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Too Little, Too Late: The Current Generation of College Women and Sexual Health Education

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TOO LITTLE, TOO LATE: THE CURRENT GENERATION OF COLLEGE WOMEN AND SEXUAL HEALTH EDUCATION

by

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A Thesis
Submitted to the
Faculty of The Graduate College
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Nicole C. Schumaker
This research was conceived when I acknowledged the ways in which women of my generation have been educated about their bodies and about their sexuality. In a review of the literature on adolescent female sexuality, there is substantial evidence to suggest that in regards to early female sex education, adolescent sexuality is linked with danger, victimization, and passivity. Accordingly, it is asserted that these understandings of female sexuality disallow young girls to see themselves as initiators and decision-makers thus compromising their development of sexual subjectivity and responsibility in adulthood.

Data for this project were collected through ten semi-structured interviews with women between the ages of 18 and 22 who were enrolled in sociology courses at the time the interviews occurred. I recruited participants for the project by going into various sociology courses and making a brief presentation; additionally, fliers were distributed inviting those who were interested in participating to contact me for an interview. Results affirm previous research in the area of adolescent female sexuality with regards to sexual education throughout the life course. This research raises additional insights related to the level of support, via education and resources, that young girls need in order to become self-informed, responsible decision makers once they reach adulthood.
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CHAPTER I

INTRODUCTION

"[As women], it is very, very difficult to learn to believe in
ourselves as sexual entities, with responsibility for our sexuality,
late in life. Adolescence is late" (Nancy Friday, 1991, p. 55).

In the United States, adolescent sexuality has long been positioned as a dangerous
and risky period of human life, a battle between raging, uncontrollable hormones and
rational control – in short, a social problem in need of regulation (Smiler, Ward,
Caruthers, & Merriwether, 2005; Schalet, 2000; Fine, 1988). Current feminist
scholarship, however, argues for a shift away from the focus on teenage sexual risk­
taking, pregnancy, and sexually transmitted infections, to a focus on the development of
sexual health (Smiler, et al., 2005; Schalet, 2000). Importantly, advocates who promote
the model of sexual health do not accept the increasingly popular physiological standards
of sexual function/dysfunction, but rather, approach “sexual health” as a set of holistic,
loosely defined attitudes, emotions, and behaviors that position the teenager as an agent
of her own, complex sexuality. More specifically, according to the Sexuality
Information and Education Council of the United States (SEICUS), sexual health,

encompasses...such characteristics as the ability to develop and maintain
meaningful interpersonal relationships; appreciate one’s own body; interact with
both genders in respectful and appropriate ways; and express affection, love, and
intimacy in ways consistent with one’s own values (2004, paragraph 19).

Similarly, Robinson, Bockting, Rosser, Miner, and Coleman (2002) identify sexual health
as,

an approach to sexuality founded in accurate knowledge, personal awareness and
self-acceptance...sexual health involves an ability to be intimate with a partner, to
communicate explicitly about sexual needs and desires, to be sexually functional (to have desire, become aroused, and obtain sexual fulfillment), to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, as well as a feeling of belonging to and involvement in one’s sexual culture(s). Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault and coercion (p. 45).

In sum, the Sexual Health Model affirms sexuality as a positive force which serves to enhance other dimensions of one’s life and personal identity (Robinson, et al., 2002).

In the Sexual Health Model of adolescent sexuality, the experience of sexual desire and pleasure is seen as a normal transition into adulthood. The problem then, is not adolescent sexuality itself but the ways in which adolescents are (mis)informed and (un)educated by their parents, teachers, peers, and culture in ways that discourage the development of a healthy, self-informed, and positive sexuality. As found in the literature, the current model of adolescent sexuality, and more specifically, the current model of adolescent female sexuality, has been suggested to have an overall negative impact on women’s ability to hold the view of sexual empowerment in adulthood. Consequently, these women may be more likely to report significant distress, concern, or dissatisfaction with their sex lives (Hartley & Drew, 2001; Barbach, 2000).

While this project focuses on dimensions of female sexual health, it is critical to acknowledge that men and young boys are also negatively impacted by the current model of sexual health, albeit in varying capacities. As women and young girls are socialized to be sexually passive, men and young boys are, conversely, socialized to be sexually aggressive. With regard to contemporary or hegemonic masculinity, which is in many ways, more rigid than contemporary femininity, men are valued for their sexual
competence and “achievements in sexual conquest” (Hyde, Howlett, Drennan, & Brady, 2005, p. 337). According to Tiefer (1995), under these constraints, without the “capacity for erection” and orgasm, a “man is not a man” and thus, his very manhood is questioned (p. 142). These cultural expectations often place men under a great deal of pressure, stress, anxiety, and insecurity and afford them little opportunity for developing a positive identity that exists independent of their sexual capacity or competency (Hyde, et al., 2005; Measor, Tiffin, & Miller, 2000).

Beginning in the early stages of childhood, our understanding of the roles, behaviors, and attitudes towards sexuality are scripted and enforced through the process of socialization (Tolman, 2001b; White, Bondurant, & Brown-Travis, 2000; Holland, Ramazanoglu, Sharpe, & Thomson, 1994; Fine, 1988). Through this process, young boys and girls are subjected to a variety of social expectations that shape and influence their own sexual behavior including how they come to know their bodies and the extent to which they are encouraged to explore and express their sexual wants, needs, and desires. Both historically and currently through the socialization process, feminists argue that norms have granted boys and men more freedom to explore their sexuality while conversely denying the same sexual freedom to girls and women (Tolman, 2001b; Tolman, 1994; McCormick, 1994; Ward & Taylor, 1994). It is not surprising then, that when examining the literature on early female sex education, prevailing language links adolescent sexuality with danger, victimization, and passivity (Welles, 2005; Fine, 1988).

Inherent in such a view of female sexuality is the notion that girls grow up with a negatively skewed representation of sex and thus may lack the necessary education and resources to fully develop their sexual selves. Accordingly, as adults, women may
struggle to feel a sense of entitlement to pleasure and may find it difficult to explore the possibilities and boundaries of autonomous, subject-centered, adult sexual behavior. In this research, adapting Michelle Fine’s (1988) recognition of the four discourses of female sexuality in public schools (sexuality as violence, sexuality as victimization, sexuality as individual morality, and the discourse of desire), I refer to the prevailing view of adolescent female sexuality as the Discourse of Passivity, which encompasses the various cultural norms that discourage or deny adolescent females full knowledge, ownership, and autonomy over their sexuality and accordingly, over their bodies.

A vital component to research on female sexual health, many feminist scholars contend, is that it be done utilizing a feminist standpoint/social constructionist lens as both historical and contemporary research on human sexuality is dominated by the biomedical model (Tiefer, 1995). In regards to adult sexual problems, for example, the prevailing model has recently been termed the “corporate medical model”, relying on biology to produce legitimate language of sexual dysfunction and psychiatry to “fix” sexual inadequacy. Through these definitions of normality and dysfunction, women are diagnosed and treated for sexual disorders based on arbitrary statistical and clinical standards that glorify “human nature” rather than address the varying and shifting social realities in which women find themselves. In this research, I refer to the model of adult female sexuality as the Discourse of Dysfunction. This discourse emphasizes individual-level causes of problematic sexual behavior on the basis of normal sexual functioning as outlined in the Diagnostic Statistical Manual of Mental Disorders, while failing to account for and address the social, political, cultural, and economic influences that situate sexual behavior.
I argue that research on female sexuality must move beyond the medical model in order to fully capture the range and variation of women’s sexual experiences. That is, as the Discourse of Dysfunction has become the normative account for sexuality in our society, this study offers an alternative. Accordingly, in this research, I critique the Discourse of Passivity for its failure to recognize women and girls as initiators, negotiators, victims, and agents of their own, contextual and situated sexualities. I accomplish both of these tasks through an analysis of semi-structured, in-depth interviews with ten college women between the ages of 18 and 22. In these interviews, I focus on the various links between sex education throughout the life course, both formal and informal, and women’s current understanding of their sexuality. The main questions directing the research are: Are women’s reflections and perceptions of their adolescent experiences regarding sexuality consistent with the Discourse of Passivity? How do women think of and talk about their sexuality when they often do not have access to the proper resources and safe places to do so, beginning from adolescence? The sub-questions flowing from the primary research questions are: What kinds of messages do girls receive about their bodies? What information is missing? From whom or where do they get this information? In what ways do they believe that this information has an impact on their current sexual lives? Finally, given their own experiences, how would they educate their very own daughters regarding sex and sexuality?
CHAPTER II
LITERATURE REVIEW

In the following chapter, I provide a foundation for my research by reviewing the literature related to female sexual health. I begin by discussing the Discourse of Passivity, which encompasses the social norms that discourage or deny adolescent females complete knowledge, ownership, and autonomy over their sexuality. In particular, I discuss the various components of this discourse including sex education curricula utilized in the U.S. school system, gendered norms of accommodation, the ways in which girls are trained to talk and think about their bodies, and finally, messages surrounding masturbation. From here I discuss the various components of the Discourse of Dysfunction including a brief history of sexology and its contributors and various critiques of the medical model of women’s sexual health. Finally, I review current suggestions for updating the current model of female sexual health which has built the framework for this project.

Discourse of Passivity (Adolescent Females)

Starting in the late 1980s and early 1990s, there had been a growing interest in the area of adolescent female sexuality, particularly in response to the anti-sex rhetoric facing sex education curricula in the public school setting. At this time, a small group of feminist scholars argued that there was more to study with regard to adolescent female sexuality than sexual risk taking and teenage pregnancy (Welles, 2005; Tolman, 1994; Wyatt, Newcomb, & Riederle, 1993). They contended that the development of a sexual identity begins much earlier in the life course than expressed by previous work on female
sexuality; most importantly, they acknowledged that childhood and early adolescence is
the critical stage in the development of sexual (dis)empowerment for many women,
specifically noting the socialization of girls into conventional roles of femininity (Welles,
2005; Trotman-Reid & Bing, 2000; Tolman, 1994). Further, these scholars noted the
various ways in which young girls are systematically discouraged from exploring and
viewing their bodies as sources of empowerment, autonomy, and pleasure, both formally,
in sex education classrooms, and informally, through parents, peers, and the larger culture
(Tolman, 2002; Tolman, 2001b; Tolman & Szalacha, 1999; Chalker, 1994; Fine, 1988).
The widely held misconception that adolescent girls, apart from adolescent boys, do not
feel or express sexual desire has been suggested to threaten girls’ sense of sexual
entitlement as it requires them to conform to cultural expectations that reinforce the
sexual double standard (Welles, 2005). These gaps in our knowledge have limited our
understanding of female adolescents as desiring beings and sexual subjects.

Sexual Education Curricula

One of the primary ways in which girls are educated about adolescence and
sexuality is through sexual education curricula, which are implemented in schools across
the country. According to Carpenter (2005), there are three basic types of sexual
education programs that are currently in use in the U.S.: abstinence-only, abstinence plus,
and comprehensive. As its label implies, abstinence-only programs are designed to
promote sexual chastity as the “only moral and effective option outside of marriage”
(Carpenter, 2005, p. 179). Although these programs vary, information regarding
contraception is either omitted or its limitations are emphasized. Abstinence plus
programs generally promote abstinence as the best approach but tend to also discuss
alternative practices with the use of birth control/safer sex. The least utilized of these programs is the comprehensive sexual education program which is premised under the belief that youth should be educated in such a way that enables them to be prepared and responsible whenever they do decide to initiate sexual activity. This requires that information regarding abstinence and contraception/safer sex be presented as morally equivalent to one another and ultimately promotes informed and responsible decision making. In sum, this latter approach encourages us to trust that with comprehensive information and guidance, the youth of today will adequately weigh the pros and cons – the pleasures and dangers – of their decisions (Carpenter, 2005; Tolman, 2002; Reiss, 1990).

In 1988, only 2% of sex education teachers in the U.S. used the abstinence-only approach in their classrooms (Carpenter, 2005). Shockingly, nearly ten years later, this figure increased to 23%. Compared with 36 developed countries, the U.S. currently ranks low in regards to openness about sexuality yet has the highest rate of teen pregnancy (Carpenter, 2005; Tolman, 2002). These statistics indicate that more public schools are utilizing the abstinence-only model than ever before, which does little to prepare adolescents in becoming sexually responsible adults.

For example, through her observations of sex education classes in the U.S. public school setting, Michelle Fine (1988) first brought to light the implications of abstinence-only education, particularly for young girls. Through her research, Fine introduced the concept of the “missing discourse of adolescent female sexual desire” which asserted that young girls are trained into positions of passivity and victimization. This model of sex education fails to recognize that female adolescents must also be taught to see themselves
as subjects of safe, consensual sexual behavior. Her research emphasized three prevailing discourses within formal sex education that equated adolescent female sexuality with numerous costs and harms. The first discourse was violence, which defined heterosexuality as essentially coercive and aggressive. A second, related discourse was victimization which emphasized girls' vulnerability towards potential male predators; in this sense, girls were taught to protect themselves against pregnancy and disease and did so by learning the abstinence-only phrase “just say no”. The third discourse was sexuality as individual morality which focused on the need for self-control and restraint. Overall, Fine asserted that these understandings of female sexuality disallowed young girls to see themselves as initiators and decision-makers thus compromising their development of sexual subjectivity and responsibility.

One of the most illustrative examples of the model of adolescent female sexuality observed by Fine (1988) is taken from her field notes. It includes the following conversation between a hygiene class teacher and her female students:

Teacher: Why is it important to know what your body looks like?
Opal: You should like your body.
Teacher: You should know what it looks like when it's healthy, so you can recognize problems like vaginal warts (p. 38).

Through various interactions such as the one presented above, young girls are taught to think of their body solely in terms of its vulnerability to disease and potential unwanted sexual contact. Additionally, despite that girls like Opal do make the connection between the body and desire, in the current model of adolescent female sexuality, there is little room for such a critical dialogue.

This way of dealing with adolescent sexuality via abstinence-only education is relatively unique to the U.S. For example, Berne and Huberman (1999) compared school
sexuality education in the Netherlands, Germany, and France with strategies utilized in the U.S., revealing significant differences across cultures. In the Netherlands, they found that the general approach to adolescent sexuality education in the school system is “not to teach but to talk about sex” (p. 41). Rather than lecturing, the teacher assumes a facilitative position which encourages students to play an active role in their education; thus, the lessons and topics included in their sex education are driven by the students themselves, which enables the students to become agents of their own sexual education. Interestingly, unlike in many U.S. schools, most topics are openly discussed, including homosexuality and masturbation; further, as stated by Berne and Huberman (1999), “teachers emphasize communication and negotiation skills but direct little attention to negative consequences of sexual behavior” (p. 42). Notably, despite that adolescents in the U.S. and the Netherlands become sexually active at approximately the same age, American teenage girls are nearly nine times more likely to become pregnant than Dutch teenage girls (Schalet, 2000). According to Allina (2001), compared to the model currently used in Europe, our understanding of adolescent sexuality in the U.S. is undoubtedly a barrier to the development of healthy and positive sexual subjectivity.

Accommodation

In talking further about female sexuality, it would be detrimental to neglect the underlying gendered power structures that dominate our understanding of sexuality (Kimmel, 2005; Holland, et al., 1994). Much of the literature recognizes the socialization of young girls into passive recipients of male sexual behavior. This process of socialization is built upon three historically, interrelated assumptions; the first is that men are by nature, sexual beings, and second, it is woman’s duty to sexually accommodate her
male partner and fulfill his biological drive for sex (Welles, 2005; Nicolson & Burr, 2003). Through socialization, young girls often learn to equate femininity with passivity and accommodation. Consequently, in an effort to be “a good girl,” a young girl may inevitably give up control over her sexuality, whether mentally, emotionally, physically, or spiritually, in the form of her body, her desires, or her own personal boundaries. It is in this way that young girls learn to fulfill their role as accommodators and thus begin the process of disconnecting from their own sexual needs and desires; in sum, the adolescent female becomes dissociated from her own feelings and thus, herself (Tolman, 2001b). She then may become vulnerable to external pressures and may risk putting herself in situations that are physically and psychologically unsafe.

Further, in response to the idealized and constricting image of the female body ever-present in the lives of young girls, girls learn to observe themselves from the outside - to observe themselves from the perspectives of others (Tolman, 2001a; Fine, 1988). For many girls, to be defined as sexual is to appear sexy, alluring, desirable - traits which reflect girls’ ability to attract the opposite sex. As stated by Ussher (1989):

The significant messages contained in the media warn the young woman to be afraid of her body because it can let her down; by becoming fat, emitting unpleasant odors and bleeding. At the same time, she receives the message that her body is her passport to happiness: it is through her body that she entices a man, which should be her main objective (p. 38).

In turn, as conflicting cultural messages encourage girls to focus on their ability to be desirable, rather than focus on their capacities to explore their desires and fully enjoy their bodies, girls may lose touch with themselves (Welles, 2005).

Third, and most fundamental, our understanding of sexuality is biased towards compulsory heterosexuality, which includes the assumption that men and women are
naturally sexually oriented towards the opposite sex; thus, homosexual experience is often "perceived on a scale ranging from deviant to abhorrent or simply rendered invisible" (Rich, 1980, p. 632). While this assumption is not directly addressed or challenged within the scope of this research, it is critical to acknowledge that assumptions of heterosexuality pervade and limit our understanding of the social world. Interestingly, five of the ten women I interviewed expressed that they had same-sex interested at some point in their lives, and one of these women identified herself as "bisexual at times." In congruence with the way in which Tolman (1994) described one of her interviews with an adolescent girl, Megan, these five women in my study did not choose to share with me their feelings towards other women. This reminds us of how heterosexuality remains the standard script for talking about sexuality.

**Naming the Body**

Language also plays a large role in the socialization process of adolescent females, particularly as it relates to talking about the parts of the body. As argued by Kleinplatz (2001), Tavris (1992), and Friday (1991), children are often taught to think about sexual anatomy in terms of body parts most relevant to reproduction and male sexual functioning, with an emphasis on the "penis" and the "vagina." While boys learn a variety of words to describe their genitals, girls typically learn to use the word "vagina" to refer to everything "down there" (Tavris, 1992). Missing from this critical education are conversations about the parts of a girl's body pertinent to her pleasure – in particular, the clitoris (Ussher, 1989; Wade, Kremer, & Brown, 2005).

In a study conducted by Wade, et al. (2005), using a non-random sample of 833 undergraduate students, participants were asked to fill out surveys designed to assess
their knowledge about the clitoris and the sources for that knowledge. The findings of this study suggest that parents and sex education in the school setting are not sources from which girls typically learn about the clitoris, and more generally, women’s sexual pleasure (Wade, et al., 2005). Accordingly, Wade et al. (2005) state that “many women do not use the most direct source of information of clitoral knowledge – their own bodies – instead, relying heavily on the least helpful sources: friends and school” (p. 130). The lack of a learned language in which girls and women can articulate sources and meanings of sexual pleasure sends out a powerful message: “don’t talk about experience or desire” (Kleinplatz, 2001, p. 125). Further, the lack of an appropriate language may make it difficult for young girls to talk about their bodies, which plays a large role in the hindered development of sexual confidence and the ownership of their bodies.

The Female Body as Unnatural

Similarly, Nancy Friday (1991), author of Women on Top: How Real Life Has Changed Women’s Sexual Fantasies, uses the phrase, Cloaca (Latin for sewer) Concept, to refer to the ways in which young girls are taught to loathe the sight and smells of their bodies, particularly, the genitals. Beginning in puberty, the female body is treated as unclean, unnatural and “smelly, hairy, bloody; prone to spots, discharges, seepage...” (Holland, et al., 1994, p. 34). The genital area – including the clitoris, urethra, vagina, and anus, is thought of and spoken about as “one filthy, indistinguishable mass” to be avoided and scorned (Friday, 1991, p. 58). This severe loathing of the body may play a major role in the disconnection between the body and pleasure. As the “private area” is talked about as “it” or “that” rather than “me” or “mine,” girls may begin to treat their own bodies as objects. As phrased by Martin (1994), girls objectify their bodies by
“act[ing] on them instead of in them” (p. 97). If young girls lack a language of desire, associate their bodies with shame, disgust, embarrassment, and humiliation, and fail to see their body as a part of themselves, there is little room for sexual exploration and much less room for developing a sense of sexual entitlement. It is in this way, that as adults, women may internalize the model of a disembodied, passive femininity in which they view themselves, along with men, as objects to be won over and acted upon.

**Masturbation**

Further, those like Welles (2005), Barbach (2000), and Friday (1991), contend that the experience of sexual pleasure through masturbation can often help adolescent girls and adult women to make healthier, self-oriented decisions about their sexual involvement with others. Despite this knowledge, many girls continue to grow up associating masturbation with shame, embarrassment, or disgust. First, it is noted that masturbation teaches girls that their sexuality is separate from others; that is, it reminds them that a partner is not necessary to experience sexual desire or pleasure (Friday, 1991). In doing so, girls may be more likely to remain abstinent until they are ready to engage in fulfilling, sexual behaviors with a partner and at this time may be less likely to compromise themselves and their desires (Welles, 2005; Friday, 1991).

Second, Friday (1991) states, “by teaching ourselves what excites us, we become more orgasmic and better sexual partners, responsible for our share, capable of giving pleasure, better able to give direction in what it is that excites us” (p. 41). In this capacity, masturbation is a way for women to learn about what is pleasurable to them; it is a way for them to explore their desires and fantasies without having to conform to others’ expectations and without having to compromise themselves in order to appear
desirable or sexually flattering (Welles, 2005). Instead, they can focus on their own fantasies and fully enjoy their bodies without distraction (Welles, 2005; Barbach, 2000). In short, masturbation, for women, can serve as an uncompromised release from sexual tension. In addition, once women come to terms with their sexual selves including their sexual wants, needs, desires, and boundaries, they are better able to communicate these things to their partner and to alter their sexual practices in ways that fit their sexual responses (Barbach, 2000).

A third benefit to masturbation is that it teaches women to understand, appreciate, and enjoy their bodies. If women are comfortable with what lies between their legs, they may be more likely to be satisfied with the rest of their bodies (Friday, 1991). In addition, through masturbation, women may learn the difference between their clitoris, labia, urethra, and vagina and may develop a better understanding of how their body functions and responds to stimulation (Welles, 2005; Friday, 1991). Lastly, Friday (1991) states, “masturbation is one of life’s greatest sources of sexual pleasure, thrilling in itself, a release from tension, a sweet sedative before sleep, a beauty treatment that leaves us glowing, our countenance more tranquil, our smile more mysterious” (p. 41).

Girls and women should come to know that masturbation is good in itself. As suggested by Friday, masturbation experienced without guilt or shame may be a girl’s first and only lesson that the sexual double standard is a cultural falsehood; women are indeed sexual beings and are entitled to sexual enjoyment (Friday, 1991). Unfortunately, many girls today continue to be raised under the premise that masturbation is unnatural, perverse, and unhealthy (Friday, 1991).
Much of the research on female sexuality acknowledges the silence surrounding adolescent female desire. It is further recognized that the current model of sexuality embedded in both formal and informal sex education as well as in the larger culture associates adolescent female sexuality with violence, victimization, and immorality; such a model promotes the need for self-protection, control, and surveillance over girls’ bodies. Accordingly, the lack of a sex-positive model implies that adolescent girls may lack safe places or contexts in which to openly explore their desires. Previous research has suggested that such conditions faced by adolescent girls have a damaging impact on their ability to make healthy, informed, self-oriented decisions about engaging in sexual behavior both in their youth and in adulthood. Further, it is suggested that if lacking the critical knowledge of one’s body, pleasures, and boundaries in adolescence, as adults, they may be more likely to be sexually dissatisfied or disinterested, and be more likely to become victims of sexual coercion or mistreatment.

Other contributing work on adolescent female sexuality addresses many of the underlying issues posed through Fine’s initial work in public sex education. Most importantly in such research, it is recognized that little has been heard from adolescent females themselves; those like Tolman (1994), for example, recognize that the next step is to understand girls’ experiences by talking to them about it firsthand and to acknowledge and give credit to their voices. Doing so would enable girls to more openly discuss their experiences and to help them make sense of conflicting values and beliefs (Taylor, Gilligan, & Sullivan, 1995; Tolman, 1991b). Following this recognition, several researchers in the discipline of psychology conducted interviews with young females in an attempt to gain an understanding of: how girls negotiate their desire (Welles, 2005;
Tolman, 2001b; Kamen, 2000; Tolman & Szalacha, 1999; Tolman, 1994; Holland, et al., 1994), the lack of meaningful relationships formed between girls, primarily ethnic minorities who were “designated ‘at risk’ for high school dropout and early motherhood,” and the adult women in their lives (Taylor, et al., 1995, p. 1), and how girls make sense of the label “slut” (Tanenbaum, 1999).

In the current study, I not only acknowledge the need to talk with women firsthand about their sexuality in order to challenge the Discourse of Passivity but also with the purpose of offering an alternative view to the biomedical model as the only “scientific” model of female sexuality. As this latter model has largely dominated the study of sexuality, I acknowledge that in order to move beyond it, it is necessary to bring to light the importance of lived experience and to rely on women to provide the best account of their own experiences and perceptions. Before doing so, however, I begin with a brief history and critique of the biomedical model which I refer to as the Discourse of Dysfunction.

*Discourse of Dysfunction*

The Discourse of Dysfunction is more prevalent today than ever before. In terms of sexual health, the increased medicalization of adult female sexual problems since the late 1990s is suggested to be directly related to the recent expansion of the pharmaceutical industry and its effort to promote and market sex drugs for women. It is recognized that the large research budgets of pharmaceutical companies outweigh other sources that lend financial support to health research; thus, it has been argued that the corporate agenda, with future profits at stake, drives the topics of research to be pursued (Allina, 2001). As asserted by Allina (2001), “[the] market driven research of the private
sector will continue to dominate the scope of the so-called knowledge we acquire about women's sexual experience, and women's own knowledge of [their] experiences will continue to be undervalued” (p. 214).

According to Tiefer (2001), the medicalization of sexuality defines the normality and deviance of sexual interests and activities using the language of sexual health and illness. Further, Tiefer (2001) contends, “the process of medicalization profoundly shapes the popular view of sexuality, despite a culture full of diverse sexual voices” (p. 65). Riesmann (2003), in her work on women and medicalization, similarly argues that the use of a medicalized language mystifies human problems and keeps them hidden from public debate; accordingly, a naïve and uneducated public is likely to lean towards the predominant, “scientific” thinking of human sexuality as natural and biological. Consequently, our current and misguided understanding of female sexuality continues to remain relatively unchallenged.

Interestingly, for women, the same industry that claims to promote sexual health, wellness, satisfaction, and freedom, simultaneously restricts women’s sexuality by defining what constitutes a normal sexual response and what constitutes effective stimuli. Out of this process has emerged the nomenclature of “female sexual dysfunction” or FSD, which is defined by “four recognized components: decreased sexual desire, decreased sexual arousal, dyspareunia [pain during intercourse], and persistent difficulty in achieving or inability to achieve orgasm” (Tiefer, 2001, p. 73). Accordingly, recent prevalence statistics have indicated substantially high rates of FSD across the U.S. For example, using a national probability sample, Laumann, Paik, and Rosen (1999) surveyed 1749 women between the ages of 18 and 59 to assess the prevalence of FSD by using
criteria defined within the DSM, Fourth Edition; they concluded that 43%, or roughly 4 out of 10, American women experience sexual dysfunction. More specifically, it was found that women between the ages of 18 and 29 reported a lack of interest in sex (32%), sex without pleasure (27%), anorgasmia (26%), pain during sex (21%), problems with lubrication (19%), and performance anxiety (16%) (Laumann, et al., 1999). Given these prevalence statistics alone, it would seem that on the whole, women are largely dissatisfied with or distressed about their sex lives.

In order to assess the validity of this claim, it is critical to examine the various assumptions underlying the aforementioned study. Doing so would necessarily include a discussion of the foundation of sex studies, the conception of Masters and Johnson’s Human Sexual Response Cycle, and a critique of the Diagnostic Statistical Manual of Mental Disorders, which form the basis for diagnosing female sexual dysfunction and our current understanding of adult female sexuality more broadly.

*Early Sexologists*

The study of sex and sexuality first came into focus through Alfred Kinsey’s work in the late 1940s. At this time, Kinsey’s writing was provocative, progressive, and formed a starting point for the legitimacy of sexuality as both a public and academic discourse. Several leading scholars in the area of human sexuality, however, continue to argue that Kinsey’s approach to studying sexuality has severely impacted our current understanding of sexuality in ways that are harmful for developing an accurate model of female sexuality (Tavris, 1992). Critics of Kinsey’s work argue that his measures of sexuality were focused solely on overt, sexual behavior as he reasoned that human behavior was a direct reflection of attitude (Hunt, 1974). In this light, Kinsey’s findings
dealt little with affective or cognitive responses; this is not surprising as Kinsey, a biologist, spent the earlier part of his career studying the gull wasp (Hunt, 1974).

A few decades after Kinsey published his studies, Masters and Johnson (1966) developed the Human Sexual Response Cycle, which described a universal model of sexual behavior in terms of four physiological phases – excitement, plateau, orgasm, and resolution. According to this model, sexual response is ordered, predictable, and does not vary across individuals; it is a biologically driven, and thus, natural set of responses to effective sexual stimulation (Tiefer, 1995; Tavris, 1992). In making a claim of universal generalizability, it is interesting to note that in their clinical research trials, Masters and Johnson (1966) established a requirement that “there be a positive history of masturbatory and coital orgasmic experience” before an individual could be accepted as a participant (p. 311). Given this requirement, those who did not masturbate and/or those who did not have orgasms during penetrative intercourse were excluded from the study. The trials undergone to develop a universal Human Sexual Response Cycle, then, failed to account for the full range of human sexual experience and response and limited our understanding to individuals who fit pre-selected criteria. Despite the numerous criticisms and limitations of the Masters and Johnson’s studies, a model of the HSRC is currently being used in the Diagnostic Statistical Manual of Mental Disorders as an indicator of sexual dysfunction.

Existing Critiques of the Medical Model of Women’s Sexual Health

The medicalization of women’s sexual problems is expected to continue; accordingly, such a process is now being contested by those who seek to expose research biases underlying the current foundation of sex research. The overarching argument is
that the discourse of science continues to remain predominantly male-centered and fails
to address the variability and complexity of women’s lived experiences (Kleinplatz,
2001). These feminist scholars critique the HSRC, arguing that the cultural assumptions
embedded in the HSRC and further, the DSM, serve as a fundamental barrier to
understanding women’s sexuality (e.g. Hartley, 2006; Nicolson & Burr, 2003; Riesmann,
2003; Tolman, 2001a; Tolman, 2001b; Alperstein, Ellison, Fishman, Hall, Handwerker,
Hartley, Kaschak, Kleinplatz, Loe, Mamo, Tavris, & Tiefer, 2001; Kleinplatz, 2001;
Chalker, 1994).

In the academic scene, the shortcomings of such a framework have been
highlighted by nearly two decades of research. More recent research, pioneered by
feminist activist Leonore Tiefer, supports a plan to update the model. Her
activist/advocacy group, referred to as the New View Campaign, began work in 2000 and
since then have put their efforts towards “emphasiz[ing] the prevention of women’s
sexual problems and [resituating] women’s sexuality within the political domain”
(Hartley, 2006, p. 374). According to research in this area, the critique of the current
understanding of female sexuality is based on three key claims: 1) universal male sexual
norms continue to pervade research on female sexuality, 2) medicalization of sexuality
essentializes sexual behavior and reduces it to physiology, and 3) as the current model
promotes a view of biological reductionism, it overlooks cultural, social, or relational
contexts in which our experiences of sex and sexuality are deeply embedded.

The first, major, and overarching critique of the existing model is that it is
premised on universal norms, more specifically, male sexual norms, that have shaped the
ways by which “male sexuality” has come to define “human sexuality” (Kleinplatz, 2001;
Tiefer, 2000; Tiefer, 1995). What constitutes as normal or standard is reflected by and maintained through men’s sexual experiences (Tiefer, 1995). Further, through this understanding, it is claimed that men and women experience sex in the same physiological way and accordingly, that sexual disorders between men and women must also be similar. In addition, as our understanding of sexual behavior is based on the language of male anatomy, sex is emphasized in ways that are mechanical, phallocentric, and procreative. Consequently, according to Fine (1988), “expressions of female voice, body, and sexuality are essentially inaudible when the dominant language and ways of viewing are male” (p. 134). What is missing from the current understanding of sexuality, then, are the voices of women themselves (Tiefer, 2000). When women are confronted and asked to talk about their experiences and perceptions of their sexuality, it becomes clear that the current model is limited in its capacity to fully and accurately account for women’s lived experiences (Tiefer, 2000).

Second, it is argued that the current medical model reduces sexual behavior to the physiological functioning of particular parts of the human body, the genitals, which function much like a complex machine (Tiefer, 2000; Tiefer, 1995; Tavris, 1992). In this sense, sex is defined as a physiological set of sexual responses, reflexes, or “reactions of unconnected body parts” (Tavris, 1992, p. 229). Thus, as these responses are claimed to be natural human responses, normal sexual functioning is based exclusively on whether or not the sexual parts work as they should; in an analogy provided by Tavris (1992), if the parts fail to function, they are seen as in need of repair from specialists or experts.

In a related fashion, it is also argued that the current model is orgasm-centered such that it defines normal, sexual functioning not only as beginning with male-to-female
vaginal penetration, but also as ending in orgasm (Nicolson & Burr, 2003; Tiefer, 2001; Jackson & Scott, 2001; Holland, et al., 1994; McCormick, 1994; Nicolson, 1993).

According to Jackson and Scott (2001), as the orgasm is culturally seen as the peak of sexual experience, the absence of an orgasm indicates a “failed or incomplete sexual event” (p. 107). In the clinical sense, orgasm is the primary indicator of sexual fulfillment and sexual satisfaction (Jackson & Scott, 2001; Tiefer, 2001). Interestingly, as expressed by Barbach (2000), “if a society considers the orgasmic release of [women] important, then the essential lovemaking techniques necessary to ensure the woman’s orgasm will be learned and practiced...[if not], women are likely to be anorgasmic” (p. 7). It follows that as the current model of sexuality is centered on the male penis via penetrative intercourse (which ignores women’s pleasure centers – e.g. the clitoris), it is not surprising that many women do not consistently experience orgasms (Barbach, 2000).

Jackson and Scott (2001) further contend that sexual behavior, including orgasm, is a performance, a gendered construction. For example, as the female orgasm is not as visible as the male orgasm, women learn to use exaggerated moans and gasps to communicate their pleasure (Jackson & Scott, 2001; Roberts, Kippax, Waldby, & Crawford, 1995). Given that women are socialized to sexually accommodate their partners, they are under pressure to have orgasms, or at least fake them, so that their male partner is able to experience himself as a good lover (Nicolson, 1993). The absence of an orgasm for women, then, not only represents her failure but also her partner’s “flawed technique” (Jackson & Scott, 2001, p. 108). Accordingly, women’s sexual pleasure becomes secondary while men’s sexual needs, including the assurance of his sexual ability and power, takes priority. According to Holland, et al. (1994), “any discourse
which legitimates her pleasure, acknowledges her sexual knowledge, values her performance and places it under her control, is potentially threatening to his masculinity” (p. 30). In this light, as sexual encounters are defined by men’s sexual needs through male hegemony, women may learn to find fulfillment in giving, rather than receiving or reciprocating pleasure (Holland, et al., 1994).

It should be emphasized that the current model of understanding sexuality as it relates to orgasm not only has damaging effects on women but may also negatively affect men and heterosexual relationships overall (Roberts, et al., 1995). First, as the media represents the female orgasm as loud, spastic, and overwhelmingly pleasurable, there is a discrepancy between actual and expected/ideal female sexual response. Having to rely on exaggerated, unrealistic visual and sound cues, men’s understanding of female sexuality may be misunderstood, misdirected, and limited. Second, if women convincingly fake orgasm, their partners may have no reason to question their enjoyment or satisfaction. Such women may assume that their partners don’t care about their sexual needs and thus, resentment or contempt may grow. It has been reported that many of these women lose interest in sex or at best, continue to fake orgasms during sex and feel disconnected from their partners (Roberts, et al., 1995). Third, as the orgasm is considered the peak of sexual experience and is equated with men’s skill or sexual ability, the failure of a woman to orgasm is a direct reflection of his failure to give her pleasure. As in the case of many of the women interviewed by Roberts, et al. (1995), their male partners often became discouraged, upset, and took it personally when their female partners were not able to orgasm. Consequently, women who experience difficulty with orgasm may experience high levels of anxiety and may come to think of
themselves as failed or “frigid” women (Barbach, 2000; Roberts, et al., 1995). The overemphasis on orgasm then, not only impacts men and women individually, but also has severe implications on the overall quality of intimate relationships.

Lastly, as the current model bases sexual behavior solely on internal influences, or biological capacities, it fails to account for the social, cultural, political, economic and relational contexts in which sexual behavior is situated. The discussion to follow highlights many of the major suggestions made by The Working Group on a New View of Women’s Sexual Problems, a group of twelve clinicians and social scientists, currently working to redefine women’s sexual problems in terms that are relevant to women’s lived experiences.

Foremost, it is argued that at the foundation of women’s sexual problems are numerous socio-cultural, political, and economic factors. First, women may experience ignorance or anxiety due to inadequate sex education which includes a missing vocabulary to describe sexual experience and a lack of accurate and complete information about sexual anatomy and biology (Alperstein, et al., 2001; Kleinplatz, 2001; Tavris, 1992; Friday, 1991). Second, women may lack an understanding of how gender roles have a major influence on the ways in which men and women think and behave sexually (Alperstein, et al., 2001). Third, many women do not have adequate access to information and services thus making it difficult for them to be able to make fully-informed decisions about contraception, pregnancy, STI prevention, AIDS and to be able to utilize services for sexual trauma and domestic violence (Alperstein, et al., 2001).

A second layer of factors at the root of various sexual problems regards cultural norms which define how women are expected to think about and experience their
sexuality. According to Alperstein, et al. (2001), many women experience sexual avoidance or distress as a result of a perceived inability to meet cultural expectations of sexuality. More specifically, women may face anxiety or shame related to their body, perceived ability to be seen as sexually desirable, or anxiety related to sexual functioning (Alperstein, et al., 2001; Barbach, 2000; Roberts, et al., 1995). Additionally, women may encounter feelings of shame and confusion about their sexual orientation, sexual identity, or sexual desires and fantasies (Alperstein, et al., 2001; Barbach, 2000; Friday, 1991).

A third set of factors beyond physiology that account for a variety of sexual problems faced by women involve problems arising from relationships and partners. Women may experience avoidance or distress out of “betrayal, dislike, or fear of partner, partner’s abuse or couple’s unequal power, or arising from partner’s negative patterns of communication” (Alperstein, et al., 2001, p. 6). There may be differences in desire or preferences for sexual activity (Alperstein, et al., 2001). The couple or one partner may not be appropriately communicating their preferences, needs, or concerns; this is not to be unexpected as previous research has suggested that women are discouraged at a young age from openly talking about their desires (Welles, 2005; Fine, 1988). There may be a loss of sexual interest as a result of common conflicts over money, time, schedules, family, partner’s health, or traumatic experiences such as infertility, the death of a child or loved one, fear of pregnancy, past sexual trauma, etc (Alperstein, et al., 2001).

As articulated by Alperstein, et al., (2001), the American Psychiatric Association’s DSM approach fails to acknowledge the relational aspects of sexuality. As a consequence of the socialization of girls into traditional roles of femininity, women learn to engage in sex for reasons different than men (McCormick, 1994). They learn to
do so out of need for intimacy and emotional connection, or to please a partner (Alperstein, et al., 2001; McCormick, 1994). Their level of sexual satisfaction or fulfillment then may be more dependent on relational factors than physiological factors alone. For example, in a recent study conducted by Bancroft, Loftus, and Long (2003), a total of 24.4% of the women randomly sampled reported distress about their sexual relationship and/or their sexuality in general; the main predictors of sexual distress were general emotional well-being and emotional relationship with one's partner, while the worst predictors were arousal, vaginal lubrication, and orgasm. Overall, the findings of this study suggest that using a medical/physiological model alone is insufficient to fully capture the wide range of emotional, spiritual, contextual, social, and cultural factors embedded in how individuals make sense of their sexual behavior and experience.

 Updating the Model

This research attempts to examine the Discourse of Passivity by challenging the Discourse of Dysfunction as well as exploring how the former sets the foundation for the latter. That is, as young girls are socialized into positions of sexual passivity, in their adulthood they may develop a detachment from their own desires and may experience an overwhelming combination of confusion, guilt, shame, and embarrassment. Further, in adulthood, lack of a language regarding sexual pleasure may make it increasingly difficult for women to fully explore and communicate their sexual likes and tastes to their partners (Holland, et al., 1994). Coupled with the understanding of the female as victim and the male as her victimizer, the current conception of sexuality has a potentially crippling effect on the development of healthy, consensual, and fulfilling connections between persons in the context of heterosexual relations (Kimmel, 2005). Consequently,
as adults, women may be likely to report a disinterest in sex, a disembodied view of sex, an inability to orgasm, or overall dissatisfaction during sex. Adult women’s sexual problems or concerns, then, may not necessarily be the result of physiological causes, but rather, a learned lack of sexual entitlement and sexual ownership, a sense of passivity or other various factors such as victimization experiences, fear of pregnancy, diseases, or social disapproval. Further, the discrepancy between a sense of entitlement to pleasure, and a lack of understanding on how to access sexual pleasure may account for why so many women today are reporting such high levels of sexual dissatisfaction.

Using the above framework, this research project argues for a female-centered approach to fully examine women’s sexual experiences as embedded in women’s day-to-day lives. It is one of the many needed responses to Tiefer’s call for “an avalanche of qualitative research” which serves to both broaden and challenge our current (mis)understandings of female sexuality (Tiefer cited in Kleinplatz, 2001, p. 131). Further, in this research, I argue against the use of physiological measures of sexual functioning and the prevailing medical language of sexual dysfunction and rather, seek to examine the ways in which women talk about their sexuality, including their own, subjective perceptions, and an evaluation of their life experiences. Accordingly, in this research, I define this phenomenon in terms of a social problem rather than an individual pathology, arguing that despite feminist efforts, young girls today continue to be socialized to see themselves as passive objects of male sexual behavior and, in adulthood, must learn to negotiate or compromise their sexual desires and pleasures.
In this chapter, I discuss the methods and procedures utilized for this project on sex education and female sexual health. I begin by introducing the epistemological framework of the project, noting in particular the basic arguments of the paradigms I used – both social constructionism and feminist standpoint theory. I continue by linking my epistemological framework to the methodology and research method I employed, while importantly, defining my unique position as a researcher. Next, I discuss numerous details relating to the research design and process including recruitment procedures, sampling procedures, and additional process-oriented details. I move on to state the procedures I used for the analysis of the data and further, provide a framework for assessing the credibility and quality of this project including issues of validity, reliability, and generalizability. Finally, I discuss the various ethical considerations I employed to ensure that the participants were kept as protected as possible.

Epistemological Framework

For this research, I used two paradigms of social inquiry that are linked in several significant ways - social constructionism and feminist standpoint theory. First, one of the basic components of both paradigms is that human cognitions, sentiments, and behaviors cannot be studied separately from their social contexts; that is, in both social constructionism and feminist standpoint theory, it is understood that individuals are bound within a framework of social and cultural forces, both historical and present, that continue to shape and reshape their lives and their understanding of the world (White, et
al., 2000; Harding, 1998). This framework consists of both social arrangements or as Harding (1998) refers to them, social locations (including race, class, gender, sexuality, income, education, etcetera), as well as personal experience, all of which intersect to produce specific vantage points or standpoints from which the world is experienced.

Second and consequently, feminist standpoint theory, in particular, not only recognizes that day-to-day lived experiences produce such standpoints but that such standpoints are arranged hierarchically; some of them form the underpinnings of the dominant discourse of science while others are marginalized and thus excluded from popular knowledge. It is argued that such dominant discourses, or popular ways of viewing the world, are mediated through individuals or groups who hold socially and culturally dominant positions; both historically and currently, the interplay between sex and gender has been one of the primary divisions of power (Harding, 1998). At the level of science, the basic argument of feminism is that it recognizes that many traditional approaches to science have “operated to disadvantage women, and [have thus] reproduced basic inequalities” (White, et al., 2000, p. 15). Feminist scholars have, consequently, challenged the study of sexuality, arguing that much of the existing knowledge remains male-dominated, male-identified, and male-centered (Kleinplatz, 2001; Tiefer, 2000, Johnson, 1997; Tiefer, 1995). Thus, utilizing the paradigms of social constructionism and feminist standpoint theory has allowed me to acknowledge and challenge the gendered hierarchy – namely, the Discourse of Dysfunction – which has, historically, dominated the pursuit of scientific knowledge of human sexuality.
Methodology and Choice of Method

According to Tolman and Szalacha (1996), the key components of feminist inquiry include careful consideration of the methodology and choice of method used in the collection of data. As framed by Harding (1998),

Feminist standpoint approaches have called for identifying and using the unique resources of women’s particular social locations in order to identify and provide maximally objective understandings of sexist and [male-centered] presuppositions shaping dominant institutions and their conceptual frameworks, cultures, and practices (p. 77).

As understood through this epistemological lens, women’s subjective experiences are missing from discourses of female sexuality (Kleinplatz, 2001; White, et al., 2000). It is suggested by Tolman and Szalacha (1999) that collecting information through in-depth, semi-structured interviews is one way to give voice to those whose voices have long been silenced. It is a way for women to “put into words and to name their experience in and questions about a realm of their lives that remains unspoken in the larger culture” (Tolman & Szalacha, 1999, p. 13). This is particularly relevant, as “women can give not simply a better account of their own sexuality but the best account of it” (Lemoncheck, 1997, p. 15).

Position as a Researcher

One key component of feminist standpoint theory and, overall, one of the reasons I chose to use it as my epistemological position is that it required of me, the researcher, that I recognize and address the relevance and impact of my own, unique social location on the conducted research. However, the recognition of local knowledge systems challenges traditional definitions and assumptions of objectivity which state that truth and
knowledge must be neutral or value-free. According to Harding (1998), it is not possible for research to be neutral. Rather, objectivity can be obtained when a researcher is able to “detect...values, interests, discourses, and ways of organizing the production of knowledge that constitute scientific projects” (p. 137).

One particular solution, as posited by Harding (1998), is to undergo the process of “robust reflexivity” whereby the researcher is able to identify the ways in which her own experiences and perceptions play a role in and impact the research. Further, the process of reflexivity asserts that the “knowledge produced is located through the perspectives of the researcher” (Hughes, 2002, p. 167). For this project, I practiced reflexivity by writing down my thoughts, feelings, and reactions in a journal. I continued writing in this journal throughout the entire interview process, paying particular attention to my doubts and concerns about the project, and also acknowledging my own life experiences, those which I had in common with the participants and those that separated us. Reflexivity helped to provide continued acknowledgement that my own standpoint played a critical and undeniable role throughout the research process. Additionally, as I sought to gain an understanding of self-perceptions of sexuality through the narratives of the participants, I continually sought to gain an understanding of myself and how I made sense of my own experiences. (See Appendix I for Self Reflections).

Research Design and Research Process

For this project on female sexuality, I invited 10 female college students to participate in a single, one-on-one, in-depth interview that lasted between thirty minutes to one and a half hours. To be eligible for the project, potential participants must have been between the ages of 18 and 24 and must have been willing to disclose intimate
details regarding their sexuality. In using a semi-structured interview format, particular questions were asked in a chronological form, beginning from the participant’s experiences and perceptions in early childhood/adolescence and continuing to the present day, thus providing an understanding of how women’s sexuality may change throughout the life course. These questions were also designed to elicit narratives expressing the participant’s complex, multi-layered sexual voice, including voices of agency and embodiment, conversely, voices of passivity and disembodiment and wholeyly, how the two voices were negotiated or woven together. It was hoped that the semi-structured format of the interview would allow the participants to elaborate on questions or details most relevant to their experiences, thereby emphasizing the aspects of their sexuality which were the most salient or important to them.

_Sampling_

I chose to interview women between the ages of 18 and 24 for two reasons. First, women at this age are likely to be at some stage in the process of self-discovery, especially in regards to learning about their sexuality. Trotman-Reid and Bing (2000) refer to this time of a woman’s life as the “liberating period” in which she is both legally and socially responsible for herself; she is expected to make informed choices and evaluate the consequences of her decisions. As they have recently entered into adulthood, they may be at the stage in their lives where they seek to find themselves and what they want out of life, both sexually and otherwise. Second, women at this age will be more likely to remember their initial experiences and the formal and informal sexual education that they experienced in childhood and adolescence. Many women at this age are still connected, at least in some way, to their adolescence, as they struggle to find the meaning
of adulthood, and more specifically, the meaning of being a sexually developed adult
woman. Thus, as I used a relatively accessible group – college students – with the hopes
that I would reach a group of women who were at a unique stage in their sexual lives, the
sampling method I chose for this project was a combination of both convenience and
purposive sampling (Singleton & Straits, 2005).

From the onset of the study, it was hoped that 10-12 participants would be
recruited into the project. I chose this sample size because the purpose of this project was
to “know a lot about a relatively small number of people in great detail” (Esterburg,
2002, p. 93). Ideally, I would have liked to recruit female students from a variety of
backgrounds including various sexualities, races/ethnicities, religious convictions, socio­
economic classes, and abilities/disabilities. While my goal was to recruit a diverse group
of participants, my sampling procedure did not provide me with control over the
demographics of the participants.

Recruitment

I contacted instructors who were teaching introductory and more advanced
courses within the sociology department in the spring and summer of 2007 and asked
them for permission to come to one scheduled class period to invite students to learn
more about participating in the project. In the classroom, I passed out the recruitment
flier (See Appendix B for Recruitment Flier), briefly described the purpose of the study,
emphasized the eligibility criteria, and addressed the ways in which I could be contacted.
In regards to the latter, the students were told that they could contact me by telephone or
e-mail, thus to ensure that their interest in the project was kept confidential. (See
Appendix A for Recruitment Script)
Process

Because the nature of the topic included the disclosure of intimate details of one’s personal life, it was important to conduct the interviews in a setting that ensured privacy. Participants were given the option regarding the location of the interview. Possible options included but were not limited to the participant’s home, my university office, or a quiet café. This choice enabled participants to choose a location where they felt most comfortable. In doing so, it was my hope that participants were more likely to share intimate details about their sexuality.

After meeting at the place agreed upon, I formally introduced myself and confirmed that the setting was comfortable for the participant to proceed with the interview. The participant was then informed about the consent process and was given an opportunity at that time to ask for clarification. Each was told both verbally and in writing that their confidentiality would be ensured through several means. One of these involved the storage of signed consent forms in a locked file cabinet in the faculty investigator’s office for a minimum of three years. (See Appendix D for Consent Form) All such forms are being stored separate from the printed transcripts and any other notes or materials related to this project. I explained to each woman that by participating in the project, they would receive a $15.00 gift card to a local grocery store or gas station. All participants signed one consent form, which is on file with the faculty investigator, and given another consent form to keep.

Next, I explained once again the reason for the interview and the overall purpose of the project. The participants were informed that they could decline to answer any question that they were asked and to change the subject at any time. They were given the
gift card prior to the interview and were informed that they had the freedom to end the interview and leave at any time. I reiterated that anything said would be kept under the strictest of confidentiality at all times, with two exceptions. If the participant expressed intent to do harm to herself or to others or if the participant indicated the current abuse or neglect of a minor, the information was to be reported to the appropriate authorities which included but was not limited to the local police or child protective services.

Finally, the participants were informed about the use of pseudonyms. They were given an opportunity to choose a false name, or have one assigned to them. Further, participants were notified that any information that could be used to identify them would either be removed or disguised during transcribing. I then explained the use of the tape recorder and informed the participant that she would be given the option to hold the tape recorder during the interview. The participant was further told that if she became distressed or uncomfortable at any time during the interview, she could stop the recorder or delete any information from the recorder that she would not like to have included in the interview transcript. At this point, the participant was asked to decide if she would like to hold the recorder during the interview. If not, I set it [the tape recorder] on a nearby table and informed her to feel free to pick it up at any time during the interview. Once the research process had been clarified, the tape recorder was turned on and the interview began.

In addition to the data gathered from the transcribed interviews, I also kept a record of each participant's facial expressions, body movements, and general reactions to the interview throughout the interview process. These additional observations were
analyzed along with the transcripts to provide a more detailed, multi-layered framework for understanding the discourse of female sexuality.

Research Questions

Each participant was asked a series of approximately 25 questions. Given the semi-structured nature of the interviews, however, many of the questions varied from one participant to another. (See Appendix H for complete Interview Script). I began the interview by asking demographic-oriented questions which included information such as: current age, race/ethnicity, current level of education achieved, economic situation during childhood, family life, sexual orientation, current and historical religious affiliation, and a description of their home town or neighborhood. It was hoped that this basic information would provide me with several descriptors and thus, a framework from which to understand and interpret each participant’s experiences and perceptions.

To open the conversation about sexuality, participants were then asked to respond to the question, “How important is your sexuality to you?” It was hoped that their responses to this question would provide me with a sense of the ways in which each participant talked about their sexuality and would ultimately, aid me in determining the flow of each interview.

After gathering preliminary information and establishing a sense of rapport, I asked a series of questions relating to the participants’ early childhood experiences. Altogether, these questions were asked to get detailed information about their early sexual education, addressing the questions of when (When did this education occur?), from whom (Who played a role in their education?), and what (What information was included? What information was missing?).
First, I was interested in learning about their initial exposure to the concept of sex and thus, when they first recall having heard about sex. As sex education is often not formally addressed until middle school, I was interested in the extent to which girls are exposed to the concept of sex prior to and whether or not they express that this exposure impacted their early ideas towards sex. I asked the following questions: “Thinking back to your early childhood, do you remember when you first found out or heard about sex?” Prompting questions included: “About how old were you then?,” “Did you find out through your parents? Friends? School? Someone else? A movie? Book? Magazine?,” and “What was that experience like for you? What did you learn?”

Second, I was interested in whom, if anyone, was involved in educating them about sex during their childhood, including parents, school educators, peers, etcetera. I asked the participants: “Did your mom ever talk with you about sex? Your dad? Other adults outside of the school setting?” I followed up with questions like, “How often?,” “What kinds of things did he/she talk about with you?, and “Did you feel comfortable talking to her/him?” Questions were also asked to examine details surrounding sex education at school such as: “Do you remember if you attended sex education classes in school?,” “How old were you? What grade(s) were you in at the time?,” “Would you describe how the class(es) was set up, designed or facilitated?,” “Do you think the class was helpful in educating you about your body and about sex? In what ways? Could the classes have been better? How?” Participants were then asked questions about their access to resources about sex such as: “If you had questions about sex or about your body, was there someone, something, or some place you went to for an answer?” Possible
sources included: parents, friends, other adults, books, manuals/guides/brochures, movies, the internet, a resource center, family planning clinic, the library, etcetera.

After asking the participants to reflect on their childhood experiences, the focus was shifted to their adulthood experiences – that is, experiences they have had since they turned 18 years old and where they see themselves now in terms of sexuality. Within the sexual health model of sexuality, definitions of sexual health extend to include:

...the ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually [gratified] (to have desire, become aroused, and obtain sexual fulfillment), to act intentionally and responsibly, and to set appropriate sexual boundaries...a sense of self-esteem, personal attractiveness and competence... (Robinson, et al, 2002, p. 45).

Taking these various components of sexual health into account, participants were asked to discuss: their past and current intimate relationships ("Are you currently in an intimate or long-term relationship?"), their ability to communicate with their partner(s) with regards to sex ("How easy or difficult is it to talk to your partner about sex?"), their experiences with sex ("Do you enjoy having sex with your partner? Always? Most of the time? Sometimes? Never?"), the importance of having an orgasm ("Do you think that having an orgasm is important to you? How important? In what ways?"), their experiences with faking orgasms ("Have you ever faked an orgasm? What was that experience like for you? Is there any particular reason you have for doing so?"), and also, their experiences of feeling sexy ("When do you feel sexy? What is it like to feel sexy?"). These questions were asked as a way to assess the extent to which the participants’ experiences and perceptions were consistent with the definition of female sexual health.

Finally, participants were asked to make two reflections. The first was whether or not they saw their early sexual health education and adolescent experiences to be linked
to their current experiences and perceptions. That is, I asked the participants to speculate on whether or not and in what ways their life may have been different if, for example, their mother had been open with them about sex or, if they had not lost their virginity at such a young age. Second, participants were asked to imagine that they had a young daughter and to consider whether or not they would talk with her about sex. At what age? How often? What would be said? What would be left unsaid, if anything? This question was aimed to raise insight into what the participants’ own experiences have taught them about the reality faced by young girls today and what role they expect themselves to play as educators to their own daughters.

Data Analysis Procedures

I transcribed each of the interviews verbatim, assisted by the use of a transcription machine. Using the transcribed interviews, I employed grounded theory methodology (Glaser & Strauss, 1967) with a feminist standpoint and constructionist approach to identify various themes and concepts that emerged from each interview. However, while I did allow for themes to emerge through the semi-structured nature of the interviews, the themes most focused on included those that were based on what the literature suggests about young women’s sexuality. Accordingly, the findings emerged through a spiral analysis. That is, I moved between the literature, the interview questions, the participants’ narratives and back again. This highlights the cyclical nature of qualitative work; as the data came in, it was realized that further literature was needed to appropriately investigate the participant’s experiences and perceptions relating to female sexual health.
Important in qualitative research, for this project, data analysis procedures were implemented simultaneously with data collection (Kvale, 1996). Data analysis began when I wrote down my thoughts, feelings, and observations prior to each interview as well as after. I referred back to these notes on several occasions as a means to reconnect with the context in which the interviews occurred. After listening to the interview tape and taking additional notes, the interviews were then transcribed. Using the transcribed interviews, I used preliminary thematic coding for each of the transcripts to identify possible commonalities regarding particular topics asked about and discussed (Esterberg, 2002). Similar topics from each interview were then merged or what Miles and Huberman (1994) refer to as clustered, enabling me to compare and contrast from one participant’s experiences to another. The clustered findings from the preliminary coding were then used as a basis for analyzing the transcripts a second time, through a more focused thematic coding (Esterberg, 2002).

Credibility and Quality Assessments

According to Kvale (1996), “verification of knowledge is commonly discussed in the social sciences in relation to the concepts of [validity, reliability, and generalizability]” (p. 229). Although once applied specifically to quantitative research, these three concepts of assessing the credibility and quality of research have been reconceptualized in ways applicable to qualitative research, that is, in ways which credit intersubjectivity, although these applications are far less understood (Kvale, 1996). Consequently, these understandings have challenged “positivist demands of scientific knowledge” and have, instead, given focus to the lived experiences and meaning-making of subjects who live in the everyday world (Kvale, 1996, p. 62).
Issues of Validity

As with other qualitative designs, a potential imitation of this research project concerns validity, at least in the traditional sense. It may be argued that this research presents a susceptibility to personal bias and may raise issues of whether or not the data can be considered objective and value-free. It is important, however, to consider that this study was conducted through feminist standpoint theory which is concerned with who can be a knower and what can be known; it is based on the need to “accept the possibility of specific, local, personal, and community forms of truth, with a focus on daily life and local narrative” (Kvale, 1996, p. 231). Thus as feminist standpoint argues for “attention to be paid to women’s standpoint,” (Hughes, 2002, p. 153) in this research, women’s daily life and local narratives were placed at the center of observation and inquiry. Therefore, this project was an attempt to understand the participants’ perceptions of their own reality; through the interviews, they were each given the opportunity to speak their own version of the “truth,” whatever that truth looked like.

In addition, as posited by Tolman (2002), in research that seeks to gain an understanding of personal experience, face validity is another context in which validity can be assessed. According to Tolman, face validity refers to the extent to which a participants’ story rings true. As this project examines the ways in which women think about and perceive their sexuality and life experiences, it can be said that to “worry about the extent to which these reports mirror reality misses the point” (Tolman, 2002, p. 40).

Other methodological procedures that took place throughout the research process involved a series of internal validity checks. During the data collection process, I engaged in the process of communicative validity by which the validity of knowledge
claims were tested in the dialogue between myself and each participant (Kvale, 1996). The same types of questions were asked in multiple ways throughout each interview, allowing me to assess for the consistency throughout each participant’s responses and to confirm that I was interpreting their words correctly. Additionally, as suggested by other qualitative researchers, I engaged in the process of reflexivity, in which I routinely questioned my own feelings, assumptions and conclusions (Kvale, 1996). I did this in two ways: 1) I wrote down my conclusions and feeling in a journal and 2) communicated these concerns to peers who had experience conducting interview research. This allowed me to be honest with my biases and to track the impact of those biases on the outcome of the research.

**Issues of Reliability**

Another potential limitation of this research involves reliability. In a traditional sense, if others attempt to replicate this study, it is possible that they would find different results than what I found. However, feminist standpoint theory claims that reliability, conceived of in this way, is not an issue because the results of each research project depend not only on the particular women who are recruited for this study but also the position of the researcher (White, et al., 2000). Thus, even if this study was replicated as closely as possible, the replicated study would include an entirely different set of participants and an entirely different researcher, both of which bring unique and valuable insight into the complexities of female sexuality.

For this project, however, reliability was conceived of as “quality of craftsmanship” (Kvale, 1996, p. 240). This included continual “checking, questioning, and theoretically interpreting the findings” throughout the entire research process using...
procedures similarly to those of establishing validity (Kvale, 1996, p. 241). Techniques used to check reliability included paying particular attention to the ways in which interview questions were asked and worded, paraphrasing responses to validate interpretations, and continually linking results back to the literature. In addition, as stated by Lincoln and Guba (1985), as validity does not exist without reliability, if the research is valid, it must therefore, be reliable, too.

**Issues of Generalizability**

Given classic understandings of the intents of research, it may be argued that a particular weakness of this project involves generalizability. But because I interviewed ten college women, it was impossible and really, inappropriate to generalize the findings to the larger population of college women. As practiced in feminist standpoint theory, the significance of this research is to capture the unique voices of each of these ten women by providing them with an opportunity to describe their own experiences and perceptions. Although their narratives were examined according to trends that exist within and across them, this study does not seek to provide an all-encompassing account of women's self-perceptions of sexuality but rather a small scale account of the complexity of individual, day-to-day lived experience of the women that participated in this research. In this way, it moves the concern from generalizability to one of contextuality.

A legitimate claim against this project is sampling bias. As women volunteered themselves to participate in this project, the sample wasn't representative. At first glance, it seemed as though the women who volunteered to participate were comfortable talking about sex, yet as I completed all ten interviews, I realized that this may not have been the
case. Many of the participants were, indeed, quite shy when talking about their own experiences. Thus, while sampling bias may have occurred, I do not believe that it is based on who did and did not feel comfortable talking about their sexuality.

Additionally, the generalizability of this project can appropriately be examined through what Kvale (1996) refers to as analytical generalizability, which “involves a reasoned judgment about the extent to which the findings from one study can be used as a guide to what might occur in another situation” (p. 233). In taking this approach to generalizability, rather than focusing on the results of this project as if they would not be generalizable to the overall population of college women, it might be suggested that in the presence of underlying conditions, certain trends may be more likely to occur across multiple situations and individuals. This is done when the researcher continually provides “evidence and arguments for the claims of generalizable knowledge” (Kvale, 1996, p. 289). Particularly as the findings of this project corroborate with previous research, it is clear that both individually and taken together, the stories constitute a powerful reminder of the ways in which social forces work against women in recognizing the power and beauty of their own, complex sexuality.

**Ethical Considerations**

In conjunction with the traditional requirements of human subjects review boards (consent forms, ensuring confidentiality, etcetera), in order to ensure the highest ethical standard for this research project, I performed several additional procedural checks. First, as the literature points out, for many women, sexuality is inevitably linked with violence, victimization, and other forms of trauma. Although these experiences were not the focus of the study, I had to acknowledge that some participants, when asked to discuss their
perceptions of their sexuality, may talk about experiences such as domestic violence, rape, and child molestation. It was important that I made it clear throughout the interview process that the participant could decline to answer any question or to end the interview at any time. In addition, although I am not a counselor and am not trained to intervene in the case of a crisis, I have worked in a crisis-hotline setting and have experience talking to those who have been identified as experiencing a crisis. Through this experience, I have learned to engage in active listening and have learned to identify language and voice tones that suggest distress. During the interviews, if I detected an unreasonable amount of distress or anxiety, I was prepared to stop the interview, provide debriefing as necessary, and dismiss the participant from the study. If this had occurred, the participant would have been reminded of the referral list to local resources that may be able to provide counseling or other needed help. If the participant was unable to make the contact herself, upon request or with permission, I was prepared to provide assistance in connecting her to the needed resource by making a phone call on her behalf.

Second, as sexuality is considered a relatively private matter, an additional ethical issue involves the consequences of sharing one’s sexuality with a stranger, including feelings or regret, vulnerability, or embarrassment. However, participants were given the opportunity to have the recorder in their possession during the interview; if they wanted to stop the recording, record over information they regretted sharing, or wished to modify or add to what they had shared, they were told they were free to do so. The participants were also informed that the transcription of the interview would take place within two weeks from the date of the interview. After this time, each participant would be provided with a transcript of their interview upon request so that they could make any changes to
that document that they felt were needed. In order to do this, participants were given both my phone number and the phone number of the faculty researcher on this project. If a participant wished to have access to or edit the transcript of her interview, the participant was asked to call either of us and set up a time and place to meet. As the transcripts are only linked to an assigned pseudonym for reasons of confidentiality, each participant would need to remember her pseudonym to obtain access to her transcript. If the participant preferred not to meet with me in person, she was informed that she could call me and request any changes or omissions. Lastly, it was stated that all discussions between me, or the faculty advisor, and participants were used only for the expressed purpose of this research project and would remain confidential.
CHAPTER IV
FINDINGS

Characteristics of the Participants

The women in the sample ranged in age from 18 to 22. Of the ten who participated, seven identified themselves as Caucasian, of which one identified herself specifically as Italian American/Caucasian, two identified themselves as racially mixed – both African American and Caucasian – and one identified herself as African American. Six of the ten participants lived in a suburban setting during their childhoods, three lived in a rural setting, and one lived in an urban setting. All of the participants described their childhood socio-economic status as middle class. Four of the participants said that their parents were divorced. Six of the ten participants were in a relationship at the time of the interview although none of them were married; the length of their relationships ranged from 4 months to 3 years. While all of the participants identified themselves as heterosexual, five of them had same-sex interests at some point in their lifetimes. One further expressed that she had considered herself “bisexual at times.” See Participant Demographics Information table in Appendix H.

Sexuality as Identity

After gathering demographic information, I asked each participant to assess how important their sexuality is to them. I asked this as a way to open the conversation about sexuality but also to gain an overview of the role that sexuality plays in each participant’s life and the extent to which they think that their sexuality is a meaningful part of their personal identity. Their responses enabled me to tailor each interview in a way that was
relevant to the participant’s perceptions and life experiences. Although not arranged thematically, what follows is a brief introduction to each participant which highlights their response to the question, “Currently, how important is your sexuality to you?”

In response to the question, Jess, for example, told me that her sexuality is an important aspect of her identity: “I think because it’s like, a part of me...I feel like I’m a sexual person, so [on a scale from one to ten] I’m gonna give it like, an eight.” Jess also said that she thinks that “everyone is a sexual being and sexuality is prosperous.” Laughing at her own use of the word “prosperous,” Jess explained the benefits to recognizing herself as a sexual person. Through her sexuality, Jess has learned to come to terms with her body and to feel comfortable with herself. She spoke candidly about her sexuality despite her lack of what she called “sexual experience.” For Jess, sexuality is something that belongs to her and her alone.

Alicia also spoke about her sexuality particularly in terms of self-identity: “My sexuality is...it’s probably a ten...I definitely think it’s important. I mean, it’s who I am.” Alicia then told me that in regards to thinking about sex, she is “like a boy half the time.” I asked her to explain why she compares herself to a boy. She responded, “I have sex on my mind more than my boyfriend.” In this conversation, I learned how Alicia easily voices her desire, especially in regards to being intimate with her current boyfriend.

Like Alicia, Olivia has a strong voice of desire. She told me that she feels that her sexuality is a “pretty important” part of her life. Olivia laughed when she said, “I’m pretty well known for being a pervert...I think that’s because I am so open about it...it took me so long to establish that I do have feelings for guys, that I sort of feel empowered
by being able to be in control and be with someone who respects me.” Olivia shared that she “never had an interest, really, in guys” until she met her first boyfriend, who “pressured [her] into everything up to sex.” Olivia’s current boyfriend, however, has helped her to realize her own sexual agency and since meeting him, she has a new and positive outlook towards her sexuality.

Layla spoke about the importance of her sexuality particularly in terms of her sexual orientation. She explained, “I guess it’s pretty important to me, at least knowing where I stand with my sexuality...just knowing who I am and being comfortable with it.” Layla then shared with me that she has also come to terms with the fact that sometimes she’s “attracted to women.” Learning to be comfortable with this part of her identity has enabled Layla to embrace her sexuality rather than feel ashamed of it.

Carrie was very light-hearted during the short time I spent with her. When I asked her to talk about how important her sexuality is to her, she said, laughing, “Well, I need to get laid. I would like to go out more. I feel like my life is just so hectic right now. It would be nice to be able to meet a guy that I could just go out to his place and hang out for a little bit...I don’t want anything intense.” In other words, Carrie told me that she didn’t want to be in a relationship, but that she wished that she did have a more active sex life. As I discovered by reading her interview transcript, Carrie did not let the search for love or romance pervade her life, as in the case of many of the other participants. She wanted to be sexual and on her own terms. She didn’t need to be in love or in a relationship to avoid feeling guilty, either.

Heidi, when rating the importance of her sexuality on a scale from one to ten responded, “It’s like a two, one being really, really low.” When I asked her to explain
her rating, she said, "It’s like, I put on girl clothes, you know. I don’t bother with makeup and stuff just because I like to sleep...day to day, I don’t think about it. I’m just like, ‘oh god, I’m bloated again...I have to wear a bra...none of my pants fit.” Interestingly, Heidi interpreted sexuality as something that one projects, more or less, in a physical way, by putting on make-up and the way that one dresses. Implicitly, Heidi was pointing to the difficulty she finds in being sexual and feeling positive about her sexuality, particularly when she doesn’t always feel comfortable or at peace with her own body.

Sam was the first woman I interviewed and was also the most timid in terms of talking about her sexuality. Early on in the interview, she said that her feelings about her sexuality had changed when she had sex for the first time. She said, "It’s kind of, it doesn’t seem as big a deal or like, it still is, but it’s just different now because I know like, I’ve experienced everything.” Sam told me that she has not engaged in sexual intercourse since she found out that her boyfriend (now ex-boyfriend) had cheated on her with another girl. She went on to explain that since her experience with her first boyfriend, "I don’t trust guys...like, at all. I mean, I trust them but not when it comes to like, sex or anything. I just figure that they just wanna...just want it.” Through her negative experience, Sam has put her sex life on hold and hopes that her sexual future will turn out to be brighter.

Laura, when rating the importance of her sexuality on a scale from one to ten said, “Like, in the middle, a five.” Laura then described her sexuality in terms of engaging in sexual intimacy with a partner. She explained, “I don’t think like, if you have had sex it does have an effect on your relationship...ok, because sex puts you in a good mood, I guess. If you’re with the right person, it puts you in a good mood.” Importantly, Laura
mentioned a message that most girls receive, a message that warns girls that men “are pigs” as all they think about is having sex. Laura said that women are just as sexual as men and that having good sex can enhance a healthy, intimate relationship.

On the other hand, at first, Claire told me that she really doesn’t think about her sexuality. I then asked her if she feels that her sexuality is important to her. She said, “It’s really important to me. I think that sex is an important thing in life but I think that you have to be smart about it. So, I guess that’s one way I’m different from a lot of people...is that it’s something I want to save...I want it to be really important.” Claire, who told me early on in the interview that she is a virgin, seemed to equate her sexuality with her virginity. Sexuality is something that she wants to share with her future husband and not something that she necessarily feels to be part of her daily life or identity.

Latisha told me that she thinks that her sexuality is important to her but that she often finds herself trying to ignore her sexuality. When I asked her how and why she “ignores” her sexuality, she said, “I think, like, generations before don’t explain it like that...they always be like, ‘sexuality is bad.’ You know? And I think that with our generation...we trying to show that it’s good but at the same time, we’re over, we’re abusing it.” Because Latisha respects those of “generations before” her, like her mother, she values traditional messages about saving one’s virginity for marriage. Although she has had sex with someone, she regrets not having “saved” herself for marriage and wishes that she would have waited. At the same time, Latisha recognizes that for her own generation, expressing one’s sexuality and engaging in sexual activity is not necessarily a bad thing as long as girls consider their own personal values and “pick and choose” to engage in behaviors that are consistent with those values. For Latisha, these
conflicting values lie at the root of her ambivalence towards sexuality. On one hand, she expressed the fact that she values the traditional view of abstinence until marriage; on the other hand, she feels that women of her generation are entitled to explore their sexuality, as long as it is done within the framework of one’s personal boundaries. This uncertainty about her own sexual entitlement was present throughout Latisha’s entire narrative.

Sex Education

In 1990, Ira Reiss, a respected sociologist of sexuality research, posed a critical question: “How in the world can [we] prepare young people for sexual relationships [and sexual responsibility] if [we] don’t talk openly to them about sex when they are children” (p. 14)? It is true that we both hope and expect the youth of today to grow up into mature and responsible individuals, capable of making conscious, informed, and safe decisions about their sexual behaviors. Such development, however, is not automatic or natural. That is, children are not born with a set of rules and strategies that help them to navigate the complicated landscape of human sexuality. Such rules and strategies, are rather, learned, both formally and informally. Accordingly, it is important for us to ask, “Who is and should be held responsible for talking to and educating today’s children on adolescent development and sexuality?”

I asked the participants to talk about their access to and experiences with various sources of sex education including books, magazines, friends, and other adults besides parents. None of the participants said that they had gotten information from books or magazines while two briefly said that they had used the internet to get information on occasions. Two specific sources, however, were consistent in each of the ten interviews. Accordingly, for the scope of this research, I explored, in depth, two of the primary
institutional structures that inform adolescents about sexual development and play a role in shaping attitudes towards sexuality: parental influences, namely, mothers, and sex education both in the private and public school domain.

Sex Education in the Home Setting

According to Berne and Huberman (1999), many adults believe that sexual education should begin in the home; however, studies estimate that only 10% of U.S. households have an “ongoing discussion about sex” (p. 51). Most teen women who say they do talk with a parent about sexuality report talking with their mothers. Unsurprisingly, only 35% of the same sample of teen women say they have had such a conversation with their fathers. Consequently, the literature on female sexuality often emphasizes the significance of the mother-daughter relationship for women, especially in regards to topics like sex, masturbation, and body issues. It is often stated that for many young girls, mothers are often their first and primary source of information, and thus a strong socialization agent for attitudes towards sexuality (Friday, 1991; Wyatt, et al., 1993). As Laura, one of the participants, phrased it, “I think it’s important that [girls] learn about [sex] from their mothers because that’s like the closest connection you have and the most important figure, I think, in a young girl’s life.”

Despite the positive influence that mothers can have on their daughter’s sexual development, however, Daniluk (1997) and Rasneck-Sannes (1991) contend that women often describe their mothers as poor role models in terms of sexual empowerment. According to Daniluk, in a 1997 study, “Mothers were perceived as withholding information; being unable to accept and acknowledge their daughter’s sexuality and failing to value their own sexuality” (p. 110). In talking to the participants about their
mothers, I was interested in whether or not the participants recalled an occasion (one or many) in which the topic of adolescent development and sex was discussed and the extent to which they felt comfortable or welcomed to go to their mothers if they had any questions or concerns relating to sexuality. Interestingly, what Daniluk (1997) found in her study also held true for several of the women who participated in this study.

In each of the interviews, the participant was asked, “Did your mom ever talk with you about sex or adolescence?” Of all the participants, it is only Heidi and Carrie who clearly described an open, close, and honest relationship with their mothers with regards to sexuality. From what I could gather from my short time with her, Heidi had a rather unique relationship with her mother when she was an adolescent. When I asked her whether or not her mom spoke with her about puberty and/or sex, Heidi said, “My mom started buying me those ‘this-is-your-body...this-is-how-it-works’ books when I was like, 10...she didn’t want me to get a mixed message from somewhere else. She wanted me to get her message. And I just wanted to watch Xena.” In a joking fashion, which seemed characteristic of Heidi, she admitted to being both uninterested and uncomfortable talking with her mother about sex when she was younger. Looking back, however, she said that she feels lucky that she did receive clear and accurate information about sex from her mother, which is something she said that some of her peers had missed out on. In particular, Heidi recalled a past encounter with one of her childhood peers: “I remember a little girl telling me that a woman gets pregnant by the guy peeing in your belly button.” At the time, Heidi knew that the little girl had been given false information and is now happy to know that she, at least, was trusted with the “truth” about sex.
Carrie also spoke about having a close and open relationship with her mother. When I asked Carrie if her mom had ever spoken with her about sex she said,

Yeah, she has. She’s always…there are things that I obviously haven’t told her, that no girls tell their moms but especially since college…my mom told me that we had to go to the doctor so I could get birth control. She’s comfortable with it. She knows a few people I have slept with. She knows. She’s fine with that and she’s actually the best person to talk to when it comes to relationships.

What struck me the most about Carrie’s relationship with her mom is how important her mom’s opinion was (and still is) to her, especially regarding relationships and the opposite sex. This seemed to be the case, as Carrie said, “My mom and I, we’ve been through a lot together over the years.” I learned that Carrie’s parents divorced when she was three years old; in her adolescence, both of her parents had remarried and then divorced for the second time. Through these difficult times, Carrie and her mother became closer than ever. As they relied heavily on one another for support, encouragement, and love, they eventually “became like friends.” Although she described her mother as “a bit hesitant” regarding sex when she was younger, Carrie now feels that her mother is incredibly supportive and understanding when it comes to discussions of sexuality.

Latisha also told me that when she was an adolescent, she was close to her mother and that they could talk to one another about “most things.” The types of things that Latisha and her mother spoke about, however, seemed to be selective and their conversations slightly guarded. Although Latisha’s mother did not speak with her directly about sex, her mother gave her advice about general safety and decision-making. In describing her mother, Latisha told me that her mom is the “type” that would say, “If you want to cross that street….if you really want to cross that street, go across the street
and get hit by a car.” That is, Latisha described her mother as someone who encourages her freedom and autonomy so as long as Latisha is willing and ready to face the negative consequences of her own actions.

Latisha also shared with me a story her mom had once told her, a “scare tactic” as Latisha called it, used to warn her about the potential dangers and consequences of sex. Latisha recalled:

She would tell me about when she was in college and how one of her friends had met a guy and he was a doctor and the guy wanted, he wanted her to sleep with him. So what he did was he grabbed a needle and he put heroin in it and he told her that he’d shoot it into her if she didn’t strip naked. And so what happened was, she was saved because his roommate came in and she just ran out of the room.

Although Latisha recognized that her mom was often “trying to scare [her],” to produce a fear or hesitation when it came to making certain types of decisions, Latisha shared with me that the messages she received from her mother help her to be more cautious in weighing the pros and cons of her decisions. It is stories such as the one highlighted above and the life lessons that Latisha learned from her mother, which “keep her in check” and “help her to resist peer pressure.” She told me that to this day, she even catches herself quoting her mother: “Sometimes I say to my friends, ‘my mother said…’ I turn around and say, ‘did I just quote my mom?’ [laugh].”

Like Latisha and many of the other participants, Jess described a two-sided relationship with her mother when it comes to talking about the topic of sex. She told me that she has “a really good relationship with [her] mom,” but that she doesn’t “share a lot of personal things with her.” From her recollection of a conversation with her mother at age 11 or 12, Jess recalled: “[My mom said to me] ‘It might be time to see a lady doctor, you’re kind of changing physically’…but that was as far as it really went. She never
talked with me about sex or like, my changing body. We had classes in school for that.” But when I asked Jess if she got the sex education she needed from school, she said, “No. I think they thought that our parents by now would’ve covered it, or we’ve kind of like, clued in or something.”

When I asked Sam whether or not her mom explained sex to her, she told me, “I don’t ever really remember having a birds and the bees talk with my [mom]...I talked to my middle sister about it, but never really my mom. We never really talked about anything like that.” Laura had a similar recollection: “My mom tried to have that talk with me...but she was trying to have my [older] sisters talk to me instead of her talking to me...she probably figured that I’d be more comfortable talking to my sisters.” Even Alicia, who had a “really close relationship” with her mom, told me that sex was never talked about in her household.

In sum, a majority of the women I interviewed expressed to me that when they were younger, they felt they could not easily approach their mothers if they had questions about sex. This is partly because their mothers had never approached them about such topics or perhaps did approach them but did so hesitantly, with uncertainty, and perhaps too late in their adolescent lives. This appeared to hold true regardless of how close the participant described her relationship with her mother.

As pointed out by Tanenbaum (1999), there is no doubt that the period of life called “adolescence” is “inherently awkward” for both the youth and her mother (p. 32). Accordingly, during interactions between mother and daughter, there are likely to be moments of silence, eye rolling, and stomping out of the room in anger or embarrassment. Despite the unavoidability of these difficult interactions, it is necessary
for mothers to, at the very least, create a safe place for their daughters to learn about their sexuality. When I talk about a “safe place,” I am referring to a specific type of relationship centered on the values of mutual respect, an open and honest line of communication, and guidance. It is a relationship free of violence, abuse, neglect, and exploitation. In regards to sex education, in having a safe place available to them, young girls are able to feel comfortable asking questions, are guided on how to determine what they want for themselves, are encouraged to “explore what feels good and bad, desirable and undesirable, grounded in experiences, needs, and limits” and are provided with assurance that ultimately, they would be supported in their decisions (Tolman, 2001, p. 207).

Before a mother can create a safe place for her daughter in terms of discussions of sexuality, it is an overstatement to note that the relationship must be built on a solid and healthy foundation. The majority of the women I interviewed, for example, expressed that they were, indeed, close with their mothers during adolescence. Their relationships appeared to have been built on a “solid and healthy foundation” but the “safe place” was not a part of their experience. Phrases such as, “You may feel uncomfortable talking to me now, but I want you to know that I’m here for you if you ever have any questions or just need me to listen,” can be critical for a young girl to hear from her mother. The point is that girls need to have someone in their lives to who they can look for support and guidance when it comes to navigating through their adolescent years. As noted by Laura, who else is better suited than a girl’s mother? Yet, as in the case of many of the participants in the study, girls often “enter the years of sexual development alone, without guidance from their families” (Tanenbaum, 1999, p. 115). Given that a majority of these
women did not feel that they could easily turn to their mothers, where else did they learn about sex and sexuality?

**Sex Education in the School Setting**

Apart from learning about sex and sexuality at home, the school setting, both private and public, is another institutional structure in which adolescent females are educated. Four of the participants, Claire, Heidi, Jess, and Carrie, attended a private school until their junior high or high school years. Two of them, Claire and Carrie, said that they did not attend a health class during their time in private school. Besides these two exceptions, the participants said that they had attended at least two classes that either focused on or at the very least, mentioned adolescence or sexuality, during their time in the school system. The participants rarely considered these classes “sex education” classes but referred to them using terms such as “reproductive health class,” “parent/child class,” “family life class” and most commonly “health class.” I learned that the first of these classes generally occurred between 5th and 7th grade and focused almost exclusively on the bodily experiences that take place during puberty including hair growth, menstruation, breast development, and general reproduction. Birth control and safe sex practices may have been mentioned but were seldom explained in detail. The second class generally occurred during the participant’s junior high or early high school years. These classes tended to focus more on the negative consequences of engaging in sexual activity including pregnancy, contracting sexually transmitted diseases, and contracting HIV/AIDS. Although birth control and safe sex practices were often mentioned and explained in great detail, overall messages received regarding sexual activity varied from participant to participant.
Although it is difficult to tell with certainty, the kinds of classroom experiences described by each participant enabled me to identify the basic type of sexual education model that was employed. Of the ten participants, seven clearly described classroom experiences that indicated an abstinence-plus model, in which the teacher stressed abstinence as the best choice, but discussed safer sex practices, albeit in varying degrees of detail; Alicia’s classroom experiences indicated an abstinence-only model, which stressed abstinence until marriage as the only moral choice; and Latisha’s experiences indicated either an abstinence-plus or comprehensive model.

In talking with these women about their formal sex education classes, it is unmistakably clear that their experiences varied greatly, even despite similarities in sexual education models and educational backgrounds. These differences also applied in regards to the two participants who received sex education during their time in private school – Heidi and Jess. Heidi, for example, who attended a Catholic school until 8th grade talked about a girl in her 8th grade health-education class who asked a question about condoms and birth control. She recalled, “The nurse wouldn’t even say the question but got really pissed off and she was like, ‘girls should be virgins until they’re married.’” Jess, whom also attended a Catholic school until high school, recalled receiving a significant and powerful message in her 7th grade Family Life class. She explained further, “I remember…[the teacher] was talking about how lesbians are okay and being gay is okay…she made it clear that like…sex is okay. It’s natural. It’s not something to be ashamed of. What you feel is okay.” It is obvious to note how different Heidi and Jess’s experiences were, given that they both attended a Catholic school, usually known for promoting abstinence until marriage. From her experiences in
Catholic school, Heidi was taught that pre-marital sex was incompatible with being Catholic; Jess, however, feels that her Family Life class teacher helped her to recognize her own sexual agency. Jess said, “I think if she [the teacher] wouldn’t have been like that, I would’ve been more like, really, a lot more hesitant to even think about sex in that way or like, masturbation, or being with somebody.”

When asked what topics were covered during their “health classes,” every participant mentioned sexually transmitted infections and pregnancy. For Claire, sex was taught in a health class which focused almost exclusively on biology and the aspects of physical health such as STD prevention. When asked what topics were addressed in her health class, Claire said,

They talked about STDs probably 80%...that’s pretty much what they focused on more than anything else...I think that more things can be focused on...like the emotional things about it. I don’t think that’s talked about at all in sex ed...like the emotional part of it is not touched on at all and people wonder why they’re all screwed up when they’re older.

What she appeared to have acknowledged is the critical need for dialogue on the non-physical aspects of sex, the emotional and relational components. This may be particularly salient for Claire, as she spoke about her father being diagnosed with multiple sclerosis when she was 10 years old. Because he was unable to talk or care for himself physically for most of her life, Claire was not able to see her mother and father engage in the emotional and relational components of an intimate relationship in ways she could easily relate to.

Samantha made a similar observation about her health classes when she said, “They seemed to focus more on the bad parts of it...just about like, you could get AIDS, you could get STDs, you can get pregnant.” Like Claire, Samantha noted that some
meaningful element was missing; the messages on why and when to avoid sex were clear. But what about messages geared towards those who will have sex regardless? What about the emotional consequences of engaging in sexual activity? What Samantha picked up on was the fact that most sexual education programs are geared towards prevention rather than preparation. Adolescents are given information that teaches them to say no and to avoid engaging in sexual behaviors. As suggested by Samantha in her interview, what adolescents really need, however, is information that enables them to make fully informed decisions about their own sexuality and sexual behavior. This involves using a holistic approach to sex education which requires that the mental, emotional, spiritual, and physical benefits and consequences of sex are addressed in ways that are applicable to the lives of adolescents.

Olivia, Latisha, and Carrie recalled the types of visual materials used in their health classes, namely, videos and slide shows. Carrie, for example, said, “There’s one day of the semester that every sophomore remembers and it’s the STD day when they show you a slide show of what different STDs look like.” Although she said that the slide show was “gross,” Carrie felt that such a lesson was effective because it convinced some of her peers to be more cautious. Olivia remembered being shown a picture of a woman’s body before and after giving birth. After recalling the graphic display, Olivia said, “I think it scared the crap out of a lot of girls...it was a scare tactic and it worked on a lot of people.” Although most of the other participants felt that their classes over-emphasized STDs, these three women saw this as a useful tactic for informing young adults on the consequences of practicing unsafe sex.
In sum, in most cases, the participants’ mothers and the public school system they attended made assumptions about the kind of information that they would receive and from whom they would receive it. The dilemma here is obvious; neither party took responsibility in fully educating these women about sex and adolescence. Without the proper systems of education and support, a majority of the participants in their adolescent years had to rely on information, albeit faulty or misguided, gathered through their friends, the media, and their personal experiences. An overwhelming majority of the participants were left with no choice but to figure most things out on their own, to make mistakes and take risks, often severe mistakes and dangerous risks, and to learn to grow from them.

**Experiencing the Body**

I was also interested in learning more about the connections and disconnections that these women formed between the “self” and the body, that is, how they experienced their bodies during adolescence. The types of body experiences that I asked them to talk about included menstruation, masturbation, sexual intercourse and orgasm. These experiences of the body are particularly important for women, as we are often under pressure to construct our bodies to fit social norms and expectations, with the goal of achieving an “idealized, desirable body” (Holland, et al., 1994, p. 33). The literature often refers to the word “disembodiment” which describes the “disconnection or splitting off of the body and its feelings from the apprehension of the psyche” (Tolman, 2002, p. 51). Sexual embodiment is therefore, the ability to take control of one’s sexuality, to be aware of the possibilities of one’s body, and to claim one’s own experiences and desires as a natural and healthy part of one’s personal identity.
When talking to the participants and asking them questions about their bodily experiences including menstruation, masturbation, sexual intercourse, orgasms, and faking pleasure, I carefully listened to the ways in which they constructed their views of their bodies. Not only were the experiences that they shared with me and their reactions to those experiences important to their individual narratives, so were the ways in which they talked about their experiences, in terms of the language (i.e. words and phrases) that was used. I was not surprised to hear several of the participants use the word “it” when referring to their genitals rather than possessive pronouns such as “me” or “my vagina.” Jess, for example, when talking about her experiences with masturbation, used the phrase “down there,” to refer to her genitals. Many of the participants, such as Laura and Jess, also used the word “it” when referring to their genitals. What the use of this language indicates to me is that women often talk about themselves in ways that disconnect them from their bodies. That is, “I looked at my vagina” becomes “I looked at it,” this thing that I have to deal with but is not quite a part of me.

Another common feature I found within and across the interviews regarding language was the use of the word “you” in place of the word “I” in a scenario or retelling of a past event. Samantha, for example, had a consistently difficult time putting herself and her body in her own narrative. Any time the word “I” should have been present, Samantha replaced it with “you.” For example, when I asked her what makes her feel sexy, she said, “when you take time to shower or do your hair and put makeup on…” Despite that I asked Samantha to tell me about her experiences with feeling sexy, there was no “Samantha” in her response. Instead, the focus was placed on “you”, a fictitious person or group of persons. By using this ambiguous type of language, Samantha
appeared to be avoiding responsibility or acknowledgement of her own experiences and perceptions, thus removing herself entirely from her own narrative.

*Menstruation and Development*

One of the first significant bodily experiences in an adolescent girl’s life is the day she begins menstruation. So, I decided to start there. For some girls, this experience can be scary, embarrassing, and confusing; for other girls, it is an occasion to celebrate their initiation into the world of womanhood. For the participants in the study, the age of first menstruation ranged from 10 years to 15 years old, with an average of 12.7 years old. Their overall feelings and reactions towards first menstruation appeared to be related to two major factors: 1) whether or not their peers had already begun menstruation and/or 2) how informed they were of menstruation.

Both Laura and Sam shared with me that they had gotten their periods and developed breasts before their friends did. Laura told me, “It was such a big deal that I got it [her period] first...I was so embarrassed.” Laura also remembered feeling “awkward” when her breasts began to develop and said that she was made fun of by her friends because of it. Laura said that when she was an adolescent, secretly she was proud of her breasts, particularly because at the time she knew that boys were beginning to take more notice of her. Sam also spoke about feeling self-conscious about the physical changes her body was going through, particularly because those changes separated her from her peers. In reflection, Sam admitted, “I think I was more self-conscious about it because I was developing faster than other girls, so I didn’t like the fact that I had boobs at the time.” In both of these cases, having experienced menstruation and breast development earlier than their peers was problematic and isolating, at least for a while.
Claire, Alicia, Layla and Jess all said that a majority of their friends had gotten their periods first, even years before they did. Both Claire and Layla did not find it problematic that they began menstruating long after their friends. Layla said that because she developed late, she was given the opportunity to learn about and anticipate the physical changes that would soon occur within her own body; since her mother had never had a conversation with her about menstruation, it worked out to her advantage that she had enough time to figure it all out on her own. Once she did begin menstruating at age 15, she was “actually, really excited” about it. Claire also took advantage of her extended freedom from menstrual bleeding and cramps but unlike Layla, was “pretty pissed” when she eventually got it. In the interview, she also admitted to feeling relieved when she realized that “It was probably more weird NOT starting it.” At age 11, Alicia had still not had her first period; she said that at the time, she thought that something was wrong with her. After she started menstruating at age 15, Alicia realized that she had not been missing out on anything exciting and admits to being glad that she didn’t have to deal with it any earlier. Jess, on the other hand, did not talk much about menstruation during the interview, even when asked directly. Like Layla, she did not learn about menstruation from her mother, but was able to learn “enough” about it from her friends who had gotten their periods earlier. When asked if she wished that her mom had spoken with her about such topics, Jess said, “We had those classes in my school…it would’ve felt really awkward to talk about it with my mom. I don’t know.”

Carrie was fortunate enough to have gone through physical development at the same pace as most of her close girlfriends. This helped to foster a system of support in which she and her friends could go through these changes together, to ask questions
about one another’s experiences and get advice and information from one another. In addition to her friends, Carrie also had the support of an older female cousin and her mother; she said, “I had a lot of good women around that I could talk to about stuff.” When Carrie got her first period around the age of 13 or 14, she recalled her excitement: “The first time I got it, I was actually at my grandparents’ house and I ran down the stairs and I was like, ‘Grandpa, I’m a woman now.’” For Carrie, although menstruation was a hassle and often painful, it was something to celebrate and take pride in.

Neither Latisha nor Olivia spoke of menstruation in relationship to their peers. It is interesting to note, however, that neither of them knew much about menstruation before they began menstruating. Latisha remembered seeing a red spot between her legs when she was 12 or 13 years old. When her mom asked her about it, she said, “I told [her] that it was ketchup. I didn’t know what it was.” Olivia, who began menstruating at age 10 or 11, the earliest of all the participants, said that she remembered being scared and uncertain of what was happening to her. She shared: “My mom hadn’t really talked to me about it because she hadn’t expected me to get it that young...I didn’t really have much to go off of.” In both of these cases, the participants’ mothers were planning on talking with their daughters but did not approach the subject in time. Because of this, both Latisha and Olivia went through a short period of confusion and fear, not knowing fully what was happening to their bodies and why. They both shared with me that they would have benefited greatly if they had been given this information prior to their first menstruation.

Heidi and Latisha also spoke about a similar experience they had of their bodies which involved body size. Heidi recalled how she felt about her body in 5th grade, “I got
held back in 5th grade...so, the class I got held back to...they were fucking tiny...[they] did gymnastics so they were really skinny and really tiny and I was just like, this Amazon standing next to them.” Latisha also talked about how being taller than her classmates made her feel more self-conscious about her body. She shares, “I was always tall...being tall, you know, was hard because I was the tallest one out of the group.” Eventually, Latisha learned to accept her height and realized, “I had to learn that that’s just me. That’s how I’m gonna be. That’s who I am. I have to accept that.” As adolescents, both Heidi and Latisha saw themselves as physically different from their peers, and accordingly, began to think about their own bodies as problematic.

**Masturbation**

Masturbation, or the physical exploration of one’s own body, is another experience of the body. Unlike menstruation, however, the experience of masturbation is not a biologically driven experience but is, rather, a decision or choice, an act that places the individual as an agent of her own body. In asking the participants about their experiences of masturbation, I was hoping to gather three pieces of information about them. First, I was interested in whether or not the participants had any exposure to the concept of masturbation in childhood and adolescence and if there were any moral implications they associated with masturbation. Second, I was curious to find out how comfortable and willing the participants were to talk about such private and personal acts. Third, and most importantly, I was hoping that in talking about masturbation, I would be able to see how connected or disconnected the participants appeared to be with their body.
The results were mixed -- not everyone talked about masturbation and due to the flow of each individual interview, not everyone was asked about masturbation. However, three participants who did talk about masturbation wanted to talk about masturbation and they had a lot to say. Laura, Jess, and Alicia reported masturbating regularly and recently, however, all received negative messages about masturbation during their childhood and adolescent years. Jess even recalled a particular incident between her mom and her brother that sent her a powerful message: “I remember my mom getting mad at my brother for having, like, porn in the house. And I knew what porn was for. It was for masturbation. And seeing her that angry, I think it kinda made me definitely realize that’s not something maybe I should be doing.” Jess said that was the first time masturbation was ever discussed in her household. With regard to Laura, although she never used the word “guilt” during this portion of the interview, her tone of voice suggested that when she first began masturbating at around 10 or 11 years old, she felt as if she were breaking a rule. Laura remembered hearing, “You’re not supposed to do it” so, she figured that it was wrong. Because the act of masturbating was linked with the word “wrong” and Laura masturbated anyway, she appeared to have felt a combination of guilt and shame, at least until she had made up her own mind about it later on in her life.

Alicia also said that she had picked up on negative messages about masturbation as a young girl. She shared, “I think it was kind of like, you can do it, but just keep it to yourself.” It is interesting to note that out of these three women, Alicia was the most candid about the topic of masturbation. She talked about first experimenting with her body when she was between 4 and 5 years old and thought “That’s probably why I’m so open about it...I was like, you know, this is me.” Alicia also spoke about a benefit to
masturbation that was not mentioned by any other participant. She said that there was a point in her life when she was overweight and became “really self-conscious” about her body. The only time she didn’t feel self-conscious was when she masturbated. It is also relevant to note that when I asked Alicia what sexuality means to her, she replied, “I think of like, how comfortable you are with yourself and your body.” Alicia finds masturbation and self-exploration to be critical to her own sexual development, helping her to overcome low self-esteem.

Another important topic that arose during this portion of the interview was in regard to whether or not the participants had been curious about what their genitals looked like when they were younger. Laura, Jess, Alicia, and Layla, the same participants who said they masturbate, talked about the first time they explored their genitals, which had typically been done by using a hand-held mirror. Laura, without hesitation, said, “…one time I just got in front of the mirror and so I was looking at it and then realized everything about that…that was the first time, not the only time…going in depth and like, ‘Oh, I should know about my body and what it looks like.’” Jess recalled going to a doctor and being asked if anything looked unusual “down there.” After realizing that she couldn’t answer the question because she had never looked “down there” herself, she went home that day and for the first time, looked at her genitals. When I asked her to describe her reaction to seeing her genitals for the first time she said, “It looked like…it looked scary. I really don’t like the way it looks, but like, I’m a little over it now.” Jess also said that although it took her a while to get used to, she often explores her genitals visually: “I’ll just be sitting in my room studying and…then I’ll whip out a mirror. It’s really odd…I just look at it.” In doing this, Jess is getting to know
herself just like Alicia had discussed. For both Jess and Alicia, visual exploration of the genitals is a way to get in touch with and understand their bodies, to become comfortable with them and in them. Yet, while many of these participants are able to speak candidly about masturbation, they did so using disembodied language.

Layla was much more straightforward about masturbation than I anticipated. When I asked her if she spoke about masturbation with her friends, her answer was plain and simple, “Yes, we talk about masturbation and we all do it...it seems normal to me, so I’m not shy about admitting that kind of a thing.” When I asked her if she has ever explored her body by looking at her genitals, she again, gave a one sentence answer, “Yeah, I remember standing in the mirror and kind of like, looking through my legs and being like, ‘man, what’s in there?’”

Three of the other participants, Olivia, Heidi, and Carrie admitted to having no current interest in masturbation, although they had tried it once or twice. Overall, they did not seem very open to discussing the topic and/or have much to say. Olivia and Carrie remembered hearing about masturbation for the first time in junior high. Heidi did not hear the topic discussed until she went to college. Olivia shared, “I’ve never been one to do it much but talking about things like that don’t bother me.” Olivia heard it from a boy at school who used the word to make fun of one of his peers. Carrie heard it from one of her girlfriends. When asked whether or not she’s masturbated, Carrie said, “I’ve always been somewhat uncomfortable talking about masturbation...but girls, usually we kept it quiet. It was really, that was more of something really personal...I never, to be honest, I never really, I mean, I tried it once or twice but I never really do...” Her response astounded me. Carrie seemed to be one of the most outgoing, comfortable,
and confident participants in the group. She seemed to be the most sexually experienced and yet, she wasn’t interested in masturbation; this contrasted sharply with Alicia’s view of masturbation.

Of all of the participants, Alicia appeared to have the most embodied view of sexuality. Alicia shocked me when she said “Well, you know you can’t say that you’re ready for sex unless you’ve experimented with your own body…it’s just getting to know your own body. Like, how is someone else going to please you if you can’t please yourself?” For Alicia, the act of masturbating was the preliminary step to engaging in sexual activity. It enabled her to become an agent of her own body. Only then was she able to feel that sexual activity with another person was appropriate. I was deeply inspired by her insight and her knowledge of and love for her body.

At the time of the interview, I was hesitant to ask Sam, Claire, and Latisha about masturbation and whether or not they had ever masturbated in their childhood or adulthood. My hesitancy was partly the result of other cues I picked up on during each interview. I observed that these three participants were far less graphic when discussing their perceptions or experiences of sexual activity and tended to redirect my questions in a way that was less personal and more generic. The topic of masturbation did not arise naturally during the course of the interview and I failed to find an opportunity to transition smoothly to the topic of masturbation. Looking back at the interview transcripts, I wish I would have at least brought up the topic to gauge their response, but because I never asked, I do not know their thoughts on the matter. (See Appendix I Self Reflections).
Feeling Sexy

A third experience of the body that I was interested in talking to the participants about was the experience of feeling sexy. It has been commonly noted throughout the literature that women are often discouraged from getting in touch with their bodily longings and desires but are taught rather, to focus on their desirable appearance. According to Benjamin (1988), “The ‘sexy’ woman…is sexy, but as object, not subject. She expresses not so much her desire as her pleasure in being desired; what she enjoys is her capacity to evoke desire in the other, to attract” (p. 89). Through these messages, girls learn to observe themselves from the outside, to observe themselves from the perspectives of others. This seemed to hold true for all but one of the women who participated in the project, particularly when I asked each of them to talk about what makes them feel sexy.

Each of the participants spoke about the high, or elevated sense of self they feel when they “get dressed up,” “put on makeup,” “do [their] hair,” or “wear more revealing clothes.” They weren’t talking about dressing up for a night alone, of course, but were doing so to go out and be looked at by others, either on a date or out with a group of friends. Some said that they feel sexy when they receive verbal acknowledgement such as compliments or whistles; others said that they respond to visual attention, such as being looked at or “stared at.” Interestingly, three of the girls made it a point to emphasize that it is still possible to feel sexy while wearing sweatpants. Sam, for example, said that she feels sexy “if [I’m] just like in sweats and a t-shirt and [my] boyfriend just like, thinks [I’m] sexy just like that.” Similarly, Alicia said that she could be “wear[ing] just a simple t-shirt and shorts” and feel sexy because her boyfriend thinks...
she looks sexy. Lastly, Laura said that it is possible for her to feel sexy when she wears sweatpants and a sweatshirt but said that she’s more likely to feel sexy when “you’re like, going out to parties and wearing like, cute little tops and stuff and skirts. And like, probably when guys have their attention on you, you feel sexy.” In all three cases, feeling sexy is still dependent upon being viewed as sexy by someone else – guys.

Out of all of the responses to this question, Heidi’s is the only one that seemed to move beyond the need for external approval, or at least, seemed to be more about feeling rather than appearing. When asked if there are certain times when she feels sexy Heidi said, “I don’t know if it’s exactly sexy but when I wear heels I feel really powerful.” Nothing in her statement suggested that she was receiving feedback from external sources. And interestingly, in her statement, she equated feeling sexy with feeling powerful rather than feeling desired. Perhaps for Heidi, part of feeling desired is feeling powerful.

One participant, Jess, initially shocked me with her response to the question. She said, “Some random things make me feel sexy…sometimes I’m in the shower and I’m like ‘I’m pretty sexy right now.’” In this initial portion of her response, she spoke about feeling sexy as something that is hers alone, unrelated to how others view her. Probing further, I asked, “So, you can be by yourself and feel sexy?” Very quickly, however, her responses became more about being viewed by others as sexy. She responded “Yeah, sometimes I’m going to sleep and I’d be wearing my cute pajamas and I’d be like, ‘Ah, I wish people could see me.’” Suddenly, there was a shift from an autonomous view of sexy to one in which she expressed the need for validation from others of her sexiness.
These observations may suggest that for Jess and most of the participants, feeling sexy or good about oneself in a sexual way has more to do with other’s views toward them than their views of their self, independent from others. That is, rather than describing a “sexual body,” a “body capable of [desire and] sensual pleasure,” these women talked about a “sexualized body”, a body which is passive, “looked at, or acted upon” (Jackson & Scott, 2001, p. 101). These findings and the ones discussed above affirm past research that women often associate feeling sexy with looking sexy and thus, being desired.

**Relationships, Orgasms and Faking Pleasure**

The final type of experience of the body that I was interested in for the scope of this research involved the participants’ intimate and/or sexual activity with others, including but not limited to the loss of their virginity, experiencing or not experiencing orgasm, and faking sexual pleasure. During the interviews, the participants were asked about their past and current relationships and how they experienced their bodies during intimate and sexual activity.

One of the most frequently noted experiences of the body in terms of engaging in sexual activity was specific to virginity loss. The girls who did talk about the first time they experienced sexual intercourse described the disappointment, shame, and regret that followed. Alicia, for example, spoke about her regret towards having had sex for the first time with someone she didn’t really care that much about. She told me, “Honestly, though I feel like, you know, when you get to a point you’re just like, ‘I want to get it over with.’ And I got to that point. And I really regret it...I [wish] that I would’ve waited to have sex with my boyfriend.” She remembered feeling a sense of obligation to her
boyfriend. She noted, “The guy I dated, he hadn’t had sex with anybody but he had done everything besides that…I felt like I kind of had to step up the game a little bit…at the time, it just seemed like that’s what had to be done.” Although looking back, Olivia said that she was uncomfortable knowing that she made the decisions that she did, at the time, she really didn’t look at it as a choice. She continued, “It seemed like once I started, it just progressed on from there…like, ‘I don’t really want to be doing this but I feel like I can’t really say no.’”

Laura told me a similar story. She explained that at the end of her senior year in high school, her ex-boyfriend expressed interest in having sex with her. She shared, “I didn’t really want to have sex with him, but he wanted to have sex with me and so, I was like, ‘okay, if he wants to then I have to’…so I was like, ‘okay, I’m gonna get it out of the way. I’m gonna do this.’ And it was wrong.” Laura has regrets about her decision and said that she continues to ask herself, “Why did I waste that, on him?”

At the time that they “lost their virginity,” neither Olivia nor Laura were thinking about their own sexual desires and boundaries and instead placed their partner’s sexual needs before their own. The literature notes that when young women do not think of their bodies as something in their control, when they do not feel entitled to make decisions about the types of behaviors they will or will not engage in and with whom, they become vulnerable to sexual mistreatment and exploitation (Welles, 2005; Tolman, 2002; Tolman, 2001). Looking back on their decisions, both of these girls express a great deal of regret and shame. They hold themselves accountable for not saying “no,” although at the time, saying “no” didn’t feel like an option. It is no wonder why Olivia
and Laura told me that they have spent a great deal of their adult lives trying to make sense of their adolescent experiences.

Latisha didn’t talk explicitly about the first time she had sexual intercourse but did share with me her disappointment in the experience. She said, “You know, when you’re younger, you’re like, ‘I’m gonna get romance and get that little…rose petals on the floor.’ No. No. No rose petals on the floor, no candles, no chocolate. You know? You thinking that you’ll get all that and then you realize, no. My first time was in the dorms.” Latisha quickly realized that the fantasy she had held through her youth was not the reality she experienced. I then asked her if she’s satisfied with her current sex life. Latisha’s response was that if she could, she would take it [her virginity] back.

Like Olivia and Laura, many of the other participants also shared with me examples in which they viewed their own sexual pleasure as secondary or unimportant while their partners’ sexual needs, including the assurance of his sexual ability and power, took priority. Jess, for example, spoke at length about the first few times her and her boyfriend had sexual intercourse. When discussing her boyfriend, she said, “He felt like it was his job to like, make me feel like, good or whatever, in that department…” I probed further and asked Jess if she communicates openly to her boyfriend about sex. She responded, “Oh yeah, definitely because the first few times that we did have sex, it wasn’t…great. It was just not what I was expecting or hoping for. And I was afraid to tell him this because I didn’t want him to think he was bad at it.” I noticed the discrepancy immediately. Jess did not talk to her boyfriend about her concerns right away. Instead, she actually waited to bring the topic up once their sexual performance improved. As has been noted in the literature (Nicolson & Burr, 2003; Jackson & Scott, 2001; Roberts, et
al., 1995; Holland, et al., 1994), many women, like Jess, think they are responsible for protecting their partners and do whatever it takes to prevent them from feeling bad about their sexual performance.

Layla also reflected on her past sexual behavior. At 19 years old, Layla said that she became “very” sexually active. Layla shared, “[At the time] I didn’t care about having any kind of orgasm or being pleased at all. It was all about him...I just wanted the guy to be happy.” Layla said that although things are different for her now, that is, now she wants sex to be enjoyable for her as well as for her partner, she had to “work over what had been troubling [her].” Through further conversation, I learned that Layla had been molested by her stepbrother when she was seven years old. Layla shares with me how this traumatic event in her life had impacted the way she thought about herself and her body, and ultimately, led to her putting her partners’ sexual needs before her own needs. She said,

I think I was being so promiscuous because I felt like sex was just nothing and I was just going to give it up and it didn’t matter to me anyways...I felt like I was just an instrument that he could use to satisfy himself and so, that was fine with me. I wanted to be a really good tuned instrument so that he could really remember me or something.

I am inspired by Layla’s strength to get help and overcome her traumatic experience. She told me, “A lot of women who are violated carry it for the rest of their lives and I don’t think it’s something that’s healthy. I let go of it, you know.” Layla is now in a healthy, committed relationship and has, through time, learned to acknowledge and fulfill her own pleasures and desires.

Laura spoke of her continued concern about pleasing her partner. When asked if it’s important that she has an orgasm during sexual activity with her partner, Laura said,
“I don’t think it’s necessary to have an orgasm…but once again, I am the pleaser, I like pleasing him. So, I don’t want him to feel like he would be a failure if I didn’t have an orgasm.” After encouraging Laura to explain further, she continued, “I’m definitely one of those people who enjoys pleasing people instead of like, receiving pleasure, so for me, having sex is about making him happy and making him feel good.” Laura depicted her own sexual desires and pleasure as unimportant during sexual activity. According to Laura, her “pleasure” comes from “making [her partner] happy.”

Further into the interview, I learned something critical to Laura’s narrative. She told me that she is currently in a long-distance relationship and then expressed her concern regarding sexual activity with her boyfriend. She admitted, “I always feel like, it’s not wrong but…if we’re only seeing each other for the weekend…and then like, the first day we’re having sex, it automatically pops into my head that like, all he wants is sex.” Beginning at a very young age, girls are socialized to view themselves as victims of unwanted sexual behavior and attention from men. They must, therefore, be on guard and watch out for male predators, to protect themselves from “being used.” Through these messages, girls are warned about the dangers of sexual activity and the opposite sex, but in turn, are denied encouragement to acknowledge and express their own sexual needs and desires. In her interview, Laura partly acknowledged this dilemma. No matter how much she looks forward to or enjoys having sex with her boyfriend, especially after their long time apart, she knows that she must remind herself to be careful and not to let down her guard. Laura recognizes that in order for her to remain in control and keep herself safe, she must disconnect herself and hold back from her own desires.
According to Olivia, “I used to not think that sex was a big thing because it was always one-sided for me and I wasn’t really getting much out of it.” At the time, Olivia knew that she was missing out on something but it took her a while to be able to verbalize it and assert herself during sexual activity. She continued, “It took me quite a while to be able to assert, “Okay, [if] I’m not getting what I want, you’re not going to get what you want.” For Olivia, this moment came when she met her current boyfriend; their relationship changed the way she viewed sex. In talking about her current relationship, Olivia said, “Now, I do see it as a big deal and I think that with the right person, it’s totally different.” In the context of her new relationship, Olivia is able to recognize that the sexual needs and pleasure of both people are equally important in a functional relationship. In being with “someone who respects her,” she told me she now “feels empowered by being able to be in control” of her sexuality.

Samantha, Claire, and Alicia were the only participants who emphasized the importance of reciprocation in a sexually intimate relationship. All three of them said that in a genuine and healthy relationship, both partners should care about one another’s sexual pleasure. Samantha called it a “give and take thing.” Alicia said that when sexual gratification is reciprocated, sex is “ten times better...it makes it more intimate and more that it’s just like, ‘Okay, I’m doing this for me and forget about you. I don’t care.’”

When I asked Claire if she thought that having an orgasm was important in a sexually intimate relationship, she responded, “I don’t know. I guess I’ve heard different things...like, you can tell how much your partner cares by if they want to satisfy you...I think a lot of guys just do whatever to get...to get themselves satisfied.”
Out of the six participants who were asked whether or not they had faked an orgasm, or when rephrased, faked sexual pleasure, five of them said that they had. Interestingly, when asked the question, “Have you ever faked an orgasm?” some of the participants were uncertain as to how to answer my question. When asked, “Have you ever faked sexual pleasure?” they seemed to have responded differently.

Heidi for example, when asked if she has ever faked an orgasm responded, “I don’t know if I’ve faked...there was one point when we were having sex and it felt really, really good. I didn’t know I wasn’t having an orgasm because I never had an orgasm. So, I don’t think that counts.” When the question is rephrased to “Have you ever purposefully exaggerated the pleasure you were experiencing during sex?,” Heidi changed her answer. She did, indeed, remember an instance in which she had faked sexual pleasure. She prefaced her account by saying, “This is going to sound bad.” Here, she took a long pause, as if she was about to get something heavy off of her mind. Heidi continued, “I felt sick. My boyfriend was trying to get me off and finally I was like, ‘come here, let’s fuck and get it over with.’ I just felt sick...I sympathize with him...I wanted him to get something out of it, you know...I didn’t want to make him feel bad or anything.” These short few sentences told me a lot about Heidi. Heidi admitted to not having been in the mood to have sex, yet she did have sex. She somehow felt obligated to assure that her partner’s sexual needs were gratified even if it meant doing something that she would rather have not done. To Heidi, “giving in” was easier than saying no and risking the possibility of upsetting her boyfriend.

Layla also spoke about faking orgasms and admitted that she has faked orgasms on many occasions. She said that she often faked orgasms when she was tired and bored.
She explained, "[I fake when]...ah, it’s going on too long.’ And then I’m not enjoying it at all so I’ll fake it, for sure. And I’ll fake pleasure if I’m trying to help him come along because of the sound, the vocalization of pleasure.” Layla was not hesitant to share this information with me. She was not embarrassed to admit that she faked orgasms, even currently. I sensed Layla felt that faking orgasms was an unproblematic and standard practice for women.

Laura said that she had never faked an orgasm but understands one’s rationale for doing so. She told me, “I think it would be okay to do it...once again, the guy...his mind. He would be disappointed if the girl didn’t...if he cares about her and wants her to be happy, and then she doesn’t have the orgasm, he feels bad. So, it’s okay in like, some situations. Not all the time.” Needless to say, Laura places great value on making sure that the man in the relationship doesn’t feel bad. Again, this reminds us of how often we attribute whether or not a woman has an orgasm to a man’s ability or power to give her one. After talking it through aloud, however, Laura then acknowledged and explained how faking an orgasm can turn into a problem. She said, “That’s terrible when he finds out that he really isn’t pleasing her...it points out the fact that they just need to have better communication...and just talk about what he could...like, give advice of what he could do to give her an orgasm.” Here, Laura recognized that it’s also up to the woman in the relationship to effectively communicate to her partner her sexual needs and preferences. Her ambivalence towards whether or not it is appropriate to fake an orgasm indicates to me that she really isn’t sure what is appropriate.

Further, Laura, Alicia, and Layla pointed out something that is found in much of the literature, related to the social construction of the female orgasm (Jackson & Scott,
2001; Roberts, et al., 1995). All three participants acknowledged that sometimes women exaggerate the sexual pleasure they are experiencing by breathing harder, moaning, and talking “dirty”. Laura told me that she does not consider this faking. She said, “Guys like, some guys like sounds” so that when women do over exaggerate their pleasure, they’re just playing it up and turning on the guy. Alicia made a similar comment, taking her own experiences into account: “I’m more vocal now. Like, I might say a few things....” In some way or another, these women not only recognized that putting on a show helps to sexually stimulate their partners, they also spoke about the power they feel when they act out sex. It enables them to gain control of the pace, the style, and length of their intimate encounter.

While the literature points out how woman may feel a certain level of agency in faking an orgasm, it is also important to note the sacrifices that women make relating to the search for and fulfillment of their own sexual needs and desires. From what I gathered from the participants’ narratives, it seems that this “sacrificing” of desire is two-fold. First, as discussed earlier, women’s pleasure is not hardwired. Most young women do not initially (or ever) find sexual intercourse to be pleasurable to the point of orgasm and aren’t really sure how their bodies respond to stimulation. This knowledge often comes through experience and maturity. Also, part of what may be missing from many of the participants’ experiences is the process of self-discovery through masturbation. Alicia picked up on the importance of masturbation when she said, “Well, you know you can’t say that you’re ready for sex unless you’ve experimented with your own body...it’s just getting to know your own body. Like, how is someone else going to please you if you can’t please yourself?” As Laura pointed out in her interview, “communication is
the key” to a healthy, sexually intimate relationship. But it seemed to be the case that many of the participants had no clue, themselves, what it would take for them to have an orgasm. If a woman does not know what kind of stimulation her body needs in order to reach orgasm, how can she effectively communicate her “needs” to her partner?

A second observation of the sacrificing of female desire is related to the ways in which women learn to become sexually accommodating. Many of the participants reported that they have had sex with a partner even though they “didn’t really want to.” Instead, when many of the participants did not find themselves having an orgasm during sex, sex became something to be done to please the men in their lives, as Jess said, something to “make him happy.” As similarly found by Roberts, et al. (1995), many of the participants said that they often engaged in sex and faked an orgasm to keep the relationship functioning.

*Raising a Daughter*

I also asked the participants, given their own experiences in being educated about sex and sexuality, how they would educate their own daughters. The participants were asked to imagine that they were the mother to a young daughter and to ponder the following questions: Would you talk with her about sex? At what age? Would you approach her first? Would you wait until she approached you? What would you talk about? Is there anything you wouldn’t talk with her about?

A majority of the participants’ responses seem to be related to their own experiences with their mothers, what they valued from that relationship as well as what they wish had been different. Several of the girls said that they want their daughters to feel “safe” and/or “comfortable” in talking to them about sex. This was particularly the
case for girls who fell into two categories: those who said that they felt judged by their mothers when it came to the topic of sex and those who felt very close with their mothers growing up and understood the benefits to having such an open relationship.

Those who feel that they had been judged by their mothers during their own adolescent years spoke of the generation gap that differentiated them from their mothers. These women described their mothers as holding onto “traditional” or “old fashioned” ways of viewing sex which made it difficult for the participants to maintain a level of openness with their mother about their own sexuality or even to ask questions that were related to sex. Samantha, for example, stated that although she felt like she could talk to her mom about most things, she figured that her mother would judge her if she had brought up the topic of sex. Claire, who said that for the most part, her mom was open with her, acknowledges that there were “some things that [she] would be scared to ask her.” Claire told me that se sees herself as a non-judgmental person, however, and would want her daughter to come to her in any situation. She said, “I don’t ever want someone to think that I think less of them, I have no reason to… I just want an open relationship [with my daughter]. I just want to be a backbone, a supporter.”

The views of sex held by many of the participants’ mothers seemed to be related, at least partially, to religion. Most of the participants who mentioned that religion was a significant part of their childhood spoke, in particular, about their childhood religion’s view of sex. Although being raised in a religiously influenced household did not necessarily prevent these women from having sexual intercourse, these women were more likely to later regret not having “saved” their virginity until marriage. Because of their college experiences and disagreements with their church’s view of sex and
sexuality, many of the participants, when asked about their current religious practices, told me that they are still trying to figure out “that part of their life.” In questioning many of the religious teachings of their childhood, these women are beginning to adopt attitudes towards female sexuality that contrast with their mother’s views. Unlike messages received from their own mothers, many of the women told me that they will instill in their own daughters, although not directly, that homosexuality, masturbation, and other forms of sexual behavior are acceptable. That is, they would teach their daughters that these behaviors aren’t as “sinful” or “bad” as they were raised, themselves, to believe.

The feeling of “uncommon ground” is something that these participants said they do not want to repeat with their own future daughters. Given her own experiences as an adolescent, for example, Sam said that she would want her own daughter to feel comfortable talking to her, regardless of at what age her daughter would be when the topic did arise: “I would set in her mind that I don’t want her having sex at a really young age, but that if she’s going to have it, I can’t stop it...and so I would want her to talk to me about it earlier.” Similarly, Alicia said, “Because I’m really open with my sexuality, I don’t want to, when I have a daughter, I don’t want it to be like, ‘oh, this is a forbidden thing. Do it when you’re by yourself but be someone you’re not when you’re with your friends.’” Reflecting on her sexual history, Alicia explained to me that she wishes her own mother had spoken with her about developing self-esteem and resisting the pressure to receive and “give in to” male attention. She recalled a time in high school when she started making out with “lots of guys” and feels that she gave herself to them too easily. Alicia told me that “If I would’ve had a more open relationship with my mom, then
maybe that wouldn’t have happened.” To prevent this from happening to her own daughter, Alicia would want her to know that “This is probably going to happen, this is how guys think, some of them.”

Latisha, who said that she felt close with her mother while growing up, reflects on the messages and information which benefited her during adolescence -- information that she feels is necessary to “pass on” to generations after her. Latisha recalled an important message she received from her mother, a message that impacts her sexual choices today: “She used to tell me this theory. She would say, ‘you have the key to the world. Don’t let it go.’ You know? That always stuck with me...” I asked Latisha to explain what this saying meant to her. She said that it meant that her life is in her control, that only she has the key to her own life and to her own happiness. By hearing and internalizing these messages, Latisha said that unlike many of her friends, she learned to “[find] other things that made [her] feel complete.” She continued, “I think it was because my mother always stressed other things besides men, you know? She would tell me, ‘Latisha, you are smart. You can do things. You don’t need a guy to do those things for you.’” Growing up, Latisha said that she called herself “Mrs. Independent” and would want to instill these values of independence and self-responsibility in her own daughter.

When I asked each of the participants, “what would be the appropriate age to educate your daughter?” all of them said that they would educate their daughters during junior high or earlier. Most of them spoke about the benefits of providing education early on, using words such as “preparation” and “ammunition.” Alicia, for example, said, “I would want her to know all about sex, way before it starts...just so she knows, she can be prepared, she can be ready for it all.” Similarly, Olivia used an analogy comparing early
and comprehensive sex education with ammunition. She said, “I don’t want it to be too late and I don’t want it to be right on time. I’d want it to be a little earlier so that she has the heads up and…give her the ammunition she needs to make her own judgments.”

Latisha also spoke of the importance of timing and preparation when she told me,

I think I would come to her earlier because letting her be prepared for the situations is what helped me be prepared. Cuz when you feel unprepared you’re like, indecisive…Being prepared makes you feel like, ‘okay, now I know what I can do. I know this is my decision to make.’ If it’s a decision that she makes, it’s because she wanted to and not because she was forced upon it. I can deal with it if it’s a choice of hers.

Through her own experiences, Latisha has learned that granting her daughter the freedom to make her own choices would be one of the most important lessons she could teach her.

In hearing many of the participants say they would want to educate their daughters “early on,” I developed a curiosity regarding the actual age or grade they considered to be critical to sex education. Their responses varied greatly. Claire told me that “the way it’s going now” in terms of sexuality in the media, she would educate her daughter at nine years old. She recognized that, “It’s just like, so much earlier now that people are experiencing and experimenting…” In describing what was missing from her own sex education, Claire acknowledged, “I think just like, the female anatomy and stuff just needs to be taught more…like, how things work and the emotional part is so huge and needs to be taught.”

Carrie, without providing an actual age, also based her stance regarding the appropriate age to provide sexual education for her daughter on the severity and types of messages being sent out by the media. She responded, “It depends on if they’re six at the time and the media is telling them to start having sex. I mean, to be completely honest, I think that the media is going to affect everything.” Importantly, Carrie also
acknowledged the difficulty that mothers have in dealing with their daughters sexuality and said that she will “let her [daughter] know that her body is going through changes and not try to suppress her from those changes…a lot of mothers have trouble with that because…they think, ‘oh, they’re too young. It’s not the right time.’” Carrie “plans on having a very good connection” with her daughter and is prepared to talk with her at a really young age so that “it will be a lot easier to get her through puberty.”

Both Heidi and Laura said that they would educate their daughters between ten and twelve years of age, prior to or during junior high school. Heidi told me that she would most likely start talking with her daughter at around ten years of age, which is the same age she was when her own mother first approached her. She stressed the importance of explaining things in “little kid speak” so that her daughter isn’t overwhelmed or given information that she does not comprehend. Laura, in talking about raising her own, future daughter, said “Because my mother never really did talk with me about sex when I was younger, I definitely would talk about sex with my daughter.”

Laura also acknowledged the hesitancy that a daughter may have in approaching her own mother: “I don’t think I would wait for her to approach me because I think at that age, well, I think [she would be] hesitant to come to me.”

Latisha and Jess said that they would provide such education when their daughters start liking boys, when “the little relationships start building.” More specifically, Latisha said that it would be important to talk to her daughter at the time of or before she begins to develop insecurities about herself and her body, which is usually when “guys kind of separate you, that’s the cute one…” Interestingly, Latisha was the only participant that stressed the importance of a father figure in terms of educating a young girl about love
and relationships. Latisha said that being close with her father has helped her because “The way that he treated my mother throughout her life, I know that’s how I want to be treated...so, you look for the same kind of relationship.” Latisha said that she would want her daughter to “hang with her father a lot” as a way to learn what qualities to look for in a partner and to learn the difference between a healthy relationship and an unhealthy one. When I asked Jess to talk about what age she would talk to her daughter, she said, “Probably as soon as I think she’s like, getting into boys and wanting to go on dates. I think I might want to like, hint at that kind of thing. Slowly but surely, knock it over the head.”

All of the participants, with the exception of Jess and Layla spoke of providing comprehensive sex education. Jess seemed to be somewhat uncertain in terms of educating her daughter. Thinking of her personal experiences, she shared with me, “A part of me enjoyed like, learning that through like, someone that wasn’t my mother, so, I didn’t have that uncomfortable, ‘the talk’ kind of situation.” Despite the difficulty in imagining what it would have been like to hear these kinds of things from her own mother, Jess knows that it is her responsibility as a mother to provide her daughter with certain information: “I definitely want her to know like, ‘your body goes through changes, but sex is something that you really need to like, feel when it’s right for you. Don’t do it for like, anybody else.’” She also told me that she would speak with her daughter about condoms, pregnancy, and being tested with her partner for AIDS and sexually transmitted infections. There would be many things, however, that Jess will not discuss with her daughter, including her own sexual past. Jess told me that she “might be one of those moms that’s like, ‘I didn’t have sex until your father.’”
For Layla, talking openly about sexuality with her daughter would be uncomfortable. Although she would want to provide her daughter with the “basics,” Layla said that because she learned it on her own, she would assume that her daughter would also learn it on her own. Interestingly, Layla said that she would feel uncomfortable knowing about her daughter’s sexuality and would be fearful that she would get angry and not be able to communicate her concerns effectively. When I asked Layla if she thinks things would have been different for her if her mother had spoken openly about sex with her, she replied, “I don’t’ know if it made a big difference with me, whether I was talked to or not, if I would have turned out differently.” This brings up an interesting concern; because Layla did not have a safe and open space for communication with her mother when she was an adolescent, she does not know what kinds of benefits go along with having such a close relationship.

What I have taken from the participants’ feelings towards educating their own daughters is critical to understanding what adolescent girls need from their mothers. Guided less by the “traditional” and/or “religious” values held by their mothers and more by recognizing the current situation of adolescent girls, the women in my study were acutely aware of how overwhelming the world has become for girls. Many of them have lived through the reality of divorce, peer pressure, sexual violence, fears of pregnancy, AIDS, and other diseases, expectations to live up to ideals of beauty and womanhood, and trying to find oneself in a world for which one has not been prepared. Through experiencing these various realities, the majority told me that as mothers, they would be certain to better prepare their daughters in terms of providing a “safe place” for them to learn about themselves as sexual beings.
Sexual Pluralism

Up to this point, I have written about the concerns, experiences, perceptions, and difficulties that these ten women have faced in their adolescent and young adult years. What many of them described to me indicates that the discourse of passivity for adolescent females is alive and well today. Much of what I have heard in the interviews, however, has also reminded and encouraged me to look at these women not solely as victims of poor sexual education but also as agents of their own sexual lives. They have utilized what they know of the world and of themselves to make decisions about whether or not they engage in sex, with whom, and to what extent.

It appears that today, more than ever, young women have more choices available to them regarding sexuality. Ira Reiss (1990) terms the possibility of these numerous choices “sexual pluralism.” According to Reiss (1990), sexual pluralism “asks that instead of arbitrarily condemning or approving a specific sexual act, we attempt to determine whether that sexual act fits into the basic values of honesty, equality, and responsibility” such that “all sexual encounters should be negotiated with an honest statement of [one’s] feelings, an equal treatment of the other person’s feelings, and a responsibility for taking measures to avoid unwanted outcomes” (p. 219). As specified by these limits, sexual pluralism enables every person “the right and the responsibility to make his or her own subjective choices” (Reiss, 1990, p. 220). Sexual autonomy, agency, and responsibility can be achievable when, according to Reiss, “[each] of us judge[s] for ourselves how much importance we place on the dangers and the pleasures of sex at a particular point in our lives” (p. 32). In rereading the interview transcripts, I searched for voices of agency, voices of strength, voices that said to me, “I know what I
want and that’s what I’ll get. I won’t settle for anything less.” I found several illustrations.

Of the women in the sample, only one, Claire, said that she is a virgin and a virgin “by choice.” She spoke about all of the worry she is saving herself from by choosing not to be sexually active. She explained, “I think that I’m kind of a hypochondriac anyway... so, I’d probably think I’d have some disease the whole time or... I think the biggest thing though with sex is the pregnancy worry... I don’t think I could deal with it... I would just be miserable all the time...” Claire seems to be keenly aware of the “dangers” of sex and reminds herself that the risks outweigh the benefits at this point in her life. When I asked her if her friends are virgins, Claire began to talk about the hassle she gets from them, which she hadn’t expected from her female friends. She recalled having to defend her decisions over and over again and said that she eventually got embarrassed in having to repeat herself. Claire said that she feels strong about her beliefs and will not let the pressure break her down. She continues to stand her ground and refuses to go along with the crowd. She told me that her boyfriend, whom she has been dating for three years, supports her choice. When I asked Claire if her decision to “save her virginity” until marriage is related to her religion, she told me that it’s not so much her religion as it is her morals. She was sure to tell me that her decision is hers alone when she said, “I am happy that this is how I’ve chosen to live.”

Like Claire, Jess also feels great strength is setting her own agenda and sticking to her boundaries. She told me that although she has had strong “sexual feelings” in the past, she “never acted on them” because she knew that engaging in sexual activity was not “right for [her].” She proceeded to tell me, “I never do anything until I feel it’s the
right time to do it... I didn’t want to rush myself into doing anything before it felt necessary. I think that was my Catholic school upbringing. All of those ‘just say no’s’ kind of worked.”

Carrie spoke about making a different set of choices when it comes to engaging in sexual activity. When I asked Carrie to talk about the reasons why she has sex, she said that it “depend[s] on the situation.” She talked about having a one-night stand: “I mean, if you have a one night stand, it’s just something you kind of do to get out of your system because sometimes your hormones are just so bottled up and you’re stressed out that you just need it to happen...” She then said that “sometimes, I just need to get laid.” Carrie’s experiences and reasons for engaging in sexual activity vary from partner to partner. But mostly, Carrie’s motives are not of the “sweep me off my feet” variety, but rather, a quest for company, an enjoyable time, and ultimately, an exercise of choice and freedom. Carrie is not looking for love or romance. In fact, she made it clear throughout the interview that she does not want to “feel tied down” and has “too much going on... to really stress out about being in a relationship.”

When she spoke about her intimate relationships, Carrie seemed to position herself at the center of her experiences. She has sex when she wants to with whom she wants to. When I asked Carrie to describe what it means to be sexually responsible, she said, “So as long as you know what you’re doing when you’re actually in bed and how to stay out of bed with someone that you don’t want to be with, you’ll be fine.” From what I gathered about Carrie, she is a clear example of a woman who feels entitled to sex. When I reread Carrie’s narrative, I was reminded of Paula Kamen’s (2000) term “super rat” which defines women who are “imbued with a large streak of traditionally male
(aggressive, self-gratifying) attitudes and behaviors” and “are united by one common
trait: the expectations of and insistence on conducting their sex lives on their own terms
and with a new degree of openness” (p. 21). Carrie seemed to have no regrets about her
sexual beliefs and experiences and no shame in sharing them with me.

Samantha shared with me an example in which she had stuck to the boundaries
she has set for herself. She talked about being cheated on by her first boyfriend, the same
boy she “lost [her] virginity” to. She said that if she hadn’t been raised to “think more
about the person’s mind and stuff, like their beliefs” she would have been like, “well, he
cheated on me, maybe he won’t do it again.” Instead, Samantha was able to say, “No - if
he’s going to treat me like this, I can find better…” This scenario tells me that Samantha
respects herself and won’t tolerate being disrespected by the men in her life. Although
the break-up was difficult, Samantha knew that she deserved to be with someone who
cared about her and respected her.

Finally, when I asked Laura if she thinks that guys and girls value sex equally, she
told me,

I actually think that the media portrays it as girls never think about sex and we
don’t want sex and guys are always the ones who, ‘yeah, I’ve gotta have sex with
her.’ But…through my personal experiences and my friends that think about sex
just as much as guys and it’s always on our minds…we just don’t talk about it and
they [men] always do.

I continued by asking Laura if she thinks that it’s problematic that girls hide their interest
in sex, she said,

That girls don’t talk about it? Yeah I do. Because talking about sex, you learn
more about it, and you’re more open to it, and there’s… guys…yeah I
think…like, it has nothing to do with rape or anything like that as an issue, but I
think allowing the guys to talk more about sex gives them more power in the
sex…with sex, we’re not allowed to talk about it and just, our mouths are closed
about it and so I think it gives guys the feeling that in sex, they can do whatever
they want. ‘Cause they can talk about it, say whatever they want, and get whatever they want. But if we’re not allowed to say what we want or anything, and talk about it, then you have no say in it and it’s just up to the guy to do whatever.

Laura is fully aware of the gendered structure of power that dominates our thinking of sexuality. She expressed that because women are socialized to silence their desires and their sexuality, men continue to have the “upper hand” when it comes to sex. In acknowledging and voicing their sexuality, Laura shared that she felt that women can gain power in the sexual arena. This knowledge and awareness has enabled Laura to claim that her sexuality is an important and empowering part of her own identity.

In individually listening to each of these ten women share their childhood, adolescent, and adult experiences of learning about sex and sexuality, I learned that their voices and experiences are distinctive and reflect multiple views and belief systems. Taken together, however, the choices and unique social situations of these young women paint a broad, but telling picture of our generation. It appears that now, more than ever before in our history, we live in a culture that appears to be, at least partly, defined by sexual pluralism – that is, more women feel entitled to say either yes or no to sex. Yet, the key to a sexual pluralistic society is that our youth must be provided with the guidance, support, and knowledge they need to become informed decision makers, capable of making the choices that suit their own lives, and being able to deal with the consequences of those choices. In examining the ways in which these ten women have been educated about sex and sexuality, it is clear that such comprehensive education is lacking.
CHAPTER V
DISCUSSION AND CONCLUSION

*Discourse of Passivity – Alive and Well Today*

From the findings of her study of women born in the late 1970s and early 1980s, Paula Kamen (2000) suggests that “the standard of being true to oneself is the driving force behind young women’s sexual decisions” and that “more [women] are deciding not to have sex until they are personally ready” (p. 92). While I applaud Kamen for her hope and optimism in recognizing how the situation of women has improved over the past three decades, I believe that in general, most of the experiences shared with me by the ten participants in this study provide evidence to the contrary. While previous studies have shown that higher education has a liberalizing effect and enables women to be more critical of institutional structures that have restricted women’s sexuality, it is dangerous to ignore the fact that as young girls, women continue not to receive adequate information about sexuality, the adults in their lives offer little guidance, support, and encouragement, and societal forces continue to work against them in helping to recognize themselves as sexual subjects. How is it possible for a woman to be “true to [her]self” when she has little external encouragement to define and see herself as a sexual entity? What happens to “being true to oneself” when a woman doesn’t know what it is that she desires because she’s been told her entire life that good girls do not desire?

I am reminded of, for example, Laura’s story and how she struggles to recognize her own desire. She reminds herself that she is a potential victim of “being used” for sex and consequently, must remain on guard and keep her desires to herself. I think back to
Alicia’s story about losing her virginity and how she didn’t feel like she had the right to say no. I think of Olivia, who received strong messages from family members, that a woman must “have a man” in order to feel fulfilled. I recall Layla and Heidi talking to me about how they have faked sexual pleasure during intercourse, shrugging it off as if it was something that had to be done.

Indeed, the narratives shared by the ten participants enabled me to witness the diversity of young women’s experiences, beliefs, and perceptions. Several of the participants even provided illustrations of sexual pluralism, offering me acknowledgement that more women are beginning to see themselves as agents of their sexuality, particularly compared with previous generations. Despite the advances that women have made in the arena of sexuality, however, my research, along with previous research, suggests that the young adults of today continue to struggle with defining and understanding the complexity of their sexuality. Given the conflicting values and information that women receive within their lifetime, along with the lack of guidance and support, this is not surprising. Our youth of today are experiencing a unique sexual crisis. In an increasingly sexualized world, adolescent girls are bombarded with sexualized images, yet the proper systems of education and guidance are not increasingly available to them.

Overall, listening to these women speak about their first-hand experiences helped to inform me of the various cultural messages and pressures faced by the youth of today. It also enabled me to question whether adolescents are truly getting the information they need in time. According to Tanenbaum (1999), the average onset of puberty in girls is continuing to occur at an earlier age with each generation; for the generation that includes
the women in this study, the average age of puberty is only 9 years old. In addition, over 65% of teenage girls have had sexual intercourse by the time they reach 18 (Tolman, 2002). Given these statistics, when we wait to educate our adolescent girls until they reach junior high or even high school, such as in the case of several of the participants, they receive information after their body has begun to change and often times, after they’ve already participated in sexual activity. Critical information that can be used to promote sexual responsibility is given too little and too late in the lives of adolescent girls.

Contributions to the Discipline

As discussed by Tolman (2002), “speaking the unspeakable, naming the reality, and validating the normalcy” of women’s lived experience by talking to women firsthand, is one of the most critical steps in challenging the discourses of passivity and dysfunction, discourses which limit our understanding of female sexuality (p. 198). The most important strength of this research is that it seeks to acknowledge that in regards to the study of human sexuality, women’s perceptions and experiences, particularly young women, have long been silenced. By providing women with an opportunity to reflect on their self-perceptions of sexuality through sharing their sexual narratives, this research helps to break the silence and to bring the discourse of female sexuality into everyday conversation. It also aids in providing acknowledgement that we must move beyond the discourse of dysfunction in order to fully capture the range and variation of women’s experiences.

Finally, by examining female sexuality through a feminist social constructionist lens, this research addresses that although sexual violence and victimization is a reality
faced by many women, sexuality can also be fulfilling and an empowering aspect of one's identity. This is critical especially when considering the degree to which adolescent girls are educated on the premise that sexual behavior leads to various dangers (Welles, 2005; Fine, 1988). As suggested by others in the field, qualitative research of this type may also provide recognition that an update to the current model of female sexuality is necessary in order to adequately guide the youth of today into adulthood (Chalker, 2005; Alperstein, et al., 2001; Kleinplatz, 2001; Tiefer, 2001; Tolman, 2001b; Fine, 1988).

Policy Implications

The findings of this research have application for policy makers, including the three major channels of sex education policy groups that are supported by the U.S. government: the Adolescent Family Life Act (AFLA) of 1981, Title V of the Social Security Act of 1996, and the Special Project of Regional and National Significance-Community Based Abstinence Education (SPRANS-CBAF) of 2001. Unsurprisingly, in order to qualify for federal support, sexual education programs must follow an “eight-point definition of ‘abstinence education’” (Carpenter, 2005, p. 180). Consequently, as comprehensive sex education models are being replaced by abstinence models, we are indeed heading backwards rather than forwards. That is, as the world becomes more sexualized for adolescent girls, the support and education that is critical in preparing them for that world is denied to them. Research such as this is needed to acknowledge how the focus on prevention rather than preparation is an injustice to our youth.
Weaknesses

As it may be the case that many women haven’t had an opportunity to safely and comfortably discuss, or outwardly reflect, on their perceptions of their sexuality, it is important to provide women with the opportunity to do so. It is also important to recognize that the participants in the study may have been reluctant to respond to questions that addressed the intimate details of their sex lives. Thus, a weakness of the study is that it required the self-disclosure of intimate and sensitive issues. As in all research, participants may hold back certain information. This study, however, seeks to examine that limitation; in a way, the study seeks to examine the extent to which women do not self-disclose and the extent to which they have access to a language by which to express and talk about their sexuality.

Further, because the participants must have volunteered to participate, there may be some significant differences between those who participated in the project and those who did not choose to participate. Those who choose not to participate may have felt more uncomfortable discussing their self-perceptions of sexuality or may have had more negative experiences of sex than those who did chose to participate. Although this concern may have resulted in sampling bias, I must note that many of the women I interviewed were, indeed, shy in talking about their own experiences. That is, while sampling bias may have occurred, I sense that it may not have been based on who did and did not feel comfortable talking about their sexuality.

Future Research

Although I did not observe any obvious differences in experience relating to race, ethnicity and socioeconomic status, particularly due to the small sample size and limited
diversity of the participants’ backgrounds, other research has found a significant
difference across these demographic variables. Tolman (1999), for example, found
discernable differences between urban and suburban girls’ experiences of sexuality
associated with “the social location in which their development and desire experiences
occurred” (p. 33). Comparatively, urban girls were subject to more explicit and constant
violence and an increased “chance of sexual experience” (Tolman, 1999, p. 33).
Exploring differences across race, socio-economic status, and social location may be the
next step in helping to glean more insight into the ways in which adolescent girls are
educated about sex and the extent to which particular types of resources are made
available to them.

In addition, while this research focuses on the sexual education provided by girls’
mothers, it is important to note that fathers may also play a specific role in the
socialization process. In my study, although fathers were discussed on a few different
occasions throughout the interviews, they were not a main focus, namely because
traditionally, fathers are not held responsible for educating their daughters in regards to
topics like puberty and sex. That particular role is typically assumed by the girl’s mother,
who shares the same reproductive anatomy and bodily experience ascribed by sex and
gender. An additional suggestion for future research, then, may be to examine the ways
in which girls’ fathers play a role in how they come to terms with their bodies and how
they interact with and view the opposite sex.

Lastly, although this research did not directly explore the various outcomes of our
current “sexual crisis” (Reiss, 1990) as manifested through the Discourse of Dysfunction,
much of what has been shared with me by the participants suggests that without these

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systems of support, young girls are likely to “lose their virginity” before they are actually ready, compromise their own sexual desires to please the men in their lives, and express feeling a combination of guilt and shame when reflecting on their adolescent experiences. It is possible that in coming years, the women who participated in this project will start falling into the group of adults that is described as sexually dysfunctional. That is, just as education could help resolve some of the issues of passivity in adolescence, so too could the intervention with young women prevent them from experiencing various forms of sexual dysfunction in their later adult years. A future project may involve more directly examining the link between the Discourse of Passivity and the Discourse of Dysfunction through statistical analysis with a larger sample and perhaps utilizing a longitudinal research design.

In sum, this study was a very useful exploration into the ways in which today’s women are educated about sex. As predicted, I learned that the Discourse of Passivity, that is, the cultural norms that discourage or deny adolescent females full knowledge, ownership, and autonomy over their sexuality and accordingly, over their bodies, is still, unfortunately, part of women’s experiences today. In addition, I learned that the experiences and perceptions shared by these ten women are not monolithic; there is not one story to be told, but many. It is hoped that these findings will contribute to the existing data and will inform the larger research community.
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APPENDIX A

RECRUITMENT SCRIPT
Hello. My name is Nicole Schumaker and I am a graduate student in the Sociology Department here at Western Michigan University. I am currently looking for individuals who are interested in participating in my thesis project on female sexuality. The topic of my thesis is broadly aimed at how women come to understand their sexuality and what factors women perceive to have an influence on that understanding. To be eligible to participate in the project, you must be female and between the ages of 18 and 24. You must be willing to meet with me for one interview session which will last between one and two hours. The interviews will be tape recorded to maintain accuracy; however, the tapes will be destroyed once the interviews are typed up. Additionally, any personal information gathered in the interviews will either be eliminated or disguised to protect participant confidentiality. For those who choose to participate in the project, you will be given a $15.00 gift certificate to a local grocery store or gas station.

If you are interested in hearing more about the project, I would appreciate it if you would get a hold of me by phone at 269-744-1323 or e-mail at nschumaker@hotmail.com. Any contact you have with me will remain confidential.

At this point, are there any questions about the requirements or how to get in contact with me?

Thank you all for your time and for considering your involvement in this project.
APPENDIX B

RECRUITMENT FLIER
You’re invited to participate in a research project!

“Narratives of Female Sexuality”

As a graduate student in the Sociology Department at Western Michigan University, I am looking for 12 individuals to participate in my master’s thesis project. In my project, I will be examining perceptions of one’s sexuality including various factors and experiences that one perceives to influence their present views of sexual self. I will be tape recording all interviews for accuracy. However, the tapes will be destroyed and no names or identifying information will be used in any of the findings.

Requirements: 1) You MUST be female. 2) You MUST be between 18 and 24 years old. 3) You MUST also be willing to meet with me for one interview session which will last 1-2 hours.

Benefits to you: You will have the opportunity to be a part of a project that seeks to promote the open and safe discussion of female sexuality.

In addition, you will be given a $15.00 gift certificate of your choice to a local grocery store or gas station.

If you are interested in finding out more about participating in this research project, contact Nicole Schumaker via Telephone: (269) 744-1323 E-mail: nschumaker@hotmail.com

Thank you for your interest!

Questions or comments concerning this project or this particular advertisement should be made to: Nicole Schumaker, at Western Michigan University (269)744-1323 or to Dr. Angie Moe, faculty advisor at (269)387-5276. Any participant may also contact the chair of the Human Subjects Institutional Review Board at (269)387-8293 or the Vice President for Research at (269)387-8298 if questions or problems arise during the course of the study.
APPENDIX C

CONTACT SCRIPT
Hello, __________. Thank you for calling/e-mailing me and expressing interest in the project. As stated on the flier you read in your sociology course, you are being invited to participate in a research study that focuses on how women come to view their sexuality through their experiences and through the larger culture. The interview will last approximately 60-120 minutes. I will tape record the interview so as to ensure accuracy of your responses. The tape will be destroyed after I type up your responses and your name will not appear anywhere in the typed version.

Q: Do you have any questions about the project that I can answer for you at this time?

Q: If you are interested in participating, may we please set up a time and place for you to review the consent document and then, if agreed, proceed with the interview?
APPENDIX D

CONSENT FORM
Western Michigan University
Department of Sociology
Student Investigator: Nicole Schumaker
Faculty Investigator: Dr. Angela Moe

You have been invited to participate in a research project entitled “Narratives of Female Sexuality.” This research is intended to study how women come to view their sexuality through their personal experiences, beliefs, perceptions, and the larger culture. This project is Nicole Schumaker’s research for a master’s thesis. In order to participate in this project, you must be a female between the ages of 18 and 24.

Your participation includes one private interview session with Nicole Schumaker that will last 60-120 minutes. In this session, you will be asked several questions regarding your personal sexual experiences, perceptions, and other questions that relate to female sexuality. The interview will be tape recorded for accuracy. During the interview, you will have the opportunity to have the tape recorder in your possession which will allow you to stop the recording or record over information that you wish to be deleted from the tape. In addition, after the interview has been typed into a word document (transcribed), you can request temporary access to this document so that you may read or edit it. All tapes will be destroyed once they have been transcribed.

As in all research, there may be unforeseen risks to the participant. One potential risk of participation in this project is that you may become upset by the content of the interview. Nicole Schumaker is not a counselor and is not trained to intervene in crises. However, Nicole Schumaker has information about crisis counseling and other various community services that offer additional types of support. One benefit of this activity is having the opportunity to be a part of a project that seeks to promote the safe and open discussion of female sexuality. An incentive for participating is that you will receive a $15.00 gift certificate to a local grocery store or gas station.

All of the information collected from you is confidential. That means that your name will not appear on any papers on which the information is recorded. The conversations will all be coded using a fake name (pseudonym), chosen by you, or assigned to you by the researcher. The typed conversations will be retained for at least three years in a locked file cabinet in the faculty investigator’s office. There is some information that the researcher is required to report if revealed in the interview including information that suggests a clear plan to do harm to yourself or others and the current abuse or neglect of a minor. Such information will be reported to and handled by the appropriate authorities including but not limited to the local police or Child Protective Services. These exceptions regarding confidentiality serve to protect anyone from potential or current harm.

You may refuse to participate or quit at anytime during the study without prejudice or penalty. Quitting the study before it has ended will not affect receiving a $15.00 gift certificate. If you have questions or concerns about this study, you may contact Nicole Schumaker at (269)744-1323 or Dr. Angela Moe at (269)387-5276. You may also contact the chair of Human Subjects Institutional Review Board at (269)387-8293 or the Vice President for Research at (269)387-8298.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is more than one year old.

Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

Signature (Participant) ____________________________________________ Date ____________

Signature (Student Researcher) ____________________________________________ Date ____________
APPENDIX E

INTERVIEW SCRIPT
1) After meeting at the place agreed upon, I will formally introduce myself and confirm that the setting is comfortable for the participant to proceed with the interview.

2) The participant will be informed: "I have a consent letter that explains the research in some detail. I am going to read this letter aloud. Feel free to follow along. After I read through it with you, please let me know if you have any questions about the research project. If, after reviewing the consent letter, you choose not to participate in the project, you are free to leave. If you would you like to participate in the project, please sign and date the letter. I will keep the signed letter and give you a copy of the letter to keep for your own purposes."

3) I will introduce the participant to the tape recorder. "You will be provided with the option to hold the tape recorder during the interview. At any time during the interview, if you become distressed or uncomfortable, feel free to stop the recorder or delete any information from the recorder that you would not like to have included in the interview transcript. Would you feel more comfortable holding the recorder? If not, I can set it on the table between you and I. Feel free to pick it up at any time during the interview. If you are ready to begin, I will go ahead and turn on the recorder."
APPENDIX F

INTERVIEW SCHEDULE
Basic Demographic Information

Q: What is your current age?
Q: What racial/ethnic group do you identify with?
Q: What level of education have you achieved?
Q: Can you describe a little bit about where you came from?
  • Did you grow up in an urban, suburban, or rural area?
  • In the mid-west or outside the mid-west? Which region?
Q: How would you describe your economic situation growing up?
Q: What is your sexual orientation?
Q: Is there a religious affiliation that you identity with? If so, which one?

As this research pertains to sexuality, I am curious how people think of or define the word...

Q: Currently, how important is your sexuality to you?
  • Is it a big part of your identity, more of a minor part, or not a meaningful part of your identity at all?
  • Would you take a moment to share why you feel this way?

I am interested in talking with you about your early childhood experiences...

Q: Thinking back to your early childhood, do you remember when you first found out or heard about sex?
  • About how old were you then?
  • What was that experience like for you? What did you learn?
Q: At that time, what were your thoughts, feelings, or reactions towards learning about sex?
Q: Did your mom ever talk with you about sex? Your dad? A legal guardian?
  • How often? Just once? A few times? Often?
  • What kinds of things she/he talk about with you?
  • Did you feel comfortable talking her/him?
Q: Thinking back, do you remember if you attended sex education classes in school?
  • How old were you? What grade(s) were you in at the time?
  • Would you take a few minutes to describe how the class(es) was set up, designed, or facilitated?
  • Do you think the class was helpful in educating you about your body and about sex?
    • In what ways?
    • Could the class(es) have been better? How?
Q: If you had questions about sex or about your body, was there someone, something, or some place you went to for an answer?
  • [If someone], what was your relationship with this person?
    • What kinds of questions did you ask him or her?
    • What were their responses/were your questions answered?
  • [If something], what sources? Books? Manuals/guides/brochures? Movies?
o How did you know about those sources?
o Were they easy to find and obtain?
o What did you learn from them?

• [If some place], where? Planned Parenthood? a resource center? the library?

Q: Do you remember taking an interest in or exploring your body when you a child, 12 years old or younger?
• What was that like for you?
• Did you ever talk with anyone about masturbation?
  o Who?
  o What was talked about?

Q: What about as an adolescent (between 12 and 18)? Did you take an interest in or explore your body then?

I would now like to shift the focus and talk about your adulthood experiences (since you were 18)...

Q: Can you talk for a moment about feeling sexy?
• When do you feel sexy? What is it like, to feel sexy?

Q: Are you currently in an intimate or long-term relationship?
• [If so], are you sexually active with him or her?
  o How easy or difficult is it to talk to your partner about sex? Why?
  o Do you enjoy having sex with your partner? Always? Most of the time? Sometimes? Never?

• [If not], have you been in intimate or long-term relationships in the past?
  o How easy or difficult was it to talk to your partner about sex?

Q: Do you think that having an orgasm is important?
• How important? In what ways?
• Could you tell me a little bit about why you think so?

Q: Would you feel comfortable enough to share with me if you have ever faked an orgasm with someone?
• If you have faked an orgasm, describe what that experience(s) was/is like for you?
• How often?
• Is there any particular reason that you have for doing so?

Q: Do you see any links between your experiences and sex education in adolescence and your experiences and perceptions today?

Q: (If you don’t already), imagine that you have a young daughter. Would you talk about sex with her? When would you first talk about sex?
• What would you say?
• Would you talk about it often?
• Is there anything special that you would tell her or advice that you would give her?

Q: Is there anything on your mind you would like to speak about which was left out of the interview?
APPENDIX G

RESOURCE LIST
Crisis Intervention/Counseling

**Gryphon Place 211/Help Line**
381-HELP or dial “211”
www.gryphon.org
An anonymous, 24/7 help line that connects people to information, resources, and support systems to assist them in resolving crises and meeting life challenges.

**Michigan Resource Center on Domestic and Sexual Violence**
517-381-4663 or 517-381-8470
www.mcadsv.org/mrcdsv
Educational materials on domestic violence, sexual assault, stalking, violence prevention, medical and legal response to violence against women, law, public policy, and much more!

**YWCA Sexual Assault Program**
345-9412 (business line) 345-3036 (crisis line)
Provides 24/7 non-hospital based forensic examinations and support to sexual assault victims 13 years of age and older, female and male, crisis counseling, support groups, resources, referrals, and advocacy for victims and survivors of sexual assault and their family and friends. There is access to an interpreter and literature for the Spanish speaking population.

**WMU Counseling Center**
387-1850
FREE individual counseling, support and therapy groups for enrolled students.

Medical Services

**Sindecuse Health Center**
387-3290
Treatment for or to protect against STI’s and pregnancy, counseling services.

**Planned Parenthood**
372-1200
Treatment for or to protect against STI’s and pregnancy.

Other Support Services

**Lesbian, Bisexual, Gay & Transgender Student Services**
387-2123
www.lbgt.wmich.edu
Education materials, individual consultations, programs for groups, and more.

**Kalamazoo Gay and Lesbian Resource Center**
349-4234
www.KGLRC.org
Educational outreach to the greater community, evening/weekend hotline, local and toll-free, resource information and support, and more.
APPENDIX H

PARTICIPANT DEMOGRAPHIC INFORMATION
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Economic History</th>
<th>Location</th>
<th>Parents Divorced</th>
<th>Sexual Orientation</th>
<th>Religion</th>
<th>Type of School</th>
<th>Relationship Status</th>
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</thead>
<tbody>
<tr>
<td>Sam</td>
<td>19</td>
<td>Caucasian</td>
<td>Upper-middle</td>
<td>Suburb</td>
<td>No</td>
<td>Heterosexual</td>
<td>Lutheran</td>
<td>Public</td>
<td>Single</td>
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<td>Claire</td>
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<td>Caucasian</td>
<td>Middle</td>
<td>Rural</td>
<td>No</td>
<td>Heterosexual</td>
<td>Christian</td>
<td>Private</td>
<td>Dating, 3 years</td>
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<td>Heidi</td>
<td>22</td>
<td>Caucasian</td>
<td>Middle-working</td>
<td>Suburb</td>
<td>Yes</td>
<td>&quot;Straight pretty much&quot;</td>
<td>Raised Catholic → Now Atheist</td>
<td>Private</td>
<td>Dating, 2 years</td>
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<td>Laura</td>
<td>18</td>
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<td>Middle</td>
<td>Suburb</td>
<td>No</td>
<td>Straight, questioned in youth</td>
<td>Lutheran → Questioning</td>
<td>Public</td>
<td>Dating, 7 months</td>
</tr>
<tr>
<td>Jess</td>
<td>19</td>
<td>Biracial Black/Caucasian</td>
<td>Middle-working</td>
<td>Rural</td>
<td>Yes</td>
<td>Heterosexual Had girlfriend</td>
<td>Catholic</td>
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<td>Single</td>
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<td>Alicia</td>
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<td>Suburban</td>
<td>No</td>
<td>Heterosexual</td>
<td>Christian/non practicing</td>
<td>Public</td>
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<td>Rural</td>
<td>Yes</td>
<td>Heterosexual, Experimental</td>
<td>Christian/non-denominational</td>
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<td>Single</td>
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<td>Latisa</td>
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<td>Christian Baptist</td>
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<td>Caucasian</td>
<td>Upper-middle</td>
<td>Suburban</td>
<td>Yes</td>
<td>Heterosexual, &quot;consider myself bisexual at times&quot;</td>
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<td>Public</td>
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<td>Carrie</td>
<td>19</td>
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<td>Yes</td>
<td>Heterosexual</td>
<td>Catholic/Lutheran</td>
<td>Private</td>
<td>Single</td>
</tr>
</tbody>
</table>
One of the most powerful and useful research methods I utilized for this project was the use of journaling. I journaled from the time my research proposal was approved by the Human Subjects Institutional Review Board and continued to do so far into the final stages of data analysis. Not only did it serve a practical purpose in getting me to write on a daily basis, but it also helped me to engage in the process of reflexivity by which I surveyed my thoughts, feelings, reactions, and life experiences in a capacity I had never done before. Indeed, this process of self-reflection was the catalyst that began my journey into this research project and both followed and encouraged me through it.

Notes on Social Location

Throughout the research process, that is, from beginning to end, I spent many months and many moments reflecting on my own upbringing and life experiences. I wrote often about the things that I had in common with the women I interviewed and also the things which seemed to have separated us from one another, that which made each of our stories unique. Overall, I learned that despite differences in age, experiences, and beliefs, I am not unlike the ten women who participated in the project. I see a piece of myself in each one of their stories. Some of those stories remind me of the joys and pleasures of my own adolescence, the emotional yet rewarding journey of self-discovery, my first love, my first kiss, my first orgasm, etcetera. Others serve as reminders of how confusing it was to be an adolescent girl, how awkward I felt, trapped in a swelling body I didn’t, at the time, recognize as my own. I remember how little I valued myself and my sexuality at the time I lost my virginity. I remember not knowing that it was okay to say, “no” when I didn’t want to and “yes” when I did. I’ve learned quite a bit since that time in my life and for that, I am thankful.
Not only did my experiences have a profound effect on my conception of this project, so too, did the elements that come together to form my unique, social location. In identifying myself as a white, middle-class, heterosexual, non-Christian woman, I recognized that I would bring with me a set of assumptions about what I was going to hear during the interviews. Although I did not pick up on any observations relating directly to race or economic status, sexual orientation and religion were salient factors both for my own narrative as well as many of the participant’s narratives. Despite that I was raised in a Christian home by Christian parents, I began to question my religious beliefs when I first came to college. My college experiences brought to light how ambiguous, and confusing the world actually was and how little I really knew about it. I began to disagree wholly with my childhood church’s view of homosexuality and the institution of marriage. Because I now support gay rights and am cautious about the social roles assumed in traditional views of marriage, during the interviews I found it difficult to relate to a few of the participants in that regard.

While none of the participants actually said that they were either a virgin or chose to withdrawal from sexual activity based solely on their own religious convictions, many of them spoke of the ways in which their childhood and/or current views impacted their life choices and ways of thinking. A voice in the back of my head told me to interpret these religion-based messages (abstinence until marriage, sex as sin, masturbation as sin, homosexuality as sin, etcetera) as forces of oppression. It took significant energy for me to understand the world from their point of view. I actively searched for articles and publications that expressed these points of view. That’s when I came across the phrase,
“sexual pluralism.” In reading about sexual pluralism, I began to understand that ultimately, sexual freedom and sexual health isn’t about the right to say yes to sex, nor is it about the right to say no to sex. It is about the right to choose for oneself and to choose based on principles consistent to the core of one’s own value system. This recognition was both a difficult one, yet a critical one, as it helped me to be more understanding of views towards sexuality that differed from my own.

Notes on My Own Relevant Experiences

I admit that unlike many of the participants I interviewed, I was lucky in a major regard. My parents couldn’t have been more supportive and encouraging when it came to the period in my life where I was trying to make sense of myself as an adolescent female. When my parents divorced, I was twelve years old. Given the circumstances, I continued to live with my dad until I moved away to college. What follows are some of the memories that I consider the most significant to my own sexual narrative and which may shed insight into why I view the world in the ways that I do and the extent to which I think that our culture should value the positive roles that parents can play in an adolescent’s sexual development.

Memory ~ 7 years old

My mom was honest with me about sex from the beginning, partly because her own mother hadn’t sat down and talked with her about puberty and sex. I don’t think that my mom wanted to repeat with me what she had been through herself. I remember, one weekend, we went to the library together. She took me to the children’s books section and introduced me to a shelf of books. I pulled one
of the books off the shelf. I looked at the first page and then closed
the book, placing it back on the shelf with a giggle. “No,” she
said. “We’re going to take some of these books home. I want to
read them to you.” Later that night, she came up to my bedroom
carrying the little stack of books we had picked out together.
“We’ll start with this one,” she said. That night, and for the first
time, I had learned about my body. And my mom opened the door
to a series of important conversations to follow.

Memory ~ 13 years old

I had been menstruating for nearly two full years. My mom had
moved out of the house and I was living with my dad. I needed
sanitary pads. I was out of the box that mom had left me the
month before. “Dad,” I said, “I need some female things.”
“Pads?” he replied, “What color is the box?” He ran to the store,
came back to the house, knocked on my bedroom door and handed
me a grocery sack. I opened the bag, embarrassed. Inside, I found
the “female things” I asked for, a box of Midol, and a bag of my
favorite candy. To me, it was his way of saying, “I’m here for you,
whatever it is you need.”

Memory ~ 16 years old

I remember coming home with a small paper bag containing a pack
of birth control pills that I got from the local family planning
clinic. I was still living with my dad at the time, soon to be
moving off to college. I nervously walked into the house. I approached my dad and said, “Dad, I want you to know that I went and got birth control. I want to be prepared, just in case. I AM going to be a college student, soon.” I remember that he was proud that I was honest with him. He spent the next few minutes giving me advice and assurance that most dads, unfortunately, do not give their daughters: “I am proud of you. You are smart. You are beautiful and I couldn’t ask for a better daughter. You know how I feel about you having sex but if you chose to have sex, remember that there are risks to consider. Your mom was on birth control when she got pregnant with you. Always use a condom, even if you’re on birth control.” My dad trusted me to make smart decisions and helped me to recognize my own sexual freedom. For that, I couldn’t be more thankful.

Memory ~ 18 years old

It was Christmas morning. I started emptying my Christmas stocking. Inside was a wrapped gift. I unwrapped it. I was confused at first. The thing inside the package was gold and had a peculiar long, round shape. My mom said, “You know what that is, right?” I looked at the writing on the package which read, “V-I-B-R-A-T-O-R.” What? Did my mom mean to give this to me as a Christmas gift? After my initial shock, my mom continued, “This is the best gift I can ever give you. Every woman needs one. I
bought one for myself, too. You may not feel comfortable with the idea now. If this is the case, stick it in a drawer in your bedroom. You’ll be curious some day and decide to use it. Your life will change. I promise.” And it did.

Sharing what I have shared in the passages above can be considered somewhat of a taboo in the social sciences. Traditionally, we (researchers) are not trained to think of ourselves as living, breathing people, really. Fortunately, my introduction to qualitative research, and more specifically, feminist standpoint theory, has shown me a different way of presenting myself as a researcher. That is, had I not had these experiences, I likely would never have developed an interest in female sexuality and this project would not have been completed. Therefore, sharing them is as integral to this project as, for example, the chapter I wrote on methods.

Notes on the Research Process

Prior to conducting the interviews, I was careful to reflect on the fears and reservations I had about the interview process. I had conducted half a dozen interviews in a previous research project, but on a topic far less intimate. I was familiar with constructing interview scripts, but how was I going to ask women about their sexual experiences? Who would share that kind of information with me? The process of recruiting took far more time that I had imagined it would. Of all of the people I had solicited to participate, ten finally came through at various times over a three-month period. This was particularly useful as it gave me significant time to focus on each participant individually, giving me the energy and focus I needed to listen to each interview tape, transcribe it, and then reread through the transcribed interview once again.
Regarding the actual process of interviewing, as much information and resources that are available on the topic of conducting successful qualitative interviews, I had not prepared myself for many things. One of the most difficult situations I experienced during this project was the silence that loomed about in the first few interviews. In the beginning, I had expected the participants to be open and non-apologetic about their experiences and perceptions. I had not expecting women to talk so indirectly about their experiences, even when asked directly. A particular technique, called probing, was not as effective as I had hoped it would be during my interview with Sam. She was shy, quiet, and thought she had answered my questions without really answering some of them at all. Rather than approaching this particular interview as less informative than others, I began to realize that what the participants did not say was just as relevant and informative as what was said. After taking note of Sam’s moments of silence, I read her transcript an additional time; this time, I noted that instead of using the word “I” to refer to her own experiences and perceptions, she used the word, “you.” This observation reminded me to acknowledge that some women may not have access to a language in which they are able to place themselves at the center of their own sexual experiences.

Being the first interview of the project, I used the insights I gathered from my interview with Sam to be mindful of the moments that produce silence and of the wording and phrases that were used by each participant. Indeed, Sam’s silence taught me a lot. In addition, it was exactly the kind of warm-up that I needed to boost the confidence I had in myself as the interviewer.

In order to extinguish or at least, diminish some of the tension that silence can create, I decided to follow my thesis chair’s suggestions and provide the participant and
myself with something that we could manipulate in our hands. Techniques of this sort are used in various social situations from marketing focus groups to alleviating stress at the workplace. For this, I placed a container of lollipops and candy on the interview table and encouraged the participants to help themselves. I found that many of the participants played with the sucker stick and/or wrapper and also put the sucker in their mouths as a way to justify short pauses in between sentences. Another useful technique was to use Koosh balls, or toy balls that are small enough to fit in the palm of one’s hand, the center of which is surrounded by rubber filaments which can be temporarily stretched and manipulated. Playing with the Koosh ball was particularly useful for me as I am typically a fidgety person, especially when I am nervous. Having this object in my hand allowed me to focus my energy on the interview itself rather than be concerned with appearing uncomfortable in the physical sense. Once the participants saw me playing with the ball, they picked up their own and began playing with it as well; generally, those who played with the ball appeared more at ease.

An additional difficulty I encountered was specifically related to the topic of masturbation. To admit that one masturbates, out loud to a stranger can be an uncomfortable experience, at least for some. While I feel that is not a behavior to be ashamed about, I did feel uncomfortable asking three of the participants (Sam, Claire, and Latisha) whether or not they had ever masturbated, let alone what that experience(s) was like or how they had done it. Each of these participants seemed to carry an aura of innocence around them as they carefully selected which words to use throughout the entire interview. My initial gut reaction was not to bring up the topic of masturbation in order to avoid any uncomfortable reactions. I did ask non-direct questions, which I
hoped would allude to the topic of masturbation such as, “Do you remember being interested in your body or wanting to know more about it?” to which Claire vaguely replied, “Yeah, last year when I went away to school…I don’t know why. I just, I guess I didn’t really understand like, because you hear things in different classes about different parts of like your monthly cycle and I just thought it was so interesting how our body is always doing something.” Again, nothing about masturbation came through. Overall, whether to ask about masturbation was a difficult call of judgment. I could have brought it up and risked a break in the rapport that had been built. Perhaps I was too occupied with my own discomfort in asking such a personal question. If I was to be given an opportunity to do the interviews over again, I would certainly have asked.

Now at 24 years old, I consider my sexuality to be one of the most confusing and yet, powerful aspects of my personal identity. Being able to acknowledge myself as a sexual person and thus, talking aloud about sexuality, has literally changed my life. Given how useful it is to be surrounded by people who have had similar experiences, people to which one can relate, I am shocked at the level of secretness that continues to surround adolescent females’ own experiences of their sexuality, even at the peer-to-peer level. Through this isolation, feelings of guilt, shame, and confusion can grow strong. Speaking about one’s own experiences aloud can be a powerful and validating experience, as it has been for me. As for the ten women who participated in this project, I hope that it is also true.
APPENDIX J

HSIRB RESEARCH PROTOCOL CLEARANCE
Date: January 29, 2007

To: Angie Moe, Principal Investigator
   Nicole Schumaker, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 06-11-01

This letter will serve as confirmation that your research project entitled “Battling Silence: The Current Generation of College Women Share Their Sexual Narratives” has been approved under the full category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: November 15, 2007