way she recounted that she was *“nervous about taking that extra step...I know him more than anyone but for some reason I feel sort of uncomfortable or inhibited, that’s what it is, I feel this inhibition about just going for it even when I feel like it”*. Megan described this as perplexing as she did not recall any negative connotations to sex whilst growing up. Still, several role responsibilities, particularly three children aged eight, five and three years of age have resulted in a loss of sexual desire, explaining that;

...it’s that old thing of say...sitting on the sofa and the kids are all in bed and I really want to be close and I have had a shitty day or whatever it is... of wanting to snuggle up and be very close and then him taking that as an indication of further passion which I don’t really want.

As presented, participants’ reasons for loss of sexual desire are numerous and varied and the relationship between whether sex *is* or *is not* important is not as simple as a *yes* or *no*. The majority of participants considered sex as very important to the relationship but this did not mean that it was equivalent to sex as a priority, as priorities depended on what life phase and biological contribution existed, what circumstances, or what context participants found themselves in. Likewise, research exploring whether sex was important in later life and under what conditions sex is prioritised found that all participants with a sexual partner attributed

some importance to sex, yet experiencing barriers to being sexually active (for instance health problems) led participants to reprioritise the value attributed to sex (Gott & Hinchcliff, 2009b). Moreover, whether sex was a priority or not depended on whether participants found sex enjoyable, thus strongly positively correlated to desire. Exploring married women's attributions for declines in sexual desire, Sims and Meana's (2010) qualitative study found that sex before marriage had been characterised by freedom, excitement and physical pleasure to an expression of love, and at times as an obligation in marriage. Participants referred to factors such as the dampening effect of responsibility related to their roles; what Sims and Meana (2010) referred to as "the 'to-do list' phenomenon and multiple role incompatibilities" (pp. 372-373); their sense of a lack of individuality; a dissipation of romance and sexual initiations without tenderness; sex that had become too orgasm-focused (hers and his); and discomfort with changed body shapes due to childbirth (as well as partner's changed body shape). However, the authors conclude that notwithstanding the desire difficulties, "the women in our sample were by-and-large committed to their marriages and generally happy" (p. 375).

The participants in the current study illustrated similar expressions, particularly the married participants with younger children. As the average age of participants in the current study was 40 years of age, almost a decade older than that in the Sims and Meana's (2010) study, differences in relation to diminished lack of desire and sex as a priority appeared to be related to life transitions such as divorce and children no longer being in the home. That is, in general married participants with children regarded sex as important overall but not a priority, whilst married or divorced women who were older and no longer caretaking described themselves as sexually confident, mature and regarded sex as very important in their lives. Additionally, discrepancies existed in the current study between partners' sexual desire and participants' sexual desire, with many participants describing partners desiring sex more

frequently regardless of the context. This was predominantly so with the younger married participants who had young children, not unlike the themes illustrated by Olsson, Lundqvist, Faxelid, and Nissen (2005) in their study. These were a discordance of sexual desire with partners after childbirth, discomfort with body image, and women wanting free time and time to sleep rather than sex, which led to a changed sex pattern in the relationship. Megan's quote, presented forthwith, aptly portrays how sexual desire is an indistinct entity fluctuating in tandem with other life phase changes, vacillating between priority and subordinate, when she described the following:

...when I think of my husband I fancy the pants off him... because I don't feel that I want to have sex with my husband doesn't mean that I don't desire him, or that I don't want to be married to him, or that I should be married to someone else or that someone else after 10 years of marriage and three babies is going to still make me feel like I have to drop into bed with, that I am going to always be wanting to have sex with them.

This concludes the fourth and penultimate theme, *Practices and Preferences*, which included the subthemes related to *types of sexual behaviours, sexual confidence and maturity, and sexual desire: how important is sex*. As the introduction of the current study asserted "sex is more than intercourse" (Ogden, 2001, p.20) and the much regarded notion that it is both biological and natural because it is implicated in the procreation of the species and the majority of the world's population participates in it, belies the fact that sexual desire does not exist a priori and independent of socio-cultural meanings. Subthemes emerging from participant narratives clearly illustrate the myriad aspects within a woman's life and her relationships to others that impress on her experience of sex, whether it is the types of sexual activities engaged in, the effect of the responsibilities of caretaking, or the woman's ability to recognise her own needs and her confidence in asserting these. The last theme presented next

relates to the ideas and views that participants suggested were noteworthy in addressing some of the concerns they described in their sexual lives.

Views and ideas on change.

The interview schedule included questions posed to participants regarding their ideas and views on what they considered to be essential in assisting women with difficulties they may experience in their sexual relationships owing to the nature of the difficulties that participants raised in the current exploration. Hence, emerging from participants' narratives and subsumed under the fifth and final theme of *Views and ideas on change*, are the ensuing subthemes:

- Medication: A solution?
- Women enlightening women

Medication: A solution?

Arising from the review of the literature are the contemporary misgivings amongst feminist scholars and social science researchers that female sexuality and sexual difficulties are being dominated by the commercial interests of pharmaceutical industries, referred to as the medicalisation of sexuality (Bancroft, 2002; Moynihan, 2003, 2005; Rosenthal, 2001; Tiefer, 2010). Since its inception, Sildenafil for male sexual problems has been prescribed to millions of men and the market for a similar drug to be found for female sexual problems has been sought after by the media, the pharmaceutical industry and sexual health researchers (Hartley, 2006; Loe, 2008; Moynihan, 2003, 2005; Tiefer, 2001a). The disadvantages for women's sexual difficulties, should the wide-ranging medicalisation of female sexuality ensue as the touted solution for difficulties arising from the social and relational aspects of women's lives, include an emphasis on sexual performance; a minimisation on types of sexual activities associated with arousal and orgasm for women; a focus on sexual normalcy;

an exclusion of social and relational contexts; a bypassing of comprehensive sexual education; and women attending medical staff in search of a quick resolution (Tiefer, 2010).

Contrary to the literature indicating the potential of a medicalised approach to women's sexual difficulties, the current study did not find any support for this approach (Basson et al., 2001; Berman et al., 2001). In answer to the questions about women seeking help for sexual difficulties there was only one participant who made mention of medication, albeit not as a solution. Megan commenced by suggesting that there is much accessibility for women to go to the internet for information as well as the "GP's who would be able to know" but that assisting women must be "an approach" and the difficulty needs to be "seen in terms of the relationship". Megan described how she read an article about women who are experiencing sexual difficulties considering medication as a solution, and opined as follows:

...it's that idea that if you don't have a high enough sex drive, we can give you a medication, and that will make you have more sex, and I still think, you know, that's not the issue, the issue is if you are not having enough sex, either you are happy with not having enough sex or you're not happy because your husband wants to be having more sex and therefore those things have to be looked at and maybe there is a role for some medication within all that but the idea that you can just medicate so women will want to go off and just have sex, to me it seems crazy...it kind' a cheapens the issue...just pop the pill and it doesn't address those other issues.

What appeared to be another concern for Megan was her internalisation of a potential problem as she stated that "...well it's obviously a big enough problem for these people to make medication for so I should obviously be wanting to have more sex". Over and above the issues raised by Megan about the risks inherent in medical approaches that disregard the "those other issues", as has repeatedly been argued in the current paper, there are another three striking features that Megan's narrative has introduced. Firstly, the common held view

that medical personnel are the experts in women's sexuality and sexual health and a typical place where women may seek assistance. Secondly, the idea that if there is a solution to a problem as hyped by both the media and the medical/pharmaceutical industries and inasmuch as the problem is defined by parameters in highly regarded classification systems such as the DSM, then if a woman deviates from standard notions of normalcy she may clearly have a problem. Thirdly, the notion that it "*cheapens the issue*" highlights the reality that a woman's subjective experience of her sexual difficulties, which may or may not engender tremendous distress, is both neglected and depreciated. Megan's point echoes what Tiefer (2001c) regards as the medical model's disinterest in the cultural variation of sexuality, relegating religion and cultural factors to the background, thereby circumventing the meaning attached to sexual experiences. As noted by Bradley and Fine (2009), the medical approach to sexual difficulties focuses on the symptoms, often utilising medication without referral to mental health professionals to address the interpersonal and contextual issues. Yet the shift to the medicalisation of sexuality has pervaded the field of mental health therapists too as few education programmes in mental health focus on the psychosocial aspects of human sexuality, leaving professionals ill-equipped to address the complexity of sexual concerns (Tiefer, 2010). Moreover, feminist scholars and social science researchers assert that women internalise standards of normalcy and seek external professional interventions when they perceive that they have not met these standards (Ussher, 1993; Wood et al., 2006). As Megan added when referring to utilising medication as a solution, "*maybe it should in some instances but it shouldn't be a blanket...*", underlining the reality that the mixture of sexual difficulties that women are presenting with depends on the history of each woman's problem and at what time in that history they present for help (Bancroft et al., 2001). Apart from medication as a potential solution to women's sexual difficulties, the other suggestion by

most participants was associated with the impact other women's stories could have on other women, addressed in the next subtheme.

Women enlightening women

The final subtheme within *Findings and Interpretations* details participants' conversations about their thoughts on what would be beneficial to other women if they experienced a sexual difficulty. In other words, reflecting on their own individual experiences of sexual difficulties, did they consider any external measure as being potentially helpful to women who may find themselves in similar situations to the ones experienced by participants?

The majority of participants suggested that women 'talking' to other women was the most beneficial method to address women's sexual difficulties. The manner by which the 'talking' took place and the resources that participants suggested could be beneficial were varied though the emphasis was on *educating* women about the difficulties experienced in a sexual relationship throughout the lifecycle. Sexual education as a continuous process in individuals' lives rather than discreet periods of exposure was regarded as fundamental to contributing to an individual's (both women and men) capacity to negotiate potential sexual difficulties. Closely linked to educating women was the issue of awareness. Eleanor suggested that it is "*really important to keep raising people's awareness in whatever way we can*" because if society does not see something as a concern they "*don't do anything about addressing it*". Equally Daisy emphasised, "*We can put tampon ads out, we can put sex ads out, we have got driver education and dangerous driving. What do we have for the married couple?*". Daisy opined that there needs to be more funding for resources related to sexual difficulties as couples do not have the ability to attend sex therapy and may only do so as the marriage is breaking up. What Daisy specifically referred to was educating couples about the

range of sexual difficulties that may be experienced throughout their relationship given the myriad of factors that impact on the desire to engage in sex, as she stated:

Yeah, there is a taboo about it, you know we talk about educating our children at 13 and under about puberty...that sex is going to happen and so forth, why are we not being educated ourselves again as adults...to the second stage of what sex is going to be, we are not told that, nobody, nobody tells us that there are stages of sexuality, they just tell you at puberty this is sex and this is what you going to experience and this is what orgasms are for women, if you do certain things this is what your orgasms are...we have a beginning and an end but there is no stage awareness.

In relation to the role of academic scholars, researchers and practitioners, Daisy suggested the following:

What do we have out there that says...we know what it's like for couples between this and this, do you know what guys - this is a new study that's done and this is the book that would help both couples... how many couples do you think would buy that? The women would be racing out there to buy it, then they would be talking about and it would bring the topic to mind.

Uma and Natalie likewise concur that the first resource they would seek would be “written”, with Uma suggesting that she would later “definitely need a real live person to talk it all through with and tell my story to”. Although Uma has attended a counsellor before for relationship difficulties and found this to be “so helpful”, she also considered having conversations with friends as relevant. Uma lamented “...how little talking about sex I do with my friends” reflecting that it may be a result of her age cohort or “...the combination that I am a Christian and Christians can be so silly about this stuff...but I would love for it to be easier”. Olive described that she found it helpful to have a dialogue with her friends regarding her sexual difficulties, a dialogue she is not capable of having

with her partner. Possibly Olive's non-religious identification influences her ability to share with friends in contrast to Uma as both women are only a few years apart in age.

Beth reflected on her capacity to converse about sexuality and sexual difficulties as being empowering for her. Beth, as well as Natalie both remarked that discussing sexual matters with other women is something that they have only been able to do as they have matured. For Hailey, the experience was different as she suggested that *"as you get older and you've been in relationships for longer we don't talk about sex amongst girlfriends in that way, we'll say something sexual but you won't, were not learning from each other anymore as much"*. On the other hand, Beth elaborated by suggesting that sexuality is *"so powerful it can make or break people, but what's good is that you need to be able to talk about it, laugh about it, explore it and um not feel like its dirty"*. Beth recounted that she felt *"totally in control of my sexuality...because I understand it"* and considered that, if other women who experienced the same *"hang ups"* about sex that she did could *"read something and go wow that's what I have been thinking, you mean someone actually went through this and someone's you know processed it and it has happened to someone"* this would be beneficial to them, the same way she would have considered this helpful to her. Likewise, Penny suggested that many women do not know enough about sex and do not know how to be sexually satisfied with their partners, not as a result of non-assertiveness but due to lack of sexual knowledge about their bodies. Penny's suggestion included having *"classes"* or *"groups and talk about it... perhaps throw in some real pros like me... 'look if you do this and that, you'll be very happy' [giggles]...because a lot of women don't even know what to do"*.

Yasmin too pondered on the idea of educating women about their bodies and sexual activities through access to adult information such as adult sex shops or websites. However, although there appears to be an abundance of information on the internet, Yasmin cautioned against the use of most sites due female images being portrayed as unrealistic and being *"photo-*

shopped". Yasmin added that one is barraged by both "*spam and by all the men wanting to have sex with you, but you do get answers*". Yasmin suggested dialogue, stating that what she would find beneficial was "*sitting around talking openly and honestly about what we like and what we don't like in the bedroom and also the things that men talk about what they do and don't like... that helps me and reassures me*". Simultaneously Yasmin reflected on her hesitancy about attending face-to-face discussion groups, stating "... *I think it would be great. But then I don't know whether I would be strong enough to go*". The tension illustrated in Yasmin's suggestions is equally detectable in other participants' accounts, as well as other studies (Trice-Black, 2010). Most participants concluded that engaging in dialogue with other women about sexual concerns was beneficial and described feeling "*empowered*", "*validated*", and "*reassured*" as well as indicating that their experiences and sexual concerns such as lack of sexual desire and difficulties with orgasm were "*normalised*". Nevertheless, many also described that sharing their concerns about sexual difficulties elicits notions of stigma and shame. Hailey used the word "*safe*" to explain how women need to feel before venturing to discuss their sexual concerns, adding "*Respected, valued, that it won't go any further, that they're not going to be judged, that ah you...don't have an orgasm you poor thing, things like that... That's why we are more likely to see a counsellor or a psychologist*". Uma explained that "*trust*" was another issue along with not feeling "*rejection*" and wondered whether talking about sex was not yet "*socially acceptable*". Natalie was adamant in her view of not sharing sexual difficulties with others by stating that "...*who would want to be in a room with a load of other people who might have sexual problems?*". Anonymity was a consideration by a few participants who suggested internet "*chat rooms*" for women to participate in. Thus, the presence of shame in participants' narratives is noticeable and appears to exist across both gender and age, as also noted by a study exploring barriers to individuals seeking treatment for sexual problems (Gott & Hincliff, 2003a).

Sexual difficulties in the current study are primarily related to a lack of sexual desire as well as concerns about the manner in which orgasm is achieved. As previously indicated throughout the literature, the notion that sexual interactions are both natural and biological may elicit feelings of inadequacy and shame about one's failed capacity to engage fully in a 'natural part of life' as is evident from participants' fears of being "*judged*". As reported by Roberts et al. (1995), women may be both perceived and perceive themselves as not as natural as men in their orgasmic capabilities as they experience difficulties in achieving orgasm during penile-vaginal penetration. Certainly the participants in the current study who have experienced sexual difficulties have all at some point or other attributed these difficulties to some lack in themselves and occasionally in their partners. These self-attributions and participants' longings to be "*validated*", to be "*reassured*" and to share experiences with other women in order to have their own experiences "*normalised*" are the result of cultural discourses that leave women misinformed, divided and uncomfortable about their own sexuality. As such, they desire to connect with other women to seek knowledge about what 'normal' is because they do not trust their own feelings around their subjective experiences. In other words, questions are numerous and related to a wide range of concerns about whether they fit into the 'right' category of 'normal sexuality' and includes questions such as 'Is my vagina the same as others?'; 'Do women still desire sex as much when they have two children to attend to?'; 'Do other women feel diminished desire for their partner because he does not contribute to housework?'; 'Do most women orgasm during penile-vaginal penetration?'; and 'Am I with the wrong partner since I do not feel as much desire as before?'. Participants' narratives regarding their sexual difficulties match many of the criteria outlined in the women-centred classification framework, the NV of women's sexual problems' (Working Group on a New View of Women's Sexual Problems, 2001). That is, sexual problems are

defined as arising from (amongst others) a lack of information about human sexual biology and life-stage changes; ignorance and anxiety due to inadequate sex education; lack of information about how gender roles influence women's and men's sexual expectations, beliefs, and behaviours; lack of interest, fatigue, or lack of time due to family and work obligations; discrepancies in desire for sexual activity or in preferences for various sexual activities; and ignorance or inhibition about communicating preferences or initiating, pacing, or shaping sexual activities (Beyers, 2001; Candib, 2001; Firestein, 2001; Fontes, 2001; Iasenza, 2001; Kaschak & Tiefer, 2001; Tiefer, 2002; Vohra, 2001).

Apart from wanting to have their experiences normalised, participants also sought other women because they learn from them, as pointed out by Hailey. For women like Penny and Beth who recounted experiences that included faking orgasm as younger women to feeling empowered and in control of their sexuality, the desire to communicate and influence other women that may identify with their experiences is observable in their wish to share their stories with others. Having matured within a socio-cultural milieu that dictates their sexuality, the spontaneous and subjective experience of their sexual selves was silenced – however, it appears that for some participants the silence has been broken and they are both cognisant of their sexual desires and able to supersede the cultural constraints of the past. As Beth deliberated at the close of her interview by stating “*it's a chain, that's how I feel now looking back at myself as a 20 year old, 21 year old...it was almost like I was chained. And now as I said I feel strong because I am in control*”.

Thus far, the final theme *Views and ideas on Change* offered findings related to participants' opinions about what they believed may assist women who experienced sexual difficulties such as *medication as a solution*, which formed one of the subthemes, and *women enlightening women*, comprising the final subtheme. This brings to an end the presentation of the findings that emerged from participants' narratives as well as the interpretation of those findings.

In the next chapter, the current study continues with an overall discussion apropos the findings, followed by the recommendations for future research, clinical implications, strengths and limitations of the current study, and a brief conclusion.

CHAPTER V

Discussion

Overview

The review of the literature offered a divided perspective on women's sexuality and sexual difficulties with much research reporting high rates of sexual problems and dissatisfaction across the lifespan alongside feminist scholars and social science researchers arguing that prevalence studies do not capture women's subjective interpretation of how socio-cultural, relational, biological and psychological processes interact to shape women's sexuality across the lifespan (Dunn et al., 1998; Hinchliff et al., 2009; King et al., 2007; Kleinplatz, 2001; Laumann et al., 1999; Richters et al., 2003; Tiefer, 2006; Wood et al., 2006). To the author's knowledge, there are no in-depth qualitative studies in Australia that have sought to capture women's phenomenological experiences of sexuality and sexual interactions within heterosexual relationships. Hence, the current study was an attempt to bridge the gap between large-scale prevalence studies and narratives of women's subjective experiences. Applying a phenomenological and feminist framework, the current study explored how Australian heterosexual women's social constructions of themselves influenced their sexual experiences and understandings of their sexuality. In particular, the current study sought to elucidate how women defined themselves as sexual beings in relation to dominant socio-cultural and male-centred outlines of sexual interactions as biologically-driven natural phenomena. Additionally, questions pertaining to the factors intrinsic to the context of many women's lives that impact their experience of sexual interactions and relationships were posed.

While the findings of the current study are in accord with the literature by feminist scholars and social science researchers, they also extend our understanding about women's subjective experience of their sexuality and sexual difficulties. Congruent with the majority of research by feminist scholars and social science researchers (Gavey et al., 1999; Hyde & Jaffee,

2000; Jackson, 1984; Jackson & Scott, 2001; Koedt, 1996; Nicolson, 1993; Nicolson & Burr, 2003; Roberts et al., 1995; Tiefer, 2001d, 2004; Ussher, 1993; Wood et al., 2006), the current study found that participants identified with expectations of sex as a 'natural' and biological phenomenon and as equating primarily to penile-vaginal penetration. This was despite the acknowledgement of other sexual activities as instrumental to sexual satisfaction and orgasm in women. Sexual socialisation and education appear to still carry potent vestiges of a male-centred framework dictating ideal sexual behaviour. As such, for a number of participants experiencing a lack of sexual desire as well as a lack of orgasm through penile-vaginal penetration, causal attributions were directed mostly at themselves despite being cognisant of the myriad contextual features of their lives influencing their sexual relationships. The majority of participants considered their partner's sexual needs as being both more dominant and more important in comparison to their own sexual needs. All participants considered sex as significant to their relationships, however, what was clear in the current study was the distinction between sex as important and sex as a priority, with the status of sex as a priority mediated by the participant's life cycle phase. There was also a positive relationship between older participants' sexual assertiveness and sexual satisfaction. Nonetheless, this positive association and its ensuing sexual knowledge may not have been conveyed timely enough to participants' children during their sexual socialisation. One of the most striking features throughout the narratives was the *ambivalence* in participants' accounts of their sexuality and sexual experiences, epitomising the intrinsic dichotomies between women's subjective desires and socio-cultural expectations of those desires, as elaborated on ahead.

Contrary to medical classification models of women's sexual responses such as the DSM, which frames women's sexual problems from a medical perspective, participants in the current study identified with a women-centred framework of sexual problems as outlined by the NV. Furthermore, findings from the current study were contrary to the on-going research discourse in

the literature about medication as a potential solution (Basson et al., 2001; Berman et al., 2001), indicating significant issues above and beyond medical approaches for the treatment of women's sexual problems. Participants in the current study viewed their sexual difficulties as stemming from socialisation processes permeated with double standards as well as religious ideals, inadequate sexual knowledge, discrepancies between sexual expectations and preferences, unreciprocal relationships and social roles overburdened with responsibilities. Most participants ascribed raising awareness and 'talking' with other women about sexual difficulties intrinsic to the biological and social lives of women, such that sexual education be regarded as a continuous rather than a time-limited and discreet process. Consequently, as the literature formerly indicated, it is no surprise that prevalence studies cannot reach a consensus regarding the prevalence of women's sexual difficulties as such studies may be utilising assessment techniques, exclusion criteria, questions, definitions and response categories based on outdated medical models of women's sexual responses (Christensen, 2011; Crawford & Popp, 2003; Simons & Carey, 2001; West et al., 2004).

Sex: A Natural and Biological Phenomenon

Analogous to the literature (Baumeister & Vohs, 2004; Dilorio et al., 1999, 2003; Nolin & Petersen, 1992; Morgan et al., 2010), most participants in the current study recognised their home and mothers, alongside the media, as being the place and person they most identified with when recalling sexual socialisation. Sexual education at school was not significant in the current study as most participants did not recall it as part of their school curricula. All but three participants recalled a past family of origin linked with religious beliefs, with guilt in relation to sexual experimentation being alluded to by many participants. Emergent narratives indicated that for all participants a sexual double standard between women and men pervaded sexual socialisation in the form of 'pressure' to engage in sexual intercourse yet being restricted in terms of how, when and why they engaged in it. This pressure to engage in sexual intercourse was

considered a rite of passage for women, a natural event that occurred during adolescence, something they either needed to yield to or defend against until the right time. Both courses of action resulted in women being labelled – either pejoratively or as not conforming to expected and normal behaviours. Underlying the pressure to engage in sexual intercourse was the implicit notion that women need to ‘please’ men as men’s desire for sex is powerful and inevitable. Narratives revealed the notion of men’s desire as predetermined by many instances of participants yielding to it irrespective of their own desires, often describing obligatory sexual interactions and faked orgasms to avoid what was for them worse consequences. That is, for some participants being truthful about their own sexual needs with partners was tantamount to being selfish. Asserting sexual desires was also experienced as being critical of their partner’s sexual performance, with participants preferring not to verbalise such sentiments. In this manner participants maintained the status quo, protecting and reinforcing the notion that men’s desire for sex is biologically imposed and stronger than women’s desire, such that succumbing to it was the best course of action. Pleasing men and yielding to their sexual needs pervaded beyond youth to married life.

The Coital Imperative

Another axiomatic notion that emerged in participant narratives was related to penile-vaginal penetration as the hierarchical apex of sexual behaviours, or what has been termed the ‘coital imperative’ in the literature (Cacchioni, 2007; Jackson, 1984; Knox et al., 2008; Rothblum, 2000; White et al., 2000). For most participants, this remained ‘the act’; the one that was stalled in adolescence until the right time, individually negotiated by each participant. As such, the double standard still acts to further enshrine sexual intercourse; as the literature points out (Crawford & Popp, 2003; van Roosmalen, 2000), the sexual double standard is a multi-dimensional phenomenon, operating at different levels of sexuality discourse and interpretation. That is, although contemporary sexual permissiveness has extended to women (Robinson et al.,

1999) it is still embedded in religious ideals of sexual purity pre-marriage, so that some participants found themselves negotiating between two coveted titles – that of ‘sexy’ and that of ‘virgin’, thus sanctifying sexual intercourse above all other acts. This was particularly so for participants who identified with religious ideals. The non-judgemental acceptance of sexual intercourse as permissive in long-term relationships was also alluded to. Hence, women learn from a young age to ignore their own desires and focus on men’s sexual desires as being the one to respond to. The literature indicated that penile-vaginal penetration is the preferred sexual interaction for men to achieve orgasm (Richters & Rissel, 2005); in contrast, most participants in the current study achieved orgasm (synonymous with sexual satisfaction) through sexual activities other than penile-vaginal penetration (clitoral stimulation). Despite participants’ recognition that clitoral stimulation was their preferred manner in attaining orgasm, there remained in many narratives doubt associated with participants’ achievement of clitoral orgasm rather than vaginal orgasm. This doubt related to a personal deficiency, either in themselves (primarily) or in their partners and was experienced as a sexual difficulty for a few participants. Such doubt was manifested in an inability to masturbate in the presence of partners or not being able to verbalise sexual preferences. Penile-vaginal penetration continues to be viewed as the act that ‘should’ be responsible for orgasm in women, in the same way that it is in men; when not achieved in this manner, whatever subjective experience of satisfaction is attained is relegated to second best, superseded by a desire to achieve orgasm the ‘proper’ way. Moreover, as Potts (2000) maintains, “The orgasm is the aim and measure of successful sex” (p. 69). This was not the case though for all participants as some were comfortable with their individual ways of achieving sexual satisfaction.

Sexual Desire: His or Her Loss?

Apart from lack of orgasm during penile-vaginal penetration, lack of sexual desire emerged as another sexual difficulty that participants experienced. Specifically and consistent with the literature (Richters & Rissel, 2005; Richters et al., 2006; Simons & Carey, 2001), lack of sexual desire for some participants was attributed to unsatisfying sexual interactions, since penile-vaginal penetration did not result in orgasm. Verbalising a wish for sexual activities other than penile-vaginal penetration to achieve orgasm, however, was experienced as problematic for some participants. Contrarily, increased sexual desire was attributed to partners' sexual knowledge and participation in sexual behaviours (such as oral sex) that resulted in participants' orgasm. A few participants noted anger and resentment with partners as contributing to a diminished desire to engage in sexual activities. In spite of contented marriages and in accord with previous research (Sims & Meana, 2010; Trice-Black, 2010), participants expressing resentment with partners associated the emotion as an outcome of feeling over-burdened by role responsibilities related to caretaking of children and domestic chores, most of which participants perceived as not being shared equitably by partners. Reflecting the reviewed literature (Bittmann & Pixley, 1997; Candib, 2001; Dempsey, 1997; Richters et al., 2003), fatigue as well as sexual coercion (Leiblum, 2000; 2002; Peplau, 2003; Richters & Rissel, 2005; Tolman & Diamond, 2001) were noted as diminishing desire for sexual engagement.

Interestingly, lack of desire for sexual engagement was not presented as a difficulty for participants per se. Rather, only in juxtaposition to their partners' sexual desire was loss of sexual desire perceived as problematic. Hence, contrary to prevalence studies that position loss of sexual desire as a female sexual dysfunction (Dunn et al. 1998; Fugl-Meyer & Fugl-Meyer, 1999; Laumann et al., 1999), the findings of the current study illustrate that loss of sexual desire was changeable and dependant on factors relating to the partner and the relationship, as has been noted by others (Bancroft et al., 2003; Graham et al., 2004; King et al., 2007). Most participants

described their partners' sexual desire as more robust and demanding and in many instances as something to 'give in' to. Underlying the notion of yielding to partners' sexual desire is participants' identification with social discourses that position women as being the ones responsible for 'giving' something to men. It is suggested that as women mature they become adept at responding to this virile and biological urge. Consequentially, not only do their sexual desires often become unrecognisable and acquiescent but also potentially problematic as they do not match what healthy sexual desire has been deemed to exemplify, since sexual desire models have been based on male centred sexual responses. As Hinchcliff et al. (2009) pointed out in their research, in a culture where everyone is (and should be) having "pleasurable 'healthy' sex" (p. 460), current participants perceived their lack of sexual desire for significant partners as indicative of being found wanting. This individual inadequacy for participants, again as reflected in research conducted by Hinchcliff et al. (2009), was translated into guilt at not being the 'ideal' or "proper wife" (p. 460), or anxiety that partners may seek sexual gratification elsewhere.

Sex as Important, but not as Priority.

A diminished desire for sexual interactions was not negatively related to the importance of sex though, as all participants in the current study regarded sex as fundamental to relationships. However, what was noteworthy in the current study was that narratives illustrated a clear distinction between sex as important and sex as a priority for most participants. As shown throughout the findings, participants were well aware of the reasons for their diminished sexual desire, which resulted in them often relegating sex to a non-priority position. As in the case of loss of sexual desire, participants' perceptions of their regard for sex as a non-priority was only considered a problem if juxtaposed with their perceptions of partners' view of sex as a priority. Similarly, socio-cultural and medical discourses that position loss of sexual desire as problematic and frequent engagement in sexual interactions as relating to sexual and psychological well-being evoked, for several participants, some measure of personal responsibility and sexual inadequacy.

Thus, participants consciously recognised that their loss of sexual desire was natural given the changing circumstances and context of their choices, their relationships, their bodies and their responsibilities, yet at some level they attributed this loss to some flaw in their sexual capacity. This was done in much the same way that some participants' lack of penile-vaginal orgasm evoked an equal response – an internalisation of fault. This internalisation of fault reflects the argument by feminist scholars and social science researchers that since current Western society attributes priority to scientific knowledge there is a reciprocal connection between science and self-knowledge, such that science guides what individuals believe is 'normal' or 'natural' in themselves and others (Nicolson, 1993; Jackson, 1984; Tiefer, 2004).

The distinction between sex as important and sex as a priority was intertwined with other aspects of the relationship. Sexual satisfaction (orgasm) was not considered more or less important than closeness and intimacy. Where informal and anecdotal discourses allude to the idea that 'men want sex and women want love' (for example, books such as *Why Men Want Sex and Women Need Love*, Pease & Pease, 2010), participants in the current study did not consider sex and love as mutually exclusive. For many participants sexual needs were experienced alongside other needs for intimacy, recognition, romance, empathy, affection, and validation from partners about their worth in the relationship. Additionally, physical and practical needs such as assistance with domestic chores and child caring tasks influenced how participants experienced their sexual needs. The desire for sexual interactions was described as fluctuating and dependant on other needs being met, thus determining sex to its position of priority or not. Regarded from this point of view, it stands to reason that, as noted by other researchers (Byers, 2001; Graham et al., 2004), relationship satisfaction was strongly associated with sexual satisfaction. Participants did not consider sex to be a panacea for all other unmet needs and contrasted this idea against their experience of their partner's sexual needs as a priority. As posited by feminist scholars and social science researchers throughout the literature (Daniluk,

1998; Gavey et al., 1999; & Scott, 2001; Tiefer, 2004; Tolman, 2001; Wood et al., 2006), as long as cultural expectations remain of penile-vaginal penetration as; a biological urge determined primarily by nature and therefore inexorable; as important to sexual pleasure for women as it is for men; and as the inevitable culmination of all sensual and sexual activities, then an incongruous position continues to exist for many participants and probably many other women. That is, a gap between a woman's subjective experience of sex as a significant aspect of a relationship and the competing, often unconscious, internalised notion that sexual intercourse 'should' be a priority. Sex as a biological urge, and therefore as a priority, assumes that sexual desire once aroused and conscious in development continues unabated throughout life's vicissitudes. Although, as participants illustrated, nothing could be further than reality in their experience. Exacerbating the latter assumption are socio-cultural discourses that maintain that healthy sex is frequent sex with a multitude of orgasms for all.

The Relationship between Maturity, Assertiveness and Sexual Satisfaction

The current findings noted that a positive relationship existed for a number of participants between maturity, sexual assertiveness and sexual satisfaction. These participants attributed their past/current partners' sexual responsiveness as conducive to the development of their sexual confidence and capacity to assert sexual needs. Although the same participants recounted that as younger women they experienced sexual insecurities and inhibitions, they, nevertheless, attributed their current sexual satisfaction to having partners that 'taught' them to recognise and feel comfortable in asserting their idiosyncratic sexual needs. Most of these participants had older children and were no longer engaged in caretaking roles. There are numerous ways one can interpret this finding, four are considered here. Firstly, it is suggested that participants' desire to engage in sexual interactions was highly variable, thus determining how each sought sexual gratification and in turn how this was reciprocated. Secondly, participants' sexual confidence could have developed in tandem with confidence related to other aspects of self and influenced

by other areas of life leading to a general capacity to assert their needs. Thirdly, without caretaking responsibilities, participants may have had more time to explore their sexual selves and their bodies, consequently arousing their own curiosities and motivation to seek sexual gratification with partners and reinforcing their sexual agency. Finally, partners' sexual socialisation incorporated knowledge about women's sexual pleasure as being different to men's, which guided their sexual interactions and continually informed their sexual knowledge.

Instrumental in these findings is the notion that sexual behaviour is learnt and taught, and that prior models of sexual knowledge, expectations and beliefs are adopted via intergenerational transmission. Consequently, as continuously asserted by feminist scholars and social science researchers, sexual education that *does not* encompass sexual pleasure for women *and* men, a focus on sexual activities other than intercourse, sexual responsibility for both sexes, knowledge of the body, and knowledge of masturbation and orgasm, continues to maintain unrealistic and erroneous socio-cultural expectations of penile-vaginal penetration as pleasurable to all (Allina, 2001; Shoveller et al., 2004). As Richters and Rissel (2005) assert, "It is hard to avoid the conclusion that sex as it is currently practised in Australia is often more fun for men than for women" (p. 92).

The finding that as some participants matured so their confidence in asserting their sexual needs evolved, thereby increasing sexual satisfaction, points to an important issue. Whilst a number of women are only becoming sexually satisfied and confident in middle adulthood, both the participants and literature have identified mothers as the primary sexual socialisers of children. This raises the question of what messages are being given to children while their mothers are still grappling with their own ambivalence regarding sexuality and sexual interactions? It is possible that young girls are both consciously and unconsciously attuned to their mothers' sexual ambivalence, thus internalising it. Even if overt messages are given to young adolescents that are imbued with permissive attitudes as well as dismissing messages

regarding double standards, women experiencing difficulties reaching orgasm with penile-vaginal penetration (and internalising this as inadequacy), lack of sexual desire, inability to verbalise sexual needs (or other needs) to partners, fatigue and resentment about multiple role responsibilities, will convey aspects of these experiences to young girls. Assuming the same women mature and feel more sexually confident, as some of the participants in the current study described, whatever benefits their young adolescent girls would have acquired from this sexual certitude would not materialise as the time for sexual socialisation in the home has transpired. Since the greater socio-cultural environment is also laden with ambivalent sexual messages to girls as has been raised in the literature review, it is likely that many young girls undertake their sexual journey burdened with mixed messages, thus potentially perpetuating the cycle of sexual challenges over again in future.

Dichotomies: Women's Subjective Desires and Socio-Cultural Expectations

As noted earlier, as well as in the literature review (Averett, 2005; Crawford & Popp, 2003; Holland et al., 1996; Moore & Davidson, 1997; Shoveller et al., 2004; Wood et al., 2006), emergent narratives were permeated with ambivalence apropos participants' views of their sexual selves and their sexual behaviour. Firstly, in adolescence, some participants related memories of feeling pressured by peers and boyfriends to engage in sexual intercourse yet discouraged by parents and religious organisations in order to preserve the ideal of virginity until post-marriage, reinforcing the Madonna/whore dichotomy. Secondly, participants engaged in sexual interactions with the aim of conforming to peer-expectations but simultaneously were fearful of being regarded pejoratively in case of pregnancy or disappointing their parents. Thirdly, participants wanted sexual knowledge and guidance but were lost as to where to seek this, often relying on sexual partners to guide them, thus surrendering sexual agency. Fourth, participants engaged in sexual interactions against their volition, often faking responses in order to please partners, to protect partners' feelings, to avoid sometimes being hurt through violence, to avoid being

considered critical and to conform to expected standards of normal sexual behaviour. Fifth, participants were cognisant of what type of sexual activities they desired but afraid and unable to proclaim such desires for fear of disrupting aspects of the relationship and of hurting and offending partners; or because they were unable to communicate such desires to partners, often due to feeling selfish or flawed in desiring something outside the norm. Sixth, participants' bodies were desired by infants for nourishment as well as by partners for sexual interactions. Lastly, participants felt uncomfortable about their naked bodies yet their bodies were valued by partners for sexual pleasure. Thus, underlying the ambivalent elements inherent in participant narratives is the multifaceted double standard within socio-cultural expectations of what it means to be a heterosexual woman. Debates in the literature exist regarding the existence of the double standard (Crawford & Popp, 2003; Gentry, 1998; van Roosmalen, 2000). The findings of the current study cannot add to existing knowledge about the demise of the double standard within younger cohorts of women, given the lack of younger participants. However, the current study demonstrates that the double standard between men's and women's sexual needs existed at all levels as an ambivalence within participants' sexual experiences, regardless of whether participants recognised its manifestation or not. This ambivalence was evoked by discrepant ideals of sexual expectations, sexual desire and sexual needs, evident in sexuality discourses pervading participants' lives. As such, the current findings contribute to suggestions by others (Crawford & Popp, 2003; Gentry, 1998) to re-conceptualise definitions of the double standard as a multifaceted actuality that often remains obscured because of narrow research parameters.

Sexual Knowledge and Sexual Agency

As had formerly been discussed in the review, medicalisation of sexual functioning currently divides academic, medical and professional disciplines with feminist scholars and social science researchers alarmed at the pharmaceutical industry's hopes to achieve a similar outcome for women's sexual problems as that which was achieved for men's sexual problems

(Bancroft, 2002; Hicks, 2006; McHugh, 2006; Moynihan, 2003, 2005; Tiefer, 1996, 2000, 2010). Since clinical trials for medically-based treatment of women's sexual difficulties are grounded on current DSM classification systems and on quantifiable endpoints within that system, they fail to capture women's subjective experiences (Bancroft et al., 2001; Bancroft, 2002; Everaerd & Both, 2001; Wood et al., 2006).

The idea that medical treatment would be a potential solution to the sexual difficulties the current participants described was referred to by only one participant, albeit not as a viable solution for her. For the majority of participants in the current study, the only solution to the nature of sexual difficulties described was through educating women. Participants regarded educating women as raising awareness about the nature of difficulties inherent in relationships and in the different roles inhabited by women throughout the lifespan that potentially impact the sexual relationship. Specifically, what emerged as an important consideration is that sexuality education currently occurs during a certain period in a young woman's life and only covers what a participant referred to as a "*beginning and an end but there is no stage awareness*". The results of the first national survey of Australian secondary teachers of sexuality education (Smith et al., 2011) note that the topic that was least likely to be covered was "the pleasure of sexual behaviour/activity" (p.21): touched on by only 50% of the teachers during sexuality education. Furthermore, sexual education is ad hoc, with hardly any teaching of sexuality occurring in the last two years of secondary school. In accord with the literature (The Working Group for A New View of Women's Sexual Problems, 2001), the majority of participants considered a lack of knowledge (both theirs and their partners') about the changing nature of sexual desire and experiences due to social, subjective and interpersonal factors, as a major contributor to the sexual difficulties that emerged within their narratives. As advocated by feminist scholars and social science researchers, the findings of the current study illustrate that sexual education needs to encompass information on the pleasurable aspects of sexual practices, on knowledge of the

body, on sexual desire and arousal, on the differences between women's and men's arousal, desire and orgasm, on masturbation, as well as how a healthy sexuality understanding can contribute to positive and satisfying healthy relationships (Allina, 2001; Askew 2007; Jackson & Weatherall, 2010; Loe, 2008; Shoveller et al., 2004).

Since all participants in the current study had surpassed the age of being provided sexual education through institutions, the option left open, should they desire sexual education, was either to seek information on their own or approach someone. Despite the awareness that the Internet has abundant information for women to access, most participants still desired to “*talk*” to ‘someone’ face-to-face (a number of participants regarded ‘someone’ as a professional and the implications are discussed below). This desire to talk to other women appeared to serve the dual function of seeking and giving advice: seeking other women's sexual experiences in order to compare, ask questions and share concerns, whilst giving advice about their own resolved dilemmas, empowering experiences, learnt knowledge and sexual satisfaction. Related to the desire to “*talk*” to other women is sexual agency, as described by Wood et al. (2007). The authors note that participants in their study considered communication as a significant aspect of women's sexual agency. This was further distinguished by Allen's research (2003, cited in Wood et al. 2007) where participants who were able talk about themselves as sexual beings were regarded as having sexual agency (sexual subjectivity), whilst participants who were silent illustrated sexual objectivity.

Women wanting to talk to women about their sexual difficulties is not new, as The Hite Report published in 1976 attested to, with women describing feeling relieved and validated that sexual experiences such as lack of orgasm through penile-vaginal penetration did not equate to them being “ abnormal, weird or different” (Hite, 2004, p. 183). One could argue that since 1976 the exploration and research of women's sexuality and sexual difficulties has come a long way. What still remains surprising, given our current society's increased information boom and at-

your-fingertips accessibility, is that despite participants being cognisant of what impacts their sexual desire and sexual experience, many still remain expectant (at some level) that their sexual experiences *should* be different, *should* be similar to portrayals in the media, *should* be similar to partner's sexual expectations and needs, *should* be the same as their friends, and *should* be the same as when they first became sexually active. Certainly, the interpretation most probable in the current study's findings is the one suggested by Mansfield, Koch, and Voda (1998, pp.198-299): "The answer may rest with the *expectations* of how they [female participants] should be performing sexually rather than their personal sexual preferences" (box brackets added).

Distress is not Synonymous with Low Sexual Desire

Another interesting finding in the current study, albeit not a new one (see similar conclusions in Mansfield et al., 1998; Sims & Meana, 2010) is that participants did not regard their sexual difficulties as a threat to their marriages, with most participants indicating that they considered their partnerships important and stable. The majority of the participants experienced sexual difficulties such as not being able to orgasm through penile-vaginal penetration as well as intermittent low sexual desire at various times in their lives due to a number of interfering factors. However, the distress that participants described as a result of their sexual difficulties was not uniform or unduly high. Moreover, participants appeared to have negotiated solutions to their sexual difficulties in varied ways. This is not to say that participants did not feel some distress, but rather that solutions to women's sexual difficulties need to be as varied as the women themselves. Additionally, relying on prevalence studies that often lack theoretically well-developed criteria that assess whether a woman has a problem with her sexuality or not will remain a matter for conjecture (Bancroft et al., 2003; Dunn et al., 2002). Simplistically one could argue that if current discourses, inspired by women-centred classification models of women's sexuality and sexual difficulties, emerged to include the notion that, a) penile-vaginal penetration is not a 'naturally' satisfying behaviour but a preference for individuals, b) clitoral stimulation

remains one of the primary methods of sexual satisfaction for women, and c) intermittent low sexual desire is natural throughout the lifecycle, then the elusive gap between women's subjective sexual experiences and their expectations of same, may potentially be bridged. As Bancroft et al. (2003) indicated in their study exploring distress related to sexual difficulties, for some participants in the current study, loss of sexual desire was a "reaction to circumstances" (p.206) rather than a sexual problem. However, the only way practitioners or researchers would be able to truly comprehend and assess whether women were distressed with sexual difficulties in their relationships is to include in their assessments aspects of the sexual relationship, as suggested by Tiefer (2001b) and as illustrated in the current study, about which participants affirmed distress, such as lack of foreplay, stimulation and romance, lack of knowledge of sexual preferences, and resentment towards partner due to perceived unequal childcare or domestic responsibilities.

In concluding the current study, the next section presents recommendations for future research and clinical implications induced by this exploration, which may assist in the discovery of further unknowns and precautions to be taken in addressing women's sexual difficulties.

Recommendations for Future Research

A number of findings from the current study have given rise to the potential of future research as participants' responses raised points of enquiry that were not fully addressed as they were beyond the scope of the current study. Given the dearth of phenomenological explorations of women's sexual difficulties, future research could conduct comparative studies addressing some of the points raised. A salient point emerging from the narratives of participants in the current study was that for most their sexual experiences and the difficulties they encountered were related to their relationships with partners, which raises an enquiry about the phenomenology of men's sexual experiences. Thus, in a similar vein, a phenomenological exploration of men's sexual difficulties is timely, as efforts to challenge preconceived

expectations of sex as a natural phenomenon will remain moot without incorporating men in the challenge.

Another point of enquiry relates to current sexual education programmes. Smith et al. (2011) note that sexual health education in Australia has not received “the same level of support from Commonwealth education authorities, as have the areas of drug education and mental health. In addition, despite the best efforts at state level, it is usually only poorly resourced within education departments” (p.51). In particular, the programme content should be explored since it needs to address current ideologies as well as going beyond the physical consequences of having sexual intercourse (Bleakley, Hennessy, Fishbein, & Jordan, 2009; Lamb, 2010). Questions related to whether programmes cover sexual arousal and desire, preferences for orgasm for both sexes, masturbation, the pleasure of sexual interactions, sexual agency and responsibility, responsivity and reciprocity from both partners, assertiveness and communication, sexual orientation, anxiety and shame related to body image, anxiety and guilt related to socio-cultural or religious ideals, sexual expectations or stereotypes, and negotiating relationships, as well as safe sex practices, need to be addressed. Also, is there a difference between the type of information female and male adolescents receive since the current study demonstrated that for some participants sexual knowledge was gained from their male partners’ knowledge (although this knowledge could have been acquired through maturity). It is essential that younger women have access to sexuality education that is not only focused on prevention of pregnancy and disease, such that safety precludes pleasure. Prior research investigating programme content has indicated that recipients found the content repetitive as well as too scientific (Allen, 2005). Recipients further reported that the content excluded important aspects of sexual knowledge and did not address young people’s evolving need. Moreover, programmes underestimate adolescents’ sexuality knowledge resulting in boring delivery of information. As Lamb (2010) asserts, it is essential that feminist scholars and social science researchers work with boys, on

behalf of boys, as a way of undermining traditional ideologies inherent in sexual relationships, ideologies that currently position boys as subject and girls as objects.

Apart from programme content, future research could explore the role of religious ideals in the sexual discourse and expectations of younger women, particularly in Australia. As indicated formerly, the current study could not address this topic since many participants were about 40 years of age or older. Research from the USA indicates that religious ideals are very present in sexual education since abstinence-only education is the form of sex education taught at a third of American public schools (Doan & Williams, 2008). Since programmes in Australia may not have the same focus as the USA programmes, how does this affect sexual expectations of young women and men today; and how do these compare to American studies since much of the literature contributing to this area of research is American and may not generalise to the Australian context? Questions to be explored could focus on the role of religious ideology in young people's sexual expectations regarding appropriate behaviour, for example: Is the double standard directly manifested through the use of derogatory labelling of sexual behaviour in women? What are some of the indirect ways the double standard may be manifested in relationships for young women? Has the double standard evolved or disappeared? Is penile-vaginal penetration still regarded as 'real' sex and the only way to lose one's virginity? Is guilt resulting from transgressing expected behaviour still present in young women's accounts of sexual relationships during adolescence and young adulthood? Other questions could focus on the role of adolescents' sexual knowledge, with questions such as: Is oral sex and clitoral stimulation part of the sexual repertoire of young people's accounts of their sexual interactions? Given some of the findings from the current study on the use of pornography as a sexual normalising agent, questions could also be posed concerning the role of the internet (including viewing pornography) as a resource for sexual knowledge for both sexes. Finally, if young women (and men) are experiencing sexual difficulties such as recounted by participants in the

current study, where would they seek assistance? Prior research (Gott & Hinchliff, 2003) and findings from the current study indicated that older individuals seek assistance from medical staff or professionals, however would younger people do the same?

Research with parents may also be undertaken with a particular focus on the role of fathers in communicating sexual knowledge and socialisation to children. Since the current study revealed, in accord with previous research, that mothers were responsible for the majority of direct sexual socialisation in the home, future research could explore whether present-day fathers are more involved in the sexual socialisation of children. Arising from the current study were suggestions about the involvement of both parents in the sexual socialisation of children, thus implications concerning the relationship between involved fathers and adolescents' sexual knowledge, expectations and attitudes could be explored. It is of interest whether adolescents who reported that both parents were involved in their sexual socialisation differed in their sexual expectations or attitudes in comparison to adolescents who reported their mothers as the primary sexual socialisers, or adolescents who had no sexual socialising in their family home. Moreover, research with young mothers could also explore what messages they hope to convey to their children regarding sexuality and sexual relationships. Is the ambivalence concerning sexuality and sexual interactions described by participants in the current study present in younger women's perceptions of themselves as sexual beings? Since the current study hypothesised that women are resolving some of their sexual ambivalence and gaining sexual certitude later in life, opportunities to convey these messages to children are bypassed as children have often already matured: hence, research with younger mothers could potentially explore this hypothesis. For example, in-depth interviews exploring younger mothers' perceptions of their sexuality as well as how these perceptions would influence their ideas regarding the sexual socialisation of their children could be undertaken. Arising from a study conducted by Dilorio, Hockenberry-Eaton, Maiback, Richman and Rivero (1996) were results that indicated mothers (and parents) were ill-

prepared to teach and had particular areas of difficulty in teaching their children about sexual education. Suggestions for future research could include exploring areas of difficulty for parents and ways of incorporating sexual education programmes that involve parents by encompassing curricula dealing with adult education components and conveying knowledge to children.

The findings of the current study indicate that participants' descriptions of sexual difficulties could be incorporated into most of the categories outlined in the NV classification of women's sexual problems (Kaschak & Tiefer, 2001). To the author's knowledge there is only one study testing the utility of the NV classification scheme (Nicholls, 2008). However, Nicholls' (2008) study was limited in terms of age range, cultures and sexual orientations. The author of the current study proposes to use these findings as a scaffold to incorporate the NV classification scheme in future research to explore its further utility for research purposes as well as to assist clinicians and professionals who attend to women experiencing sexual difficulties. A number of participants in the current study, and in line with other research (Gott & Hinchcliff, 2003), suggested that they would seek assistance from doctors, psychologists and therapists. Following the current study, the author aims to develop an informed quantitative measure to be used in a large study with random and representative samples of women in Australia and in other countries. As such, further information from a larger group of participants may be utilised in updating and disseminating information in the form of brochures/guidelines to apprise professionals of the contextual factors implicated in women's sexual difficulties and assist them in assessing and formulating treatment plans. This is of particular importance as it stands to reason, given much of the literature reviewed, that many doctors, psychologists and therapists are still utilising classification models based on the prevailing DSM nomenclature and ideology. Further, information brochures can also assist women in identifying and articulating their sexual difficulties, as participants in the current study illustrated that they did not identify with prevailing medical models, but rather with descriptions of factors inherent in their lives that

impacted on their sexual experience. As such, information based on women's narratives, may assist women in future to describe their actual areas of difficulty.

The implications of the current study are of relevance to sexuality teachers, sexuality educators, parents, researchers, health professionals and clinicians, as participants illustrated that as adolescents and as younger women they relied on multiple sources of information about sexuality. Findings from the current study revealed that some participants internalised a sense of inadequacy in relation to inability to orgasm through penile-vaginal penetration or loss of sexual desire because they perceived they had not met societal expectations regarding these two sexual behaviours. Thus, as Tiefer (2008) argues, it is imperative that scholars of sexuality studies continue to research and advocate for comprehensive sexuality education. In this manner we can hope to bridge the gap between expectations and experience in sexual relationships. Implications as relevant to psychologists, therapist, counsellors and doctors are addressed in the next section.

Clinical Implications

Besides education, practitioners can play a major role in sensitively addressing and assisting women experiencing sexual difficulties. In Australia, medical doctors are the first point of call for many individuals seeking assistance for health-related problems. Given the nature of confidentiality, taboo, anxiety and shame related to discussing sexual problems (Gott & Hinchcliff, 2003; Trice-Black, 2010) it is also probable that medical doctors would be a first source of approach for women seeking assistance, either for their skills or for a further referral to a psychologist under the Australian Government's Better Access to Mental Health Care initiative. A number of participants in the current study regarded approaching a "professional" to "talk" to as a source of assistance with sexual difficulties. Hence, it is incumbent on medical doctors, psychologists, counsellors and therapists who diagnose and provide mental health treatment to review and deconstruct their own conceptualisations of 'natural' and biological sexual interactions and responses that have potentially been based on unsound definitions of what

constitutes 'normal' sexual responses. As Bradley and Fine (2009) suggest, it is the responsibility of therapists to provide the most effective treatment to manage all aspects of client's lives, including educating clients about the myths surrounding 'normal' sexual orgasm and desire, as well as medication as a sexual cure-all. As practitioners, psychologists, counsellors and therapists are "uniquely qualified to address the interactional sequences that impact desire, emotion, and relationship, which are often manifested by impeding sexual functioning" (p. 86). As formerly suggested, as researchers it is also vital to disseminate information such as the findings of the current study to practitioners so as to avoid broaching sexuality subjects from a disease perspective (Gott & Hinchcliff, 2003; Wood et al., 2007). Instead, approaching sexuality from a women-centered perspective as outlined in the NV framework may afford help-seekers the opportunity to communicate their difficulties. Although psychologists, counsellors and therapists may have some training regarding sexuality across the lifespan it is probable that they would have experienced similar influences in their sexual socialisation history as the clients they treat. Given the sensitive nature of sexuality and the trust and intimacy inherent in therapeutic relationships, it is important that practitioners are comfortable with their own sexuality and challenge their own preconceived ideas about sexual relationships. Moreover, challenging preconceived notions of sexuality in therapy may result in clients (and often therapists) experiencing increased short-term conflict in their own relationships as suggested by Knudson-Martin and Mahoney (2009), thereby creating some uneasy moments for therapy.

A final point that emerged from participants' narratives in the current study was related to sexual education for the adult woman. In particular, the fluctuating nature of women's sexual arousal, desire and responses was referred to as a fact that many women may not be aware of as a natural response to the changing nature of most women's lives. Female life expectancy has reached 85 years, compared to men whose life expectancy is 79 years, resulting in the probability that women may be sexually active for more years, both with or without sexual partners

(Australian Government Department of Health and Ageing, 2008). Questions related to the resources available to women in seeking assistance were discussed. Most participants desired to “talk” to other women or to someone about their sexual difficulties and about their resolutions of these. Participants identified the Internet as a resource, specifically given the amount of information available. The other feature of the Internet is that it allowed anonymity if one was seeking assistance, although the possibility of Spam and unsolicited requests on certain sexual sites was a hindrance. As such, the role of practitioners also becomes one of educating the client. There is scope for practitioners to conduct sexuality workshops or forums targeting adult women, where women may meet and interact with other women, specifically as research shows that most individuals who experience sexual difficulties do not seek treatment or assistance (Dunn et al., 1998; Gott & Hincliff, 2003). There is also the possibility of being able to structure workshops as places that provide relative safety for women to interact with other women.

Strengths and Limitations

One of the benefits of qualitative research is that it elicits many questions that require further exploration and future research as was noted in the previous recommendations section. In researching a topic such as sexuality and sexual difficulties that is so multifaceted and complex, qualitative research allows for rich detail to emerge, clearly seen in the presentation of participants’ narratives. A strength of the current study was the variability of the sample group in relation to age and cultural background. Ages ranged from 21 years to 62 years, with a mean of 40 years. Participants were from a different cultural background, although all were Australian. Despite the strength of variability, there were also limitations related to the age range as the current study could not address some of the points of enquiry raised because it lacked younger participants, a point raised for future research. Similarly, much older women did not form part of the sample and it is possible that they could experience different sexual difficulties impacted by other life factors or developmental

circumstances not addressed in the current study's group. Moreover, although participants' multicultural backgrounds were diverse, they were predominantly Anglo-Australian and did not reflect sufficiently the multicultural nature of Australian society. Where the sample did not differ substantially was in levels of education with most participants having either a graduate or post-graduate qualification, again not reflecting the diversity in education levels within the society.

A further limitation of the current study was that participants self-selected to participate indicating that they were comfortable talking about sexual matters and that this was an area of particular interest to them. The advert recruiting participants, both for the pilot study and the main study, did not mention the term 'sexual difficulties' using the term 'sexuality' instead. It is arguable that other women who were not comfortable with their sexuality, or who experienced sexual difficulties would have been further excluded from a potential sample group. However, there is an advantage to self-selection, principally in qualitative research, since individuals who self-select are apt to provide detailed accounts and insights to the phenomenon being studied as transpired in the current study. This is even more so when addressing the sensitive nature of a topic such as sexual difficulties. Another limitation in the current study was that despite the detailed nature of the research enquiry, it was beyond the scope and time allocation for the current study to explore with participants other aspects of 'self' that may have contributed to their sexual experiences. An example would be, to explore other circumstances in participants' lives that may have contributed to feelings of self-worth or self-confident, which may have also facilitated sexual assertiveness and confidence. The current study may have been limited at times by a failure to prompt by the researcher during certain parts of the interviews. This may have potentially excluded further elaboration by a participant.

A final strength of the current study is related to its relevance and timing. The literature indicated that current academic debates related to the classification of women's sexual problems abound, specifically in relation to the much anticipated revision and future publication of the DSM-V scheduled to occur in May 2013 (American Psychiatric Association, 2012). The findings of the current study add strength to the arguments of feminist scholars and social science researchers regarding the need for revisions to prevailing medically initiated classification schemes. Additionally, research grounded on medical models of women's sexual problems continues to search for drugs to increase sexual desire and sexual satisfaction in women (Fact Sheet Clinical Trials, New View Campaign, 2010). The findings of the current study again contribute to the debate regarding the treatment of women's sexual problems as it presents a phenomenological understanding of sexual difficulties such as lack of orgasm via penile-vaginal penetration and loss of sexual desire.

Conclusion

The rationale for the current study was twofold: epidemiological research on sexual problems in women had reported high rates of sexual problems and dissatisfaction across the lifespan whilst feminist scholars and social researchers argued that there remained an absence of research exploring women's *subjective* interpretations of their sexuality and sexual difficulties. Feminist scholars and social science researchers asserted that the prevailing epidemiologically and methodologically inadequate research had given rise to classification models that did not capture women's phenomenological experience of sexual difficulties. Befitting its aims, the current study has presented the subjective experiences of heterosexual women, which further extends our understanding of how women may define their sexual experiences and difficulties in relation to dominant socio-cultural and male-centred outlines of sexual interactions as biologically driven and natural phenomena. In accord with the work of feminist scholars and social science researchers, the findings of the current study concluded that despite the high

number of sexual difficulties experienced by participants throughout the lifespan in the current study, even with the acknowledgment of distress, participants did not perceive themselves as either being sexually dysfunctional or as having 'sexual problems'. Rather, the sexual difficulties they experienced were perceived as reactions to or consequences of contextual factors.

Naturally the task of addressing women's sexual difficulties in a manner that is helpful for women remains a complicated and often insurmountable one given the numerous elements to be de-constructed, as well as being beyond the scope of the current study. However, the current study was able to contribute to the continuing research and activism by feminist scholars and social science researchers by adding the voices of Australian women that serve to encompass the diverse nature of women's sexual phenomenology. Since science has been credited with shaping an individual's self-knowledge, incorporating into contemporary discourse the contextual factors inherent in women's lives that may contribute to sexual difficulties, as has been illustrated through the narratives of women in the current study, may strengthen the erosion of preconceived expectations of women's sexual responses based on out-dated notions of the female sexual response cycle.

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Appendices

**Appendix A - The New View Manifesto by The Working Group on A New View
of Women's Sexual Problems**

Women's Sexual Problems: A New Classification

Sexual problems, which The Working Group on A New View of Women's Sexual Problems defines as discontent or dissatisfaction with any emotional, physical, or relational aspect of sexual experience, may arise in one or more of the following interrelated aspects of women's sexual lives.

I. SEXUAL PROBLEMS DUE TO SOCIO-CULTURAL, POLITICAL, OR ECONOMIC FACTORS

A. Ignorance and anxiety due to inadequate sex education, lack of access to health services, or other social constraints:

1. Lack of vocabulary to describe subjective or physical experience.
2. Lack of information about human sexual biology and life-stage changes.
3. Lack of information about how gender roles influence men's and women's sexual expectations, beliefs, and behaviors.
4. Inadequate access to information and services for contraception and abortion, STD prevention and treatment, sexual trauma, and domestic violence.

B. Sexual avoidance or distress due to perceived inability to meet cultural norms regarding correct or ideal sexuality, including:

1. Anxiety or shame about one's body, sexual attractiveness, or sexual responses.
2. Confusion or shame about one's sexual orientation or identity, or about sexual fantasies and desires.

C. Inhibitions due to conflict between the sexual norms of one's subculture or culture of origin and those of the dominant culture.

D. Lack of interest, fatigue, or lack of time due to family and work obligations.

II. SEXUAL PROBLEMS RELATING TO PARTNER AND RELATIONSHIP

A. Inhibition, avoidance, or distress arising from betrayal, dislike, or fear of partner, partner's abuse or couple's unequal power, or arising from partner's negative patterns of communication.

B. Discrepancies in desire for sexual activity or in preferences for various sexual activities.

C. Ignorance or inhibition about communicating preferences or initiating, pacing, or shaping sexual activities.

D. Loss of sexual interest and reciprocity as a result of conflicts over commonplace issues such as money, schedules, or relatives, or resulting from traumatic experiences, e.g., infertility or the death of a child.

E. Inhibitions in arousal or spontaneity due to partner's health status or sexual problems.

III. SEXUAL PROBLEMS DUE TO PSYCHOLOGICAL FACTORS

A. Sexual aversion, mistrust, or inhibition of sexual pleasure due to:

1. Past experiences of physical, sexual, or emotional abuse.
2. General personality problems with attachment, rejection, co-operation, or entitlement.
3. Depression or anxiety.

B. Sexual inhibition due to fear of sexual acts or of their possible consequences, e.g., pain during intercourse, pregnancy, sexually transmitted disease, loss of partner, loss of reputation.

IV. SEXUAL PROBLEMS DUE TO MEDICAL FACTORS

Pain or lack of physical response during sexual activity despite a supportive and safe interpersonal situation, adequate sexual knowledge, and positive sexual attitudes. Such problems can arise from:

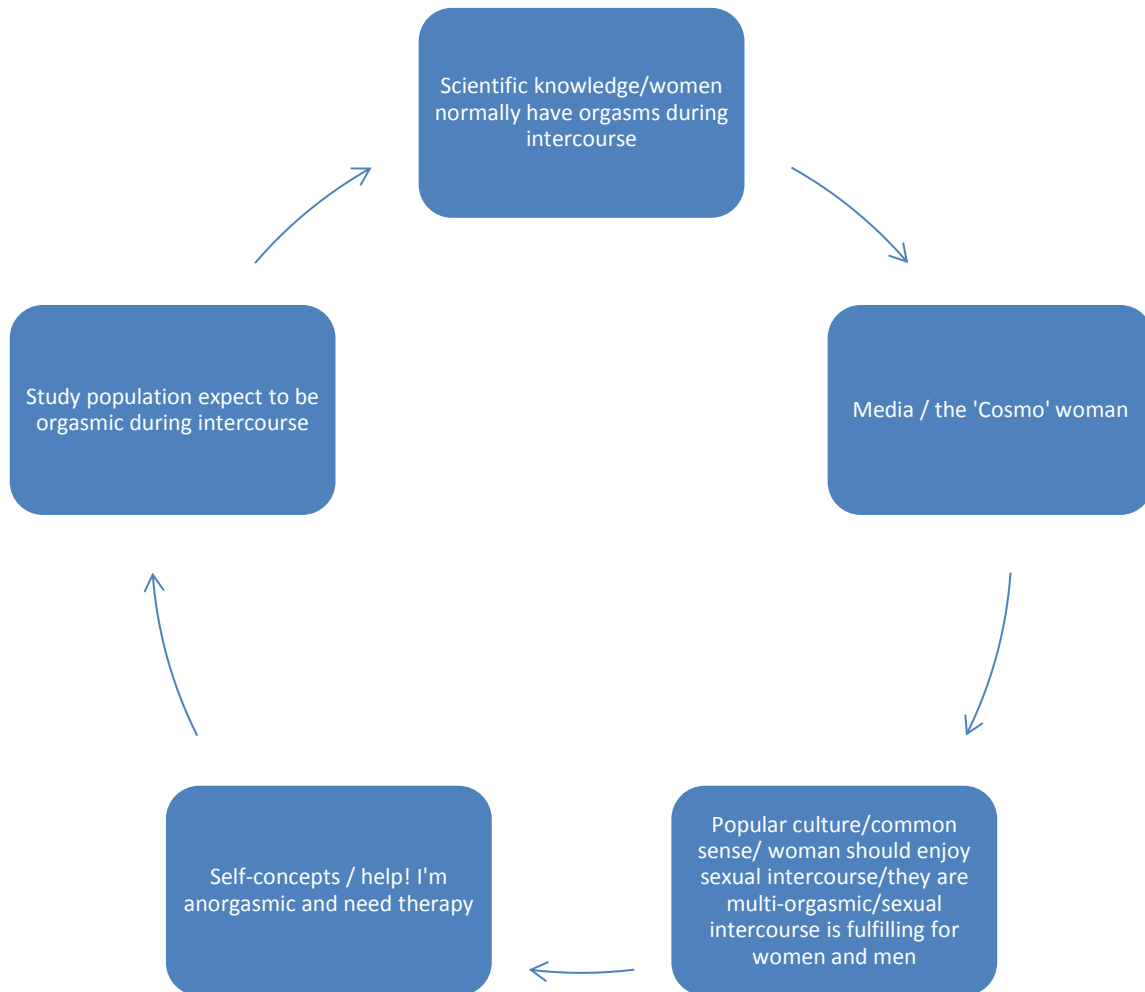
- A. Numerous local or systemic medical conditions affecting neurological, neurovascular, circulatory, endocrine or other systems of the body;
- B. Pregnancy, sexually transmitted diseases, or other sex-related conditions.
- C. Side effects of many drugs, medications, or medical treatments.
- D. Iatrogenic conditions.

Appendix B - Themes Related to Sexual Behaviour, Attitudes, and Comfort that Emerged from 20 In-depth Interviews with U.S. and Dutch College Women

Themes of US women	Themes of Dutch women
SEXUAL BEHAVIOUR	
Driven by hormones and peers	Motivated by love
Unprepared	Control of my own body
Satisfying him	Ready for sexual intercourse
He is in charge	
SEXUAL ATTITUDES	
Warning mothers and joking dads	Parents as supporters and educators
Friends as primary source	Positive sexuality educators
Just say no	Realistic doctors
Influence of media	Books at young ages
	No porn for me
SEXUAL COMFORT	
Innocent girls do not have sex	We both enjoy sex
Sex is dirty	Sleeping openly at parent's house
Uncomfortable and silent parents	Comfortable dads
Boys are from Mars	
Not at our house	

Note. From “Emerging Adolescent Sexuality: A Comparison of American and Dutch College Women’s Experiences,” by M. Brugman, S. L. Caron, and J. Rademakers, 2010, *International Journal of Sexual Health*, 22, p. 38. Copyright 2010 by Taylor & Francis Group.

Appendix C - The Knowledge Cycle in Respect of the Female Orgasm



Note. Adapted from “The social construction of female sexuality: Understanding sex therapy”, paper presented at the BPS Psychology of Women Conference, University of Edinburgh by P. Nicolson. Cited in Nicolson, P. (1993). Public values and private beliefs: Why do women refer themselves for sex therapy? In J. M. Ussher & C. D. Baker, *Psychological perspectives on sexual problems: New directions in theory and practice*. London: Routledge.

Appendix D - Interview Schedule: Main study

Research Questions:

How have women defined their understandings of themselves as sexual beings in relation to dominant socio-cultural and male-centred outlines of sexual interactions as biologically driven and natural phenomena?

What are the factors intrinsic to the context of many women's lives that impact on their experience of sexual interactions and relationships?

Think about:

- What are the barriers to women having the 'type of sex' that they want (in other words, the type of sex that most satisfies them physically and emotionally)?
- If women do experience difficulties in their sexual relationship, what do they feel would help them overcome these difficulties?

Questions

- When I say the word "sex", what comes to mind? *(covers socialisation, past experience, what's "normal" or healthy & what's not)*
- Tell me about what comes to mind when I mention the word "self-pleasure"? *(covers "real" sex issues, shame, masturbation, "abnormal" behaviour, abuse, idealisations)*
- When I mention the word "sexual satisfaction" what comes to mind?
- How did you learn about sex? *(covers religion, cultural origins, restrictions, expectations, self-knowledge, issues of being an object of desire, was it positive or negative?)*
- What type of sex is the most satisfactory for you? *(covers shame, self-knowledge, changes through maturity)*
- Have you or do you experience any difficulties in your sexual relationship/s? *(covers typical difficulties, expectations)*
- What would help you to overcome sexual difficulties? *(covers sex ed, women's forums, internet, women's centres, information for women & men?, medical professions)*

Demographics:

- 1) Age
- 2) Country of birth (how long have you been in Australia?)
- 3) Religion
- 4) Education
- 5) Siblings
- 6) Family of Origin: status?
- 7) Work status
- 8) Marital Status (what age, how many)/Divorced/De-facto/Widowed/ Single
- 9) Number of children? Ages?
- 10) Sexual orientation?

Appendix E - Interview Questions for Pilot Study: Guidelines

My research questions are:

- 1) How do women's social constructions of themselves influence their sexual experiences and understandings?
- 2) How have women's social positions in relation to dominant male stereotypes defined their understandings of themselves as sexual beings and shaped their sexual expectations and beliefs?

Questions

First put the participant at ease: I would like to talk to you about being a woman; about how you feel about being a woman, about what your view of yourself is as a woman.

Begin with finding out a little about them such as their age, education, ethnicity, & religion and the structure of their family of origin.

How do you see yourself as a woman?

Would you say that the way you see yourself is different or similar to the usual female stereotype, for example; if you had to choose 6 of these characteristics about women as a group, which ones would you choose? (*show some of the characteristics on the Bem Sex-Role Inventory that correspond to masculine and feminine stereotypes*)

Would you identify yourself with these characteristics?

What is your description of the ideal woman?

Would your mother agree?

So you see yourself as(*reflect what participant said*)

Would your friends/ your partner agree?

What are you like in your home/ work/ social group?

Do you think that there are marked differences in your personality or behaviour when you are at home, at work or in a social environment?

How did you come to learn about how a woman should be in a relationship?

How would you describe your parents' relationship? (*prompt ideas i.e., a woman's role is primarily that of a mother/caretaker and the man as the breadwinner/ provider*)

Tell me about how your parents expressed their affection or attraction to each other?

What was your mother's and your father's attitude to sex? (*Prompt ideas - Was it negative, positive or something that wasn't ever displayed? eg if there was a sex scene on TV what did they do?*)

Who did you talk about sex with?

How did you feel about expressing your opinions?

In relation to sexuality could you tell me what you see as some of the differences between the way sons and daughters are raised?

How do you see yourself as a sexual being in your relationship?

Reflect back about how they see themselves and then ask if they are comfortable with themselves as sexual beings in their relationship/s?

Are there aspects about your sexual relationship that cause you distress? (explore)

Are there aspects about your sexual relationship that you are comfortable with? (explore)

Can you tell me a little about your sexual relationship?

Appendix F - Health Centre Advert for Pilot Study: Recruitment of Participants

Edith Cowan University
School of Psychology
Joondalup Campus
100 Joondalup Drive
JOONDALUP WA 6027



**Hi, my name is Madalena Grobbelaar and I am conducting a study at
ECU into women's sexuality.**

**I am interested in talking with women about issues of sex and society.
The study aims to explore women's sexuality in the social context and
is done with the view to empower women and strengthen
relationships. All information provided by you will be treated
confidentially and the university's Ethics committee has approved the
study.**

If you would like to participate please contact me on:

(08) 9487 1637 or by email at maneno2006@hotmail.com

**Appendix G - Community Newspaper Advert for Pilot Study: Recruitment of
Participants**



Appendix H - Participant Information Letter**EXPLORING SEXUAL DIFFICULTIES IN A SAMPLE OF AUSTRALIAN
WOMEN****Invitation to participate in a research study: Participants information form**

Dear Participant

My name is Madalena Grobbelaar and I am completing doctoral research in clinical psychology at Edith Cowan University. The Human Research Ethics Committee of ECU has approved this study. I would like to invite you to take part in a study exploring sexual difficulties in women in Australia in the view to improve psychological practice, empower women and strengthen relationships. To be included in the study participants must be over 18 years old, they must have had a sexual relationship, and they must not have been diagnosed with a mental health disorder in the last two years.

You will be involved in a face-to-face interview or a telephone interview of about an hour at a place of your choosing that ensures privacy and safety for both of us. I will tape conversations with an audio recorder and the interviews will be transcribed for analyses with all identifying details removed. Your participation is voluntary and you can withdraw at any time without consequences. If you would like to talk to someone after the interview I will provide you with some counselling service contact numbers. Reports about the research will not include identifying information. If you are interested in hearing about the results of the study you are invited to contact me.

I would like to take this opportunity to thank you for considering participating in the study and would appreciate your cooperation.

If you would like to participate in the study or have any further questions please contact me on (08) 9487 1637 or by email at maneno2009@hotmail.com. In addition, you can also contact my supervisor, Dr. E. Gringart – 6304 5631 regarding any concerns you may have, or Ms. Kim Gifkins, the Research Ethics Officer – 6304 2170 if you wish to speak with someone not connected to the study.

Thank you for taking the time to read this information letter. I am looking forward to your reply.

Yours sincerely,

Madalena Grobbelaar
BA Hons. (Psychology)

Edith Cowan
University

School of
Psychology

Joondalup
Campus

100 Joondalup
Drive

JOONDALUP WA
6027

Appendix I - Participant Consent FormEXPLORING SEXUAL DIFFICULTIES IN A SAMPLE OF AUSTRALIANWOMEN

Invitation to Participate in a Research Study

PARTICIPANT CONSENT FORM

- ❖ I have read the Participants Information Form and have understood all that is written related to the study undertaken by Madalena Grobbelaar.
- ❖ I am aware that my participation in the study is voluntary and I know that I can stop being involved at any time with no negative consequences.
- ❖ I am aware that participation in the study will involve a face-to-face interview with the researcher at a setting that is agreed on by both of us. The interview may also be in the form of a telephone interview. I am also aware that the interview will be audio-taped and then transcribed.
- ❖ I have been given the opportunity to ask any questions related to the study and have had my questions answered satisfactorily.
- ❖ I understand that the information I provide will be kept confidential and that in the event of a publication resulting from the study I shall always remain anonymous.
- ❖ I understand that the information provided is for research purposes only.
- ❖ I am aware that the interview is seeking information of a sensitive nature and that there is the possibility that I may feel some discomfort. If this occurs the researcher has informed me that she will debrief me post- interview. She will also provide a list of counselling service numbers.

Edith Cowan
University

School of
Psychology

Joondalup
Campus

100 Joondalup
Drive

JOONDALUP WA
6027

I freely agree to participate in the study.

Name: _____ Signed _____

Contact number: _____

Date: ____/____/____

**Appendix J - Newspaper Advert for The West Australian: Recruitment for Main
Study Participants**

Appendix K - Declaration of Confidentiality by Transcribers of Taped Data

Research title:

Deconstructing Sex: An in-depth, qualitative exploration of women's sexual difficulties

Transcriber:

I (full name) _____

Of (address) _____

acknowledge that all information transcribed by me for the purpose of the above named research, will be treated by me with the strictest confidence.

I will also ensure that all tapes in my possession will be treated with the same level of confidentiality as the transcribed material and, together with the data, will be stored securely.

All material relating to the above project, while in my possession, will be accessible to Madalena Grobbelaar (Principal researcher) only.

Signature

Transcriber

Appendix L - Demographical Information: Participants for Main Study

*Participants & Age (*pseudonyms)	Birth place & Nationality	Marital Status	# children	Education	Current Religion & past religious upbringing	Work status	Family of origin- (FOO) parent's marital status	# of siblings (excl. participant)
Beth 47	Australia – Asian and Caucasian parents	Divorced	2	Post graduate	Christian; past was predominantly Buddhist	Director in company	Married	1
Daisy 35	New Zealand – Maori parents	Married	2	?	Catholic	Working	Separated	11
Eleanor 56	Australian-Anglo	Married	2	Post Graduate	Past was Uniting church	Work in Academic / & Education fields	Married	2
Hailey 38	Australian – Italian and Scottish parents	Married	0	Graduate	Non-religious; past was Catholic	Teacher	Married	3
Ida 53	New Zealand – Maori parents	Divorced	2	Year 9	Non-religious; past Christian	Labourer	Married	1
Megan 35	Australia – German & Hungarian parents	Married	3	Graduate degree	Non-religious; past was Lutheran	Domestic Duties	Divorced	2
Natalie 62	England	Divorced	3	Post Graduate	Catholic past	Self-employed	Married	1
Olive 27	Australian-Anglo	Married	2	Graduate	Non-religious	Domestic Duties	Married	2
Penny 45	New Zealand – Maori parents	Married	2	Year 8	Non-religious; past Anglican	Domestic cleaner	Married	3
Uma 35	America – Australian parents	Married	2	Post Graduate	Christian, current and past	Lawyer - currently unemployed	Married	0
Vera 36	Australian-Anglo	Married	2	Year 12	No religion	Admin work	Married	2
Wendy 21	Australian-Anglo	Single	0	Graduate	Past Christian	Studying	Divorced	2
Yasmin 36	Australian-Anglo	Single	0	Graduate	No religion	Admin work	Divorced	1