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CORRELATES OF SEXUAL SATISFACTION IN WOMEN

by

SARA SOCHER

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor in Social Welfare, The City University of New York.

1999

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Abstract

CORRELATES OF SEXUAL SATISFACTION IN WOMEN

by

Sara Socher

Adviser: Professor Michael Smith

A review of historical, anthropological and clinical perspectives has been used to analyze women's sexuality. Although social constructs are adversarial to women's sexual satisfaction, many woman are, nonetheless, sexually satisfied. It has been postulated that mitigating factors exist that reduce the effects of negative social constructs.

This study reviewed aspects of the psychological and social environment that may have had a prophylactic and/or 'corrective action' with respect to oppressive cultural mandates and which enabled women to be sexually satisfied. An archival cross-sectional sample comprised of 2,632 self-selected women who volunteered to respond to a 16 page questionnaire was obtained and reanalyzed to provide evidence regarding the psycho-social factors in self-reported sexual satisfaction. A sample modification served to control for negative influences of physical functioning and focus on the socio-psychological aspects of sexual expression.

The results demonstrated the importance of considering several psycho-social dimensions when attempting to understand the meaning of a reported level of sexual satisfaction. The complexity of sexual satisfaction was indicated by the findings of the two regression analyses. The several predictor dimensions differed in relative importance depending upon the time period the respondent was asked to evaluate. The Sexual Affirmation scale was the most meaningful predictor of sexual satisfaction. It was comprised of a combination of open acceptance to one's own sexuality and assertive communication regarding one's sexual needs. There was an indication that acquiring these skills can increase satisfaction.

Cognitive-Humanistic theories in combination with ancient Tantra techniques have been suggested as a clinical model to treat woman's sexual realization issues. This comprehensive approach is inclusive of factors such as positive value to human sexuality; the aesthetics of the environment; training in sensuality and relaxation considering the physical and emotional aspects of the client; and her interpersonal relationship with her sex partner. As suggested, the "female orgasm" concept does not explain the complexity of the woman's satisfaction phenomenon. Adopting from Tantra the term kundalini (the ability to enjoy the creative energy of sex) it is proposed that a woman who enjoys her sexuality be called a "*kundalini woman*".

ACKNOWLEDGMENTS

Many people can partially be 'held responsible' for this study. Some, nevertheless, need to be selected as deserving my most appreciative acknowledgment. I'll first mention the whole team of teachers at the DSW program of the City College University Center at Hunter College. This extremely demanding team is committed to both providing students with the most up-to-date professional knowledge and keeping the values and ethics of the profession. I owe a great deal of personal and professional growth to them. In particular I would like to thank the members of my doctoral committee: Professor Michael Smith, the chairman, whose support and guidance have been of immense help, Professor Roberta Graziano, who got me thinking about the sexuality of women whose sexual initiation was not positive, and Dr. Douglas Wallace, who has generously shared his knowledge and insights into human sexuality over long phone conversations between New York to California. I also want to thank Dr. Carol Ellison (Rinkleib) who led a team that generated the questionnaire and invested numerous hours producing a database, which she generously agreed to share for academic purposes.

Another person who should not be ignored is Mark Handelman. Eight years ago, when I was a new immigrant o the USA, he offered me an attractive package (a job and a stipend that facilitated my education at the MSW program at the Yeshiva University). Without it I wouldn't be writing these lines now.

My sister-in-law, Ivette Lenard, read the first draft of each one of the chapters of this paper. Her honest feedback encouraged me to rethink my position.

I am mostly appreciative to my friend Al Sutton, M.D., who helped me with feedback and editing.

To my brother and best friend Isaac Sapoznikow, M. D., and to my children Roni and Smadar Socher, I dedicate this study.

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CORRELATES OF SEXUAL SATISFACTION IN WOMEN

Sara Socher

Two men are drinking beer at a bar. One asks the other,
- "How can you really tell when a woman has an orgasm?"
The other answers,
- "Who cares?!"

INTRODUCTION & PHILOSOPHICAL UNDERPINNINGS

Our sexuality is such an important element in our life that Esther Rothblum[1], a feminist sexologist, believes that regardless that we are almost at a stage where we do not know how to define sex but sex really defines us. This study focuses on correlates of sexual satisfaction in women, and its implications in both policy analysis and sex therapy. The chapters that review Historical and Anthropological Perspectives rely on a feminist, social constructionist approach as a basis for the interpretation of the influence of patriarchy on women's sexuality. The Clinical Perspectives chapter provides an overview of the psychological theories that have tried to explain women's sexuality. The Additional Issues From Literature Review section focuses on concepts that are unclear or biased but continue to be transmitted by professionals without scientific scrutiny. Finally, a secondary data investigation studies the hypothesis that many social and psychological factors are influential and some conditions are required for women to reach sexual satisfaction.

Regardless of an environment that is strongly adversarial and of the many factors that impact negatively on women's capacity to enjoy sexual relationships, there are women who experience sexual satisfaction. In this

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1 Rothblum, Esther (1993), "Personal Communication, in McCormick, Naomi B (1996), Presidential Address Our Feminist Future: Women Affirming Sexuality Research in the Late Twentieth Century". *The Journal of Sex Research*, 33 (2) 99-102

research, we track-back the women who qualified themselves as sexually satisfied, and will search for correlates that had an influence on their satisfaction. Implications of this study are on social policy and sex therapy, with a potential influence on both social and personal change.

The social work profession has traditionally engaged in social change, and social workers often perceive their main professional role as being agents of such change. We mediate between society and the individuals who are at a disadvantage. Sometimes it is the society that we would like to change. On those occasions we get involved in policy analysis, looking for, and proposing alternatives that are more favorable and can improve the quality of life of the individuals affected by the specific policy. Other times, we address the individual and his/her search for empowerment, walking the client, in an individual level, through his/her process of personal change to improve self-acceptance or to better adjust to society. Working with individuals requires understanding their needs in a wide variety of aspects. To facilitate changes we use the best of our clinical practices. Their sexuality is one important aspect of our clients life. To be better clinicians and advocates of social change in the realm of women's sexuality, it is important to first understand the implications of existing constructs.

Because of their intellectual capacity, human beings are put in situations in which they must make decisions about issues such as dependency of newborns, monogamy-heterogamy, promiscuity-chastity, prostitution, gender preference, rape, and other situations that would not be in the agenda of a non-political species. Decisions on the politics of sexuality are not made in a vacuum. In addition to personal needs, these decisions are influenced by social pressure and cherished values (generated - according to social constructionist theory - by ruling class interests).

About half of the population are women, but as interpreted by feminist theories, throughout history they have belonged to a 'minority' class, a less empowered group of people whose sexuality has been utilized as a means of oppression against them. Women's political status has implications on their ability to become independent and productive human beings, with an opportunity to achieve positive feelings about themselves, and transmit them to the next generations.

Social values disapprove of women's free expression of their sexuality. If one could assume that women's sexual satisfaction requires a process that encompasses positive exposure to biological, psychological and sociological components, it would follow that the ability to reach sexual satisfaction can be sabotaged by deficiencies in these areas. Biologically, woman's sexual drive seems to be strong, acting as a powerful ally for those who are motivated to be sexually fulfilled. In addition to physiological drives, however, the person's sexuality is influenced by her emotional and mental status; her values; and her interpersonal relationships.

Social Values: social constructs transmit *double-message, double-standard values*, in which a woman is often simultaneously denied the right to have sexual satisfaction but expected to give sexual pleasure to her partner. Unfavorable sexual values have acted as powerful oppressors limiting the option of freely selecting whether or not to be sexual. Traditionally, society has allowed women to realize themselves as mothers, as caregivers and occasionally, when the economical or political situation required it, as workers. In our society, self-realization as sexual human beings has always been a problematic issue for women. Female sexuality has traditionally been established more as a duty imposed on a woman who needs to satisfy her legal partner than as a personally satisfying act. For many women of most social

classes, social norms regarding female sexuality are conflictive. Many women consent to sexual activities when they want to decline, and refuse when they want to say yes. Unable to reject undesired sexual contact, a woman sometimes fakes orgasms to satisfy the ego of her male partner, or to assure that he finishes his act faster.

Masters & Johnson[2] were aware of the *double-standard* in sex, which offered one set of permissive attitudes for men and another set of restrictive ones for women. They believed that this situation prevented many women from allowing themselves to indulge in their sexual feelings. De Beixedon[3] agrees with the premise that women tend to avoid their sensuality and sexuality because they fear a societal response. Oppressive social constructs that have affected women's lives for centuries are still in place. Yaffe & Fenwick[4], after analyzing answers of people who responded to the question, "Do you think it is more important to please your partner than to achieve satisfaction for yourself?", concluded that while the expectation for a man is still to concentrate on his own pleasure, for a woman it is primarily to please her mate.

Women are also held responsible for monitoring sexual activity by allowing or rejecting sexual engagement, while it is generally accepted that men's 'natural' status is to come for the sex, to constantly be 'on the search; hunting for their prey'; usually women are the ones with the potential to be

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2 Masters, W. H., & Johnson, V. E. (1970), *Human Sexual Inadequacy*. Boston ; Little Brown.

3 De Beixedon, Yvette S. (1995), *Lovers & Survivors - A Partner's Guide to Living With and Loving a Sexual Abuse Survivor*, 68-92. Robert D. Reed Publishers, CA., USA.

4Yaffe, Marice & Fenwick, Elizabeth (1988), *Sexual Happiness for Men - A Practical Approach*, Second Edition. NY: Henry Hult.

affected by single parenthood and its possible outcomes of poverty, exposure to welfare, and to the foster care system.

Unfortunately, we often reach sexual maturity before we reach psychological and economical stability. Lack of information and biased social constructs are to be held partially responsible for many of the non-protected sexual activities teen engage in, and their consequent pregnancies. Available knowledge about sexuality is limited, and sexual decisions are often made without having enough information regarding existing options and consequences of sexual activity. Sexual education is often limited to understanding the physiology of the genitals and to warning young people about the possible negative implications of engaging in sexual activities. Acknowledging that women's sexual drive is strong, and learning about the different motives that influence women to engage in sex, however, are still taboo. Discussions about the outcomes of engaging in sexual activities, such as pregnancy, abortion, single parenthood, foster care and poverty, are important, but are beyond the scope of this paper, which focuses on sexuality per se.

The "ideal" female asexual entity who is able to give sexual satisfaction is also exposed to a *double-message* situation in which she is damned if she acts sexually and damned if she does not. The *double message* consists of a social attitude of disapproval of women's sexual activity while simultaneously demanding of women to be sexual providers. Women are supposed to be sexual and non-sexual, - "a 'lady' in the living-room, and a 'slut' in bed". Double messages lead to women's feelings of confusion as to what is "right" or "wrong". The perfect length of the skirt may perhaps portray an attractive woman who is fashionable and elegant, but an inch higher can create the image of a 'slut', and an inch longer may represent a women who is

unattractive and has 'bad taste'. The length of the skirt, however, is constantly reconstructed by the people who dominate the fashion market and who enjoy its economic benefits. With the help of the media they determine the concept of aesthetics, and social stigma at that moment. Last year's 'slut' in fashion may be next year's 'fashionable lady', and vice versa. However, women must be warned that 'once a slut always a slut' usually prevails. "Uglyphobic" media also have created the monsters of bulimia, anorexia, and narcissism.

Not all models of sexuality are unfavorable to women's sexual satisfaction. The ancient model of Tantra seemed to believe that people who are unable to fulfill their sexuality cannot reach the most profound levels of satisfaction in life. In the USA, the potential for women to reach self-realization in their sexual, emotional, and professional lives is higher than in the past. The democratic and individualistic American society accepts that a pleasurable life is a goal to look for, and self-actualization/self-realization are acknowledged as positive values. As reported by Hatfield[5], Rapson & Hatfield found that we live in a period of time in which social change is more accelerated than ever before. It is difficult to predict what the future will bring.

It appears that the present society has become increasingly more tolerant of sexual diversity. Rapson & Hatfield reviewed more than 1,500 observational studies, surveys, and experiments connected to passionate love and sexual desire worldwide (1993 - 1996). Hatfield, who acknowledges that as we approach the end of the 20th century male supremacy continues to be the rule worldwide, states that the Rapson & Hatfield analysis led them to conclude that three types of transformations seem to be occurring worldwide:

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5 Hatfield, Elaine. (1996) "Romantic Passion", in *Book reviews - Journal of Sex Research* (33) 1

1) there seems to be an increasing belief in the equality of men and women and of majority and minority groups. Men and women worldwide seem to be becoming more similar in their sexual preferences and experiences. There seems to be a continuing erosion of the sexual double standard; a greater acceptance of gender preference; and broader cultural definitions of the institution of family, 2) there is a belief that the pursuit of happiness and the avoidance of pain are desirable goals in life. Societies have begun to accept a more positive view of passionate love and sexual desire, no longer seeing them as evil, and 3) there is a belief that change and improvement in life are attainable.

Today there are more women who feel empowered and bring their interests to the political agenda than in the past, but women who raise their voices are still stigmatized. Negative social constructs of female sexuality continue to prevail. While women are in a better position to bring their issues to the table they still should remember that political tendencies often fluctuate from one decade to another, without always having a long term impact on society.

Humans have the ability to enjoy sex that is unrelated to reproduction. Bio-psycho-sociological aspects dictate, however, whether this potential has great opportunity to be fulfilled. In addition "hormones" and health conditions, interpersonal relationships, social constructs, and emotional status are all factors that influence the ability to reach sexual satisfaction. Sex is negatively judged, making women self-conscious of their sexual behavior, having an impact on their abilities to reach losing oneself in the act of love-making. In addition to social constructs, women are influenced by their personal life histories, their interpersonal relationships, their genetic and physiological realities, and the interrelationship among these factors. Humans' intelligence

allows the shaping of their own behavior. Freedom to select behavior, however, comes at a price. Fromm[6] noted that people look for connectedness because they fear loneliness, and that they often avoid making use of their freedom because of their fear of carrying the responsibility that follows from making autonomous decisions. Avoiding making a decision is, however, a decision in itself that often has less desirable results than a calculated alternative. For us to be able to make good decisions regarding our sexual life, we need to understand the social and emotional implications of both being sexual and avoiding it.

*The first part of this study is **analytical**, and the second consists of **a secondary data investigation*** of an existing data-base on a sample of 2,632 women who responded to a comprehensive questionnaire about their sexuality. It will trace psycho-social correlates that had a contribution on women's sexual well being.

*The structure of the **analytical part*** is inspired by perspectives of policy analysis such as that of Manning[7], who asserted that the analysis of social problems is the intersection of biography, history and social structure. Manning claimed that public reactions rather than social conditions are taken as the indicators of a social problem. A social problem is defined as a problem which reaches an acknowledgment in the political agenda. Therefore, according to him, to understand why certain social problems are brought to the political agenda while others are hidden, it is important to know which values are

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6 Fromm, Erich (1941), *Escape from Freedom*, NY: Holt, Reinhart and Wilson.

7 Manning, Nick (1987), "What is a Social Problem?" in Martin Looney (ed.) *The State of the Market: Politics and Welfare in Contemporary Britain.* London, Sage, 8-23.

cherished yet threatened. Similarly, C. Wright Mills[8] stated that the understanding of the life of an individual and of the history of society are not complete unless one understands both. Towards this end, Chambers[9] recommended some policy analysis steps. Following his steps, and to get a better understanding of the various environments in which female sexuality has been shaped, this study provides a *feminist Anthropological and Historical perspective* of different cultures and periods of time. Feminism exposes patriarchal constructs, and is critical of its negative effects towards both women and men. As defined by McCormick[10], feminism is a movement that involves women and men working together for equality. She adds that feminist areas of inquiry in sexology are not different from those of researchers who are not feminist. The difference is that many feminists tend to recognize that not all human beings are equally empowered in relationships, and that as such, sexuality cannot be as affirming as when partners are equals. As stated by McCormick, another difference is that feminist approaches do not believe in scientific objectivity. They assert that a researcher's values and input have an influence on the results of the study[11].

Social coercion and group pressure are phenomena that have been pointed out and analyzed from different angles by numerous psychological and

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8 Wright, Mills C. (1959), *The Sociological Imagination*. NY, Oxford University Press.

9 Chambers, Donald E. (1993), "An analysis of the Social Policy and Social Program Features in the Community Mental Health Acts of 1975 and 1980 and Related Subsequent Legislation." in *Social Policy and Social Programs: A Method For The Practical Policy Analyst*. NY: McMillan

10 McCormick, Naomi B (1996). "Presidential Address Our Feminist Future: Women Affirming Sexuality Research in the Late Twentieth Century". *The Journal of Sex Research*, 33 (2) 99-102

11 McCormick, Naomi B (1994). *Sexual Salvation: Affirming women's sexual rights and pleasures*. Westport, CT: Praege

sociological theories such as: social functionality; Marx's theory of conflict; theories of power; and theories of social constructions. Each theory may have its own predictions for the future. This present study adopts a *social constructionist approach*, searching for social constructs and how they influence women's ability to reach sexual satisfaction. We live in a world that is predominantly capitalist and patriarchal. According to Einstein[12], while economic life is what capitalism must ultimately regulate, sexual life is what patriarchy must regulate. The current atmosphere regarding matters that relate to the sexuality of women in the United States is complex, and the pressures brought about by contradictory social messages about sexual engagement and the social sanctioning to have pleasure are enormous.

In addition, *Scientific and Clinical Perspectives* and their relevance to human sexuality are examined. The social construct approach puts women's sexuality into a broad historical and sociological context, but it does not appear to account for the whole phenomenon of women's sexual satisfaction. A psychological balance, inclusive of the woman's ability to relate to her partner, and her emotional and physical status, seems to be of great importance for women to be satisfied as sexual human beings. For this reason, to understand woman's sexual satisfaction, an analysis from the perspective of clinical theories is included. Women's sexuality is discussed under psychodynamic, behavioral and cognitive theories. In the *Additional Issues From Literature Review* chapter a clarification of the concept of female orgasm, a discussion of the implications of literature's excessive preoccupation with the organs of reproduction and an argument about the differences in communication styles

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12 Einstein, Zillah, R. (1982), "The Sexual Politics of the New Right: Understanding the 'Crisis of the Liberalism' for the 1980s" *Signs*. Spring V-7 (3): 567-588

between men and women are presented. These concepts have sometimes been used arbitrarily, creating biases that are then perpetuated by professionals who use them as if they were scientific data.

It is possible that social indoctrination is so strong, that even women who are feminists, and are active in making society aware of the exclusion of women from power and resources, are not always free of stereotypical perceptions about female [weak or non-existent] sexuality. An example of this is found in feminist literature such as Ogden's text[13]. Ogden is one of these enlightened sex therapists who take a big risk of becoming stigmatized and disenfranchised by acknowledging that women have the potential for enjoying their sexuality. She presents herself as a "recovering proper Bostonian" and "a feminist who loves sex". And indeed, her only "half-way recovery" is unintentionally reflected when in the first paragraph of her first chapter she almost justifies that she is not a "bad girl", clarifying to her readers that the kind of sex that she loves is the one of a non-promiscuous and committed type (p. 7).

A very different type of example is found in the feminist approach towards prostitution, in which assertions of radical feminists seem to coincide with the perception of sexuality as a 'male thing'. In the controversy over a prostitute's right to freely select sex work as her legal occupation, radical feminists such as Barry[14] perceive prostitution as "the most systematic institutionalized reduction of woman to sex" (p. 65), claiming that prostitution, of any kind, even when it is freely selected by a mature woman, is male

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13 Ogden, Gina (1994), *Women Who Love Sex*. New York: Pocket Books.

14 Barry, Kathleen, (1995), *The Prostitution of Sexuality* New York: University Press.

exploitation of the female body. Radical feminists perceive prostitutes as victims and harshly fight against the legalization of prostitution. They acknowledge that their approach is at the expense of prostitutes' rights to select how to use their own bodies, but reason that "this type of consent is not free consent." They are represented by, among others, The International Network Against Female Sexual Slavery organization (WHISPER), claiming to 'protect' prostitutes and 'saving' them from this style of life, but assuming a role of censors of their [less able, openly sexual] sisters against their [poor] decisions. However, they do not give satisfactory answers as to how sex-work (prostitution) differs from any other job in capitalist societies which is based on principles of supply and demand, and whose basic agenda is the exploitation of the individual, maximizing income and minimizing cost. Prostitutes, represented by Call of Your Tired Ethics (COYOTE), an advocacy organization attempting to participate in the construction of prostitution as a social problem, and by liberal feminists such as Jolin[15], Jenness[16], Alexander[17] and Schwarzenbach[18], have pointed out this paradox. They believe that prostitution should be legalized, and sex workers protected by labor laws. Liberal feminists believe that the so-called radical feminists actually extend patriarchy rather than undermine it. They believe that women should confront

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15 Jolin, Annette (1994), On the Backs of Working Prostitutes: Feminist Theory and Prostitution Policy. *Crime & Delinquency*. 40 (1), 69:83

16Jenness, Valerie (1990), "From Sex as Sin to Sex as Work: Coyote and the reorganization of prostitution as a social problem", *Social Problems* 37 (3) (August): 403-417

17 Alexander, Priscilla (1988), "Prostitution: A Difficult Issue for Feminists". In Delacoste, F. & Alexander Priscilla, *Sex Work: Writings by Women in the Sex Industry.* (p. 185-215). London: Virago Press.

18 Schwarzenbach, Sybil (1990-91), "Contractarians and Feminists Debate Prostitution". Review of Law and Social Change, XVIII (93), 103-130

coercion, not prostitution. Over centuries women from all over the world have been sold into slavery (McCagghy & Hou[19]), trained, and/or coerced (e.g. geishas, women in harems, etc.) to satisfy 'men's sexual instincts'. In some places, 'to protect the honor of their families' millions of women are either mutilated (emotionally or physically) as a means of prevention, or killed as a mean of correction.

A dramatic example of women's outrageous reality is the status of the Saudi-Arabic woman as portrayed by Sasson[20]. The Saudi-Arabic culture is only one of the cultures in which the father or the siblings will kill the female "sinner" even when the sexual incident in which she was involved was an act of rape. As mentioned by Hatfield (1996), recent United Nations human rights conference participants have itemized the staggering array of human rights violations that are routinely inflicted upon women throughout the world. Some of the examples were the Sudan and Somalia girls, who are ritually mutilated. In Burma and Thailand, very young girls are often coerced into prostitution. In Saudi Arabia and Kuwait, household maids are often beaten and raped. The list of abuses includes female infanticide, genital mutilation, the sale of brides, dowry murders, and discriminatory laws against civic, social, and legal equality.

Patriarchy, to survive, needed to create popular myths. The statement that "men are sex-oriented and self-centered, while females are emotional and relationship-oriented" seems to be a widely accepted axiom in the United States. Popular myths, according to Ellison[21], tend to cause people to feel

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19 McCagghy, Charles & Hou, Charles (1994) "Family Affiliation and Prostitution in a Cultural Context: Career Onsets of Taiwanese Prostitutes. *Archives of Sexual Behavior*, 23 (3), 251-265

20 Sasson, Jean P. (1992), *Princess - A True Story of Life Behind The Veil in Saudi Arabia.* New York: Avon.

21 Ellison, Carol (1984), "Harmful Beliefs Affecting the Practice of Sex Therapy With Women".

ashamed or inadequate. As an example, she identifies some contemporary beliefs that are harmful and interfere with healthy functioning, such as the belief that there is a right way to experience sexual response, or that women do not have internal vaginal sensitivity and therefore should not expect to be orgasmic in intercourse.

Sexologists have tried to define what characterizes women who enjoy sexual relationships. Ellison (1984), claims that women experience sexual pleasure in many different ways. According to her, a pattern that leads to pleasure for one may cause another pain and distress. Even the same woman may vary in what she finds pleasurable from one time to another. Ellison suggests that a woman who is orgasmic in intercourse is likely to trust her partner and feel psychologically open to him. She assumes that the satisfying partner probably has ejaculation control and few problems in getting or maintaining erections or he comfortably compensates with other techniques. One may also add that he should be honestly involved in the interaction that takes place in a non-cynical manner, and be sensitive to and care about his partner's feelings. Being there with her and for her, he may let go of the distracting need of looking for 'techniques' to satisfy her. A sensitive environment of acceptance in which her sexual or asexual needs are met seems to be indispensable. Ellison adds that the satisfactory partner is sensitive to a woman's arousal levels and is willing and knowledgeable enough to engage in sexual patterns that give her opportunities to engage as well. He also appreciates vaginal sensitivity. In addition, according to her, the sexually satisfied woman is also able to perceive internal sensations, and, one would

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Psychotherapy 21/3 (Fall): 327-334.

add, evaluate them as being positive. She may also be free of negative emotional conditioning generated by situations such as rape or childhood molestation - that would lead her to react to genital sensations with anxiety or anger rather than as signals of pleasure. She is free of gynecological conditions such as endometriosis or fibroids that would make deep vaginal stimulation painful rather than pleasurable and also of such conditions as chronic vaginitis or estrogen deficient vaginal mucosa that would make thrusting friction painful. Feminist sexologists such as Ogden (1994), Rothblum (in McCormick - 1996), and Tiefer[22] would agree that sexual satisfaction is a more comprehensive matter than stimulation of the genitals; but they often seem to carry the deemphasis of the genitals to an extreme.

According to Mastres & Johnson, another essential characteristic of the so called "orgasmic woman" is her ability to lose herself during lovemaking. It is difficult, however, to lose self consciousness while beautification of women is one of the biggest industries of our times; "Uglyphobic" feelings begin to be expressed in early children's literature, and continue to dominate literature and the media. Hundreds of popular journals with computer-made unrealistic standards of beauty are printed every day, making women conscious of themselves and their imperfections. Eating disorders such as bulimia and anorexia, as well as narcissistic personalities that are obsessed with their appearance, appear to be some of the effects of this industry.

One could imagine that for both self-sex and sex with a partner to be pleasurable it should be a non-repressed act agreed upon by a clear-minded, able-bodied person. It must not be the result of oppression or involve lack of

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22 Tiefer, Leonore (1995), *Sex is not a Natural Act and Other Essays*. Colorado: West View Press.

full consent. A consensual relationship that is free of intimidation, of personal or societal pressure, and of misleading definitions and expectations may create the setting for a mature agreement. The issues may consider the means of protection from pregnancy and from venereal diseases, and the clarification of the future implications -or lack of them- of sexual engagement.

Assuming that these are pre-conditions for sexual pleasure, and observing them in the light of current female political reality, one might conclude that it is rather a miracle that there are women who enjoy sex, yet many women do. As perceived by Rosen[23], the patriarchal society has been very creative in its control of female sexuality. She describes the colonial period where females with "a weak or non-existent sexual drive", aside from some pathological exceptions, were seen as the norm. While the colonial male medical and religious establishment allegedly believed in women's basic asexuality, they took elaborate and excessive precautions in 'protecting' a woman from her sexual drive, occasionally using sexual surgery. This concern, however, did not extend to non-white women, whose status as unempowered minorities left them even less protected and more exposed to all kinds of sexual abuse than white women were.

Each personal situation comes with its related existential conflicts. The two main socially acceptable scenarios in a woman's life are: a) an intimate commitment with a peer, in which one selects a person as a partner with whom to pay the bills, have children, and have seven breakfasts a week, and b) independence without sexual intimacy. Possibilities such as marriage without sex, sexual intimacy with no other commitments, or other solutions in between

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23 Rosen, Ruth (1982), "The Lost Sisterhood - Prostitution in America, 1900-1918", in *From Necessary To Social Evil,* Baltimore: John Hopkins, Chapter 1, 1-13

have always been part of some people's repertoire but, like most other aspects of human sexuality, have been kept out of sight.

This study does not attempt to help women solve their existential conflicts of freedom vs. intimacy. Each person has different needs and priorities at different times of their lives, which often are complicated by the need to consider the partner's personal preferences and needs for intimacy or independence. However, the more aware we are about our needs and our political situation, the larger is our repertoire of choices with options for improving the quality of our life.

CLARIFICATION OF CONCEPTS:

Sexual Pleasure vs. Sexual Satisfaction: Sexual satisfaction is perceived by this author as a steady state of mind about own sexuality, reached in a process in which bio-psycho-sociological sensations of sexual-self tend to be positive. Pleasure, on the other hand, is a momentary situation which may or may not lead to satisfaction and may even have a negative effect in terms of self esteem, emotional growth, and overall sexual satisfaction.

Fromm differentiates between *Erotic Attraction* and *Sexual Attraction.* This author agrees with this differentiation. What is described in this paper as a Tantric attraction seems to be close to what Fromm perceived as erotic, and an attraction that is limited to the genitals would be equivalent to Fromm's concept of sexual attraction.

THE DEVELOPMENT OF WOMEN'S SEXOLOGY AS A SCIENCE

Preface The history of women's sexuality is not a romantic tale of loving and caring relationships culminating in a joyful "happily ever after" finale. Rather, it often presents the complex scenario of the politics of human exploitation and the use of people as sexual instruments. It is often the story of a more empowered male partner who is supported by political and/or religious laws and standards, and a less protected female partner whose traditionally recognized role has been to ensure that his needs were satisfied. There is, however, another side to the story: the physical and emotional passions that women may experience - passions which often are denied or hidden because of social pressure, but that appear to be very strong. Throughout history, even at the risk of brutal punishment or losing their own lives, women have chosen to enter into prohibited relationships. One could claim that a woman enters into such a relationship only after being seduced by a man who, after impregnating her, abandons her to her own luck. On the other hand, one could also claim that, were her psychosexual needs not so overwhelmingly strong, it would have been more difficult to seduce her into taking risks that have the potential of destroying her life.

The Dolphin's Sexuality - A mind/body model in an environment of social acceptance?

Robin Williams the actor, hosting a documentary TV program about dolphins, stated that besides human beings, dolphins are the only animals known to have "sex for fun". Williams' statement captured my attention. Excited by the idea of an intelligent creature on this planet which was free of human moral constructs, with the hope of getting some insight regarding what is a "natural" sexual relationship, I paid a visit to the library.

Brown[24] is a zoologist who appears to agree with Williams' statement. He believes that "the quality, sensitivity, and complexity of sex is a valid indication of the level of development of a species"(pg. 15). As an indication of dolphins' great intelligence, he mentions their brain, which weights as much as 6,000 grams while an adult human's brain averages 1,500 grams. Catton[25] asserts that historically humans have defined ourselves as a superior species because we use tools, have a language, and have a sense of who we are. Dolphins, according to him, pose a challenge to this definition. They are highly intelligent animals who live in complex societies and work together to catch food and defend themselves. They are known as playful creatures who have judgment, a sense of humor, and a great sense of fun. Dolphins' special sensory and communication skills appear to be very sophisticated, and some of their trainers claim to have used telepathic transmission of training-instructions. They communicate by a musical range of sounds known as whistles.

According to Brown (1979), the dolphin calf, when ready to leave its mother, joins a group of subadults. These are active, vibrant groups which intersperse the daily task of finding food with bouts of leaping and chasing, rubbing and pushing, stroking and sex. There is nothing that resembles Judeo-Christian morals in the sexual life of dolphins. Having hedonistic lives, they seem to ignore puritan values. They have an early start in their sexual life, long before they can possibly conceive. Calves as young as six weeks are sensual animals who copulate with other dolphins, including their own

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[24] Brown, Robin (1979). *The Lure of the Dolphin*, NY: Avon Books.

[25] Catton, Chris (1995), *Dolphins*, NY: St. Martin's Press

mothers. They are heterosexual, homosexual, asexual or playful with other species as their mood demands. Males regularly couple with both females and males; females also rub genitals with females. Often one dolphin will propel another around with its rostrum pushed firmly into its partner's genital slit.

Reproductive mating between dolphins (as opposed to social coupling) has rarely been observed in the wild. Mating appears to be more or less promiscuous, with many males copulating in turn with a fertile female, and neither sex being able to influence who mates with whom. The Bottlenose dolphins, as they become socially and sexually mature, leave the subadult group, and males and females go their separate ways. Females join with other females in 'bands' of 10 or so, many with their most recent offspring. The bands are structures in which female help each other in raising their offspring, and in which frequently the same individuals associate and others join only rarely. Males, after leaving the subadult group, either take on a solitary life or unite in coalitions of two or three.

It appears that dolphins have been able to create an integral mind/body sexual life, in an environment that does not perceive sex as a negative matter. We cannot draw analogies from dolphins to human life: in addition to obvious physical and environmental differences, dolphins do not seem to worry about sexually transmitted diseases, and allowing male's disengagement, raising their offspring requires less complex settings than raising human babies. Dolphin's social model, however, has triggered the question of whether this intelligent, generous, amicable, loving, and non-inhibited animal has learned, by creating a setting of social support for taking over the responsibility of offspring raising, to enjoy from the benefits of their sexual energy.

The Natural argument

Very little of dolphins sexual activity has anything to do with reproduction. Their reproduction tends to be seasonal but they spend about a third of their waking hours in sexual play. A dolphin will caress one partner for a time, and then switch and start all over again with another. Catton hypothesizes that caressing may be the dolphin equivalent of grooming in primates. He acknowledges that we are ignorant of what dolphins gain as a result, though in what he describes as a Darwinist approach, he claims that if there were no survival reasons, the phenomenon would disappear after several generations. However, one may claim that intelligent creatures, by using their intellect, determine their behavior to a great extent. In this case they may establish norms that are not exclusively directed towards physical preservation of the species but persist because they satisfy emotional/psychological needs.

Though I was tempted by studying the dolphin's sexuality to extrapolate about natural sexuality of intelligent species, this exploration helped me to turn away from naturalism. I have several reasons for this: a) it appears that both human intelligence and free will exert powerful influences on our behavior that cannot be accounted for by 'naturalistic' theories, b) the myth of the "naturally" aggressive male, versus the "naturally" passive and helpless female who is also happy to be victimized, has been a powerful argument used to oppress and abuse women, and c) there appears to be a lack of convincing scientific support for the claim that there is a specific sexual protocol that follows from natural dictates. Sexologists such as Paglia[26]

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[26] Paglia, Camille (1991). *Sexual Personae - Art and decadence from Nefertiti to Emily Dickinson.* NY: Vintage.

believe that sex is natural in men, while society is the construction that is artificial. Paglia believes that aggression comes from human nature, and society is the force which keeps crime in check. She states that feminists, seeking to drive power relations out of sex, have set themselves against nature. She states that sexual freedom and sexual liberation are modern delusions because we are hierarchical animals: "In nature, brute force is the law". Paglia perceives the female body as a machine that is indifferent to the spirit, and which has an organic mission: pregnancy. Paglia, however, contradicts herself while discussing the human mind which, according to her, "tends to complicate our functioning as physical beings". Are our minds the 'less natural' residents of our bodies, which are unaware of the rules of behavior that make us acceptable as natural human beings? Buss[27] is a naturalist who uses a 'liberal' approach in the introduction of his book, where he acknowledges that from Spencer's theory of social Darwinism onward, biological theories have been used for political ends to justify oppression and to argue for racial or sexual superiority (pg. 18). Human behavior, according to him, is both biologically and environmentally determined, but nevertheless he states that there is some influence of our free will on our behavior, and therefore "[just] because there is an evolutionary origin for male sexual jealousy does not mean that we must condone or perpetuate it" (pg. 17). To sustain his determinism, he states that modern conditions of mating differ from ancestral conditions but nevertheless, the same sexual strategies operate. He contradicts himself in an extensive analysis of what he calls the evolutionary psychology of desire, claiming that it represents "a true

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[27] Buss, David M. (1994). *The Evolution of Desire - Strategies of human mating*, Basic Books, New York: USA.

interactionist view", which supposedly identifies the historical, developmental, cultural, and situational features that formed human psychology. Ignoring the factual history of humanity, he goes out of his way to demonstrate a theory that could be translated as follows: 'As a means of subsistence of the human race, promiscuity and brutality have being genetically transmitted by fathers to sons while mothers' genes transmit to their daughters the message of chastity and submission.'

Anthropological Perspectives

While Dolphins and people share the ability to enjoy their sexuality, human sexuality differs from society to society. As Ford & Beach[28] pointed out, people are greatly diverse in their values and in their sexual behavior. According to them, no one society can be pointed out as representative. They stated that "The societies that severely restrict adolescent and pre-adolescent sex-play, those that direct girls to be modest, retiring, and submissive, appear to produce adult women that are incapable or at least unwilling to be sexually aggressive, and who quite often do not experience clear-cut sexual orgasm. By contrast, in the societies which permit or encourage early sex play, the usual outcome is a greater degree of freedom of women in seeking sexual contacts.

While societies differ in their sexual behavior, emotional matters seem to be universal. Romantic and passionate love, once assumed to be a Western invention, has been recently identified by Jankowiak[29] as a universal matter. In a publication citing scholars from different disciplines, he demonstrated a full range of passionate and romantic feelings to be experienced worldwide. Comparing cultures and how they are influenced by existing values is beyond the scope of this paper, but some examples are here provided to give a general idea of the dimensions of human sexual diversity.

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[28] Ford, Clellans S. & Beach, Frank. A. (1951), *Patterns of Sexual Behavior.* NY: Harper & Row 254-255

[29] Jankowiak, William - Ed. (1995), *Romantic Passion: A Universal Experience?* NY: Columbia University Press.

Bullough[30] states that there is a major difference between Western societies, which have adopted hostile attitudes towards sexuality, and Eastern such as the Chinese, Indian, and some Islamic societies, which have emphasized sexual duality, and have generally enjoyed sex. The Tantra may be considered as an utopia that would result from the Eastern culture's perception of sex. However, because of its compatibility with modern humanistic psychology, it is presented in this study not only as an Anthropological review but also as clinical perspective, a psychological model that is worthy of exploration.

The Tantra

The Tantra is "the science of the ecstasy of sex". It appears in one of the most ancient sexual manuals. As pointed out by Arvind & Shanta Kale[31], it was explored by the Vedic Hindus, and is as old as Hinduism, which started around 3,500 BC. It structures sex not as a natural, but rather a learned art that needs to be constantly cultivated.

Training, for the tantric couple, may be a joyful assignment, but it requires intensive dedication. It includes discipline in learning necessary skills such as communication, care, support, seduction, and other social aspects of interpersonal relationships. Expertise is also developed in psychological and physiological areas such as sensuality, hygiene and fitness. This craft is facilitated by a social environment that is not only supportive and accepting of human sexuality but perceives sex as esthetic,

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[30] Bullough, Vern L & Bullough, Bonnie (1995), *Myths and Reality.* NY: Prometheus Books

[31] Arvind & Shanta Kale (1975), *Tantra: The Secret Power of Sex.* Bombay: Jaico Publishing House.

and sexual satisfaction as the most vital source of energy. The tantric energy entails a profound connection with the partner and with one's self which, paradoxically, could be obtained only after allowing loss of self. This energy allows entry to the deeper layers of the self. Sex per se is not the goal of Tantra, it is a means. Presumably self-expression and self-realization in all aspects of life are an end result of this energy. The psychological underpinnings of Tantra are elaborated in the Clinical Perspectives part of this study.

When India was overtaken by Western values, the Tantrist came to be viewed as a hedonist or a pervert. The tantric culture had gone underground for centuries, but, according to Arvind & Shanta Kale, in spite of persecutions, Tantra is still practiced in some parts of India. There is not a social expectation for the tantric couples to be monogamous, and their erotic art often portrays sexual play in groups . However, as pointed out by Arvind and Shanta Kale, tantric couples seem to demonstrate little interest in non-monogamous sexual relationships or with multiple partners. They also claim that this permissive environment, oriented to develop deep bonds, affected other aspects of social life, such as crime, which in tantric cultures tended to be extremely low.

Different Cultures - Different Sexual Standards

Sexual social behavior varies in different cultures. While homosexuals have been outcasts in Judeo-Christian cultures, in others homosexuality is an encouraged and expected phenomenon. Early in the 20th century, the Aranda in Central Australia initiated men at the age of 10 or 12 into

homosexuality. An older man would take a boy to live with as sexual partner until the boy became eligible to marry (Bullough)[32]. Similarly, among the Ngonda tribe in Africa through the 1950s, boys were confined to "boy's villages." and, as long as it was consensual, homosexual activity was permitted for them until marriage (Wilson)[33]. As pointed out by Gerdt[34], homosexuality before marriage is still accepted in Zambia and New Guinea.

Social standards about child sexuality are also very different from culture to culture. On the Polynesian island of Mangaia, sex is a topic that is very open for discussion, and children are instructed, at early ages, in the techniques of various sexual activities (Marshall)[35]. The Mangaian children become sexually active at the age of thirteen or fourteen. They are trained to be creative in their sexuality, and to place a great deal of emphasis on lengthy and enjoyable sexual experiences. In this culture, as in the Tantra, orgasm is enjoyed, but it is not viewed as the goal of sex. On this island, however, there is no strong connection between feelings of affection and the willingness to have sexual relations with a person. The degree of passion in sex does not appear to be related to emotional involvement but instead to attention paid to sexual techniques. Mangaian couples who marry seem eventually to share affectionate feelings, but this is not seen as being related to sexual intimacy. In this society, reaching orgasm is not reported to be a common problem.

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[32] Bullough V. (1976), *Sexual variance in society and history* NY: John Wiley

[33] Wilson, M. (1959), *Communal rituals among the Nyakyusa*. London: Oxford University

[34] Gerdt, G. H. (1981), *Guardians of the flute*. NY: McGraw-Hill."

[35] Marshall, D. S. (1971), "Sexual behavior on Mangaia". In Marshall, D. S. & Suggs R. C. (Eds.) *Human Sexual Behavior* (103-162). NY: Basic.

Among the Ik hunting group of East Africa (Turnbull)[36], neither intercourse nor love finds a prominent place. The Iks are individualistic people for whom a cardinal teaching is "not to love anyone" (125), de-emphasizing interpersonal relationships and affection. Masturbation for the Iks is their primary sexual outlet, and intercourse is somewhat accepted as an extension of self-centered sex.

Gebhard[37], a former director of the Kinsey Institute for Sex Research, has pointed out that anthropological data on various sexual activities is scant. Nevertheless, he noticed clear differences between sexual practices in smaller, preliterate societies and larger, more complex societies. He hypothesized that in large and literate societies, where anonymity is easier to obtain, it is easier to escape social sanction, encouraging people to participate in activities that they otherwise would avoid.

Historical Perspectives

An overview of the history of female sexuality in the Western culture is presented here. Prostitution is presented as an integral chapter in woman's sexual history. Also presented is an overview of women's sexual life in communist Russia, allowing the reader to compare these two very different social systems.

Western Culture

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[36] Turnbull, C. (1972), *The mountain people*. NY: Simon & Schuster.

[37] Gebhard , P. (1971), "Human Sexual Behavior: A summary statement". In Marshal, D. S. & Suggs, R. C. (Eds.) *Human Sexual Behavior* (206-217). NY: Basis

Over the last 2,000 years in the history of western culture, and up to the present, discussion of social impediments for a woman to achieve sexual satisfaction have been excluded from the political agenda. Issues brought to discussion are those considered as social problems by the elite who are in power. Issues such as prostitution and rape still appear to be mere appendices to the history of female sexuality, rather than integrated chapters that would contribute to the understanding of the social constructs in which they operate. The exclusion of these topics from the political agenda has resulted in numerous inequalities. Prostitution, for example, as stated by Rosen (1982), has either been condemned as a social evil or accepted as a necessary evil. However, as mentioned in the introductory part of this study, the human rights or personal welfare of prostitutes themselves have never been the focus of concern. Similarly, as pointed out by Brownmiller[38], violent situations, such as the rape of a woman, have traditionally been treated as offenses to her husband, or to whomever the man is who 'owns' or has the rights over the specific woman. Often the victim is ignored or doubly victimized, either by accusing the raped woman of provoking or even desiring the violent act against her, and/or even worse, by punishing her for the act. Needless to say, when the abuser also happens to be the "owner" of the woman, protection is minimal in many societies, and non-existent in others.

In our society most people have grown up with conflicting messages about sex. Kelly[39] expresses it as follows: "On the one hand there were suggestions that sex was somehow 'dirty'; and on the other hand we were

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[38] Brownmiller, Susan (1975), *Against Our Will: Men, Women and Rape.* Simon & Schuster, NY: USA.

[39] Kelly, Gary F., (1990), *Sexuality Today: The Human Perspective*, 2nd. Edition. Connecticut: The Dushkin Publishing Group.

encouraged to save it for someone we really loved. Or we got the impression that sex was sacred and beautiful, but the less young people knew about it, the better." As Kelly summarizes, sex has been socially accepted either as a brief and often furtive release of tension (a male need is satisfied either by wives or by non-moral women), or as a means of reproduction.

From being an issue that was avoided in formal education, sex has become in recent years a central and almost mythological aspect of life at all ages. Academic research and feminist studies on female sexuality have become more abundant. Nevertheless, human culture as perpetuated by dominant values and often supported by mass media does not tend to change as fast as knowledge. For many people in our society, a role model of the 'perfect woman' continues to be a nurturing but asexual caregiver (virgin/mother construct) who sacrifices her human rights and personal needs for the benefit of other members of society.

Prostitution - A central chapter in the history of female sexuality

Social values regarding female sexuality can sometimes be better understood by looking at social approaches towards prostitution. Jolin (1994)[40], who studied attitudes towards prostitution from the ancient Greeks to the nineteenth century, believes that prostitution is as controversial today as it was 4,000 years ago. The controversy rests, according to her, in a fundamental contradiction in Western Culture that arises from patriarchy and its double standard wherein prostitution is a means of controlling women's sexuality; it owes its existence to an interplay of social and economic

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[40] Jolin, Annette (1994), "On the Backs of Working Prostitutes: Feminist Theory and Prostitution Policy." *Crime & Delinquency*. 40 (1), 69:83

arrangements that involve promiscuity for men, chastity for women, and persistence of inequality as its agenda.

As Jolin points out, in ancient Greece there existed an upper-class of prostitutes who frequently attained prominence as highly cultured companions of powerful citizens. They were protected, empowered and cared for by their beneficiaries, who, by contrast, prevented their own wives and daughters from losing their chastity. Prostitutes belonged to a separate class to which the status of wives was refused. According to Jolin, this policy created a "good woman/bad woman dichotomy" which has prevailed throughout history, effectively dividing women who would otherwise be able to join forces in the struggle for their rights.

By the time that Christianity was firmly established, leaders such as St. Augustine and St. Thomas assumed a functional approach towards prostitution, stating that it served to stabilize society by "giving relief to men's sexual lust which is uncontrollable". They urged tolerance towards having prostitutes available, on the grounds that it served a basic need, which if unmet, would lead to greater harm. In those days, the church was one of the beneficiaries of taxes collected from prostitution. A less-tolerant approach towards prostitution is found in the 16th century, when Lutheran thinking that dictated "chastity for all and promiscuity for none" came to prevail in Europe.

Rosen (1982) focused on the history of prostitution in the United States from colonial times to the beginning of the twentieth century. Her study points to a strong relationship between politico-economic aspects of the country and of women's consensual or non-consensual use of their sexuality as a means of economic survival. Rosen claims that in colonial days, the shortage of women to marry and an acute need for domestic labor reduced the number of prostitutes. She claims that there is evidence that prostitution existed, but

that it was perceived as a temporary state of sin, and religious sanctions were minimal. At that time, legal sexual exploitation of female servants constituted one form of forced prostitution.

At the beginning of industrialization, self-sufficient farms had turned to the production and transportation of produce for cash. Female work was less needed on the farms. Prostitution was an inevitable result for some women of the working class who needed to enter the marketplace unprotected by their families. Towns and cities recorded an increased visibility of 'nightwalkers' and brothels. In 1672 'bawdy' houses started being perceived as a social problem. Women's poverty and female welfare, however, were not brought to the political agenda as social problems. Women's core needs were reframed and translated into issues that supported or were less antagonistic toward the ruling class' cherished values, dislocating to 'under the table 'important aspects of women's welfare that belong 'on the table'. These values, in the best of scenarios, ignored women's rights, but often were harmful and even vicious towards the female population. Thus, the first law against brothels was then passed, and in 1699 legislation made "nightwalking" an offense.

By the time of the revolutionary war, in the 1770's, with the advent of manufacturing on a larger scale, the circumstances of the market impacted on family life; women were required to go outside the home to find work. This period, during which middle and upper class women were still protected by belonging to supportive families but probably felt threatened by the lack of social justice for women in other classes, sets the background for the initial organization of feminist movements that, in the mid-nineteenth century, became more visible in the United States. Poorer women joined their husbands and children as wage earners. Young rural women began entering the labor force as domestics or workers in manufacturing centers. Wage

discrimination and sexual exploitation shaped their working experiences. Seduction and false promises of marriage frequently resulted in premarital sexual activity but often, neither the family nor the community were around to ensure the traditional enforcement of a proper marriage. Women faced the shame of returning home with an illegitimate child; their options were to try to support the child on subsistence wages; abortion; survival through prostitution; or some combination of these. During this period prostitution became a permanent feature in American life.

Women, at this time, were starting to get involved in public debates which before this time had been exclusively male. There were two main feminist positions on prostitution. As narrated by Rosen, Elizabeth Cady Stanton and Susan B. Anthony succeeded in fighting the government's proposal to legalize prostitution, under the claim that it perpetuated the moral degeneracy of male promiscuity. They saw prostitution as the embodiment of female inequality, and prostitutes as victims of licentious men. Victoria Woodhull, on the other hand, believed that suppressing prostitution was a threat to free love and to women's ability to exercise economic choices. She presented prostitutes as empowered people who had cast aside the chains of chastity and marriage. As presented in the introductory part of the paper, this debate is still current among feminists. McCormick[41] urges an empirical position of tolerance.

The last quarter of the nineteenth century was a period of history in which a repressive moral code governed sexual behavior and attitudes. The Victorian era (late 1800s and early 1900s), was characterized by rapid

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[41] Austin, David (1996), "Book Review: 'Sexual Salvation: Affirming Women's Sexual Rights and Pleasures by Naomi B. McCormick - 1994", in *Journal of Sex Research* (33) 1

industrialization which accelerated changes in the family, and contributed to the steady increase in prostitution. Poor unmarried American-born women and immigrants entered the industrial ranks or found work as domestic servants. As they left the social and economic protection of their families, encountering sexual exploitation and low wages, they became part of the potential supply of new prostitutes. Sometimes this was the only available source of employment. The general result was that apart from discreet high-class houses in good neighborhoods, all other prostitution was limited to urban slums hidden from view. By this time, the task of harassing prostitutes had been transferred from unorganized, spontaneous and violent outbursts to the professional police departments that were forming in major cities.

Rosen points out that prostitution played an important role in the Victorian period. As a result of major changes in commercialization and industrialization, women's traditional economic roles and men's patriarchal authority in the family were critically challenged and transformed. Rosen believes, however, that this era maintained the ideology that women existed to serve men. Prostitution during this time became an industry and a source of income to police, procurers, madams, doctors, politicians, liquor interests, prostitutes, and others. Politically, prostitution upheld gender and class divisions. The identification of prostitutes with lower class, lack of education and 'bad character' continued to divide women one from another. According to Rosen, the prostitute was kept as a reminder of what nice girls would become if they failed to live under male protection. For men it upheld the polarized image of women as good or bad, but never fully human. The Victorian era perceived prostitution to be a necessary evil. It ministered to "the passions of men who otherwise would be tempted to seduce young ladies of their acquaintance". The male sex-drive was assumed to be strong,

passionate and potentially destructive. The weak or non-existent female sex drive, aside from some pathological exceptions, was seen as the norm.

The peak of prostitution probably took place in 1890-1900; thereafter, with the advent of the twentieth century, there were more opportunities for female labor in clerk jobs and the service sectors. It is Mead's perception[42] that by this time there was some acceptance of women who enjoyed sex (pp. 190). However, it appears that women's liberation had become a serious threat to patriarchy, since - as pointed out by Rosen - ironically, between 1900-1918, years after its peak, prostitution became an issue and assumed the formal status of a social problem. At this time a campaign was waged to eradicate this internal domestic enemy: 'the social evil'. The irony was that abolitionists had strong support from groups that were politically opposed: the radical feminists on the one hand and the conservative clergy and medical doctors on the other. The abolitionists demanded that the state eradicate prostitution regardless of any economic loss. Formally, the United States has adopted the "social evil" approach since that period. Today, except for Nevada, all states have outlawed prostitution. However, as Rosen points out, the enforcement of the law closely resembles the necessary-evil approach. The market has continued to be active, and intervention has been minimal. Control of prostitutes does exist, but there is almost no control of their clients and pimps. At the expense of the prostitute who is the main loser and of many of the female population who suffer from the repercussions of a double-standard, double-message construct, other players have continued to enjoy its benefits.

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[42] Mead, Margaret (1949), *Male and Female: A study of the sexes in a changing world.* NY: Mentor Books.

Communist Russia

To study of the female reality under a different situation, a brief history of women's sexuality in a communist regime is presented. The philosophical underpinnings of communism stand for social equality of its members. However, the Russian communist system became a totalitarian patriarchy, in which women tended to become the more forgotten members of society.

Popovsky[43], in a comprehensive study of sexual relationships in communist Russia, analyzed the relationship between sex and politics. As he pointed out, between the 1920s and the 1940s, Russian society was characterized by a great deal of openly accepted promiscuity. Society had moved from bourgeois values to free love. In the 1920s, the law changed to permit abortion, helping to increase what he calls "sexual anarchy". This was a major change for a Christian country that was used to perceiving sex as sin.

As a result of W.W.I and of the civil war, the proportion of men to women changed in the Soviet Union, resulting, according to Popovsky, in an excess of 40 million women over men. With religion abolished, free love seemed like a good response to this lack of imbalance created by the war. However, the Bolsheviks soon perceived that the situation created by free love was problematic. It created thousands of parentless and homeless children who needed to be supported by the state. Regardless of the abortion law, in 1927 there were more than one half million children abandoned or being raised by single mothers, an expense the country could not afford. The Kremlin realized by then that Marx's ideas about free love and the annulment

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[43] Popovsky, Mark (1987), *He and She in the Soviet Regime.* Jerusalem: Edwin

of the family system were not practical. Popovsky claims that, as with any other case of failure, the Russian system needed a victim, and women were an easy target. Soon, women who favored free sex and women who needed to prostitute themselves to survive became condemned as 'bourgeois'.

Stalin, the engineer of one of the most totalitarian systems in the world, allowed the government to assume the role of safeguarding social morals. In 1932 he created an "ID system", in which each person was made to carry an ID with his/her legitimate address; this address was the only place in which the ID card-holder was permitted to spend the night. Neighbors and friends were requested to report any deviation from permitted behavior. Puritan values contaminated Russia, having an influence in fashion, literature, and other arts. In 1936 Stalin, anticipating the war, realizing that he would be in need of soldiers, outlawed abortion and assured that any means of protection be out of reach. These measures, however, did not work in time, and there was a need for massive recruitment (more than one million women) to the army in 1941-1945. At this time, social values degraded women who become pregnant with no marriage. In 1944, Stalin, further betraying all Russian women, decided that fathers of small children did not need to participate economically in their upkeep. Instead, the government supplied women with about five percent of the average salary as a supplement for raising children. This constituted a big loss to the mothers since previously the father had the obligation to provide 25 to 35 percent of his salary for the same purpose. Popovsky believes that this new situation served to encourage irresponsible behavior in men. The rape of women, and false promises of marriage, became more common. This pattern continued until the 1950s.

Popovsky believes that the low Russian standard of housing was a political set-up, rather than an economical need. Its objective was to prevent

sexual intimacy. It forced extended families to cohabitate in small apartments, and people most frequently lost all opportunity of having privacy.

By the time Popovsky's book was written, 57% to 60% of the 'manpower' in Russia was female. Women's salaries were lower on average than men's salaries. Popovsky documented towns that were artificially created with only female or only male populations, depending on the kind of labor that was predominantly needed (e.g. factories required more female work while fishing industries tended to be male). In those "female" cities, women often ended up humiliating themselves by accepting and even paying for sexual services from drunken, insensitive men, who because of their rarity were in high demand.

Popovsky summarizes his study stating that, as a result of these abuses, Russian women, from the beginning of their lives, tended to develop negative feelings towards sex. Sex was associated with pain, suffering, and humiliation. In his survey given to people who had recently left Russia and were living in the United States, only 23% of the women responded that sex kept them close to their husbands, while 24% answered that they stayed together because they were used to their husbands. At the time he wrote his study, before the fall of the communist system, poverty had induced most women to provide sexual favors for material goods. The most popular means of family planning was abortions, with many women averaging six to eight abortions but some having a history of more than twenty.

Summary of Historical Perspectives

For centuries patriarchal societies have categorized women as 'good' and 'bad' girls depending on their liberal or conservative approach to their sexuality. Social control and oppression of woman have taken many forms.

In some Arabic cultures, a woman who loses her virginity "prematurely", even if it is the result of rape, is often killed by her own father or brothers, who must "save the honor of the family". It is also common practice, in many parts of the world, for girls to have their genitalia mutilated, at a very early age. Some 'liberal' cultures, such as Ancient Greece, have given concubines a special status in court. The same may be said about the Japanese Geisha. However, to these women, who were highly specialized in the sexual arts, the doors of marriage and its higher social status and presumed stability were closed. These doors are traditionally open only to 'decent women'.

A comparison between capitalist USA and communist Russia shows that no matter what the political system is, patriarchy limits women to their roles as caregivers, making them dependent on men's protection for survival. A woman's sexuality is powerful; it can provide a woman with satisfaction and a feeling of self-acceptance; it can also provide her with a means of survival if she wishes to profit from her sexuality. Thus to assure dependency on men, patriarchy needs to control a woman's sexuality.

Sequential Events in the History of Science & Research on Women's sexology

Until the mid-twentieth century, few serious scientific attempts to study human sexual behavior were made (Belliveau & Richter[44]; Kelly -1990). Several scientists from Victorian times tried to study the role of sex in our lives, but this exploration was perceived as a social threat. Professional ostracism (though temporary) was the response for two physicians who were committed to understanding mental disorders, Krafft-Ebing, a German (1840-1902) and Sigmund Freud, an Austrian (1856-1939). Kelly believes that the reason why both physicians found sex to be a major factor in causing emotional and mental disturbances is because they lived in a period in which acknowledging sexual feelings or behaviors inevitably produced guilt, fear and self-loathing.

Von Krafft-Ebing's[45] medical text published in 1886 "Psychopathia Sexualis", became the most comprehensive collection of case histories of sexual deviation. It called attention to a variety of human sexual orientations and activities; his biased writings, however, characterized most forms of arousal and sexual behavior as being disgusting and pathological. He grouped most sexual deviations into four categories: sadism, masochism, fetishism and homosexuality. The cause of all these deviations was, according to him, masturbation. Von Krafft-Ebing's perspective pervaded the

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[44] **Belliveau, Fred & Richter, Lin (1977), *Understanding Human Sexual Inadequacy.* Boston-Toronto: Little Brown.**

[45] **Von Krafft-Ebing, Richard (1886), *Psychopathia Sexualis-First Unexpurgated edition, with the Latin texts translated into English* (1965) NY: Putnam**

medical and psychiatric profession for many years, and was a strong influence on Freud's writings on sexual issues.

The contributions of Freud are better known. According to Lauzun[46], Freud, who called most forms of sexual variance "perversions", opposed a claim of his time that all "sexual perversions" are signs of degeneration. He stated that such "aberrations" have been manifested since the beginning of time through every age of which we have knowledge, in every race from the most primitive to the most highly civilized, and at times have succeeded in attaining acceptance and general prevalence. Freud focused much of his work on the study of the psychosexual development of children, and postulated that adult sexual perversions were distortions of childhood sexual expressions. He named the "Unconscious", explored its relationship to conscious behavior, labeled sexual components of personality and invented the therapeutic process of psychoanalysis. He was one of the first physicians who listened to patients with sexual difficulties and attempted to interpret such difficulties therapeutically in the context of their lives. He was the first to stress the importance of insight as a requisite for cure of emotional problems. He was convinced that neuroses were produced by unconscious conflicts of a sexual nature.

Freud, by using "perversion" as the term for most forms of sexual variance, and considering them to be signs of immaturity, perpetuated a negative attitude towards them. However, by not believing that they were immoral, criminal or pathological, he opened another door to the exploration

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[46] **Lauzun, Gerard (1962), *Sigmund Freud, The Man and His Theories.* NY: Fawcet**

of human sexuality. Through his work, aspects of human sexuality became a legitimate concern in medicine.

Regarding female sexuality, Freud believed that there is a superiority of vaginal orgasms over clitoral orgasms. He also stated that all young females go through a period of "penis envy" during the phallic stage. This has had an impact on the development of female personality and has led to adult feelings of inferiority relative to men. His theories have been highly criticized by many feminist writers, and held responsible for causing unwarranted frustration and self-devaluation for many women.

As described in *Caros Amigos*, a Brazilian newspaper, Wilhem Reich[47], Freud's contemporary and his disciple for many years, disputed basic Freudian concepts. Freud, who believed that the origin of neurosis is located in the conflict between Id and Superego, did not leave hope for human happiness, and he also did not give any recognition to social conditions as influential factors. Reich criticized the philosophical underpinnings that resulted from the authoritarian patriarchal relationship of the father with his wife and the children. He believed that it is worthless to look back to the Oedipus Complex "when present adult client's reality is hell". He believed that labor ethics had dominated people's life, and had taken away people's freedom and their meaning of life. Reich perceived sexual repression as the genesis of anguish. By the late 1920's he discovered a vital energy that he called *orgone* (a word derived from organic and orgasm) and stated that neurotic people have a defective distribution of this energy. He claimed that both our conflicts and the power of the external world create a

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47 **Caros Amigos, *O Cientista do Orgasmo* (5/1997). 1 (1) - 44-48. Editora Casa Amarela. Sao Paolo, Brazil.**

lack of balance in our psychological and emotional life. They were held responsible for transforming fluent energy into a "neuromuscular carapace". If a lack of vital equilibrium perseveres, he claimed, a permanent carapace ends up blocking our sexuality. Reich perceived the sexual orgasm as a natural and spontaneous instrument to correct the defective distribution of energy, because it generates a temporary but sudden dissolution of the ego. He perceived it as a short-cut of energy that breaks the neuromuscular barriers from their carapaces. He believed that a person who can enjoy plain and frequent orgasmic experiences would not be neurotic, because in each orgasm he or she would get ride of a carapace. Reich created the orgone box to provide people with this positive energy. McCarthy, however, who persecuted him for political reasons, ordered him to destroy the orgone boxes; his texts were forbidden and Reich forced to interrupt his research. In 1957 he was incarcerated in Pennsylvania, were he died 7 months later from cardiac arrest. To protect the result of his research, his collaborators locked away all the results of his research for 50 years. They are to be opened in 2007.

As a departure from centuries of thinking that claimed that sexuality is the same in all people, Ellis (1859-1939), who was an English physician, maintained that human beings exhibit great variety in sexual needs, behaviors and inclinations, and that attitudes toward sex are individual and culturally determined.[48] Ellis' opinion is well accepted by most professionals today. He based this opinion on the results of studies he had performed over a period of fifteen years. His conclusions were radical by Victorian standards. He

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[48] **Ellis, Havelock H., (1936). *Studies in the psychology of sex - 1886 to 1910* (complete in two volumes). NY: Modern Library.**

claimed that masturbation was a common practice in males and females at all ages, and that homosexuality in people existed in degrees rather than as absolutes. A more recently elaborated theory on androgyny can be found in Singer[49], who believes that an awareness of one's own duality (a function of the interplay of opposing psychic energies existing in every individual), helps people to be in harmony and attain a better quality of life. Ellis stated that women could have as much sexual pleasure as men and that female orgasms were similar to male orgasms. According to him, difficulties in achieving erection or orgasm were generally psychological problems rather than physical, an idea that is accepted by most sex therapists today.

Theodoor Van de Velde (1873-1937) was a Dutch gynecologist who wrote a manual called "Ideal Marriage" (1926). This, according to Belliveau & Richter, was the first marriage manual to interweave what was known about sex and physiology with a large dose of romance. He claimed that sex was not the evil Victorian society believed it to be, and concentrated on the importance of the man and woman sharing in a sexual relationship. He extolled the idea of the joys of giving and receiving sexual pleasure rather than just considering the sexual attitude or satisfaction of one partner, and was committed to the simultaneous orgasm as the ultimate in sexual expression.

Robert Latou Dickinson (1861-1950) was the first great figure in the study of human sexology in the United States. He wrote three books and numerous articles. He gathered 5,200 case studies of patients he treated as a gynecologist[50]. He was among the first investigators to learn about internal

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[49] **Singer, June (1976),** ***Androgyny - The Opposites Within*****, Boston: SIGO Press.**

[50] **Dickson, Robert Latou (1932),** ***A Thousand Marriages.*** **Baltimore: Williams and**

female anatomy, and to report statistics about female sexual habits. He documented how repressive sexual attitudes of childhood led to disastrous outcomes in adult sexual functioning. He also studied the physiological responses of the clitoris, vagina, and cervix during sexual stimulation and orgasm. He maintained that once a woman has been able to experience the pleasure of a self-induced orgasm she is more likely to experience orgasm during intercourse. He introduced electrical vibrators for women.

Wright[51], an English gynecologist, believed that most of her female contemporaries received no enjoyment from sex and considered it merely to be a marital duty. She instructed women on how to get familiar with their sexual organs and how to achieve orgasms.

Kinsey[52] (1884-1956) and his associates studied human sexuality quantitatively, with representative sexual activities of large samplings of people. Through their work sex research became a more legitimate scientific pursuit than it had ever been.

Mead (1949), an anthropologist who based her knowledge on 14 years of field work, analyzed different 'primitive' cultures and the American society of her time. According to her, during the 1940s "the old Puritan imperative, 'Work, save, deny the flesh,' gave way to a set of unrealizable imperatives for the future, 'Be happy, be fulfilled, be the ideal'" (p 193). Mead claimed that in

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Wilkins.

[51] **Wright, Helena (1930), *The Sex Factor in Marriage* in Belliveau & Richter (1977), *Understanding Human Sexual Inadequacy.* Boston-Toronto: Little, Brown**

[52] **Kinsey, Alfred L., Pomeroy, W. B., & Martin, C. E. (1948), *Sexual Behavior in the Human Male.* Philadelphia: Saunders.**
Kinsey, Alfred L., Pomeroy, W. B., & Martin, C. E. (1953), *Sexual Behavior in the Human Female.* Philadelphia: Saunders.

the 1940s social values had not changed very much; men continued to look to women for their physical gratification before (and outside) marriage; to bear their children, cook their meals, and sleep with them after marriage. The courtship habits, however, were changing. Society had given up chaperonage, permitting situations in which young people were able to indulge in any sexual behavior they selected; the old social values persisted, however, putting young people in an impossible situation. They were given the choices of an entire range of sexual behaviors, but then were condemned for engaging in many of those behaviors. Mead believed that the adjustment that American culture made to this anomaly was 'petting'. However, petting required complete control of just how far the physical behavior was to go. The control of this dangerous behavior was placed in the hands of the young woman. In this partnership the couple needed to learn how to deal with sexual desires, a behavior that held them together, sometimes for long periods of time. After marriage, however, the skills needed were very different. The better the couple was in dealing with dating the less they were prepared to meet the demands of sex in marriage.

As pointed out by Mead, happy sex was defined differently for men and for women. For men there was the implicit assumption that if they copulated they were happy. American men expected women to have the same type of sexual response as men did. If women did not, they were labeled as frigid by American psychiatry. This created tensions because if a woman insisted on 'substitute' gratification, the man resented the interference with the display of his 'potency', which was the index of his masculinity. The woman felt inadequate if she was not fully absorbed by his sexual stimuli, or if she insisted on substitute gratification. Feminine relaxed surrender, though, was hardly available to women who had been bridling their impulses for years.

Fromm[53] was a social psychologist who perceived sex as more than just genital focused attraction. Love, as he defined it, is a quality in a relationship that includes trust, acceptance, and caring. Fromm stated that the search for sexual orgasm is an attempt to escape the feeling of separateness in the world, making it not very different from alcoholism or drug addiction. Fromm believed that this is a universal condition. As an example he described certain societies in which acceptance is institutionalized, and occasional orgies are socially acceptable ways to escape, and are free of feelings of guilt.

Sherfey[54] in an attempt to understand the evolutionary, psychological and physiological determinants of female sexual responsiveness (or the lack of it), examined the sexual patterns of primates. She opened up new perspectives, and argued against the Freudian concept of the clitoris as an undersized, inadequate penis, instead showing the female system as one that is powerful. Sherfey stated that Western society's long-standing repressive attitudes toward female sexuality are the reason why many women find little sexual enjoyment. She speculated that the male-dominated social structure feared the strength of female sexuality and made every effort to repress it.

Masters and Johnson, over a period of 11 years (1954-1965), studied the physiology of the human sexual response[55], and focused on the treatment of sexual dysfunction (1970). They also explored the sexuality of aging

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[53] **Fromm, Erich (1956), *The Art of Loving*, NY: Harper & Bros.**

[54] **Sherfey, Mary Jane (1972) *The Nature and Evolution of Female Sexuality.* NY: Random House.**

[55] **Masters, W. H. & Johnson, Virginia (1966), *Human Sexual Response.* Boston: Little Brown.**

people, concluding that most people can function sexually into their eighties. Contrary to more comprehensive approaches that posit sexual satisfaction as achieved when the physical, social and emotional settings are favorable, Masters & Johnson stressed that if problems of sexual functioning were to be treated successfully, the first question that must be answered is how the sex organs work, i.e. what happens to the body when responding to effective stimulation. They found a basic sexual response cycle of four phases that, as they believed, is the same for both men and women. (A more detailed explanation of the cycle is found under the Psychological Perspectives of Sexuality part of this study).

Masters & Johnson's findings were revolutionary and contradicted much of the previously existing knowledge:

A) They found that the clitoris is both the receiver and transmitter of female sexual feelings. Feminist sexologists such as Ogden (1994), McCormick (1994, 1996), and Tiefer (1995), characterized this statement as misleading, asserting that sexual interaction is a much more comprehensive activity than genital contact. According to Tiefer, the most meaningful part of a sexual encounter may sometimes be the so-called "foreplay". These feminists believe that sexual feelings are transmitted in many ways, and the skin is the largest sex organ.

B) Masters & Johnson found that the clitoris is stimulated during intercourse (without manual stimulation) because every thrust causes a reaction in the clitoral hood.

C) They proved false the idea advanced by Freud of separate vaginal and clitoral orgasms. Their observations showed that orgasmic contractions take place both in the vagina and in the uterus. They implied that genital contractions are always pleasurable; and that for sexual pleasure to exist,

such contractions need to be present. (This aspect is elaborated on the discussion of orgasm under the Additional Perspectives of Literature Review section).

D) Hendrik's ideal of simultaneously reaching orgasm with a partner was observed by Masters & Johnson as an unrewarding goal. According to them, making the effort to coordinate such basically involuntary responses leads the partners to become self-conscious, rather than losing themselves in the feelings of lovemaking.

E) Masters & Johnson exposed as a myth the idea that sexual intercourse during menstruation is painful or harmful for the woman. There is no physiological reason for continence during menstruation; it is only a matter of personal preference, they insisted.

F) Masters & Johnson claim that much of the sexual response cycle is unchanged during pregnancy. Sleepiness, chronic fatigue, nausea, and fear of causing miscarriage, however, were reported to adversely affect sexual interest and response during the first three months of pregnancy in most primipara. After delivery, women's physiological responses to sexual stimulation were greatly reduced, returning to normal after three months. The researchers found that this lessened physiological response did not always correspond with lessened sexual desire, but as they were so focused on the physiological response, they did not speculate on the possible correlation between lack of physiological response and lack of desire.

Thousand of years of unwanted pregnancies and related fears, were partially altered as result of the new technology for birth control created during the 1950's. The open sexual culture of the 1960s is partly a result of this new technology, which allowed the separation of sexuality from

procreation. The culture of the 1960s resulted in: autonomy and assertiveness of women; woman's activism; legalization of abortion; and the free-wheeling cultures of the 1960s. Abandonment of authoritarian and restrictive limitations to personal freedom characterized by the "sexual liberation movement" ensued.

In the 1970s, the gay liberation movement entered its decade of greater visibility. Shilts (1987)[56] points out that sexual anonymity, promiscuity and commercialization of sex flourished during this time. In the late 1970s, due to higher levels of education which resulted in better paid jobs, in conjunction with better means of preventing pregnancy, women's autonomy increased to standards never before reached in the United States. This threatened cherished patriarchal values, and criticism of the sexual liberation movement, disguised by "family values slogans", began to be widely expressed by both liberal and conservative political parties. In addition, increasing objections to the portrayal of violence against women in the visual media, and to the availability of child pornography, were raised across the United States by social activists and by some feminists. Leiblum & Rosen[57] believed that reports of child sexual abuse increased the awareness of the prevalence of sexual coercion, leading to central control of soft erotica and pornography. To support their point, they compared the report of the President's Commission on Obscenity and Pornography (1970)[58] with The

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[56] **Shilts (1987), *And the band played on.* NY: St. Martin's Press.**

[57] **Leiblum, S. & Rosen R. (Eds.) (1989), *Principles and Practice of Sex Therapy - Update for the 1990s.* NY: Guilford Press. Second Edition.**

[58] **Commission on Obscenity and Pornography (1970), *Report of the commission on obscenity and pornography.* NY: Bantam.**

Attorney General's Commission on Pornography (1986)[59], asserting that the later report represented a significant about-face. While the earlier report tended to be tolerant of pornography and sanguine about its long-term effects, The Attorney General's Commission expressed strong concerns about (violent) pornography threatening "the values underlying the family unit", and reflected the antisexual climate of the Reagan years. Leiblum & Rosen's interpretation of this situation, however, differs from a feminist point of view, which would claim that they both ignored the real core issues such as the double-standard. These issues still continue to affect women's lives and remain hidden from the political agenda. Tiefer (1995), proposes that instead of opposing erotica and pornography, society should oppose violence per se.

The Reagan era limited the rights of the Planned Parenthood organizations to provide contraceptive information to minors without parental consent. This led to an alarming increase in sexually transmitted diseases, as well as to high rates of unplanned and unwanted pregnancies.

In the seventies information about human sexuality began to proliferate. Books and magazines were filled with new information. Some surveys suffered from serious inadequacies, but others have proved to be valid sources of information. Some feminists argue that surveys are bogus from a constructionist perspective. The survey conducted in the early 1970s by the Playboy Foundation, whose results were reported by Hunt[60], provided comprehensive data and is often cited in discussions about human sexual behavior. Its statistical validity, however, has been seriously criticized. "Sex

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[59] **Attorney General's Commission (1986), *Final report of the attorney general's commission on pornography.* Nashville, TN: Rutlidge Hill.**

[60] **Hunt, Morton (1975), *Sexual Behavior in the 1970s*, NY: Dell**

differences and biological bases were the main topics of research, disguising persistent sexism and heterosexism" (Tiefer - 1995, p. 109).

The Hite[61] report on female sexuality became a best-seller in the late 1970s. It was based on qualitative and quantitative data collected from 3,019 women. It raised issues such as the degree of dissatisfaction women tended to express about their sexual relationships. In a later study, Hite[62] claimed that women in the 1980s were generally unhappy with their love relationships, and that more than 70 percent of the female respondents had experienced an affair. The Hite studies have been criticized for having used biased leading questions, for their lack of statistical analysis, and for the lack of representativeness of the samples (the response rate of this questionnaire was only four percent). They are, however, a source of information documenting the personal stories of the sexual lives of thousands of people who have shared their feelings, fears, and behaviors.

Today, research has been increasing in the interdisciplinary realm of sexology in general, and on factors that may have an influence on female sexual satisfaction in particular. There are several professional journals such as *The Journal of Sex Research* and *Human Sexual Behavior that are devoted to study human sexuality.*

The double standard is, as Sprecher, McKinney, & Orbuch[63] pointed out, strongly rooted in our culture. It continues to shape relationships and sexual conduct for a large segment of the population. While it is no longer

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[61] **Hite, Shere (1977), *The Hite Report*, NY: Dell**

[62] **Hite, Shere (1987), *Women and Love*. NY: Knopf.**

[63] **Sprecher, S., McKinney, K., & Orbuch, TL (1987, March). "Has the double standard disappeared? An experimental test". *Social Psychology Quarterly*, 24-31.**

assumed crucial that a woman be a virgin when she marries, it is still more acceptable for men to be sexually active with a variety of partners than it is for a woman, who is supposed to engage in sexual interaction only within the context of a meaningful, loving relationship. Story's research[64] also shows that men continue to engage in more sexual behavior, both in terms of quantity and variety, than women - one may wonder about with whom these men are sexually active. although aware of the danger of comparisons, the study reported by the journalist Angier[65] on the chimpanzee may give us something to think about. The study is on 52 baby chimpanzees in the Tai forest of Africa's Ivory Cost, and was publicized by Pascal Gagneaux, David S. Woodruff, and Christopher Boesch in the journal Nature. In 17 years of watching the Tai group, the researchers had never seen a female copulate with a nonresident male. DNA testing on these babies, however, proved that only 6 of the babies were sired by a male resident of the living social group. As reported in the article, in leaving the community for foreign affairs, female chimpanzees take considerable risks, because male are bigger and heavier and dominate females relentlessly. The males have been known to commit infanticide when the young clearly were not their own. Angier concludes that the survival of the extracurricular babies in the group is a testimony to the furtive skills female chimpanzees have developed, who succeeded in fooling not only the males in the group, but also the human observers.

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[64]**Story, M. D. (1985), "A comparison of university student experience with various sexual outlets in 1974 and 1984". *Journal of Sex Education and Therapy*,11 (2), 35-41.**

[65] **Angier, Natalie (5/27/1997), *Sex and the Female Chimp.* The New York Times**

Moore-Hirshl, Parra, Weis & Laflin[66] studied attitudes towards extramarital relations among white undergraduate women over a nine-year period of time (between 1980 and 1988). Their study revealed no shift in attitudes toward extramarital relations over these years. Reinholtz & Muehlenhard[67] in a study of 320 students, found that men had more positive genital perceptions than did women for both their own and their sexual partner's genitals. This is consistent with previous anecdotal data [Hite - 1981; Hass[68]]. They found a significant correlation between genital perception and sexual activity in terms of higher levels of participation in and enjoyment of sexual activity. Oral-genital behavior was associated with more positive and fewer negative genital perceptions.

The relationship between religiosity and women's sexual behavior and sexual satisfaction is a topic that has also been investigated. Daniluk[69], in a qualitative study of 10 women's perceptions on the influence of religion, medicine, the media, and sexual violence in constructing and confining the experience and expression of female sexuality, concluded that the madonna/whore historical image has left little room for any notion of healthy female sexuality (page 59). Davidson, Darling and Norton[70], in a study of

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[66] **Moore-Hirshl, Sarah; Parra, Luis Fernando; Weis, David L.; & Laflin Molly T., (1995), "Attitudes of College Females Toward Marital Exclusivity Over a Nine-Year Period" *Journal of Psychology & Human Sexuality*, 7 (3) 61-75**

[67] **Reinholtz, Rhinda K. & Muehlenhard, Charlene L. (1995), "Genital Perceptions and Sexual Activity in a College Population." *The Journal of Sex Research* 32 (2) 155-165**

[68] **Hass, A. (1979), *Teenage Sexuality*. NY: Mcmillan**

[69] **Daniluk, Judith K. (1993) "The Meaning and Experience of Female Sexuality - A Phenomenological Analysis." *Psychology of Women Quarterly*, 17, 53-69. USA**

[70] **Davidson, J. Kenneth; Darling Anderson; Carol & Norton, Laura (1995), "Religiosity and the Sexuality of Women: Sexual Behavior and Sexual Satisfaction". *The Journal of Sex Research* 32 (3) 235-243**

2,117 female professional nurses in 15 states, found that there was a significant difference between the degree of religiosity and the age at initiation of sexual intercourse (women who frequently attended church were more likely to have initiated sexual intercourse at an earlier age), and attitudes toward masturbation (women who frequently attended church were more likely to perceive masturbation as both a sin and an unhealthy practice - they were also more likely to be ashamed to admit engaging in masturbation, and to feel guilty about it). However, the authors of this study found no significant differences in self reported sexual satisfaction between women with high-frequency and low-frequency church attendance.

Some research indicates that certain changes in female sexuality have taken place in the last decades. Couples who would have stopped just short of intercourse in former years, and instead petted to orgasm, are choosing, according to Kelly, to have intercourse. This, of course, does not necessarily mean that there is progress towards more satisfactory behavior in relationships. Contradictory to Kelly's claim, Lawrence, Rubinson & O'Rourke[71] demonstrated that there is an increased legitimacy for a variety of sexual interactions that do not include intercourse but still lead to satisfaction. Attitudes towards masturbation have also changed, and today it is considered a normal part of human expression. According to Story (1985), however, it seems to be true that masturbation, even today, is a more positively sanctioned behavior in men than in women. Schreurs & Buunk[72], looking

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[71] **Lawrence I., Rubinson L., & O'Rourke T. (1984), "Sexual attitudes and behaviors: Trends for a ten year period, 1972-1982". *Journal of Sex Education and Therapy*, 2 (2), 22-29.**

[72] **Schreurs, Karlein M. G. & Buunk, Bram P. (1995), "Intimacy, Autonomy, and Relationship Satisfaction in Dutch Lesbian Couples and Heterosexual Couples".**

for gender differences with respect to the interrelationship of intimacy, autonomy, and satisfaction, performed a study that included 50 lesbian couples and 50 heterosexual couples in Holland. The authors' hypothesis was that women are more oriented towards intimacy, while men are better at maintaining their autonomy. However, emotional intimacy was found to be the most important predictor of relationship satisfaction for all participants in the study. The study revealed no differences between men and women, or between heterosexual and lesbian couples in relationship satisfaction, but lesbian couples shared more with their partner emotionally and recreationally, and emotional intimacy was more highly valued by lesbian than by heterosexual couples. Within the heterosexual group, women also valued emotional intimacy more than men. There were no statistically significant differences in attitudes towards autonomy, and these attitudes were not found to be associated with relationship satisfaction. This study, however, may represent Netherlands' values, according to which autonomy in close relationships may be considered more acceptable than it is in other places, such as the United States.

Summary of Development of Women's sexology as a Science

Woman's sexuality continues to be characterized by a double-standard, double-message and women's sexual satisfaction has not been neither an area of social concern nor part of the political agenda.

Until recently, few scientific attempts to study human sexual behavior were made but the last decades the topics of men's and women's sexuality

have become an important area of research. As the study on human's sexuality has advanced, different approaches to address sexual pathology have been suggested. Predominantly used are the behavioral and psychodynamic approaches (see the psychological approaches part for a thorough discussion on this topic).

The concept of women's sexual satisfaction, however, has not systematically been studied by the dominant schools; it was irrelevant under Freud's understanding of human sexuality since Freud perceived sex as a means of reproduction rather than as a means of satisfaction. Masters and Johnson confused physiological responses to sexual stimuli with satisfaction. They focused their studies on physical reactions. The dominant clinical theories fail to consider all bio-psycho-social aspects that influence on women's sexual satisfaction. Cognitive humanistic approaches are suggested as those that have the potential to address different domains related to sexual satisfaction of women.

In conclusion, scientific progress in sexuality has not made a strong impact on social policy or on clinical approaches in the 1990s. Whenever the issue of women's sexual satisfaction has been articulated, it immediately has become upstaged by a [related] - less threatening to patriarchy issue (e.g.: pornography, sexual violence, erotica, prostitution). These issues are easier to address without endangering dominant 'cherished values' that lead to political control over women and their sexuality.

Clinical Perspectives on Women's Sexuality

The double-standard, double-message about sexuality creates a great deal of confusion, certainly among women. While there is a recent social tendency to sanction sex as other than a means of reproduction, this approval is still unequal for the genders - recreation for men; connectedness or love for women.

The sexual education that is available today is directed primarily at warning teens about diseases and pregnancy. Issues such as understanding one's needs, making choices to consent or reject engagement in sexual activities, and sexual satisfaction are rarely addressed by educators or parents (Kelly, 1990).

As a result of the confusion created by society's standards and by the lack of meaningful education, women are relegated to choosing one or the other social dictates: 'thou shalt have sex!' or 'thou shalt not have sex!', without having really examined their own needs. Some of those who choose the former may be acting out sexually in protest against the double standard; those who choose the latter have elected to withdraw from the confusing sexual arena. It is only some 'fortunate' women who can assert themselves; balance the role expectations; avoid being condemned by society; and achieve sexual satisfaction.

Sex therapy has an important place in our society; many people feel that they cannot 'get it right' in sex. Some people are not attracted to engage in sexual activities; some are interested but do not seem to enjoy it. Many need help either in accepting themselves with their sexual or non-sexual needs, or in changing aspects of their sexuality they are not satisfied with. Sex therapy, a modality developed over the past decades, was introduced to help people who felt troubled in this area. To address these problems

comprised of psychological and societal factors, therapists with expertise are called for.

An overview of the most dominant methods used in sex therapy is presented. As Leiblum & Rosen (1989) summarized it, treatment approaches to sexual problems in the 1990s include cognitive-behavioral, psychodynamic, interpersonal, and systems-interactional perspectives. To this list, one should add humanistic and feminist approaches, which also appear to be of great relevance. Although some practitioners are presently oriented to using a clinical approach, most in the field lean toward the medical model (Tiefer-1995). The medical model focuses on the part of the body that appears to be malfunctioning, and addresses the particular problem with surgery or medication.

Before touching on modern psychology, the ancient model of the Tantra is presented, as it is a system that takes under consideration bio-psycho-social factors and regards sexual satisfaction as an indispensable part of self realization. The Tantra model is compatible with humanistic theories such as Rogers' and Reich's therapeutic models.

Tantra - The Model

As mentioned earlier (p. 23), the Tantra is the science of the ecstasy of sex as perceived by the Vedic Hindus. It is a 4,000-year-old discipline created in a social context that accepts sexual satisfaction as a very important aspect of self-realization.

As stated by Arvind & Shanta Kale (1975), the Tantra was studied by the Vedic Hindus "with the same unswerving doggedness that they studied mathematics, physics, phonetics and physical fitness" (p. 11). Its mythology perceives sex as the greatest driving force in the living world, and sees the

Creation as a balance of opposites which can best be typified as Male and Female. The Creation-sustaining equilibrium of these opposing forces is symbolized by the Lingam (penis in state of erection), and the Yoni (receptive vulva). Tantric theory holds that the creative power of sex, known as the Kundalini, can activate successive centers of energy called Chakras. It is when it rises through the last Chakra at the top of the head, that you can see your Self, your Soul. However, it may not be necessary to identify with Tantra's mythology in order to accept its philosophical underpinnings and adopt what is applicable to clinical work in modern sexology.

Tantra addresses issues such as emotional and physical maturity, self-acceptance, and acceptance of partner. It uses a comprehensive training plan to get the most out of one's sexuality while trying to prevent possible emotional repercussions of exposure to sexual intimacy. No clinical modern model appears to address human sexuality in such a sensitive and comprehensive manner. Contrary to the puritan values that force us to deny our sexual desires, the Tantra encourages freeing ourselves to explore ecstasy and satisfaction.

The sexual force, as perceived in Tantra, can serve two purposes: the procreative and the kundalini (creative) purpose. It is at the peaks of kundalini that contact is made with the uninhibited sub-conscious. Tantra seeks to prolong sex in a disciplined way, assuming that sexual pleasure can be a virtue if subjected to training and self-control. The Tantrist seeks to experience the most intense pleasure that can be tolerated and maintain it for as long as it can be held. The Tantra's underlying assumption is that unless you are satisfied in your sexual life you cannot have a satisfactory life. It is not the belief of this author that sexual realization is either the only route to a fully satisfactory life, or even a route that assures this end; there may be

many ways in which both non-sexual people, and those who do not reach sexual satisfaction, may fulfill their lives. Nor is there any guarantee that a person who enjoys sexual satisfaction has a satisfactory life in other ways. As presented by the Tantra, however, sexual satisfaction is an avenue that can be taken to reach deeper self-understanding and self-acceptance, becoming a path towards self realization. Tantra looks for a process of connectedness, and creates a comprehensive environment in which aesthetic settings, furnished with erotic scents, music and other sensual components, are included. It operates under the premise that sexual pleasure is a means; the end is to expand your spirit, mind, and personality. The long term benefit of such sexual discipline is, according to Tantra, a virtual rejuvenation of the bodies and minds of the partners who experience such suprasexual communion.

The Gothul (communal system of the Maurias-Vedic Hindus) believes that sexual physical maturity and sexual mental maturity do not occur at the same time: the former precedes the latter by many years. The sexually mature person is one who believes that any consensual sexual act performed, provided it does not diminish the rights of a third person, is socially acceptable conduct. The goal of Tantra is to find out who you are, and the joy lies in the nature of the quest and the bliss of the eventual discovery. Arvind & Shanta Kale warn that non-mature persons who practice may be overwhelmed when exposed to the deep emotions.

Modern psychologists such as Rogers[73] believe that a mind/body equilibrium is needed to achieve self-actualization. Similarly to Reich's

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[73] Rogers, Carl (1959), "A Theory of Therapy, Personality, and Interpersonal Relationships, as Developed in the Client-Centered Framework", in Koch, S. (Ed.), *Psychology, A Study of a Science. Vol. 3. Formulations of the Person and the Social Context.* New York: McGraw-Hill, 1959, 184-256

concept of carapaces, Rogers believes that from the time we are born, and face the hostile world, we build up layers of defensive shields. In an approach that resembles Reich's and Rogers' theories, Tantra's belief is that to make any progress in sexual self realization, one needs to shed these 'protective carapaces' and allow the soft, palpitating 'you' to be touched, and to touch. It is only in this milieu that you can lose your society-built identity and begin to merge with the larger identity that is your potential. But the 'shedding' process renders one vulnerable. An adverse experience at such a time might lead to cynicism, madness or even suicide. Cynicism, according to Arvind & Shanta Kale, is the result of building additional, de-sensitizing layers because of such a hurtful experience. The authors assert that no cynic can be Tantrist and no Tantrist can be a cynic.

An environment that accepts sexual satisfaction may not be available in our society. In addition to transmitting the message of acceptance of the client's sexual self-realization, clinicians should not overlook Tantra in their repertoire of resources that enhance skills in aspects such as communication and honing of senses. Creating the right environment (e.g., the use of erotic scents and conducive music) may also be incorporated by the clinician into the repertoire of techniques.

The Psychodynamic Approach

According to Freud, all the "perverse" tendencies have their roots in childhood. As pointed out by Josephs[74], Freud believes that it is infantile

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[74] Josephs, Lawrence (1995), *Character and Self-Experience - Working With Obsessive-compulsive, Depressive-Masochist, Narcissistic, and Other Character Styles.* NJ: Jason Aronson. 9-25.

sexuality that underlies adult conduct. Lauzun[75], summarizing Freud's theories on sexuality, states that he believed that deprivation of normal sexual satisfactions may lead to abnormal paths of sexual excitation. Freud used the term 'perversion' for anything that serves the pursuit of gratification without a reproductive intent.

Freud believed that infants have sexual excitation and that they perform actions only toward the end of obtaining pleasure. Excitation starts as she/he falls asleep at the breast. Freud stated that the child's gratification at this point can only relate to the mouth and lips. Freud claimed that later the infant, in feeling its own body, discovers the particularly excitable region of its genitalia. There follows a period in which the infant experiences libidinal pleasure in the evacuation of urine and the contents of the bowels, but the outer world often reacts as a hostile force indicating that he/she should not pass excretions whenever he/she likes but at times appointed by other people. He/she is required to limit libidinal pleasure to gain the acceptance of meaningful others.

For Freud[76], the turning point in the development of mature sexual life lies at the point of its subordination to the purposes of reproduction. Freud acknowledged that by making the function of reproduction the core of sexuality, one runs the risk of excluding from it a whole host of things like masturbation. Regardless of this awareness, Freud opted for sticking with the narrow definition. Tiefer (1995), who describes the skin as "the largest sex organ", criticizes Freud, who conceived of the mother's breast, (at a point in

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[75] Lauzun, Gerard (1962), *Sigmund Freud, The Man and His Theories*. NY: Fawcet

[76] Freud, Sigmund (1922), *Introductory Lectures on Psychoanalysis*. Ed. Ernest Jones, London: George Allen & Unwind Ltd.

which the infant is completely enfolded by the warmth of the adult), as the point of departure from which the whole of sexual life developed. According to Tiefer, by focusing on erogenous zones Freud trivialized the importance of other physical and emotional types of contact that are of great relevance for people's sexual satisfaction.

As conceived by Freud, the central function of early education is social control. From early childhood there is a need for restraining and confining the sexual instinct. Without it, this instinct would break all bounds and the "laboriously erected structure of society" would be swept away. Freud's theories can, in part, be seen as a result of middle class European puritan values of the XIX Century. Though aware of the detrimental effects of social constructs that are aimed at suppressing instincts, Freud not only opted for individuals' conforming to the existing norms but also advocated the continuation of the social system. Careless about women's needs, Freud certainly helped patriarchy to hold on to its values; his assumption about female sexuality was that little girls feel themselves heavily handicapped by the absence of a large visible penis and envy the boy's possession, which later is expressed in a neurosis. The clitoris in the girl was perceived by Freud as the equivalent to the penis during childhood, a region of excitability through which auto-erotic satisfaction is achieved. Freud postulated that a woman has a clitoral orgasm when her clitoris is directly stimulated, and a vaginal orgasm (without any stimulation of the clitoris) during intercourse, and the so-called "vaginal" orgasm is, supposedly, the more intense and the more "mature" of the two. Many people today continue to believe that if a woman does not have an orgasm during intercourse, she is somehow lacking, failing to make her transition to womanhood.

Freud[77] believed that the child is dependent upon parental validation of appropriate gender-role behavior. As the child becomes a little man or a little woman, social and parental prohibitions are internalized, becoming unconscious internal inhibitions. Instincts are transformed through either sublimation or reaction-formation. Freud (1905)[78] described three phases of psychosexual development in the first few years of life (birth to about age of four): oral, anal and genital.

Many of Freud's basic assumptions about female sexuality have long been disputed, and he has been criticized for his patriarchal approach and for ignoring the psycho-biological aspect of sexuality (De Beauvoir[79], Fromm 1956). Freud (1905), ignoring the polarity between the genders, stated that the libido had a masculine nature, regardless of whether it is in a man or in a woman, i. e. the little boy experiences the woman as a castrated man.

As a therapeutic approach, Psychodynamic analysis continues to be used in the treatment of sexual disorders. The whole school of psychoanalysis, however, has been seriously challenged by Macmillan[80] who has recently, made a comprehensive critical analysis of Freud's theory of personality, and the use of psychoanalysis. Macmillan concluded that in addition to his lack of innovation, Freud was faulted on the logic of his theories. As one of his critiques, Macmillan mentions Freud's inconsistency

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[77] Freud, Sigmund (1917), *On Transformations of Instinct as Exemplified in Anal Eroticism* The Standard Edition of the Complete Psychological Works of Sigmond Freud 17: 125-133. NY: The Hogarth Press - 1953

[78] Freud, Sigmund (1905), *Three essays in the Theory of Sexuality.* The Standard Edition of the Complete Psychological Works of Sigmond Freud 7: 125-245 NY: The Hogarth Press - 1953

[79] De Beauvoir, Simone (1953), *The Second Sex.* NY: Vintage (reprinted in 1989)

[80] Macmillan, Malcolm (1995), *Freud Evaluated,* NY: Frederich Crews. 2nd Edition.

with regard to selection of an object-choice; while his male/mother attachment model applies to the male, he has no congruent explanation for the female child who had the same breast-feeding socialization as her sibling brothers did. In summary, Macmillan believes that the same pseudo-determination that allowed for the construction of Freud's theories is found almost everywhere in psychoanalysis: there are no logical rules for interpreting data, and the determinants of those data are not internal.

The Behavioral Approach

Besides the medical model, the approach used by most sex therapists today is the behavioral approach that followed from the studies of Masters & Johnson. Their theory of the sexual response cycle resulted from many years of research on the human response to sexual stimuli. The cycle is supposedly similar in men and women, but with some differences. In particular, women are capable of having multiple orgasms, and their overall response time is usually slower than that of men. The cycle has four stages: 1) Excitement stage, in which the body begins to react to sexual stimuli. In men it begins with an erection while in women the first reaction is lubrication of the vagina, which is associated with engorgement of the vaginal blood vessels; 2) Plateau stage - this stage of increased tension can continue for a long or short time, depending on the desires of the people involved. During this stage, blood trapped in the sex organs of both sexes causes a pleasurable swelling; 3) The orgasmic or climactic physiological phase - involuntary response consisting of those few seconds when the body changes resulting from stimulation reach their maximum intensity - is expressed as a release of muscular spasm and engorgement of blood vessels built up by sexual stimulation. Masters & Johnson (1966) believed that subjectively it is

the peak experience of physical pleasure. However, the term female orgasm is not clearly defined, and its presumed correlation with pleasure has not been questioned or studied (see discussion about female orgasm under the Additional Issues From Literature review section). Masters & Johnson acknowledged that for women the attainment of this peak is influenced by a variety of psychological and social factors, but they claimed that these factors were outside the scope of their study. They found that in the American culture men are more body-oriented, while women tend to respond to the total person and the total situation. In men, the first of multiple orgasms was deemed to be the most pleasurable, while the multi-orgasmic women in the laboratory usually reported that the second or third orgasms were the more intense and prolonged experiences. According to Masters & Johnson, the female perceives the orgasm as taking place in the muscles and tissues around the clitoris and in the vagina and uterus. From a holistic point of view one might claim that preoccupation in establishing the exact area in the genitals that creates a peak experience may be self-defeating since it prevents the woman from losing own self to the act of love. According to Masters & Johnson's observations, masturbation produced the most intense physical sexual reaction in the laboratory, followed by partner manipulation, with intercourse being the least intense experience; 4) Resolution phase or refractory period is the last stage- in males it comes immediately after orgasm, as the body relaxes and breathing and blood pressure return to normal; re-stimulation is impossible for a while. Women's refractory periods are shorter than in men, permitting some women to experience multiple orgasms. Women experience an afterglow, a period in which they seek continued physical intimacy to fully experience sexual satisfaction.

Masters & Johnson (1970) developed an innovative two-week therapy program, in which a dual sex-therapy team would work intensively to alleviate symptoms of sexual inadequacy. Wallace and Barbach documented the results of a 5 weeks structured group-work treatment that was led by Carlsen and Barbach[81] to help women to become orgasmic. The participants, besides participation in the group sessions, were supposed to do an hour of homework daily, following the 9 step masturbation program of LoPiccolo[82]. Barbach and Carlsen's approach opposed the traditional psychotherapeutic view of a sexual problem being a symptom of an underlying neurosis, which supported long term therapy to deal with the psychiatric condition before addressing the sexual difficulty. As Barbach[83] reported, the five week program did not completely reverse the problem, but by its end 93% of the women who participated had experienced orgasm through self stimulation. Behavioral therapy alone, however, does not account for this high rate of success, since focusing on reaching orgasms was only one aspect of the group activity. As reported, women also shared their feelings about their sexual problems. They gained group support and permission for being or not being sexual. Barbach differentiated between what she called "sex", and "loving relationship" (which according to her is inclusive of more than just sex), but focused the attention of her manual only on achieving orgasm. As a group leader she was more effective using a comprehensive approach, than

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[81] Wallace, Doug and Barbach, Lonnie (1975), "Pre-orgasmic Group Treatment", *Journal of Sex and Marital Therapy.* 1 (2) In Press

[82] Lobitz, W. Charles and LoPiccolo, Joseph, (1972), "New Methods in the Behavioral Treatment of Sexual Dysfunction", *Journal of Behavior Therapy and Experimental Psychiatry,* v. 3, 265-71.

[83] Garfield Barbach, Lonnie (1975), *For Yourself: The Fulfillment of Female Sexuality.* Signet

in her writing about women's sexuality, where her focus was limited to the genitals. She seemed to be somewhat aware of this deficit, however, and encouraged her readers to expand their knowledge by studying theories such as Rogers' humanistic approach.

Prior to Masters & Johnson, psychotherapists tended to view sexual difficulties as indicative of long-standing psychopathology, and the therapy focused on resolving intrapsychic conflicts. Masters & Johnson emphasized performance anxiety and negative conditioning as the major determinants of sexual expression (pg. 1). Focusing on the concept of performance anxiety, however, was regarded by many experienced therapists as too simplistic since some people do not find sex compelling or particularly enjoyable. According to Leiblum & Rosen, these "desire disorders" require approaches that integrate biological, intrapsychic, and interpersonal determinants.

Tiefer (1995) poses another comprehensive critique of Masters & Johnson She calls attention to the arbitrariness of the four-stage, "hard-wired" sequence of sexual behaviors. She also points out that Masters & Johnson selectively chose their sample to include only those who had a positive history of masturbation and coital orgasm. Additionally, they influenced their participants to the extent of providing sex therapy during the course of the study.

Eventually, under Masters & Johnson's influence, sex became an orderly series of physical reactions that could be measured and photographed, and was institutionalized in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)[84].

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[84] Diagnostic and Statistical Manual of Mental Disorders (DSM IV-1994) - *American Psychiatric Association.*
Diagnostic and Statistical Manual of Mental Disorders (DSM III-1987) - *American Psychiatric*

Sexual dysfunctions became disorders of intercourse, but these were actually a result of what Tiefer believes are the unrealistically high standards set by Masters & Johnson's preselected and unusual sample. Tiefer also states that Masters & Johnson ignored feelings and noncoital activities as well as gay and lesbian sexual expression. Tiefer summarizes her critique by stating that "In the current nosology, [sexuality] has become a fragmented collection of parts that pop in and out at different points in the performance sequence. This compartmentalization lends itself to mechanical imagery, to framing sexuality as the smooth operation and integration of complex machines" (p. 51)

Interpersonal Systems Concepts and Object-relations Theories

After 1979, following the publication of Masters & Johnson's "Human Sexual Inadequacy", short-term behavioral interventions, symptom-removal, directive-sensuality therapy and training exercises became routinely prescribed. As stated by Leiblum & Rosen, during the 1980's therapeutic orientations shifted toward systems and object-relations approaches, focusing on the interaction with other individuals (couple, family and group situations), and using techniques such as "sexual genograms" to identify relevant influences from the past that have an influence on attitudes, role-assumptions, and sexual values. Developments in group therapy included treatment for female anorgasmia, and treatment of incest survivors. Regardless of reportedly positive results, the use of sexual surrogates has

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generally been abandoned; medical, ethical and legal concerns have rendered their use in sex therapy untenable in most cases.

Leiblum & Rosen also suggest that the focus on the sexual symptom should sometimes be delayed until intimacy and other relationship issues have been fully explored. However, this partialized approach may ignore the presenting problems of the client. It would make more sense to integrate the approach and address the sex problem in the context of intimacy.

Cognitive Approaches

Cognition, and how behavior is guided by perception, are the central points of interest of cognitive theory. Werner[85] states that a cognitive approach (rational therapy) holds that the principal determinant of emotions, motives and behavior is an individual's thinking. Reid[86], in his task-centered approach, viewed people as less prisoners of environmental forces than orthodox behaviorists contend, and less prisoners of unconscious drives than Freudians believed. Payne[87] mentions that cognitive theory assumes that behavior is directed by thoughts, rather than by unconscious drives, conflicts and feelings. Beck[88] believes that the task of therapy is to reshape erroneous beliefs that produce inappropriate emotions and behavior.

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[85] Werner, Harold D. (1986) *Cognitive Theory.* In Turner Francis (Ed.). *Social Work Treatment: Interlocking Theoretical Approaches.* (3rd Ed,), New York: Free Press

[86] Reid, William, J. (1978). *The Task-Centered System.* New York: Columbia University Press.

[87] Payne, Malcolm (1991), *Modern Social Work Theory: a critical introduction.* Lyceum. USA.

[88] Beck, Aron T. (1976), *Cognitive Therapy and the Emotional Disorders.* New York: International Universities Press

A basic assumption is behind this school: people have free will and are able to look for truth and justice. They can make conscious decisions about the way they want to live their lives. By viewing the human being as capable of consciously changing situations, cognitive theories tend to perceive the person as a unique individual who is responsible for his/her decisions. Berlin[89] mentions that the cognitive-behavioral model represents a synthesis of views from cognitive psychology, social learning theory, and Psychodynamic theory, and explains human functioning as a product of reciprocal interaction between personal and environmental variables. Berlin believes that because of the reciprocal influence among behaviors, cognitions, and situations, change in any factor affects all the other factors. This framework, according to her, is very compatible with social work's person-in-situation commitment. Goldstein[90] perceives problem-solving as the highest level of learning. He accepts the phenomenological model of cognitive theory which assumes that the person constructs reality (as opposed to the mediational model which assumes that reality constructs the person).

Existential & Humanist approaches: According to Rank[91], the psychoanalyst who undertakes the task of curing the neurotic becomes of necessity a spokesperson and representative of the existing order. Rank believed that by

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[89] Berlin, Sharon (1983), *Cognitive-Behavioral Approaches.* Current and Future trends in Clinical Social Work. In Aron Rosenblat & Diana Waldfogel (Eds.) Handbook of Clinical Social Work. 1095-1119. San Francisco, Jossey-Bass.

[90] Goldstein, Howard (1986), *A cognitive humanistic approach to the hard-to reach client.* Social Work 67(1) 27-36, in Payne, Malcolm (1991), *Modern Social Work Theory: a critical introduction.* Lyceum. USA.

[91] Rank, Otto (1958), *Beyond Psychology. Psychology of Social Change.* Pg.49. NY: Dover.

respecting emotional expression without condemning it, the emphasis is shifted from the individual's past to his present self, allowing an active role for the client. The existential school is interested in interrelating people with their world and their meaning. As described by Kemp[92], people tend to surrender their self-awareness as a protection against the pain of reality and pay the price in anxiety, self-negation, and despair. As presented by him, the basic principles of existential therapy are 1) the therapist must relate to the client in his totality, grasp his being. This is different than knowing about him. As stated by Sartre[93], "...if we admit that the person is a totality, we cannot hope to reconstruct him by an addition or by an organization of the diverse tendencies which we have empirically discovered in him", 2) "Being" is the ability to become aware of realities such as love, will, and consciousness that act upon oneself; and of one's condition. With such awareness one has the freedom to choose one thing or the other 3) "Being-in-the-world". To understand a person is to understand this person's world. 4) "Ego" and "being" are different. The ego is a reflection of the outside world whose strength or weakness depend upon others' approval. The sense of "being", on the other hand, is firmly grounded in one's own experience and existence. 5) "Being" and "non-being - (endings, loss, death, etc.)" are the opposite poles of existence; one does not have meaning without the other. It is when "non-being" threatens us that we are more aware of "being". 6) The ontological perspective on anxiety is the anxiety of knowing that one day we

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[92] Kemp, Gratton, C. (1976), "Existential Counseling", in Belkin ,Gary S., ed. *Counseling Directions in Theory and Practice* Iowa: Kendall/Hunt.

[93] Sartre, Jean Paul (1956), *Being and Nothingness, An Essay on Phenomenological Ontology* by Hazel Barnes. p. 52, 58. NY: The Philosophical Library.

shall die. The existential clinician is not engaged in trying to free his client from anxiety; he is, rather, interested in helping the client to accept anxiety as a constituent of life and using it as an opportunity to grow. 7) The ontological perception of guilt is rather a guilt that has its source in one's own world. It occurs when one denies or fails to fulfill his/her own real potential. The counselor deals with the client's feelings of guilt in accepting his condition instead of moving towards a more desirable situation.

Fromm (1941) adopted this school of thinking as early as the 1940s. He believed that we are gifted with reason and self awareness, which led us to transcend nature, and turned us away from the natural kingdom with no option of going back. He believed that consciousness of our aloneness, separateness, and helplessness makes existence an unbearable prison and creates a situation in which man's deepest need is to overcome his separateness. According to Fromm, our sexual attraction is mainly motivated by the need of a pact or a union with the opposite sex, rather than by a need to relieve sexual tension.

Maslow was another psychologist who rejected the dominant schools of behaviorism and psychoanalysis because their conceptions of man were too narrow. According to Chaplin[94], Maslow defended "humanism" as an approach that concerns itself with higher human motives, such as self-realization, knowing and understanding, and aesthetics. These higher motives were characterized by Maslow as *abundance needs* in contrast to *deficiency needs* which arise out of physiological motives and feelings of insecurity and alienation. Peak experiences may be creative periods that may

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[94] Chaplin, James P. (1968), *Dictionary of Psychology*, Revised Edition. NY: Laurel.

involve contemplation, compassion, and awareness. Maslow's views are closely related to those of Erich Fromm, Alfred Adler, Rollo May, and Carl Rogers, all of whom espoused a humanistic psychology.

Rogers (1959) stated that growing is a gradual and sometimes painful process of exploring what is behind our "masks". As interpreted by Kirschenbaum & Henderson[95] those masks are layers that we have carefully constructed to avoid pain and rejection. Rogers' theory, as summarized by Chaplin (1968), relates to a balance, a congruence of self and organism. He wrote about self-actualization and self-realization. In interpreting Rogers' theories, sexually self-realized individuals would share an eagerness to live and would search for some type of balance on his/her physical, psychological, and social/relationship areas. Rogers recommends a process of non-directive counseling to enable the individual to discover his true feelings of positive self-regard and conditions of worth. Unveiling masks to reach deeper contact with the self is what Rogers tries to achieve by means of tenderness and directing the client towards self-acceptance. Rogers' clinical approach was not specifically oriented to sex therapy. If it were to be applied to this area, however, it would be set at some type of Tantra environment. They would provide similar opportunities to accept oneself and one's individuality.

Social Constructionist & Feminist Approaches: Rubin[96], a feminist anthropologist, demonstrates that there have been periods in history in which

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[95] Kirschenbaum, Howard and Handerson, Valerie L. (Eds.) (1989), *The Carl Rogers Reader.* Boston: Houghton Miffin

[96] Rubin, Gayle (1984), "Thinking Sex: Notes for a radical theory of the politics of sexuality". pp. 267, 274. In C. S. Vance, ed., *Pleasure and Danger: Exploring female sexuality.* Boston: Routledge & Kegan Paul.

sexuality has been particularly controversial and in which social morals have been renegotiated, and accepted sexual activities recodified. The laws, practices, and values established during such periods have an effect on the way sexuality is experienced long after the immediate conflicts have faded. Simone De Beauvoir (1953) showed how literature transmits myths and creates standards that adversely affect women's realities, and help men continue to be in power. Forty-two years later, Tiefer (1995), rejects the idea of a "universal, inborn sexual drive". In a social constructionist approach, she shows that women's situation has not meaningfully changed and that sex researchers and therapists often continue to ignore women's voices. Tiefer, who believes that sexual scholarship is not and cannot be objective (or detached from historical, cultural, and political influences), proposes instead viewing sexuality as shaped and scripted by sociocultural forces and learning (p. 19).

McCormick (1996) interviewed 13 feminist sexuality researchers. As summarized by her, they believe that their clients, particularly the females, acquire their sexual problems from an environment that is negative to woman's sexuality and that programs them for sexual dysfunctions by socializing them to be caregivers for others but neglectful of themselves. As she stated, a feminist clinician's main goal need not be directed to instruct clients to be more pleasing or knowledgeable sexual partners, but to empower themselves. This includes acknowledging clients' lack of sexual activity as an acceptable choice. Another characteristic of a feminist therapist, as recorded by McCormick, is his/her approach to equality with the client. This attitude can help the client feel more empowered in the relationship with the therapist, which is a learning experience useful in creating similar relationships with one's partner(s). One also can add that this non-authoritarian existentialist

approach is an honest recognition of our personal fragility, and of our lack of magic formulas to find easy and permanent solutions to a changing complex reality. Finally, McCormick states, feminist therapists tend to help clients to feel positive about their bodies and their sexuality.

Clarification of Concepts:

Preface: Genital oriented sex has not always been considered the ideal in western patriarchy. The ancient Greeks had a larger view - they understood the power of the bio-psychological human being. They supported the idea that there is a connection between a healthy body and a healthy mind, and trained their male children in both the physical and the intellectual arts. They also allowed the development of sensuality, promoting the aesthetics in both the arts, and the human body. It is in this environment that Plato[97] developed his theories about love. Sometimes at the expense of physical relationships, Plato believed that love, in its most intense shape, has to do with an interpersonal ability to reach a profound connection. The intellectual and spiritual aspects of this connection seemed to be relevant in providing satisfaction and could overrule physical needs when aspects of higher hierarchy, such as the intellectual connectedness, were to be reached. Unfortunately, Plato's ideal love left women behind. It was possible only among men, since women were not considered to be able to reach these higher spiritual and intellectual connections. Women, according to Plato, could reach their 'best' level of love when associated with a man, or the 'lowest' level, when engaged in lesbian relationships.

Today, phallocentric values prevail in American society, influencing sexologists' perceptions in adopting the medical model. Sexology, as a science, has been strongly influenced by social norms and the personal values of writers, researchers, and sex therapists, who then prescribe treatment based on their biases (Tiefer, 1995). Often, these biases have only mythological support (Ellison, 1984; Zilbergeld[98]). Some of the biases may purposefully be

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[97] Plato (427 - 347 BC), *Symposium*. Great Britain: Oxford, (1994).

[98] Zilbergeld, B. & Ellison C.R. (1980), "Desire discrepancies and arousal problems in sex

constructed, while others may be used unconsciously by the researcher; in either case they exert a strong influence on the client's expectations and on public opinion. Additional issues related to women and their sexuality that reflect the extent of social bias are here presented.

In this chapter the following concepts are raised: a) female orgasm - the concept, its lack of clarity and the effect it has in the field of female sexology; b) the organs of reproduction in literature, their overemphasis and the consequences on sexual satisfaction; and c) gender differences - reality vs. writers' bias in topics such as communication, gender role-expectations and other areas affected by biased expectations.

WOMAN'S ORGASM: *The following part of this study will concentrate on the Female Orgasm, perceived by this writer as a vague and unclear concept. This lack of clarity has ramifications in both social constructs and clinical approaches. An operational definition of orgasm can be established, but since this term focuses on the physiology, it would only measure a physical response to genital stimulus. Questions that relate to the woman's sexual satisfaction are formulated; the 'Kundalini Woman', a more comprehensive term, is here suggested as a substitute for the term 'Orgasmic Woman'.*

The Female Orgasm Concept: The mere use of the term "female orgasm" may be considered an historical achievement. It represented an acknowledgment that women have a physical response to sexual stimulus, and implied that there is potential for a woman having sexual satisfaction. Woman's "vaginal reaction" was defined by Simone De Beauvoir (1953) as "a complex one, which may be

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therapy", In SR Leiblum and L. A. Pervin (Eds.), *Principles and Practice of Sex Therapy.* New York: Guilford Press.

referred to as bio-psychological, because it not only involves the whole nervous system, but also depends upon the whole experience and situation of the individual: it demands a profound acceptance on the part of the woman in her entirety" (pg. 372). Since the 1950s, however, when De Beauvoir named it "vaginal reactions", *the Female Orgasm Concept* has become even more obscure. Sexologists have been able to measure physical reactions, but have ignored the psychosocial elements that are part of complete sexual relationships. The word 'orgasm' is modeled after the male's physiological response, which consists of a clearly identified climax followed by immediate relaxation; but when it comes to women's reactions, which are of a more varied nature, the word is not fully accurate or descriptive. This lack of clarity acts as an impediment to the development of a more adequate and precise understanding of women's sexuality.

Definitions have changed over time, but regardless of the fact that women have emphasized their psychological and emotional needs as of vital importance towards achieving sexual satisfaction (De Beauvoir, 1949, Ellison, 1984, Ogden, 1994; Tiefer, 1995), their voices continue to be ignored, and the search for the physiological reaction dominates the field. Freud asserted that mature women had vaginal orgasms. Masters & Johnson demonstrated, in the laboratory, that both clitoral and vaginal orgasms were present. They stated that clitoral stimulation was the key to orgasm for women. They suggested that for women the attainment of this "peak" (one of the words they use as an alternative to orgasm) is influenced by a variety of psychological and social factors. They acknowledged these factors to be of great importance, but claimed that elaborating on them was beyond the scope of their study. Masters & Johnson's

definition of orgasm was also adopted in popular literature. Beck[99], who defines herself as one of those women who climaxes easily, and who decided to write a book "to help her sisters have multiple orgasms"; defines it as "an automatic reflex caused by stimulation of the clitoris that exposes itself in vaginal contractions, which last eight tenths of a second each" (pg. XIV).

Extrapolating from Freud, Masters & Johnson, and other publications, a female orgasm can be defined as one that may allow one or more consecutive moments of climax, which is sometimes accompanied by spasms; sometimes the spasms are defined as the climax. Spasms are variably defined as muscular contractions, as pubycoccygeal spasm, as clitoral erection, or as something different, presumed to be related to pleasure. Despite the fact that they only measured physical reactions, Masters & Johnson (1966) used the term "orgasmic women" for women who have sexual satisfaction. Ellison (1984) also adopted this term. Barbach (1975, 1986[100]), who wrote a manual on female sexuality to help women achieve orgasm, assumed that being orgasmic and being sexually satisfied are synonymous, and seemed to understand orgasm as a moment of physical spasmic reaction. She acknowledged that the quality of the relationship with one's partner is important regarding loving relationships. These relationships are, according to her, more than only sexual pleasure. However, her narrow definition did not allow her to elaborate on this point, since "it was beyond the scope of her manual".

Westheimer[101] alternates the word "orgasm" with "spasm" and "peak", implying to her reader that some sort of pleasure is correlated with orgasm, but

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[99] Beck, Janalee (1993), *How to Have Multiple Orgasms*. NY: Avon

[100] Barbach, Lonnie (1986), *For Each Other*. NY: Signet.

[101] Westheimer, Ruth K. (1994), *Dr. Ruth's Encyclopedia of Sex*, Jerusalem: The Jerusalem Publishing Home.

without offering any understanding as to the nature of this correlation. Based on results of Masters & Johnson's studies, she rejects Freud's assumption that mature orgasms are vaginal. By keeping the focus of attention directed to the genitals only, she nevertheless remains oblivious to feminist claims against clinical approaches' partialization. She claims that all female orgasms are clitoral, meaning that it is always the stimulation of the clitoris that triggers the orgasm. There is, however, a great variety in how women experience sexuality and what triggers orgasm; there is even documentation of women who are so excitable that they can reach a spasmic pleasurable reaction merely using their own fantasy (Ogden - 1994, p 142). Measuring the woman's genital reactions to stimulation, and defining them as orgasms, is one thing; jumping to the conclusion that these are pleasurable is quite another. This leap in logic has persisted and its resolution has been ignored for generations.

Ramifications of the Female Orgasm Concept: Masters & Johnson's publications have become milestones in sex therapy. Changes in the DSM resulted from their findings, and their concepts are often quoted in professional reviews. As Masters & Johnson described it, the orgasmic stage is attained when the male or female has reached a high degree of sexual tension, triggering an orgasm and a series of muscular contractions in or near the sex organs. One may ask, "if the muscular contractions are additional to the orgasm, what is the orgasm itself?"

Regardless of inconsistencies, Masters & Johnson's hypothesis that clitoral stimulation is the key to orgasm for a woman has largely been adopted. This has led to a predominantly behavioral clinical approach in which if a woman does not experience a climax she is encouraged to masturbate. Absent from the

approach are a search for reasons that created the situation, or questions about whether she is sexually satisfied regardless of her lack of spasm.

Another result of the lack of clarity of the orgasm concept is the myth, often found in both literature and the media, and originally presented by Van de Velde (1926), that the "ideal" orgasm is one in which both partners reach the climax together during intercourse. While it is possible that Van de Velde wanted to emphasize the relevance of the quality of the relationship between the parties on reaching sexual satisfaction, the attempt to reach this goal had sometimes become the standard and focus of attention. Because of this, many couples became frustrated with their sex lives since they fall short of this standard. Westheimer (1995) still assures that this ideal orgasm exists, but consoles her readers by telling them that even though they may not be experiencing 'perfect orgasms', they may still receive sexual pleasure to some degree.

This whole constellation of unclear messages and definitions may explain why sometimes women report that they do not know whether they have orgasms or not (Yaffe & Fenwick - 1988). These authors believe that both men and women are sometimes confused about the female orgasm. A woman may worry about whether she experiences what she is supposed to feel, and indeed whether she has orgasms at all. Some women who report being sexually satisfied still feel that they are missing a "magic something" that they have not been able to reach. An *Operational Definition*: As popularly defined, the female orgasm is the peak moment during which physical spasm occurs. This peak is presumed to be the secret key to pleasure, becoming the standard to which women would aspire.

The possible correlation between 'the spasm' and pleasure might, however, be formulated in the following cross tabulation format. We could imagine that it is possible to have:

Sexual satisfaction [+] and a physical spasm/orgasm [+].

Negative response may exist for sexual satisfaction [-] and spasm/orgasm [-]. However, how about sexual satisfaction [+], with no spasm/orgasm [-]?; Or, can she get a non-pleasurable [-] mechanical spasmic reaction [+] (when for example she is brutally raped, or emotionally humiliated? - (In the latter example, she might further be accused of 'enjoying' being brutalized)! Parvin[102], in an article based on her own clinical experience, explores the idea of our body's autonomic arousal (in both men and women), which according to her is ambiguous and tends to be overtranslated as sexual arousal, both by therapists and by clients. One of her examples used to support her point is a Viet Nam veteran, who reported having an erection during his first battle. She suggests that arousal, partially registered in the genital region, is a reaction to many strong emotions, feelings of power, love, vulnerability, and also, but not always, sexual desire.

An Alternative Concept - The 'Kundalini' Woman. The term orgasm reflects a physical phenomenon, whose absolute correlation with sexual pleasure may be questionable. For the woman who is sexually satisfied (with or without orgasm), an alternative to the term Orgasmic Woman may be preferable - one that represents a dynamic transition rather than a moment frozen in time; one that requires a level of comfort with one's own bio-psycho-social reality; one that permits people to seek for the benefits of their sexuality in its full potential. This term would guide clinicians to search for approaches that are inclusive of the whole phenomenon. One may propose that the term be borrowed from Tantra's culture, where reaching the creative power of sex is called 'Kundalini'. One could describe a 'Kundalini' woman as one who allows herself to experience the

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[102] Parvin, RuthAnn (1997). "Exploring Intimacy in Therapy: Broadening the Interpretation of Arousal". *Woman & Therapy - A Feminist Quarterly* 20 (1). The Haworth Press

creative power of sex. This is a sensual person who is able to experience an intense physical and emotional pleasure while engaging in sexual activity (whether spasms occur or not); who allows loss of self into the feelings of love making; and who reaches a higher level of self acceptance as a result of this positive experience.

After finishing this chapter, an additional justification for looking for more adequate terminology came from Haste[103], who believes that a more authentic perspective of gender can be achieved if we can create new metaphors for mainstream culture. She illustrates how deep-rooted sexual metaphor is in our culture, and how these metaphors frame our world and are accepted without challenge. As Haste states, the language of sexual metaphor is so embedded in our thinking that it is impossible ever to see women as equal in society.

IMPLICATIONS OF THE EXCESSIVE PREOCCUPATION WITH THE ORGANS OF REPRODUCTION IN THE LITERATURE: Tiefer (1995), who states that sexual satisfaction is not located only in the genitals, points out that nine times out of ten, text books on sexology begin with a chapter on anatomy and physiology (p. 6). She believes that this sets the stage for the assumption that the "biological bedrock" needs to be understood before we can address any other aspect of human sexuality and she criticizes this perception as being a result of phallocentric social values. To illustrate her point she gives the example of a pianist whose quality of performance is unrelated to his learning about the anatomy of the bones, nerves, blood vessels, and muscles of the fingers, or the physiology of hearing or rhythm sense. Instead he has been encouraged to be in

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[103] Haste, Helen (1994), *The Sexual Metaphor* Massachusetts: Harvard University Press.

touch with his feelings (in addition to technique) to achieve creative expression. Preoccupation with the functioning of his hands and fingers when playing the piano would keep him from being creatively free; similarly, preoccupation with the physiological reaction to sex would be a distraction from what a complete and satisfying sexual relationship could be.

GENDER DIFFERENCES - REALITY VS. BIASED TRANSMITTED CONCEPTS: Acknowledging that women are different from men is important. However, it is also important to understand the real nature of such differences. *Differences In Communication Styles:* Differences in communication styles between men and women is a topic that has received much attention in literature. Tannen[104] states that women and men use different sets of rules in conversation, that are interpreted differently. Gray[105] assures us that the two genders also think, perceive, feel, react, respond, love, need, and appreciate differently. In his text "Mars and Venus in the Bedroom" he claims that women want romance, while men want sex; and that "it is sex that allows a man to feel his needs for love, while it is receiving love that helps a woman to feel her hunger for sex" (Pg. 2).

Aries[106] has recently published a study in this area. Aries' study is a meta-analysis that was reviewed by Black[107]. Aries' data revealed that the

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[104] Tannen, Deborah (1990). *You Just Don't Understand: Women and Men in Conversation.* NY: William Morrow.
Tannen, Deborah (1994). *Talking from 9 to 5: How women's and men's conversational style affect who gets heard, who gets credit, and what gets done at work.* NY: William Morrow.

[105] Gray, J. (1992) *Men are from Mars, women are from Venus.* NY: Harper Collins.
Gray, J. (1995) *Mars and Venus in the bedroom: A guide to lasting romance and passion.* NY: Harper Collins.

[106] Aries, Elizabeth (1996), *Men and Women in Interaction: Reconsidering the Difference.* NY: Oxford University Press.

similarities between men and women are far greater than the differences. She stated that statistically significant differences are often so small that they explain a minuscule amount of variance and that the response distribution of the two sexes overlaps greatly. Gender generally accounts for less than 10% of the behavior in most studies. Aries claimed that because of gender stereotypes, perceptions are not always accurate, and they have a prescriptive role, since persons who violate our expectations, pay a price in how they are evaluated. As she summarized: "Men and women are capable of displaying both masculine and feminine styles of interaction, and the style they display depends upon their status, role, gender identity, and interaction goals, as well as on a variety of other situational variables. Stereotypic beliefs have the power to become self-fulfilling prophecies for behavior. The stronger our belief in gender differences, the more firmly we will keep current gender arrangements in place, arrangements that afford greater opportunities and privileges to men." (p. ix)

In the literature I reviewed, author partiality in the areas of gender performance and communication between the genders was easy to find both in popular and professional publications. Some examples are here presented:

An example of unsupported opinions such as "men tend not to disclose personal information", with a danger of perpetuating prejudice, is found in Scarf[108]. She used Masters & Johnson's four phases of sexual response along with their prescription of sexual exercises to get the desired response. Scarf is a social worker, trained in family therapy, who reports her experiences of an in

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[107] Black, Katheryn N. (1997), "Surprise, Perhaps Men aren't from Mars and Women from Venus". *The Journal of Sex Research* (34) 1

[108] Scarf, Maggie (1987), *Intimate Partners - Patterns in Love and Marriage*. NY: Ballantine Books.

depth exploration of the marital lives of five couples. She states that when she was running the group sessions husbands tended to be "unusually disclosing and personal with one another regarding a popular view of sex" (p. 27).

Subotnik & Harris[109] recommend a cognitive-behavioral approach to fulfill the goal of keeping the marriage together. Their data show that 37% of the husbands in the sample had been unfaithful at least with one sexual partner outside the marriage, and that 29% of the wives had been unfaithful at least once. They characterized affairs in four categories according to their frequency, going from serial affairs to long term affairs. They also offered a typology of the reasons for affairs (p. 56). Subotnik & Harris agree with researchers such as Blumstein & Schwartz in their claim that even partners who have affairs still regard monogamy as an ideal. They did not feel, however, that elaborating on this dissonance was needed. Subotnik & Harris also stated that some generalizations need to be made in order to "recognize gender differences". However, their generalizations do not appear to be supported by research or adequate standards of clinical experience. For example, on pg. 111 they narrate the following scene: "Like most men, Seth [their object of case study] desires sex as a physical experience" (no bibliography supporting this claim about most men), "Joan, on the other hand, rarely enjoys a sexual encounter without romance, affection, and intimacy." -They add:- "Seth and Joan are exhibiting attitudes typical of their genders". There is no supportive bibliography, but, to support their point the authors provide the following example from their clinical practice: "...after a hard day's work after which Joan is ready to relax, Seth asks her: "In the mood?" When she does not respond he says, "cold fish!" The authors

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[109] Subotnik Rena and Harris Gloria (1994), *Surviving Infidelity - Making decisions recovering from the pain.* NY: Bole Adams

conclude that "women value tenderness above sex." This is particularly true - according to them - about women who are under 40 years old (no data supporting the claim). "They want closeness, intimacy, and the sharing of personal thoughts, feelings and plans". Subotnik & Harris are failing to appreciate the true communication problem in this sample. Instead of citing Seth's insensitivity and narcissism, they are simplistically attributing the problem to one of "gender differences".

Biased Expectations in Role Performance: Suib Cohen[110], a freelance writer for The *New York Times, Glamour, Mademoiselle, Ladies' Home Journal* and *New Woman*, published a book in which she assures us that to have a good marriage women should: "See the beauty of what *he* loves, even if it looks like ground-up fish bait... - Spend time together: Hearing about catching the shark isn't the same as feeling the shark's breath... - Love has only one route: unconditional support, even if you are scared, even if you have to bluff it." Suib Cohen's advice, which overloads women with duties at the expense not only of their time but also of their integrity, could only apply to a privileged, middle-class wife, a woman who is 'lucky' enough to be economically supported by her husband, who has enough resources for her not to be fully consumed by raising children, and who has few ambitions for her own personal growth. This type of creature, who may be overrepresented by the media and portrayed as the average women, represents only a small minority of the female population.

Additional Biased Concepts: Female sexual satisfaction is a complex issue that needs to be addressed in a bio-psycho-sociological approach that pays special attention to the quality of the relationship with the sexual partner. However, other

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[110] Suib Cohen, Sherry (1996), *Secrets of a Very Good Marriage*. NY: Penguin

aspects that often lack clarity, such as romance and commitment, are often present in literature. Westheimer[111], complying with social constructs and also without quoting supportive bibliography, agrees with the statement that "to a man sex is different than love" (pg. 373). She claims that most women need romance to become aroused (whatever she means by romance), assuring that their emotions are almost always involved. She also claims that most men have sex without the act triggering an emotional response in them. By assuming this to be a universal characteristic, she ignores the fact that these cultural patterns change with time and from society to society. For example, in some Hispanic cultures such as Mexican, a man who would become suicidal when abandoned or emotionally hurt, would be viewed as a culturally well adjusted member of the male population. She also ignores humanistic male psychologists such as Fromm, and Rogers who believe in intensive needs of communication for both genders.

Westheimer's biases are also evident in her discussion of male and female prostitutes. To support her view about gender differences, she states that prostitutes have always been doing business with men on a "quickie" basis, while gigolos almost always perform on a "long term" basis. She offers no bibliography to support any of these claims, and her argument about prostitutes ignores the immense variety of existing types of prostitution, in which on-going relationships are one of the existing possibilities (Alexander[112]; Jarvinen[113],

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[111] Westheimer, Ruth K. (1995), *Sex for Dummies*, IDG Books Worldwide, Inc.

[112] Alexander, Priscilla (1987), "Prostitution: A Difficult Issue for Feminists". In Delacoste, F. & Alexander, P., *Sex Work: Writings by Women in the Sex Industry*. 185-215 London: Virago Press.

[113] Jarvinen, Margaretha (1993), "Prostitution in Helsinki: A disappearing Social Problem?" *Journal of the History of Sexuality*, 3 (4), 608-630

Vanwesenbeeck[114]). Finally, she is insensitive to the fact that the use of the term "gigolo" for a male prostitute is supportive of the double standard bias that makes the act of prostitution more easy for him than it is for his female counterpart, who carries a stronger social stigma.

De Beixedon (1995) is a clinician who has a feminist approach and who believes that the basic requirements for the development of an intimate relationship are consent, equality, positive regard for one's partner, trust, and feelings of safety. She also believes that mutual sexual interaction can provide some of the best nourishment, play, and replenishment that *a committed* relationship can offer. Her particular inclination is that an essential ingredient to sexual satisfaction is commitment, without clarifying what she means by commitment. By doing so, she may limit the possibility of nourishment to the so-called 'committed' sexual relationship, implying that women who are not engaged in a committed type of couple relationship are, in theory, non partakers of the benefits of sexual satisfaction.

Summary of Clinical Approaches

The importance of considering a variety of factors such as the physical; the psychological/emotional; and the social/interpersonal relationship in issues related to sexual satisfaction of women is often acknowledged in literature. Nevertheless, much of the treatment that is applied falls under the Behavioral and/or Medical models, focusing on erogenous zones and often limiting to searching for 'the female orgasm'. Humanistic approaches are more comprehensive but are not frequently used in the treatment of sexual problems.

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[114] Vanwesenbeeck, Ine (1994), *Psychological and Social Adjustments of Women Employed as Prostitutes* Amsterdam: VU University Press

Psychodynamic and behavioral approaches tend to trivialize the importance of psycho-social factors that are relevant to achieving sexual satisfaction. Schneider & Irons'[115] article on contributions about DSM-IV, continues to focus exclusively on the organic and biological problems, leading to a greater emphasis on these issues in treatment.

An example of the clinical state of the art in sexology may be taken from Moursund[116], also supported by Leiblum & Rosen (1989). They maintain that sexual dysfunctions should be treated by specialized therapists (pg. 170), "if the problem is narrowly assessed as sexual dysfunction, the couple should be referred to a sex therapist; but if the sexual dysfunction is only one aspect of the overall relationship problem, the therapist may make some initial suggestions and observe the couple's response. If this first intervention is not helpful, sex therapy should be recommended". As a result of the dominant fragmentational models, they suggest parallel therapies when problems are identified in both areas. The option of training all therapists in principles of human sexual behavior as part of their core education, is not suggested, nor is working with a co-therapist to assure more sensitivity to the spectrum of possible sexual behaviors and to social and personal issues. These more integrated options would be preferable to being exposed to two different therapies, one of them focused 'on the couple's genitals' and the other on other aspects of the individual or the relationship, which in reality are entangled. Humanist approaches in general and feminist sexology in particular are becoming more predominant, but some feminist clinicians, fearing the objectification of women as sexual instruments, tend to emphasize aspects

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[115] Schneider, Jennifer P. & Irons, Richard (1996), "Differential Diagnosis of Addictive Sexual Disorders Using the DSM-IV". *Sexual Addiction & Compulsivity*, (3) 1 7-21

[116] Moursund, Janeth (1993), *The Process of Counseling and Therapy*. Third Edition. NJ: Prentice Hall.

related to social constructions and their implications on emotional and interpersonal relationships, underemphasizing issues related to physical desire.

Leiblum & Rosen[117], in a more recent publication, presented us with a broad selection of case studies. As summarized by Slowinski[118] they claimed that changes have occurred in recent years, and that realities such as changes in policies regarding medical insurance coverage have created time limitations that affect the therapeutic approach. Short term treatment has replaced longer individual and couples work. Increasing surgical intervention for sexual dysfunctions and use of medications as a therapeutic adjunct has taken place. Leiblum & Rosen, in summarizing their overview of clinical perspectives in the 1990s, assert that one of the new challenges for contemporary therapists is to help women to become more assertive, "given that sexual assertiveness has traditionally been difficult for women"; in addition, because of the AIDS era, there is a need to deal with issues such as the loss of seductiveness, spontaneity, and sensation that relate to the use of condoms. They believe that sex therapists must embrace a philosophy of prevention, teaching individuals how to eroticize safe sex, how to say "no" when sexually disinterested, and how to make virginity and abstinence acceptable choices. However, consistent with another pattern found in literature, in which some clinicians perceive themselves as deliverers of social values, and acknowledging that they use a preaching tone, Leiblum & Rosen conclude that therapists must find effective sexual and nonsexual ways to encourage and sustain intimacy over a lifetime. This approach seems to contradict the basic clinical principle of giving the client the right to be listened to

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[117] Leiblum, Sandra & Rosen, Raymond C (Eds.) (1995), *Case Studies in Sex Therapy.* NY: The Guilford Press.

[118] Slowinski, Julian W. (1996). "Book Reviews", *Journal of Sex Research* (33) 180-82.

in an empathetic, non judgmental manner, i.e., accepting the real nature of his/her experience and needs. Instead of dealing with his/her conflicts, Leiblum & Rosen's approach attempts to convince the client that existing social values of long term monogamous relationships are the solution to their conflicts. While educational information related to safe sex is necessary, there is no need for it to be attached to social morals which may oppress what the client perceives as his/her personal emotional needs.

In conclusion, existing approaches are partialized. Sexologists tend to focus on aspects related to the physical sexual act but ignore social, cultural, political, personal and interpersonal aspects that have an influence in its quality. Feminist-Humanistic approaches, on the other hand, seem to be often dealing with a client's reality, rather than to simply helping him/her to accommodate to society's interests by putting forward a false self.

Basic concepts relevant to understanding sexology such as the female orgasm are unclear and biased. There is also a tendency to characterize areas such as communication and emotionality as different between the genders. These differences may be a matter in which gender only plays a small role. They may rather represent either personality traits or conformity with the social norms. However, real gender differences related to the different realities women and men face, and whose effect on sexual activities is unquestionable, are rarely explored. Issues such as dealing with the risks of pregnancy or dealing with the state of pregnancy, and its effects on sexual satisfaction, are rarely investigated.

REVISED METHODS OF A SECONDARY ANALYSIS OF DATA

THE SURVEY: A review of historical, anthropological and clinical perspectives has been used to understand women's sexuality. In this first part of the study, it has been stated that although social constructs are adversarial to women's sexual satisfaction, many woman are, nonetheless, sexually satisfied. It has been postulated that mitigating factors exist that reduce the effects of negative social constructs. A combination of Humanistic theories such as Rogers' approach that advocates for search and acceptance of own self motives and needs and the ancient Tantra that is open to accept human sexuality in a positive manner has been presented as a guide to generate a clinical model. This model would provide a comprehensive approach in which human sexuality aspects such as the aesthetics of the environment, training in sensuality and relaxation, the physical and emotional aspects of the client, and her interpersonal relationship with her sex partner are all addressed. The second portion of this study reviews aspects of the psychological and social environment that may have had a prophylactic and/or 'corrective action' with respect to oppressive cultural mandates and which enabled women to be sexually satisfied. Data from an existing questionnaire have been analyzed and interpreted.

Justification of the Methodological Approach: Patton[119], who advocates qualitative, or triangulation approaches (a combination of qualitative and quantitative techniques in scientific research), warned about a reliance on

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[119] Patton, Michael Quinn (1990), *Qualitative Evaluation and Research Methods.* NY: Sage Publications

positivistic quantitative techniques as the sole method of exploration. He asserted that when we perform a single survey, we take a picture of one moment in the life of the sample, constituted by persons who may change their opinions or feelings from one moment to another. Feminist social constructionists have also opposed the application of positivistic scientific ideology in sexology because it represents the voice of heterosexual, white, male, and upper middle class values (Tiefer, 1995). As stated by Tiefer and McCormick (1996), many Feminists believe that there is no such thing as scientific objectivity. The questions scientists ask, their methodology, and the way they interpret results are inevitably shaped by the prevailing ideology, held by dominant groups. McCormick, however, believes that Tiefer herself exhibits an uncritical acceptance of social constructionist scholarship, accepting without skepticism studies such as the Hite reports (1976, 1987), whose methodology is controversial, while pointing to the study as an authentic description of the average women's sexuality. Nor was Tiefer critical to a collectivist study in which 12 West German Marxist feminists studied the socialization of female sexuality through "group memory-work," a process in which the women critiqued, expanded, and free associated to one another's recalled sexual experiences (p. 62). According to McCormick, Tiefer did not raise questions as to how representative the group was, nor what were the implications of this research.

One may claim that by merely formulating hypotheses these feminists contradict behavior, as hypothesis formation itself is a positivistic activity. Furthermore, positivistic tools are indeed part of the repertoire of scientific approaches that may add to the clarity and better understanding of woman's

sexuality. McCormick[120] would agree with this statement; she is one of those researchers who identifies with feminist ideology but recommends that feminist scientists do not abandon sound methodology for purely ideological reasons. She advised the use of systematic methods to make observations, collect data, and make interpretations. Accordingly however, being value-neutral is impossible and need not be the goal. McCormick takes the position that feminist scientists are unique because they admit their bias, and are more likely to "state up front" what their opinions are. One can claim, however, that such self-reflective insight is part of many researchers' self-awareness and integrity, and that there is no reason to believe that feminist researchers are superior to other researchers in their level of self-awareness.

Patton and Tiefer's observations regarding qualitative research have their merit. Patton alerted us to the trap of generalizing beyond what the responses of a specific survey allow us; and Tiefer cautioned us about adopting social constructs which are not favorable for women. Nevertheless, as Reichardt and Rallis[121] pointed out, these alerts also apply to qualitative research which can also suffer from similar flaws. They believe that the "positivist" label of quantitative research blurs the distinction between logical positivism and post-positivism. As Reichardt & Rallis explained it, post-positivism tends to accept several principles that are shared with qualitative research. Among these: a) the principle that observations are theory-laden, meaning that "the theory, hypothesis, framework, or background knowledge

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[120] McCormick, Naomi B. (1995) "Book Reviews" *The Journal of Sex Research* 32 (2) 167-174

[121] Reichardt, Charles S., & Rallis Sharon F. (1994) "The Quantitative-Qualitative Debate: New Perspectives", in *New Directions for Program Evaluation*

held by an investigator can strongly influence what is observed"; b) post-positivism has also predicated the notion that knowledge is fallible, and accepted the principles of the "under-determination of the theory by fact", stating that any given set of data can always be explained by many different theories; c) the principle of Value-ladenness of Inquiry asserts that a researcher's values enter into the research in many ways; d) the Nature of Reality principle stating that "reality... is constructed by people", is accepted by both quantitative and qualitative paradigms in several of their interpretations. They both agree:

1. that one's understanding of reality is constructed and
2. that people's actions can influence the world so as to shape it.

Another two possible interpretations, however, are:

3. that people are in complete control of physical reality, or
4. that realities are not objectively 'out there', and there is not reality except that created by people.

These last two assumptions are incompatible with empiricist-oriented quantitative research, and researchers who adopt them would do better avoiding its use. Other shared ideologies are,

e) a commitment to understand and improve the human condition.

f) both approaches also agree that a rigor of conscientiousness, and critique as we undertake the task of understanding the complex and stratified world, is necessary.

For all these reasons, eliminating positivistic research would not only be an excessive measure but also, for this particular study, a waste of a great opportunity to increase knowledge on factors that influence women's sexual satisfaction. Even if it only means capturing a specific moment in the life of our sample, both the size of the sample and the richness of the proposed

questionnaire would provide us with new knowledge that is of great relevance for the understanding of our topic. In the formative stages of this study, triangulation of techniques was employed. During the construction of the questionnaire, qualitative and quantitative data sources were utilized. An extensive in-depth pilot study involved the gathering and analysis of qualitative interviews of more than 100 women by professionals with many years of clinical experience in the field of human sexuality. [See Appendix I for "*Interview Outline*" by Carol Ellison]. Respondents participating in the survey were also encouraged to write any comments they may have had regarding specific items, or issues not addressed, on the questionnaire itself, thereby providing the researchers with a better understanding of the woman's experience of the questionnaire-response process.

Exploratory Descriptive Study - A descriptive analysis of woman's sexology comprised the first part of this study. In this analytic section, influence of socio-psychological factors of the self reported sexual satisfaction of woman is explored. This *secondary analysis* (use of somebody else's data)[122] of an existing database uses statistical quantitative techniques to analyze survey data. It is a retrospective analysis that looks back over information recorded in the past. A *benefit* of this secondary study is that it makes affordable an otherwise very costly study, because it furnishes us with resources that have already been invested. It also allows us to take advantage of knowledge otherwise unattainable to this researcher, since it is a result of many years of combined clinical experience in sexology. Additional savings on time required to formulate one's own questionnaire, select and reach for the

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[122] Freund John F. & Williams, Frank J. (1966), *Dictionary/Outline of Basic Statistics*. NY: McGraw-Hill

sample members, code, and store the data (already stored in a data base format) are enormous. It also eliminates the need to protect respondents, because the ethical issues have already been considered, and the information provided to this researcher has maintained the anonymity of the respondents. An additional benefit is in the option of creatively seeking new ways to analyze data, and looking for new questions to be answered.

The use of this survey has some *limitations*. Six thousand questionnaires were distributed, but only 2,632 useable questionnaires were received. The return rate, which was considered to be high for this kind of survey, was nevertheless only about 44%. The study employed a self-selected convenience sample. The sample of respondents is predominantly white, middle and upper class, educated women, 40% of whom were from California. This creates limitations on the generalizability of interpretative findings. Furthermore, questions about orgasm were formulated in the questionnaire in a manner that presumed that orgasm and pleasure are equivalent. It is common to find this confabulation in professional literature. It guided the respondent, however, to answer whether she had an orgasmic experience instead of responding whether she had a pleasurable experience, directing her to expect that orgasm and satisfaction are equivalent and generating responses that satisfy this expectation.

The survey: A survey on woman's sexuality was performed by Ellison and Zilbergeld. The instrument used for the survey was a questionnaire created in 1993 by Carol Ellison & Bernie Zilbergeld (See Appendix III), with the intention of publishing a book on female sexuality by 1995. This publication is still pending and as of this writing the questionnaire data have yet to be fully analyzed. The stated purpose of the project was to learn more about the richness and variability in the sexual development, feelings, attitudes and

experiences of American women of all ages, ethnic and religious groups, and sexual orientations. The questionnaire was answered by 2,632 women selected in a non-probability sampling of convenience, by networking with friends and relatives of researchers. The questionnaire was provided with a cover letter explaining the intention of the query and requesting respondents to return it by mail. Confidentiality was assured in this cover letter (See Appendix IV). To reach high rates of response, participants were compensated by receiving one of a choice of five books that were mailed back to them (See Appendix V). To assure confidentiality, the questionnaires and their request of selected books were returned in separate envelopes.

Based on insights reached by the qualitative material collected in more than 100 in-depth interviews, and on the professional experience of Ellison and Zilbergeld, and with the help of two methodologists experienced with designing questionnaires for sex research, the questionnaire was formulated. It consisted of 165 items. [Detailed information on the research process may be found in Ellison "More than Sex", in progress. See Appendix II for her addendum "*notes for Appendix re research*"].

The questionnaire consisted of 16 pages, and required between 30 and 45 minutes for completition. It covered the following components of sexual development experience:

A) personal demographics,
B) relationship history,
C) family of origin,
D) sexual experiences,
E) sexual partners,
F) self-stimulation,
G) the experience of orgasm,
H) feelings during and immediately after self-stimulation and partner sex,
I) factors affecting sexual satisfaction within a relationship,
J) initiating sex and sexual communication,

K) sexual expression in the past year and sexual concerns and problems,
L) the respondent's body,
M) satisfaction and the frequency and quality of various kinds of touching activities,
N) sexuality and the menstrual cycle,
O) pregnancy,
P) contraceptive methods,
Q) sexually transmitted diseases,
R) affairs and,
S) a summative overview of the respondents' sexual life over time.

The questionnaire consisted primarily of multiple choice and of multiple response items, however respondents were encouraged to write in comments if a question did not accurately describe their experience, indicating that the purpose of the questionnaire was to know how **she** experiences **her** sexuality.

***Research Question**: What are the psycho-social factors that influence a women's sexual satisfaction* is the question that this study investigated. As suggested above, this researcher believes that American women are directed towards suppressing their sexuality through the existence of a double-standard, double-message social conceptualization of human sexuality. To achieve sexual satisfaction, women must find ways to overcome or unlearn the messages of this social construct. It is assumed that a woman's emergent sexual satisfaction requires a mind/body process. The higher the level of integration of positive feelings on her bio-psycho-sociological areas, the more likely she will be able to overcome social constructs that are negative about her own sexuality and the more likely she will become sexually satisfied. The more positive the experiences a woman has had in her original sexual socialization, in her interpersonal sexual relationships, in her perception of self, and in her physical condition, the more likely she will be to experience sexual satisfaction.

Due to a limited number of items in the original survey regarding biological or psychological factors, it was decided that the sample selected for

analysis would exclude those women for whom the "physical/biological" aspect was self-reported as being a significant problem. This permitted a focus on the socio-psychological aspects. Accordingly, the 237 women who indicated that they "agreed" or "strongly agreed" with the item that "The physical condition of my body interferes with my sexual satisfaction" were omitted from the analysis. Of the 237 women, 196 had endometrosis or fibroids, STDs, ovarian cysts, or urinary infections, conditions which are known to influence sexual satisfaction. The mean age for the dropped respondents was 39.4 (SD 12.8) and 39.2 for the retained respondents (SD 12.5), a difference which was not statistically significant. The retained respondents indicated a significantly higher level of sexual satisfaction (M 5.13 vs. M 4.77) as compared to those who were omitted from subsequent analyses ($t(270)= 2.68$, $p=.008$).

Measurement of Major Concepts and Variables:

Dependent Variable: The original thought was that a single self reported item of global sexual satisfaction would be adequate to serve as the dependent variable: *"On the whole, I have been satisfied with my sexual life"*. However, it was decided that it was not specific enough to yield adequate correlations with the several index variables. Additionally, single likert-format items have been shown to manifest low levels of reliability. A 5-item scale was developed centered around self reported sexual satisfaction during the past three months. This scale measured satisfaction with sexual life and with partner during the last three months, as well as satisfaction with quality of genital stimulation, of sexual/erotic contact and of affectionate nongenital touching with a partner. [See Appendix VI for the item composition of this scale].

Index Scale Creation and single variables: Eleven Index Variables that point to psycho-social elements were constructed from the questionnaire for use as Independent Variables in the correlation analysis. They included: age;

self attributed sex problems; partner attributed sex problems; family of origin; sexual affirmation (sexual initiation and open communication related to sexual activity); orgasm satisfaction (frequency/intensity); satisfaction of orgasm by self; adolescent behavior (dating and sex); partner related facilitators; sex inhibitors; time since last sex. (see appendix VI).

The validity and reliability of each scale were considered. The items in the questionnaire were initially developed/selected on the basis of "face validity", i.e., they each made mention of some facet of sexual behavior. The items also had "construct validity" in that they reflected what is currently known about female sexuality [what has been reported in the professional literature], and how such knowledge is organized. Since the initial collection of items was subjected to a pilot sample, information relevant to construct validity was available before the survey was conducted; e.g., items that were confusing were eliminated or reworded so that they would "reliably" obtain data regarding the construct of interest. Reliability of measurement is necessary for validity. Since our scale is comprised of several items, Chronbach alpha coefficients were computed to measure the internal reliability for each of the calculated scales to which internal consistency was relevant [see next chapter for the interpretation of Chronbach alpha coefficients and Appendix VI for a listing of the reliability coefficients for each scale. As noticed in Appendix VI, for some scales the Chronbach alpha was not calculated: percentage agreement was calculated for the last two scales that are simple summative scales of binary responses. The time since last sex categories is a single point estimate (with no inner agreement). The negatives and positives sex life scales are non-interval rating scales. For these scales, an index of internal consistency in the sense of Chronbach alpha would not be relevant].

FINDINGS OF A SECONDARY ANALYSIS OF DATA

Feminist theory postulates that a double standard and the whore/madonna paradigm have been established by patriarchy to subdue women by controlling their sexuality. This author suggests that in addition to the double-standard, a double-message has also been conveyed, i.e. women are simultaneously stigmatized for being sexual and for not being sexual. These patterns, that have been observed over different periods of time and in different cultures, confuse women and can negatively impact on their ability to reach sexual satisfaction. Nonetheless, many women report being sexually satisfied.

Scientific investigation on women's sexuality is a relatively new field. Some of the field's landmarks include: 1) Freud's perception of sex as a means of reproduction. Any other expression of sex, he considered an aberration. He maintained that the 'mature' orgasm for women was vaginal, 2) Masters and Johnson tended to focus on the mechanics of sex; measuring physical responses in great detail. They demonstrated that women's response to sexual stimulus can also be clitoral. Adopting the still predominant belief that "orgasm" and "sexual satisfaction" were one and the same phenomenon, they represented that they were studying sexual satisfaction while in reality they were focusing on the physical orgasm. While they acknowledged that psycho-social elements have an influence on women's satisfaction, they nevertheless chose to exclude such from their research, 3) humanistic sexologists perceive human sexuality as a complex issue that is inclusive of many factors. Feminists oppose focusing on medical/behavioral models because they tend to exclude psycho-sociological aspects, focusing instead on women's genitals.

The assumption that orgasm and sexual satisfaction describe the same phenomenon is a mistake that contemporary sexologists continue to make. As a result, sexologists tend to ignore a whole repertoire of therapeutic modalities, limiting themselves to the behavioral and medical models. If feminist theory is accepted, a

combination of humanistic approaches and the ancient Tantric wisdom on human sexuality may be more appropriate tools for people who are seeking sexual realization.

This study has examined multiple factors that have an influence on self-reported sexual satisfaction in women. As mentioned beforehand, an archival cross-sectional sample comprised of 2,632 self-selected women who volunteered to respond to a large questionnaire was obtained and reanalyzed to provide evidence regarding the psycho-social factors in self-reported sexual satisfaction. Due to a relative absence of questions pertaining to biological functioning in the original survey, the sample was reduced by 237 women who indicated that they strongly agreed with the assertion that the physical condition of their body interferes with their sexual satisfaction. This sample modification served to control for negative influences of physical functioning and to permit a focus on the socio-psychological aspects of sexual expression.

Descriptively, the mean age for the dropped respondents was 39.4 (SD 12.8) versus 39.2 for the retained respondents (SD 12.5). The difference was not statistically significant. The retained respondents indicated a significantly higher level of life sexual satisfaction (M 5.13 vs. M 4.77; 7 point Likert scale) compared to those 237 women who were omitted from subsequent analyses ($t(270) = 2.68$, $p=.008$). Beyond this simple comparison, questions regarding the relationship of somatic or biological factors to sexual satisfaction cannot be answered with the current data set. The 2,395 respondents profile is presented in table 1:

Table 1 - Sample Demographics for 2,395 Respondents

Age (years)	M 39.2	SD 12.8

Ethnicity	**%**
Caucasian	83
African-American	7
Latina	5
Asian-American	3
Native American	2
Other	1

Table 1 - continuation

Residence	***N***	***%***
California	891	40.0
Florida	165	7.0
New York	100	4.5
Pennsylvania	80	4.0
Texas	79	3.5
Massachusetts	78	3.5
All other 44 states	844	37.5
Education	***N***	***%***
Graduate Degree	595	27
Graduate work	294	13
4-year degree	467	21
Some college	713	32
High School	139	6
Occupation	***N***	***%***
Professional	157	7
Administrative	363	17
Managerial	639	30
Technical	508	24
Clerical/sales	316	15
Skilled	54	2
Semi-skilled	60	3
Retired	52	2
Income (K)	***Individual%***	***Family%***
<$12	27	10
12-25	26	15
26-50	35	31
50-120	11	35
>120	1	10
Sexual Orientation	***N***	***%***
Heterosexual	1917	88
Lesbian	151	7
Bisexual	120	5
Current Relationship Status	***N***	***%***
No current sex partner	476	22
Partner, not live with	518	24
Live with sex partner and/or married	1155	54
Total		**100%**

Additional (not mutually exclusive) information on current status:	***N***	***%***
Lived with non-married sex partner	1220	40
Been married at least once	1370	66
Been divorced at least once	676	35
Been widowed at least once	70	4

Table 1 - continuation

Religion	*Childhood*		*Current*	
	N	*%*	*N*	*%*
Catholic	684	33	503	24
Protestant	1045	51	876	43
Jewish	230	11	215	10
Other	47	2	321	16
Atheist/Agnostic	55	3	144	7

While this sample may not represent the entire female population, its size and the richness of the collected data allowed us to get a detailed profile of the style of life of many American women, comparing generally prescribed social values and women's real choices in life.

The 2,395 respondents in the analysis sample were predominately *Christian* (84% of which 51% were born Protestant and 33% Catholic), *Caucasian* (83%), *young middle-age* (mean 39 years - 1% of the respondents were 17 - 19 years old, 92% were between 20 - 59 years old, and 7% were 60 - 89 years old), *well-educated* (62% with at least 4 years of college and 32% with some college education), *working women* (almost all women worked; about 80% worked in professional, administrative; managerial or technical higher level occupations). The income of 27% of the women was $12,000 or less, 61% earned in the $12,001 - $50,000 range, and 12% earned more than $50,001. Most respondents were *mothers*: 68% had at least one child. Many (40%) of the respondents *resided* in California while the rest of the sample was scattered across the remaining 49 states. A trend of reduced frequency of church attendance from childhood to adulthood was found for Protestants and Catholics. Only 5% of the women reported their childhood religion as being agnostic or atheist, but 23% stated that by the time they responded to the questionnaire they belonged to this category.

Women's behavior and attitudes are diverse; their sexual preferences differ in many aspects. Our data tend to repudiate a number of social beliefs regarding women. For example, there is a popular belief that men are more likely to engage in homosexual activities than women. Our sample, however, found that 12% of the

women were not 'straight', they were either lesbian [7%] or bisexual [5%]). Also, only 54% of the women were married or living with their sex male or female partner. The others were further removed from the traditional 'American dream' family. Sixty-one percent (61%) of the respondents had married at least once and 30% of them divorced at least once. Eighty percent of the women had a current sexual partner, 25% had a partner they did not live with, and a similar percent had no current partner. Over one-third indicated that they had lived with a sexual partner that they did not latter marry. Another social belief that was not supported by the data was that women do not tend to have affairs: 43% of the women reported having at least one affair at some point of their lives.

A decision was made to utilize a *3-month sexual satisfaction* rating (see Appendix VI) as the dependent variable rather than the *global sexual life satisfaction* item on the basis of the increased reliability provided by the 5 item scale and the probability of increased recall accuracy. The items measured by the 3-month sexual satisfaction scale included satisfaction with self sex, and/or with partner, with genital stimulation, with erotic interaction that did not lead to genital stimulation and with affectionate non-sexual touching. Psycho-social dimensions were operationalized through the construction of other 10 scale scores. See Table 2 for age and the scales that served as independent variables (where internal consistency was relevant, the alpha coefficients for the various scales are presented, all of which are within acceptable limits).

Table 2 - Scale Score Descriptives (3 month)

Scale	N	M	SD	Range	Items	Alpha
3 month Sexual Satisfaction (DV)	***2107***	***22.49***	***10.42***	***1-35***	***5***	***.886***
sex problems attributed to self	**2247**	**7.60**	**4.37**	**0-20**	**5**	**.886**
sex problems attributed to partner	**2247**	**8.65**	**5.73**	**0-32**	**8**	**.870**
family of origin	**2219**	**37.91**	**13.24**	**1-63**	**9**	**.867**
sexual affirmation	**2229**	**38.28**	**14.34**	**1-56**	**8**	**.851**
satisfaction with orgasm	**1627**	**10.71**	**3.30**	**2-14**	**2**	**.792**
orgasm by self – satisfaction	**1876**	**7.10**	**3.56**	**2-14**	**2**	**.753**
adolescent dating and sex	**1965**	**2.03**	**2.00**	**1-6**	**2**	**.621**
time since last sex – categories	**2201**	**2.45**	**1.23**	**1-4**	**1**	
sex life negatives	**2230**	**5.35**	**3.01**	**1-17**	**17**	
sex life positives	**2164**	**17.73**	**4.72**	**1-33**	**33**	

Note. Higher scores indicate: higher levels of satisfaction; a sex positive family of origin; more adolescent dates and sex; more affirmation; more problems; more satisfaction with orgasms; greater proximity of time since last sex; more negative or positive factors checked. Range is of possible values.

In addition to *age,* independent variables were: a) *self attributed sex problems* - measured personal attitudes such as lack of sexual desire, states of mind such as tiredness, distractibility, inability to relax, or other problems brought by the respondent as relevant; b) *partner attributed sex problem* - included partner's attitudes such as lack of sexual interest, or partner's distractibility, or partner's difficulty in getting aroused, or in getting an erection, ejaculating too early, lacking interest in foreplay or in closeness after sex. It also measured respondent's own fantasies of having sex with someone other than partner, c) *family of origin* - measured respondents' perception of their parents' attitude towards sex, their [proper] physical affection among themselves and towards respondent as a child, and respondent's freedom at home - as a child - to express opinions about sexuality and other issues, d) *sexual affirmation* - measured the level of comfort or assertiveness initiating sex, partner's and respondent's honest communication on their sexual likes and dislikes, partner's level of comfort with respondent's initiation, partner's satisfaction with respondent's body looks, and self reported sexual satisfaction during last three months; e) *orgasm satisfaction* - measured satisfaction with frequency and quality/intensity of orgasm; f) *satisfaction with orgasm by self* - measured whether self orgasms are more easily achieved or more

enjoyable when achieved by self than with a partner, g) *adolescent sexual behavior* - measured dating and sexual activity habits as a teen; h) *days since last sex* - a numerical measure of time since last sexual activity; i) *partner satisfaction facilitators* - this scale calculated results of 33 factors that women rated as positive. It measured aspects of before sex, partner and situation, behaviors and feelings during sex, stimulation and outcomes; and j) *sex satisfaction inhibitors* - this scale counted 17 factors that directed the respondent to identify past problems in sexual life, or behaviors that she regrets had having in the past.

Descriptively, the respondents indicated fairly high levels of sexual satisfaction (M = 22 in a scale range of 1-35). Satisfaction with both the frequency/intensity of their orgasms (M = 11 in a scale range of 1-14), and sexual affirmation (M = 38 in a scale range of 1-56) were strongly positive. For the most part, they saw their parents as providing some positive level of sexual socialization (M = 38 in a scale range of 1-63). They exposed proportionately more sex life positives (M = 18, range 1-33) than negatives (M = 5, range 1-17). Women expressed having a fair level of satisfaction with self produced orgasms (M = 7 in a scale range of 1-14) and they equally reported a fair level of sexual activity (M = 2 of 1-4: 383 (16%) of the women engaged in sexual activity the day they answered the questionnaire; 1,446 (60%) of the women were sexually active within the previous 7 days; 444 (18%) in the last 11 months; and the last time 293 (12%) of the women experienced sexual activities was more than a year ago). Dating and being sexually active as adolescents was not reported as a very intensive activity (M = 2 in a scale range of 1-6). Neither the sex problems attributed to self (M = 8 in a scale range of 1-20) nor to the partner (M = 9 in a scale range of 1-32) reach a high score. See Table 3 for intercorrelations of computed scale scores.

Table 3 Inter-correlations of Regression Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1 Age	—											
2. Sex Satisfaction	-.166	—										
3. Family of Origin	-.170	.157	—									
4. Adolescent sexuality	-.045	.076	.082	—								
5. Sexual affirmation	-.189	.740	.158	.104	—							
6. Own sex problems	-.099	.153	.003	.078	.368	—						
7. Partner's sex problems	-.055	-.017	-.036	.050	.219	.547	—					
8. Orgasms by self	-.011	-.219	-.082	-.044	-.177	.085	.155	—				
9. Orgasmic satisfaction	-.010	.417	.097	.062	.386	-.188	-.284	-.313	—			
10. Time since last sex	.160	-.655	-.097	-.124	-.647	-.371	-.219	088	-.144	—		
11. Positive sex satisfaction factors	-.088	.212	.103	.075	.253	-.053	-.031	-.132	.222	-.093	—	
12. Negative sex satisfaction factors	-.086	-.092	-.224	.037	-.062	.076	.118	096	-.112	.029	080	—

Correlates of Sexual Satisfaction:

Although the correlation value of .05 or larger would be significant at $p<.05$, in the present sample, it is not particularly meaningful, hence a correlation of .33 (or 10% of the shared variance) was adopted as a criterion for purposes of interpretation. Examination of the correlation matrix indicated that *sexual affirmation* [.740] and *orgasmic satisfaction* [.417] strongly correlated with the *sexual satisfaction* dependent variable. This suggests that many of the women who were accepting of their own sexuality and felt comfortable communicating their needs as well as women who experienced genital pleasure reported being *sexually satisfied.* Other scales were slightly correlated with sexual satisfaction: *family of origin* [.157] indicated that having been raised in liberal homes was a predictor of sexual satisfaction, as a paradox, *own sex problems* [.153] indicated that experiencing sexual problems was a mild predictor of sexual satisfaction. These two correlations may, however, not be particularly meaningful and should better be perceived as a trend rather than as a strong reality.

Correlations Between Independent Variables:

Most of the scales were only slightly correlated with each other: *Age* is only minimally correlated with *time since last sex* [.160] and otherwise non-correlated to any of the computed scales. The only scale that correlated with several other variables was *sexual affirmation,* which strongly correlated with *own sexual problems* [.368] indicating that people who experienced sexual problems tended to be more assertive and accepting of own sexuality, and with *orgasmic satisfaction* [.386] indicating that the more women were satisfied with the quality of their orgasm the more they were sexually satisfied. *Own sexual problems* strongly correlated with *partner sexual problems* [.547], indicating that the more one of the members of the couple experienced sexual difficulties, the more difficulties were also experienced by the other member.

Regression Analysis of Sexual Satisfaction:

The correlations with sexual satisfaction supported the regression of the several scales on the dependent variable of sexual satisfaction. A forward stepwise regression analysis was calculated in which all the scales, and age, were entered as predictors of sexual satisfaction. The model yielded a multiple-R of .736. The larger the multiple R value, the better the set of predictors predicts or accounts for the sexual satisfaction variable. Our result was comprised of 7 psycho-social predictors (Table 4) that accounted for 54% of the dependent variable.

Table 4 Final Model Predictors of Sexual Satisfaction - Within previous 3 month

	Std. Coefficient Beta	*t*	*p*	R^2 *Change*	*Cumulative* R^2
sexual affirmation	**.469**	**23.75**	**.001**	**.438**	**.438**
time since last sex	**-.333**	**17.60**	**.001**	**.051**	**.489**
partner's sex problems	**-.126**	**7.22**	**.001**	**.031**	**.524**
orgasmic satisfaction	**.097**	**6.28**	**.001**	**.012**	**536**
own sex problems	**-.065**	**3.54**	**.001**	**.003**	**.539**
orgasms by self	**-.045**	**2.97**	**.003**	**.001**	**.540**
family of origin	**.030**	**2.08**	**.038**	**.001**	**.541**

R = .736 ***R^2 = .541*** ***F = 377.45*** ***p=.0001***

<u>Predictors not in model</u>: age; adolescent sexuality; positive sex satisfaction factors; negative sex satisfaction factors.

The fact that 7 predictors entered the model and accounted for 54% of the variance in the dependent variable supports the hypothesized importance of the multiplicity of psycho-social factors that predict *sexual satisfaction in a within last 3 month* period scale. *Sexual affirmation*, however, entered the final model as the dominant and most important factor (R^2 = .438 [80%] of the overall R^2=.541). A combination of openness, assertiveness and honest acceptance of own and of/from partner's sexual feelings is here translated into sexual affirmation. It was followed by *time since last sexual activity* (R^2 = .051). and by *partner's sex problems* (R^2 = .035). While statistically significant, the remaining predictors accounted for proportionately less of the variance: *orgasm satisfaction* (R^2 = .012), *own sex problems* (R^2 = .003),

and both *orgasm by self* and *family of origin* accounted only for (R^2 = .001). Honest expression of likes and dislikes, self acceptance and/or a mutually-accepting interpersonal relationship was the most important predictor of the respondent's sexual satisfaction.

A second regression analysis was calculated to determine whether the same level of predictability would hold for the global dependent variable of "sex life satisfaction". (Table 5)

Table 5 - Final Model Predictors of Lifetime Sexual Satisfaction

	Std. Coefficient Beta	*t*	*p*	R^2	*Cumulative* R^2
sexual affirmation	**.295**	**12.09**	**.001**	**.166**	**.166**
own sex problems	**-.161**	**8.19**	**.001**	**.032**	**.218**
negative factors	**-.173**	**9.60**	**.001**	**.037**	**.252**
positive factors	**.176**	**9.57**	**.001**	**.034**	**.289**
orgasmic satisfaction	**.129**	**6.95**	**.001**	**.021**	**.310**
orgasms by self	**-.100**	**5.35**	**.001**	**.010**	**.320**
family of origin	**.092**	**5.12**	**.001**	**.008**	**.328**
time since last sex	**-.092**	**4.01**	**.001**	**.005**	**.333**
adolescent sexuality	**.037**	**2.12**	**.034**	**.002**	**.335**

R = .578 ***R^2 = .335*** ***F = 224.43*** ***p=.0001***

Predictors not in model: age; partner's sex problems

Sexual Affirmation emerged again as the strongest predictor (R^2 =.166 of .335) and was followed by the *sexual problems attributed to own self* (R^2= .052) which accounted only for (R^2 = .003) of the *within previous 3 month sexual satisfaction* scale. It was followed by *positive and negative factors*, two scales that did not predict sexual satisfaction in the *within 3 previous month sexual satisfaction* scale: *positive factors* (R^2 = .037) which explored the influence of the environment before sex; partner and situation; behaviors and feelings during sex; stimulation and outcomes, and *negative factors in ones sexual history* (R^2 = .034) which measured consequences of lack of information or behaviors latter regretted by respondent. Other predictors were

orgasmic satisfaction (R^2 = .021), *orgasm by self* (R^2 = .010), *family of origin* (R^2 = .008), *time since last sex* (R^2 = .005), and *adolescent sexuality* (R^2= .002).

The obtained multiple-R value is considerably smaller for the lifetime sexual satisfaction model than for the 3-month period (.578 vs. .736, respectively). This difference may have resulted from a reduced level of variability (compared to the multiple item scale) in the single item dependent variable which led to an attenuation of the final coefficient.

As table 3 indicated, *sexual affirmation* strongly correlated with other several variables. It emerged as the most important predictor of both, *3 month sexual satisfaction* and *global sexual satisfaction*. To learn about the factors that predict this variable and that may, therefore, have an indirect influence on sexual satisfaction, a multiple regression analysis was performed while treating sexual affirmation as the dependent variable.

Table 6 - Predictor of Sexual Affirmation

	Std. Coefficient Beta	*t*	*p*	R^2	*Cumulative* R^2
Time since last sex	**-.513**	**31.13**	**.00**	**.407**	**.407**
Positive factors	**.164**	**10.61**	**.00**	**.034**	**.441**
Own sex problems	**.172**	**.9.16**	**.00**	**.024**	**.465**
Orgasmic satisfaction	**.130**	**8.15**	**.00**	**.021**	**.486**
Orgasms by self	**-.081**	**5.22**	**.00**	**.006**	**.492**
Family of Origin	**.054**	**3.42**	**.001**	**.005**	**.497**
Age	**-.067**	**4.31**	**.00**	**.003**	**.500**
Negative factors	**-.054**	**3.43**	**.001**	**.003**	**.503**
Partner's sex problems	**.061**	**6.34**	**.001**	**.002**	**.505**

R = .711 ***R^2 = .505*** ***F = 253.2*** ***p =.0001***

<u>Predictor not in model</u>: Adolescent sexuality

This also appeared as a complex model - 9 predictors entered it (R^2 = .505). *Time since last sex* emerged as the strongest predictor of the *sexual affirmation* scale (R^2 = .407), it was followed by *positive factors* (R^2 = .034), *self attributed sex problems* (R^2 = .024), and *orgasm satisfaction* (R^2 = .021). Other milder predictors were *self*

orgasm (R^2 = .006), *family of origin* (R^2 = .005), *age* (R^2 = .003), *negative factors* (R^2 = .003), and *Partner's sex problems* (R^2 = .002).

A *t-test* was performed to see whether there is significant difference on sexual satisfaction between the women who experienced their sexual initiation without consenting and those with consent. The following information was found:

Table 7 "BAD-START" (No-Consent-At-Start Vs. Consent):

Group Statistics

Sexual Satisfaction	*Consent*	*N*	*Mean*	*SD*
Last three month scale	(-)	104	20.97	10.45
	(+)	1471	22.84	10.24
Lifetime variable	(-)	106	4.58	1.86
	(+)	1531	5.23	1.60

Independent Samples t-Test (*Equal Variances Assumed*)

Sexual Satisfaction	*F*	*Sig.*	*t*	*df*	*p*
Last three month scale	189	.664	-1.79	1573	.073
Lifetime variable	8.06	.005	-3.98	1635	.000

While it is important to remember that no causation can be inferred, results indicate that those women who indicated that their first sexual experience and their first coital experience were both non-consensual report lower levels of 3-month sexual satisfaction and lower levels of lifetime sexual satisfaction. The difference between the categories is marginally significant for the 3 month index and is highly significant for the lifetime item.

DISCUSSION:

Except for age, all the other 10 variables were predictors of sexual satisfaction. (See table 8)

Table 8 - R^2 Predictors of Satisfaction and Affirmation Scales

Scale	Three-Month Satisfaction	Life-long Satisfaction	Sexual
Affirmation			
age	(-)	(-)	.003
sex problems attributed to self	.003	.052	.003
sex problems attributed to partner	.035	(-)	.002
family of origin	.001	.008	.005
sexual affirmation	.483	.166	N/A
orgasmic satisfaction	.012	.021	.021
orgasm by self – satisfaction	.001	.010	.006
adolescent dating and sex	(-)	.002	(-)
time since last sex – categories	.054	.005	.407
sex life negatives	(-)	.034	.003
sex life positives	(-)	.037	.034

The **Sexual affirmation** scale, which measured comfort initiating sex, mutual acceptance, and an ability to openly express sexual likes and dislikes, was the main predictor of *in within previous 3 month sexual satisfaction* (R^2= .438 of a total of .541). It equally was the main predictor of *lifetime sexual satisfaction* (R^2= .166 of a total of .335). 54% of what accounts for the previous 3 month sexual satisfaction was identified, and sexual affirmation accounted for 44% of it. Equally, 33% of what accounts for the *global sexual satisfaction* scale was identified and 16% overlapped with *sexual affirmation*. Both women who reported that *on the whole they were satisfied in their sexual life* and women who reported being satisfied with own sexual stimulation, with their partner, their genital stimulation, their non-genital erotic interaction, and the affection with their partner *within the last three months*, were dominantly characterized for sexually affirming themselves.

Time since last sex - proximity to the sexual activity acted as a predictor of sexual satisfaction both of the 3 month period scale (R^2 = .051 of a total of .541) and of the long term variable (R^2= .005 of a total of .335). Women who reported being sexually satisfied within the previous three months tended to have been sexually active at a time close to when they answered the questionnaire. This proximity of sexual activity acted as a milder predictor for the women who were *satisfied on the global*

terms. *Time since last sex* may also predict sexual satisfaction in a non-direct manner since it was the most important predictor of the sexual affirmation factor (R^2 = .407 of a total of .505). A large percentage of the women who had recently been sexually active also reported that they sexually affirmed themselves.

Partner's sex problems - this factor measured issues such as partner's lack of interest in sex, in closeness, his/her distractibility, short time of foreplay, lack of arousal, lack of erection, or quick ejaculation. The scale also included women's fantasizing with somebody else than her actual partner. It accounted for (R^2 = .035 of a total R^2= 541) in the *three month scale*. In the short term, partner's sexual problems did not act as a full impediment of women's satisfaction, as could be expected, but it rather predicted it. On the global scale it did not predict sexual satisfaction in which case women whose partners experienced problems did not tend to be sexually satisfied. Partner's problems was also a mild predictor of *sexual affirmation* (R^2 = .002 of a total R^2= 505). There was a mild trend of women whose *partners experienced sexual problems* of being *sexually affirmative*. This, and the fact that the partner's problems scale included a respondent's fantasies component may explain why *partner's problems* predicted sexual satisfaction within the last three months. Women who were facing problems were probably looking for solving them, and skills such as sexual affirmation, sexual fantasies, and possible self-sex were helpful.

Orgasm - as previously discussed in this study, the concept of female orgasm is unclear and open to many interpretations. It was suggested, in this paper, to use Kundalini as an alternative to this concept. To analyze the results, it would be here assumed that women who considered themselves as orgasmic meant that they enjoy genital stimulation. This scale measured satisfaction of the frequency, quality and intensity of the orgasms and resulted as a predictor of sexual satisfaction in both (R^2=.012 for the *3 month* variable, and R^2=.021 for the *long term* variable). Many of the women who were sexually satisfied enjoyed genital stimulation. Even though this is

a predictor that should not be ignored, the strength of its predictability points to the seriousness of the mistaken tendency to treat female orgasm as fully equivalent to satisfaction, i.e., no orgasm; no sexual satisfaction. It also demonstrates, however, that those feminists who tend to believe that the skin is the largest sex organ of our body may tend to underestimate the importance of genital contact. It appears that while a great repertoire of alternative options that may sexually satisfy women exists, genital stimulation and a consequent physical response are indeed an important component of the whole picture. An indirect influence of orgasm on sexual satisfaction may also exist, since it has a strong level of predictability on *sexual affirmation* (R^2=.021 of .505).

The **own sex problems** scale measured aspects such as experiencing low sexual desire, tiredness, distractibility and lack of relaxation. This scale was a mild predictor of the *3 month sexual satisfaction* variable (R^2= .003 of R^2=.541), and greatly predicted *lifelong sexual satisfaction* (R^2 = .052 of a total R^2=.335). A possible explanation of the fact that a great number of women who reported being sexually satisfied on the global scale experienced sexual problems and that on a much lower scale the same phenomenon repeated itself in the three month scale, is that sexual satisfaction is not a constant evaluation; it is dynamic, changing as new experiences and new situations arise. A woman can be sexually satisfied at some point in time or in some areas of her sexual life and still experience problems at other times or in different aspects. An additional explanation can be that those women who were in touch with their sexual needs and problems were also in search of solutions. This explanation would be reinforced by the fact that *own sex problems* appeared as a relatively strong predictor of the *sexual affirmation* scale (R^2= .024 of R^2=.505). It may be that some women who had sexual problems tended to allow a process leading to self and partner's acceptance that increased their skills in initiation and communication that indirectly would influence on reaching a higher standard of sexual satisfaction.

The **orgasm by self** scale measured whether self orgasms were easier to reach and more enjoyable than orgasms with a partner. This scale was a mild predictor of the *3 month sexual satisfaction* scale (R^2 = .001 of a total R^2 = .541) and a stronger predictor on the *long term sexual satisfaction* variable (R^2 = .010 of a total R^2=.335) meaning that some women who reported being sexually satisfied on the global scale felt that their self-orgasm was more satisfactory than having orgasms with a partner, and a lesser number of women felt the same way on the short term scale. The difference between the results on the *long term* memory and the previous *three month* sexuality indicates that on the *long term* memory more women recorded having preferred self-sex than women who were satisfied on the last *3 month* period of time did. *Orgasm by self* was also a mild predictor of *sexual affirmation* (R^2 = .006 of a total R^2=.505). There was some overlap between women who asserted themselves on sexual matters and women who enjoyed their own orgasm more than the orgasm produced by a partner. Acceptance of own sexuality seemed to help women to explore and become more familiar with their own bodies. Self-sex appeared as one of the possible repertoires for women to fulfill their sexual needs. It is possible that many of the women who preferred self-sex did not have a positive sexual relationship with a partner, qualitatively, many women reported that even if both are satisfactory, the self-experience feels very different than an experience with a partner. More research is needed to clarify the self-sex experience.

Family of origin - this scale measured whether proper affection and open communication existed among the parents and towards the respondent. *Family of origin* was a mild predictor of the *3 month sexual satisfaction* scale (R^2 = .001 of a total R^2=.541) and a somewhat more meaningful predictor on the *long term sexual satisfaction* variable (R^2 = .008 of a total R^2=.335). Some of the women who reported being sexually satisfied at the *global* level were also raised in families who were open minded towards sexual matters. The same, in a milder scale, happened to women who

were sexually satisfied *within the last three months.* Results show that even though the family of origin is not one of the strongest predictors, the respondent's positive original environment sets a positive trend towards reaching sexual satisfaction. *Family of origin* was also proven as a mild predictor of *sexual affirmation* (R^2 = .005 of a total R^2=.505). Women who were raised by parents who had positive attitudes towards sex were more likely to sexually assert themselves. This result may indicate that open communication is an acquired skill that may be easier to achieve when one is raised in a favorable environment.

The **age** factor did not predict sexual satisfaction in any of the two measures. It appeared, however, that the skills required for the *sexual affirmation* scale improved with age. Age was a mild predictor on this scale (R^2 = .003 of a total R^2=.505).

The **positive factors** variable measured 33 elements that were perceived by respondents as facilitators of sexual satisfaction. Explored were closeness before sex; partner's welcoming attitude and safety and attractiveness of the environment; behaviors during sex; stimulation and outcomes. This variable did not predict sexual *satisfaction on the three month scale.* There was no overlap between positive factors and *3 month sexual satisfaction* but it nevertheless was a meaningful predictor of *long term sexual satisfaction* (R^2 = .037 of a total R^2=.335), where many of the women with high exposure to positive factors reported being *sexually satisfied on the life-long* scale. Sensual and/or erotic details are, with the perspective of time, a relevant factor on sexual satisfaction. A possible explanation is that respondents reached out for memories of situations that are rather exceptional. On regular days people may be busy dealing with life's hardships and not have the time, or the opportunity, or the awareness, for generating "Tantric" environments. *Positive factors*, however, may have more indirect relevance than was commonly acknowledged in the *short term sexual satisfaction* variable. After time since last sex, this was the most important predictor of the *sexual affirmation* scale (R^2= .034 of a total R^2=.505). Many women who were

exposed to positive environments were also accepting of own sexuality and made their needs known. One of the most very basic principles of Rogers' theory is that when a welcoming and safe environment is provided, we may learn to remove masks generated to protect us against emotional results due to exposure to hostile situations. Rogers' principle is here supported by data.

The **negative factors** scale measured what respondents categorized as sexuality inhibitors: lack of knowledge, or of sexual actions that respondents regretted having engaged in, or missed sexual opportunities. Similarly to *positive factors*, being exposed to *negative factors* did not predict *sexual satisfaction in the last three months scale*, but it was a meaningful predictor of the *global sexual satisfaction* variable (R^2 = .034 of a total R^2=.335). Exposure to *negative factors* did not work as an impediment of *sexual satisfaction on the long term scale*, but it rather acted as a predictor. A possible explanation of this can be that women who were aware of being confronted with negative factors learned to confront and overcome some of them. i.e. *negative factors* was a mild predictor of the *sexual affirmation* scale (R^2 = .003 of a total R^2=.505), meaning that there women who were exposed to negative environments tended to use sexual affirmation skills.

The **adolescent sexuality** scale did not predict sexual satisfaction in the three month scale - adolescents' dating and sexual habits were irrelevant to their ability, as adults, to be *sexually satisfied during the previous three month* period of time, but they were a mild predictor of *global sexual satisfaction* (R^2 = .002 of R^2=.335). *Teens sexual behavior* did not predict *sexual affirmation*. One may be able to conclude that since an early start is not going to greatly benefit the teen, unless there is a strong and honest desire and a democratic partner, the gains of teens engaging in sexual activities may be chimerical. Considering the risks of pregnancy and of entering the highly vulnerable arena of the strong emotions that often come with sexual activity, engaging in sex at an age in which emotional maturity is lacking may not be desirable. Teens

who do not feel prepared to get an early initiation will do well confronting boyfriend and peer/social pressure. This information has important implications for teen sexual education.

Summary of Findings:

Despite that double-standard, double-message social constructs have the potential to interfere with women's sexual satisfaction, some women report that they are sexually satisfied. To study what the psycho-social correlates of female sexual satisfaction are, an archival cross-sectional sample of 2,395 self selected women was reanalyzed. To control for negative influences of physical functioning 237 women who reported that a physical condition interfered with their sexual satisfaction were eliminated from the overall sample of 2,632.

In addition to a single sexual satisfaction item, a three-month sexual satisfaction rating was used as the dependent variable. Psycho-social dimensions were operationalized through the construction of 10 scale scores that served as independent variables. All the different scales were correlated with sexual satisfaction, which supported a regression analysis on the dependent variable. A meaningful part of the components that are part of sexual satisfaction was revealed. The model yielded a multiple-R of .736 for the 3-month sexual satisfaction rating, and of .578 for the lifetime sexual satisfaction item. Sexual affirmation emerged as the strongest predictor in both cases. The items that included the Sexual Satisfaction Scale were: incidence of self and partner's comfortability on one's initiating sex, open communication of the members of the couple on sexual likes and dislikes, personal and partner's degree of comfortability with one's body looks. A t-test on consensual initiation indicated that women whose sexual initiation was non-consensual reported overall lower levels of sexual satisfaction.

Comparing the relative magnitude of the standardized beta coefficients between the two sexual satisfaction variable analyses for the same predictors it was noted that *sexual affirmation* strongly predicts both. Aspects such as *time since last sex* and *partner's problems* are important in the respondents' assessment of *3-month* sexual satisfaction. On the other hand, *sexual problems attributed to self, positive factors, and negative factors* become relevant in the longer *life time* perspective. A different type of awareness appears to be active when women recall sexual satisfaction that pertains to their present life than to more distant memories. In both cases women tended to perceive sexual affirmation skills as their strongest ally. On the 3 month scale they gave credit to concrete and more mundane aspects such as time since last sex and partner's problems as factors related to sexual satisfaction, but on the global scale aspects that require a more introspective process such as their own problems (instead of partner's), and positive/negative factors that have affected their relationships took precedence.

To learn about the possibility of sexual satisfaction and sexual affirmation overlap, a regression analysis on sexual affirmation as the dependent variable was also performed. Time since last sex and positive factors were the strongest predictors of sexual affirmation.

SYNOPSIS

While American society seems to be moving towards a higher acceptance of women's sexuality, oppressive norms and values that impede women's self realization are still in place. Many social issues on sexuality were raised in this study which have implications in the **advocacy, educational, social policy, clinician's education, and clinical** areas of the social work profession.

Implications for Social Work -

Social workers are often exposed to situations in which they need to both advocate for social change and educate their clients. Results of this study indicate that **advocacy** and education are both required to help clients in this area and that sexual satisfaction is a skill to be reached. To facilitate women's acquisition of skills that lead to sexual satisfaction it is essential that society provide women with an informative but positive message about their sexuality. An adequate educational curriculum that advocates against double-standard; double message constructs needs to be accessible to all young women. Analysis of our data implies that a for issues related to women's sexual satisfaction, a bio-psycho-social approach needs to be in place because there are many elements that have an influence on women's sexuality. The most important element required to achieve sexual satisfaction, however, includes an acceptance of one's own sexuality, and the ability to make one's sexual needs known. To attain this skill it is essential that traditional sexual education that mainly covers the system of reproduction and issues related to sexually transmitted diseases should be replaced by an approach that accepts and welcomes human sexuality. For education to be effective, influence on social change is equally important. Women's sexuality needs to be studied and social values changed in such a manner that women's needs are acknowledged.

Admonishing tones need to be replaced by positive recognition of human sexuality.

Women's sexual education should be informative a) discussing bio-psycho-sociological elements that influence women's sexuality; b) providing guidelines for women to protect themselves from emotional and physical harm; c) deconstructing and creating awareness of factors such as the existing double-standard, double-message (as our data shows, non consensual sex has a negative impact on lifetime satisfaction; a woman should learn to say no when she wants to say no, say yes when she wants to say yes; be able to initiate sex, and expect that her partner relates to the different bio-psycho-social elements that have influence on her ability to be sexually satisfied); d) making women aware of the influence of massive marketing of 'sexuality' in the media, which creates norms of physical attraction and often tend to perpetuate double-standards, frequently generating pathologies such as anorexia, bulimia, and narcissistic personalities.

There are also **clinical and clinician educational implications.** Dominant styles of treatment embrace either the behavioral or the medical models or a combination of both. Both models tend to view human sexuality in mechanistic terms. This study suggests that while there is some influence of physical response on one's sexual behavior, the physical response by itself does not account for the whole gamut of women's sexual satisfaction and a bio-psycho-social model is required since dominant models of therapy are insufficient for clients who are searching for full sexual realization.

Freud perceived the sexual instinct as the result of a chemically produced tension which seeks relief, and sexual desire as seeking "relief from the itch". The medical model has been a by-product of Freud's theories. Masters & Johnson focused on the mechanics of the physiological response, and

behavioral models resulted from their exploration. Westheimer (1995), ignoring that negative social constructs exist, and using a combination of Freud's and Masters & Johnson's approaches, is supportive of naturalistic approaches. She claims that once one's problem is identified, one's anxieties about it will lessen, but perceives it as an important first step in bringing one back to her 'natural' condition. As she claims, the underlying principle of sex therapy is that the sexual response is a natural process, like a sneeze. "It is not something that you have to learn". She says that if you are having problems, the assumption will be that there is something going on that is keeping you from doing what comes naturally. Our data, supporting feminist and social constructionist critique of naturalisic approaches, shows that sexual satisfaction is rather an art to be reached and that extensive learning is required to attain it. This author identifies with feminist claim that naturalistic theories reinforce existing double-standards. Feminists perceive naturalistic theories as self serving and promulgated by those in power to maintain the existing social order from which the health and other industries profit. As Tiefer describes it, the medical model focuses on physical symptomatology, avoiding the inquiry into motives, values, wishes, feelings or fantasies. She states that as long as we believe that sexuality is fundamentally a matter of vasocongestion and mytonia, relationships are ignored, and the health care industry grows rich selling men mechanical erections. Social constructs, according to her, focus on genital sexuality, and generate a modern epidemic of insecurity and worry by promulgating the idea that sexual functioning is a central, if not *the* central aspect of a relationship. While sexual functioning may be central for many people, this study supports Tiefer's concerns suggesting that it is a satisfactory relationship that may influence on the quality of sex and not the other way around.

Cognitive theories view a sexually satisfactory activity as a skill that needs to be reached and practiced. Under cognitive therapy a variety of approaches such as existential, feminist , and humanistic, are included. Fromm claimed that Freud did not recognize that sexual desire is the manifestation of the need for interpersonal union, for fusion with another person. Fromm used the term love. He described love as a generous feeling that accepts the loved person's own growth and unfolding life. He perceived it as a union under the conditions of preserving one's integrity; the human remedy for loneliness; an art that needs to be learned and mastered. A loving person is capable of caring, taking responsibility and seeing the other person as he/she is, being aware of his/her uniqueness.

As Leiblum & Rosen stated, humanistic approaches and recognition of social constructs did not prevail in sex therapy during the 1980s and still do not prevail in the 1990s. As this study suggests, these approaches deserve a central place in the repertoire of sexual therapy since they assure a holistic, bio-psycho-social view inclusive of the mind, body and person's environment, while acknowledging the client's subjective perception of his/her reality.

This study is supportive of Ellison's (1984) claims that the satisfactory partner is a person sensitive to the woman's response, and the woman herself is somebody who is in touch with her own sensual feelings. The study suggests that women are able to reach sexual satisfaction in many different ways, including, in the absence of a real partner, by using fantasy and self-sex activities. Sexual satisfaction, however, is not a one-dimensional but rather a complex issue. A delicate combination of factors is needed for women to be able to feel sexually satisfied. Once the necessary components are in place, the repertoire of additional alternatives seems to help in reaching higher standards of satisfaction. Humanistic approaches such as Rogers' seem to be useful for

addressing the various aspects of women's sexual realization. Rogers believed that a person's most basic drive is to actualize, maintain, and enhance the self. Given a chance, any individual will evolve in a forward-moving, adaptable manner. Once a drive is actualized, the person moves to satisfy a new drive, which is then actualized, and so on. He claimed, however, that many values and attitudes are not the result of the individual's own, direct experiences but have been inserted by parents, teachers, and associates, and have been given distorted symbolization with consequent improper integration into the self. Consequently, many individuals become divided, unhappy, and unable to fully realize their potentialities. To reach higher levels of self-realization and self actualization, the individual should get rid of masks, created over the years through the socialization process to protect him/herself from social embarrassment.

There are also implications **clinician's education.** Clinical programs that focus on family therapy, interpersonal relationships, or any other element that may be related to human's sexuality should prepare clinicians on both the basics of sex therapy so that they can relate to the client in a non-fragmented manner, and different approaches that address individualized situations.

Psycho-biological issues such as: 1) the concept of orgasm, 2) the naturalistic approach, or 3) the medical model were addressed in this study but were not fully measured. For a deeper understanding of these aspects, further studies are needed:

Female orgasm - our study suggested that the female orgasm (treated as a physical response to genital stimulus) has been over-rated and should not be equated with sexual satisfaction. Genital touch, however, appeared to be a more important element than some feminists are ready to accept. It was

previously suggested that the 'kundalini woman' term replace the 'orgasmic woman' term which, in addition to its limitations, lacks clarity and accuracy.

Naturalistic claims: The most meaningful predictor of sexual satisfaction was a combination of open acceptance of one's own sexuality and assertive communication regarding one's sexual needs. Results of this study questioned *naturalistic claims* such as: a) sex is a natural act. Engagement in sexual activity does not seem to be an act that is predominantly natural but rather an art that needs to be carefully learned. Self-awareness and careful preparations of the environment are helpful in reaching skills needed to perform the art of sex. We originally have some influence from our families who transmit some attitude towards our sexuality; and later we are able to learn from both negative and positive previous experiences. Exposure to positive experiences is, however, a stronger predictor of sexual satisfaction than negative experiences. Positive experiences appear be a more effective way of acquiring a positive attitude to own's sexuality. b) male biology is such that it invites controlling or even intimidating sexual relationships. If this were the case, a biological mismatch would exist, since women are more receptive to caring and democratic relationships. This biological mismatch would lack functionality and therefore contradict the inner logic of naturalistic assumptions.

Medical model - Women who reported having sexually related *medical* problems were excluded from the study. The women who were excluded were less satisfied than their counterparts who did not have medical problems. The physical is only one aspect of sexual satisfaction, the use of the medical model as a main clinical response to women's sexuality is not indicated. Good practice requires, however, that before taking care of other aspects, medical problems are either addressed or ruled out.

The results of this study support humanistic claims, mostly verbalized by feminist sexologists, who affirm that to understand women's sexuality an inclusive approach of bio-psycho-sociological aspects is needed. Age did not predict sexual satisfaction but measurement of the correlation between women's sexual satisfaction and 10 scales that represented a wide variety of psycho-social elements, indicated that women's sexuality is complex and the variety among women's perceptions about their sexuality is enormous. The complexity of sexual satisfaction as a summary variable was indicated by the findings of the two regression analyses where several predictor dimensions differed in relative importance depending upon the time period the respondent was asked to evaluate. Memories of the elements that existed for their global lifetime sexual satisfaction, as opposed to those relevant for the past three months, differed. Short-term memories focused on practicalities and long term memories perceived the global picture in a more introspective manner (See table 8).

Based on results of this study, it is possible to **portray a Kundalini woman** who would be a person who is accepting of and assertive about her sexual needs. As proposed, such a woman is more likely to be sexually satisfied (with or without orgasm), she would allow experiencing her sexuality, would be able to reach a higher level of self acceptance, her sexual engagement may represent a transition rather than a moment frozen in time: exposure to a less satisfying experience may be interpreted as an opportunity to grow from the experience and a basis for corrective exploration rather than a devastating experience leading to self-denial. The kundalini woman may have a satisfactory level of comfort with her own body; she is probably in touch with her emotional and sexual needs allowing herself and her partner to seek the benefits of their sexuality in its full potential. Unrelated to procreative needs, she will tend to allow herself to experience the creative power of sex; she tends to be a sensual

person who is sensitive to smells, textures, sounds, and who is able to experience an intense physical and emotional pleasure while engaging in sexual activity. While she may allow loss of self during love making (the ability to lose one's self in the act of love making appears to be an important component of sexual satisfaction, but it was not measured in this study) she will have a complete concern for her partner. She may tend to be passionate but not compelled to experience her sexuality and may abstain rather than engage in a situation that is not appealing to her.

Supporting humanist parameters, the results of this study demonstrated the importance of considering several psycho-social dimensions when attempting to understand the meaning of a reported level of sexual satisfaction. Humanist therapies such as those inferred from Fromm and feminist sexology in general, and Rogers' welcoming and accepting of client's individuality clinical approach in particular, are here suggested as useful because their philosophical underpinnings address the issues that influence on women's sexual satisfaction.

Limitations of the study:

The richness of this study both in collected data and size of sample, allows a unique insight into the sexual life of the respondents. Some of the ***limitations*** of the study were: 1) the questionnaire was not developed using the bio-psycho-social model. Biological aspects of sexuality were essentially omitted. 2) psychological reactions to sexual activity such as dissociative experiences were also omitted. 3) a non-probability sample that may not reflect any larger population of women was developed. 4) there is no clear discrimination between orgasm and sexual satisfaction.

Implications for future research -

Because of the extensiveness of the questionnaire and the sample, one could perhaps assume with some certainty, that a random sample would not have made a significant difference in generalizing to other groups in general and to middle upper class in particular. This study encourages further research on this subject. While a replication of this study may be cumbersome and a meaningful gain in respect to sampling may not be reached, there are many areas that need further exploration in this relatively new science.

Biological factors were not statistically analyzed in this study. Research is needed since much of the existing knowledge on this area is based on conjectures that seem to be contradicted by the stories "narrated" by the women from our sample.

A variety of bio-psycho-social elements have been identified that affect women's sexual satisfaction. It appears that some of these elements are necessary conditions while others are only facilitators. Some elements are better recalled in with the long term satisfaction variable while others appear to be more dominant in the short term. More research is needed to differentiate among these elements. Psycho-social elements such as the ability to lose oneself in the act of love-making need to be explored.

From qualitative literature it appears that a possible correlation between passion for life and sexual passion may exist. Exploration in this area may help in clarifying the centuries-old Tantric claim regarding the non-sexual self-realizing powers that arise from sexual energy.

Appendix I - Qualitative Pilot study - Interview Outline

INTERVIEW OUTLINE **CRE 12/9/92**

****START by telling me who you are - how you describe yourself**

****HOW does your sexuality fit into who you are?**
This question can be asked again at other times in the interview in the form: How did your sexuality fit into who you were at that time in your life?

****CURRENT Relationship Status and relationship history**

****SEXUAL Development**

First experience of self as sexual
May only later have labeled as sexual.

Family of origin
Siblings? Parents' relationship?
Occupations? Lifestyle?

Childhood awarenesses, incidents
e.g., reading, seeing, religion, emotional, fantasy

Given useful language in childhood
for genitals, sexual acts, etc.?

Attitudes/values
What learned from parents, friends, etc.
Other positive and negative influences

First menstruation
Preparation, meaning placed on
Connected with sexuality, fertility?

First masturbation
When, how, feelings about

First sexual experiences with a partner
When, how, feelings about
For many women this will not be intercourse

First intercourse
When, how, feelings about
Values - how determined when, where & with whom
Ways deferred first intercourse.
Satisfaction Scale 1-10

First orgasm
Self - When, how, feelings about
With partner - When, how, feelings about

**LIFE CYCLE and Life Events
Differences in sex at **different times in life**
Differences at **different times in menstrual cycle**

Depending on the woman's life experiences she may be asked about the effects on sexual experience (e.g., desire, arousal, functioning, orgasm, satisfaction) and on how she feels about self as a sexual woman:
As a sexual novice With some experience
Before and after marriage After divorce or death of spouse
Before, during, and after pregnancy During nursing
During childrearing Before, during, and after menopause

Use of prescribed and recreational drugs
Emotional states, medical interventions, physical disabilities
E.g., anxiety, depression, hysterectomy, breast cancer, mastectomy, diabetes

**WHAT is sex?
What does sex mean to you? -- range of things it includes
How important is it? Reasons for having sex?
What do you like about it?
What do you not like about it?
What do you get out of it?

**RELATIONSHIP of Love and Sex

**SPIRITUAL aspects of sexuality

**MASTURBATION - Sex with self
History - how discovered, learned about, when first did
How fits into your life now
How often Why
Usual ways -- hand, water, squeezing thighs or muscles, vibrator
Focus of attention while masturbating
Feelings about
Orgasm with
When/if first orgasmic with
Percentage of time orgasm with
How orgasm - What do you do that makes orgasm occur?

**VIBRATORS and/or Sex Toys - Ever use? Partner sex or masturbation?

**FANTASY
Do you have fantasies, including sexual thoughts or images?
How often, context, content
Masturbation Partner sex
How use - e.g., simmer, get aroused, have orgasm
Experiences with erotica/pornography - feelings about

**BODY Image

How feelings about body affect
sexual desire, functioning, and pleasure
Do you like your body?
Think body is sexually attractive?
Anything you don't like?

Do you think you are an attractive sex partner?
Includes physical and personal attributes

**PARTNER Sex

Conditions that facilitate satisfying sex
Turn-ons - in and out of bed, physical and non-physical
Turn-offs - in and out of bed, physical and non-physical
Importance of
Nongenital touching Communication Closeness
Intercourse Orgasm After play

Usual focus of attention during sex
Sensations Fantasies On partner?
Mainly on getting what you need? What else?
Sexual scripts, process of sex

Fluctuations in interest, desire and excitement/arousal
When highest? Lowest? How turned on usually, Scale 1-10
Match between your desire and that of current and past partners

Differences
Self-sex and partner sex
Sex with man and sex with woman
Casual sex and sex in relationship
Early in relationship and later on

Sexual communication
Initiation - How do you let each other know you're interested?
Do you initiate? How do you feel about?
With new partners In casual sex In relationship
How feels about "rejections"
Ever go along with without fully consenting? Resent?
Do you go after what you want in sex?
How do you indicate your desires?
Differences with, e.g., new partner, casual sex, relationship
Communication about sex at other times than during sex

**DOING Sex
Stimulation - Kinds like best, least
Erogenous zones, hot spots
Role of clitoris in your sexual pleasure?
Role of the vagina in your sexual pleasure?
How do you use your body and mind to enhance your arousal and pleasure?

**ORGASM
History - When, how first orgasm
When, how orgasmic now
About what % of time orgasm with masturbation?
About what % of time have orgasm with partner when want to?
What percent of time want to? Actual frequency?
Conditions for reaching? Conditions might not want to?

Importance of - Enjoy sex without?
Relationship of satisfaction and orgasm

Varieties of Orgasmic Experience
Describe variations
How do various orgasms feel? How are they experienced in the body? Emotionally? What kind of stimulation elicits? Conditions? Anything you do physically and/or emotionally to reach orgasm?
Ever orgasm **w/o genital stimulation?** Describe
Orgasm **with breast stimulation alone?**
Orgasm **with intercourse alone?** With & w/o clitoral stimulation? If you require clitoral stimulation, how do you get it?
Simultaneous orgasm with partner?
Sensitive spot in vagina? Describe?
Ejaculation?
Orgasm **without any physical stimulation?**
Dream orgasms? If yes, actual physical response?
Crying associated with orgasm
Laughing and/or other emotional release associated with orgasm?
Phrase **"emotional orgasm"** mean anything to you?
Multiple orgasms? Describe? How often?

**ACTS
Experiences with and feelings about
Intercourse Different intercourse positions
Manual sex with partner Oral sex Anal sex
Scripted sex - acting out fantasies, S-M, spanking, tying up, etc.

**CONTRACEPTION and Disease Protection
What used - effects on sex
If not consistent, why?

Unplanned pregnancies
Abortions - effects on sex and sexuality

STDs - effects on sex and sexuality
Attitudes toward Safe Sex?

**SEXUAL Trauma/Rape
Effects on all aspects of sex and sexuality

**FAKING
Ever faked **orgasm?** How often? Reasons?
Ever pretended to
Be **interested** when wasn't?
Be more **aroused** than you were?
Resist when you wanted to go ahead? Said No when Yes or Maybe? ie, said no hoping the guy would push ahead anyway? Explain.

**SATISFACTION
Satisfaction, Scale 1-10
First ever sexual experience
First intercourse
First time with different partners
Sex in current or last relationship
Sex in relationships compared with casual sex

**PROBLEMS
Sexual Problem of any kind - Details
Ever been with a partner with a sex problem - Details
Any nonsexual difficulties that influence sex - e.g. relationship, work

**AFFAIRS
Self or Partner sex that violated implicit or explicit relationship rule?
Circumstances, frequency, explanation, results and feelings about

Did **either Parent** ever do? Details, feelings about, outcome

****SAME-SEX Experience - Ever sexual experience with another woman?**

****GENDER**

Do you think men have a better deal in sex than women?

How has concern for your reputation affected your sexual behavior recently or in the past?

E.g., ever understated sexual experience? Not gotten into sex as quickly as you'd like, not initiating as much as you would like, not using certain words or doing certain things or asking for what you want?

****RELATIONSHIP of Shame and Sexuality**

Aspects of sexual development, experiences, partnerships that elicit feelings of shame?

****WHAT makes a man (or woman, for lesbians) a good partner? Lover?**

****THOUGHTS about Penis Size**

****WISHES - Elements of sex you wish were different**

(Include, even if have to skip some other categories)

Changes would make in self to make sex better?

If could live life over, what would you do differently about sex?

What would you want partner to know about you to make sex better?

One thing you would want partner to do differently?

Anything you would like to do in or regarding sex you haven't done?

****WHAT would you want a Daughter to know about sex?**

****WHAT would want a Son to know about sex?**

Are you teaching (did you teach) them what you want them to know?

(Ask these 2 questions even if she has no children)

****ANYTHING else you want to add?**

****HOW do you feel about doing the interview?**

Appendix II - Carol Ellison's "*notes for Appendix re research*" *of her book in progress "More than Sex".*

Notes for Appendix re research

Approximately 6000 questionnaires were distributed by over 200 volunteers in almost every state of the country. Questionnaires were given out by, among others, our friends, friends of friends, relatives, and teachers, professors, physicians, nurses, and therapists. Their names are listed below...

The interviews

The interviews came first. Although we had an interview schedule, a copy of which is attaches, the interviews were loosely structured. All started out with the same two questions: *Who are you? (i.e., How would you describe who you are?)* followed, when fully answered, by *"How does your sexuality fit into who you are?"* The interviewer let the woman's responses guide her from there, taking her lead from answers to these first two questions. Only after exploring the issues that seemed most important to the respondent did the interviewer lead her to talk more about the other questions we were interested in.

The interviews were guided by women's lives and experiences rather than by the rigidly structured set of questions traditional scientific method would dictate. We believe that our more fluid process put the women at ease and facilitated their access to memories and associations that would have been unavailable through a more rigid interview process. The questions were not always asked in the same order, and not every woman was asked every single question. Sometimes time or energy simply ran out before our questions did. This was especially true when a woman had a great deal to say on a particular theme. While interviewees rarely, if ever, declined to answer specific questions, sensitivity was exercised by the interviewers and boundaries were respected.

The interviews were conducted with an attitude of mutual exploration of the woman's history and sexual development, and there was often a sense of rapport between equals. If a woman asked for information or assurance from the interviewer, this was usually given. If a woman asked if a practice or experience was common or normal, the interviewer answered as honestly as she could, and with an attitude of acceptance. Sometimes an interviewer shared an experience of her own. This was usually offered as validation of the interviewee's experience or was a response to a direct question. The interviewers felt free to express emotions. Sounds and words to express sorrow and empathy when traumatic events were reported and reverberations of shared laughter can be heard on the interview tapes. Some portions of some of the tapes sound like two old friends talking about sex, sexuality, or life in general. With very few exceptions, the women were comfortable and, as far as we can tell, gave honest responses. Some spontaneously reported enjoying their interviews and some let us know that the interview had helped them to better understand and integrate certain aspects of their sexuality.

Demographic information on the interviewees is given in Table 1 [not included]. Our sample is definitely not representative of the American female population as a whole. The women in our sample are better educated than the average, more likely to be professionals in their work, and more likely to live in California.

We ended up with several thousand pages of interview transcriptions. This material is the major source for the quotes in this book.

Questionnaires

We created the questionnaire with the help of two excellent methodologists, Drs. Joan Sieber and Douglas Wallace, both of whom have broad experience with designing questionnaires for sex research. We tried to follow the lead of the completed interviews to tap areas of concern to most women.

We arbitrarily decided on a maximum of 16 pages, longer than most questionnaires but still acceptable to large numbers of women, or so we hoped. In order to get the items down to 16 pages, we had to omit certain topics or to include them indirectly. And we made several errors of judgment in this process.

One of the slighted topics was sexual abuse. We asked about degree of consent in two questions dealing with first sexual experiences and first intercourse, but many of the respondents let us know in their comments that the topic didn't get the attention it deserved. We agreed but it was too late to do anything about it.

The final version of the questionnaire consisted of 165 items on 16 pages.

Even on the questionnaires we wanted to be open to what women had to say, so we included the following in the directions:

> FEEL FREE TO WRITE COMMENTS ON THE QUESTIONNAIRE. If a question doesn't accurately describe your experience, please tell us so. We want to know how **you** experience **your** sexuality.

And write comments they did, thousands of them. Some wrote only a few words, some several sentences, and some more than a page of essay. These comments constitute the second source of quotations in the book.

We give many quotations from the interviews and the questionnaire comments in the text. We do this because we believe the people who know most about women's sexuality are women themselves. Each woman knows mainly or only about herself, of course, but but these reports contain a richness of detail and sense of a real person that is impossible to generate any other way.

We instructed those distributing the questionnaires to *invite* women to participate. We wanted women to feel invited to participate, not pressured to respond.

Altogether we received 2632 useable questionnaires by the deadline we had set, a return rate of approximately 44 percent. We got almost 100 more after the data entry had been completed and did not use them. Our return rate is surprisingly high for this kind of survey. Shere Hite (*The Hite Report*, 1976), by contrast, sent out over 100,000 questionnaires and received 3,000 back, and over 1,000 of those came back too late for inclusion in her statistics.

The demographics of our sample are given in Tables 3 through X. Although we were happy to have a variety of women represented, it is immediately clear that ours is not a representative sample of the population of American women. Our sample is predominantly white, middle and upper class, and extremely well educated. Geographically, California, with 40 percent of respondents, is highly over represented.

We should say something about the education and class level of our sample. Every study on sexuality ever done has had some sampling bias. Most of them, including

those by Mosher, Davis, and Kinsey, have had very educated samples (*The Hite Report* does not contain enough information to determine the exact educational status of that study's participants). The NHSLS survey, designed to be representative of the American population, is the only survey we are aware of without an education bias. However, even that well-funded study could not include everyone; those researchers decided to exclude anyone older than age 59.

While we wanted diversity of age and ethnicity, we knew we could not survey the sexuality of all women. We believed we could be most effective in surveying women similar in educational level to those we worked with in therapy and classes and knew in our personal lives. Also, we knew we wanted a sample of women who were reflective about their sexuality and possessed the reading skills necessary to complete our detailed questionnaire. For these reasons, we decided early on to restrict our sample to women who had at least a high school education, and to primarily seek respondents who had attended some college.

Interviews and questionnaires

Studies in the past used one of two methods of data collection, interviews or questionnaires (only a very small number used both). Each has strengths and weaknesses. I like doing interviews, because they give me an opportunity to actually sit and talk with women. An interview is an opportunity to gather rich qualitative information about what is important to an individual woman. In the interviews I was able to pick up on details and nuances in a way that is not possible with a questionnaire, no matter how sophisticated and lengthy.

Compared to questionnaires, interviews do have certain disadvantages. They take a lot of time, one to three hours each. They need to be done under conditions of privacy, so the woman will feel free to give answers she might not want her partner or children to hear. And it's more difficult to generate statistical data from interview material unless each person is asked the same questions in the same way and in the same order. Doing that, however, would be reductionistic, turn the interview into an oral questionnaire, and thereby undermine the reason for doing interviews in the first place.

Questionnaires also have advantages and disadvantages. While they can generate useful numbers, they are not good for getting at complex situations and dealing with qualifications, details, and contingencies.

Aside from this problem, there is also a limit as to how much you can ask in a questionnaire. The longer it is and the more it demands of the person filling it out, the fewer people will complete it. While interviews can last for an hour or more, most questionnaires, especially the kind used by the women's magazines, take only five minutes or so to fill out. The result is scores of thousands of completed questionnaires dealing with topics superficially.

Most studies have relied solely on questionnaires. The The Hite Report[1] is based entirely on responses to a questionnaire. To their everlasting credit, Kinsey and his

colleagues[2] conducted interviews, thousands of them. But that was 50 years ago. Most of the women Kinsey interviewed were no longer living by the time we started our work. And Kinsey's only interviewers were men.

Re the questionnaire from UC Berkeley Extension students 3/94:

♀ There were times when my answer was not an option listed.
♀ I do wonder if my own experiences will be reflected in the collapsed data, as no combinaton of questions really was a vehicle for describing or articulating mine. So I wonder if other personal ideosyncratic experiences also will not be identified, or if I am an outlyer. Of course, this is the problem with questionnaires.
♀ I feel that my sexual behavior has changed from my 20s to 30s and a great deal in my 40s but these differences were not measured. It seems an overall measure of my most free period and now or current relationships were measured which happen to be my current ways of feelings(sic) about sex.

My response: *We do not get your individual variation, but we hope that because we have so many questionnaires from women of different ages we capture some of this variation that concerns you this way.*

Notes

1. Hite, Shere. *The Hite Report.* NY: Macmillan, 1976.

2. Kinsey, Alfred C., Pomeroy, Wardell B. & Martin, Clyde E. *Sexual Behavior in the Human Female.* Philadelphia: W. B. Saunders Co., 1953.

Sexuality of Women | *A Survey*

INSTRUCTIONS: Please answer each question by

- **CIRCLING THE NUMBER** corresponding to the best response **OR** by
- **FILLING IN THE BLANK at the right hand margin.**

Sometimes you also will be asked to **SPECIFY SOME OTHER INFORMATION** in a blank in the question itself. Some questions will ask you to circle all that apply.

If you cannot or don't want to answer a question, circle the question number and move on to the next question. Sometimes you will be directed to skip over questions that do not apply to your experience.

FEEL FREE TO WRITE COMMENTS ON THE QUESTIONNAIRE or on a separate page that you fasten securely to it. If a question doesn't accurately describe your experience, please tell us so. We want to know how **you** experience **your** sexuality.

A. PLEASE TELL US ABOUT YOURSELF.

1. **Year Born** (WRITE THE YEAR IN THE BLANK TO THE RIGHT): 19____

2. **Ethnicity:**
I usually describe my ethnicity as (CIRCLE ONE):

African American	1
Asian American	2
Caucasian	3
Latina	4
Native American	5
Other (PLEASE SPECIFY): _____	6

3. **Education:** The highest level of schooling I have completed is (CIRCLE ONE):

High school	1
Some college	2
Vocational degree	3
2-year degree	4
4-year degree	5
Graduate work	6
Graduate degree	7

4. **Occupation:** My Occupation is: _____

5. **Religion/Spirituality:** The average number of times per month I attend services or other spiritual observances now, and did as a child is (PLEASE WRITE IN THE NUMBER OF TIMES):

	NOW	CHILDHOOD		NOW	CHILDHOOD
Catholic	____	____	Buddhist	____	____
Protestant	____	____	Atheist	____	____
Fundamentalist Christian	____	____	Agnostic	____	____
Jewish	____	____	Other spiritual		
Muslim	____	____	observances/meditations	____	____
Other (SPECIFY) _____				____	____

6. **Children:** The ages of the children I am raising or have raised is:

Males	___	___	___	___	___
Females	___	___	___	___	___

(PLEASE CIRCLE THE AGES OF ANY CHILDREN NOW LIVING IN YOUR HOME.)

7. **Income:**

a. The approximate pre-tax income I earn per year is (CIRCLE ONE): 1 2 3 4 5 6

1 **Less than $12,000** 2 **$12,001–$25,000** 3 **$25,001–$50,000**
4 **$50,001–$75,000** 5 **$75,001–$120,000** 6 **$120,001+**

b. The approximate pre-tax income per year of my family unit is: 1 2 3 4 5 6

 Please return completed questionnaires to Drs. Ellison & Zilbergeld, 1901 Leimert Blvd., Oakland, CA 94602.

8. **Residence:**
   a. The State I now live in is _____
   b. I have lived in the United States ___years (WRITE THE NUMBER IN THE BLANK AT THE RIGHT): _____

9. **Orientation:** I think of myself as (CIRCLE ONE):

1 **Heterosexual**	2 **Lesbian**	3 **Bisexual**	1	2	3

B. PLEASE TELL US ABOUT YOUR RELATIONSHIP(S).

1. My current relationship and living situation is (CHOOSE ONE):

No sex partner now	1
Seeing but not living with my sex partner(s)	2
Living with a sex partner, without marriage or life commitment	3
Living with a sex partner, with marriage or life commitment	4
Other (PLEASE SPECIFY): _____	5

2. The number of times I have ever (PLEASE WRITE IN THE NUMBER OR "0"):
   a. Lived with a sex partner I didn't later marry is _____
   b. Been married is _____
   c. Been divorced is _____
   d. Been widowed is _____

For many of the questions that follow you will answer by circling a number on a scale from 1 to 7:

1 = STRONGLY DISAGREE	5 = SLIGHTLY AGREE
2 = DISAGREE	6 = AGREE
3 = SLIGHTLY DISAGREE	7 = STRONGLY AGREE
4 = EQUALLY AGREE AND DISAGREE	0 = NOT APPLICABLE TO MY EXPERIENCE (NA)

C. PLEASE TELL US ABOUT YOUR FAMILY OF ORIGIN.

The questions in this section are about your growing up years.
Mother and Father refer to the "parent(s)" who raised you.
CIRCLE "0" to mean "no mother figure" or "no father figure."

While I was growing up (CIRCLE THE BEST ANSWER FOR EACH STATEMENT):	STRONGLY DISAGREE						STRONGLY AGREE	NA
1. My mother and father openly demonstrated physical affection for each other	1	2	3	4	5	6	7	0
2 a. My father affectionately touched (for example, hugged) me	1	2	3	4	5	6	7	0
b. This affection was appropriately expressed	1	2	3	4	5	6	7	0
3 a. My mother affectionately touched me	1	2	3	4	5	6	7	0
b. This affection was appropriately expressed	1	2	3	4	5	6	7	0
4. I felt free to express my own opinions at home	1	2	3	4	5	6	7	0
5. Sexuality was often discussed in my family	1	2	3	4	5	6	7	0
6 a. My mother's attitude toward sex was generally positive	1	2	3	4	5	6	7	0
b. My father's attitude toward sex was generally positive	1	2	3	4	5	6	7	0

D. THESE QUESTIONS ARE ABOUT YOUR EARLY SEXUAL EXPERIENCES.

1. As a child or adolescent, the first person with whom I engaged in an activity that I thought of as sexual at the time was a (1 **male** OR 2 **female**) 1 2

   If you have NEVER engaged in ANY sexual activity with a male, CIRCLE the 0 at the right and skip to Question 4a. 0

2 a. As a child or adolescent, my first sexual activity that I thought of at the time as sexual **with a male** occurred when I was __ years old. _____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. This sexual activity was with my consent.	1	2	3	4	5	6	7	0

c. The male involved was: (CHOOSE ONE BEST ANSWER)

A peer (boyfriend, schoolmate, friend) 1

A relative (PLEASE SPECIFY WHO) _____ 2

A stranger 3

Other (PLEASE SPECIFY): _____ 4

If you have NEVER had sexual intercourse, CIRCLE 0 and skip to Question 4a. 0

3 a. My first sexual intercourse was when I was ___ years old. _____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. My first sexual intercourse was with my consent	1	2	3	4	5	6	7	0

c. The partner in my first intercourse was

A peer (boyfriend, schoolmate, friend) 1

A relative (PLEASE SPECIFY WHO) _____ 2

A stranger 3

Other (PLEASE SPECIFY): _____ 4

d. He was (CHOOSE ONE BEST ANSWER)

Someone I wasn't then planning to marry 1

Someone I was planning to marry 2

Someone I had already married 3

None of the above 4

If you have NEVER engaged in ANY sexual activity with another female, CIRCLE 0 and skip to Question 5. 0

4 a. As a child or adolescent, my first sexual activity that I thought of at the time as sexual **with another female** occurred when I was __years old. _____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. This sexual activity was with my consent.	1	2	3	4	5	6	7	0

c. The female involved was (CHOOSE ONE):

A peer (girlfriend, schoolmate, friend) 1

A relative (PLEASE SPECIFY WHO) _____ 2

A stranger 3

Other (PLEASE SPECIFY): _____ 4

5. Compared to my female classmates, during my adolescent years:

	ABOUT AS	MORE	LESS
a. I dated (1 **about as,** 2 **more,** OR 3 **less**) often	1	2	3
b. I was (1 **about as,** 2 **more,** OR 3 **less**) sexually active	1	2	3

E. THE QUESTIONS IN THIS SECTION ARE ABOUT YOUR SEXUAL PARTNER(S).

A SEXUAL PARTNER is someone with whom you currently (or did in the past) engage in ANY kind of sexual activity.

1. The last time I engaged in any kind of sexual activity with a partner was (PLEASE CIRCLE 1 FOR **today**, OR WRITE IN YOUR BEST ESTIMATE OF APPROXIMATELY HOW MANY **days, months** OR **years ago**): **Today** 1 / **or Days ago** ____ / **or Months ago** ____ / **or Years ago** ____

If you have more than one current partner, interpret "current partner" to mean your "primary partner" as you fill out this questionnaire.

2 a. My current or most recent sexual partner is/was (1 **male** OR 2 **female**) 1 2

b. I have been (or was) with this partner ___ months OR____ years (WRITE IN HOW MANY AT THE RIGHT): **Months or Years** ____

3. I think of myself as currently having (a) __**male** and (b) ___ **female** sexual partners (WRITE IN HOW MANY): **a) Male** ____ **b) Female** ____

4. I have had about __sexual partners in my lifetime (WRITE IN HOW MANY): ____

5. In my lifetime, the number of people with whom I have engaged in what is often called "casual sex" or a "one-night stand" (including instances where a relationship or friendship developed after the sex) is approximately __ (WRITE IN HOW MANY) ____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
6. My current or most recent sex partner has been (was) a good partner for me (in general, not just sexually)	1	2	3	4	5	6	7	0
7. In the past, most of my sex partners were good partners for me (in general, not just sexually)	1	2	3	4	5	6	7	0
8. In my life I have had at least one partner with whom I had what I considered to be really fantastic sex.	1	2	3	4	5	6	7	0

9 a. In the last 3 months, the number of individuals with whom I have engaged in sexual activity of any kind is (WRITE IN HOW MANY): ____

If your answer to 9a is "0", skip 9b.

b. The partner(s) and circumstances can be described as (CIRCLE ALL THAT APPLY):

A male partner	1
A female partner	2
My "spouse" (married or life commitment)	3
A nonspouse partner I live with	4
A partner I don't live with	5
Someone I knew at the time for more than 1 but less than 7 days	6
Someone I knew at the time for less than 24 hours	7
A partner with whom I have an on-going affair	8
A friend: we sometimes or regularly meet each other's sexual needs	9
Someone I know, in exchange for money	10
A stranger, in exchange for money	11
Other (PLEASE SPECIFY): _____	12

F. THE NEXT 4 QUESTIONS ARE ABOUT SELF-STIMULATION.

1. The first time I intentionally stimulated my genitals while alone (masturbated) I was __ years old (IF YOU DON'T KNOW, WRITE IN YOUR BEST GUESS) ____

If NEVER, circle 0 and skip to Section G 0

2. In the **last month.** I have intentionally stimulated my genitals when alone approximately __ times. _____

If you have NOT intentionally stimulated your genitals when alone in the LAST 3 MONTHS, circle 0 and skip to Question 4. 0

3. In the **last 3 months.** I intentionally stimulated my genitals when alone (CIRCLE ALL THAT APPLY):

Because self-stimulation feels good	1
Because I felt a physical urge to do so	2
To comfort myself	3
To help me sleep	4
To relieve menstrual cramps	5
To relax	6
To have one or more orgasms	7
To feel more finished or relieve frustration after partner sex	8
Because a partner wasn't available right then	9
Because I was lonely	10
Because I was bored	11
Other _____	12

	STRONGLY DISAGREE						STRONGLY AGREE	NA
4. I usually fantasize when I masturbate	1	2	3	4	5	6	7	0

G. THE QUESTIONS IN THIS SECTION ARE ABOUT THE EXPERIENCE OF ORGASM:

1. Please circle the number of the best answer for you:

I have never experienced an orgasm	1
I am not sure if I have ever had an orgasm	2
My first orgasm was by myself	3
My first orgasm was during sexual activity with a partner	4
Other (PLEASE SPECIFY): _____	5

If you have NEVER experienced orgasm or are NOT SURE if you have, please skip to Question 11.

2. I think my first orgasm occurred when I was age __years _____

(IF YOU DON'T KNOW FOR SURE, PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS. IF YOU WERE YOUNG, PERHAPS YOU ONLY REALIZED LATER IT WAS AN ORGASM.)

3. The following describe my experience (PLEASE CIRCLE ALL THAT APPLY):

My first orgasm occurred spontaneously	1
My first orgasm occurred when I was trying to have one	2
My first orgasm surprised me	3
I was frightened by the sensations of my first orgasm	4
I reach orgasm when alone but not when I'm with a partner	5
I have at some time awakened from sleep having an orgasm from dreaming	6
I have at some time had an orgasm from mental/emotional stimulation (such as a fantasy, recalling a past experience, reading) without also sexually touching myself	7
None of the above	0

If you have NEVER had an orgasm when alone, please circle 0 and skip to Question 7. 0

	STRONGLY DISAGREE						STRONGLY AGREE	NA
4. I generally reach orgasm more easily by myself than with a partner	1	2	3	4	5	6	7	0
5. I generally have more enjoyable orgasms by myself than I have had with a partner	1	2	3	4	5	6	7	0

6. The stimulation I use to reach orgasm when alone tends to be:

Always (or almost always) the same kind	1
Varied. I use different kinds of stimulation at different times	2

If you have NEVER experienced orgasm with a partner, please circle 0 and skip to Question 10. 0

7. The stimulation through which I reach orgasm with a partner tends to be:

Always (or almost always) the same kind	1
Varied. different kinds of stimulation at different times	2

	STRONGLY DISAGREE						STRONGLY AGREE	NA
8. I generally have (had) more enjoyable orgasms with my most satisfying sexual partner than by myself	1	2	3	4	5	6	7	0

If you have NOT experienced orgasm with a partner in the last 3 months, please circle 0 and skip to Question 10. 0

☛ **The next question is about your orgasms with a partner IN the LAST 3 MONTHS. If you have had more than one partner, answer regarding your most satisfying partner.**

9. In the **last 3 months** when having sex with my partner

a. I **wanted** to orgasm in approximately __% of the sexual episodes (PLEASE WRITE IN YOUR BEST GUESS) ____%

b. I **actually** orgasmed in approximately __% of the sexual episodes in which I wanted to (WRITE IN YOUR BEST GUESS) ____%

	STRONGLY DISAGREE						STRONGLY AGREE
c. I am satisfied with the frequency I actually orgasmed	1	2	3	4	5	6	7
d. I am satisfied with the quality/intensity of the orgasms I had	1	2	3	4	5	6	7

10. In my life, I have (PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS OF THE NUMBER):

a. Cried during orgasm or had crying released by orgasm __times ____

b. Laughed during orgasm or had laughter released by orgasm __times ____

11 a. In my life, I have faked an orgasm __times (PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS): ____

b. I have faked an orgasm with __percent of my partners ____%

If you do not have a current partner, circle 0 and skip to Question 12. 0

c. I fake an orgasm with my current partner about __percent of the time ____%

If you have NEVER reached orgasm during sex with a partner, please skip to the next section, Section H.

12. In addition to getting specific physical stimulation, I often have done the following to help me reach orgasm during sex with a partner (CIRCLE ALL THAT APPLY; SOME MAY HAVE HAPPENED SPONTANEOUSLY):

Gotten myself in a sexy mood beforehand	1
Engaged in a fantasy of my own	2
Engaged in a fantasy shared with my partner	3
Thought or imagined that I might become pregnant	4
Synchronized my breathing to my partner's breathing	5
Synchronized the rhythm of my movements to my partner's	6
Felt/thought how much I love my partner	7
Tightened and released my pelvic muscles	8
Paid attention to my physical sensations	9
Focused on my partner's pleasure	10
Positioned my body to get the stimulation I needed	11
Engaged in eye contact with my partner	12

Continued ☛

Detached from thinking about anything 13
Asked or encouraged my partner to do what I needed 14
Other (PLEASE SPECIFY): _____ 15

H. THESE QUESTIONS ARE ABOUT YOUR FEELINGS DURING AND IMMEDIATELY AFTER SELF-STIMULATION AND PARTNER SEX.

If you have NEVER masturbated, start with Question 2; skip 1 and 3. If you have NEVER had sex with a partner, start with 1, skip 2 and 4.

Below is a list of feelings you may have experienced during and immediately after sexual activity, either alone or with a partner.

1. The feelings from the list that I have experienced **most typically** during and immediately after masturbation are (CIRCLE THE NUMBERS IN THE COLUMN LABELED **SELF** OF ALL THAT APPLY):

2. The feelings that I have experienced **most often** during and immediately after sex with my current or most recent partner are (CIRCLE THE NUMBERS IN THE COLUMN LABELED **PARTNER** OF ALL THAT APPLY):

	SELF	PARTNER		SELF	PARTNER		SELF	PARTNER
Anxious	1	1	Helpless	21	21	Romantic	41	41
Aroused	2	2	Inadequate	22	22	Sad	42	42
Ashamed	3	3	Inhibited	23	23	Sated	43	43
Bored	4	4	Intense	24	24	Satisfied	44	44
Coerced	5	5	Judged	25	25	Secure	45	45
Confident	6	6	Lonely	26	26	Self-loving	46	46
Desirable	7	7	Loved	27	27	Sensual	47	47
Desire	8	8	Loving	28	28	Separate	48	48
Desired	9	9	Lusty	29	29	Sexy	49	49
Disappointed	10	10	Meditative	30	30	Spiritual	50	50
Dissatisfied	11	11	Merged	31	31	Successful	51	51
Dominated	12	12	"Not there"	32	32	Tense	52	52
Dominating	13	13	Obsessed	33	33	Tired	53	53
Ecstasy	14	14	Passionate	34	34	Trusting	54	54
Embarrassed	15	15	Peaceful	35	35	Victimized	55	55
Erotic	16	16	Playful	36	36	Vulnerable	56	56
Excited	17	17	Pleasured	37	37	Wonderful	57	57
Frustrated	18	18	Powerful	38	38			
Guilty	19	19	Pressured	39	39			
Happy	20	20	Resentful	40	40			

3. If other words better describe your masturbation experiences, please write them here:

4. If other words better describe your sexual experiences with your current or most recent partner, please write them here:

5. List the **numbers of up to 5 feelings** from the list above (other than "satisfied") that you associate with your most satisfying sexual experiences.

____ ____ ____ ____ ____

If you have NEVER had satisfying sexual experiences either alone or with a partner, circle 0. 0

I. THIS SECTION IS ABOUT FACTORS AFFECTING YOUR SEXUAL SATISFACTION WITHIN A RELATIONSHIP.

If you have NEVER had SATISFYING sex with a partner within an ongoing relationship, please circle 0 and skip to the next section, Section J. 0
If you have EVER had SATISFYING sex with a partner within an ongoing relationship, please consider the most recent period in your life when you had satisfying sex in a relationship:

1 a. In this period of my life in this relationship, the following were **USUALLY** or **ALWAYS** present in my most satisfying sexual experiences with my partner (CIRCLE THE NUMBERS OF ALL THAT APPLY):

Before Sex

Feeling close to my partner before sex	1
Arguing before having sex	2
Having an alcoholic drink before sex	3
Using marijuana or another recreational drug before (or during) sex	4

Partner and Situation

Feeling loved	5
Feeling safe in the relationship	6
Knowing we could take as much time as we wanted	7
Knowing there was no risk of getting or transmitting a disease	8
Knowing there was no risk of getting pregnant	9
Being aware that I might become pregnant	10
Knowing my partner would give me the physical stimulation I needed	11

Behaviors and Feelings During Sex

Talking with my partner during sex about what we were doing	12
Talking about or acting out a shared drama or fantasy	13
Focusing on a stimulating fantasy of my own	14
Feeling really attuned with my partner during sex	15
No pressure from my partner for me to have an orgasm	16
No pressure from myself to have an orgasm	17
My partner was accepting of my desires, preferences and responses	18
My partner got and maintained an erection	19
My partner did not ejaculate quickly	20

Stimulation

Extended stimulation of other kinds before intercourse	21
Breast stimulation	22
Manual stimulation of my genitals	23
Oral stimulation of my genitals	24
Using a vibrator	25
Using a dildo	26
Anal stimulation	27
Having intercourse	28
Steady, reliable stimulation that continued through orgasm	29

Outcomes

One or more orgasms	30
Simultaneous orgasm with my partner	31
Knowing that I gave my partner a wonderful experience	32
Emotional closeness after sexual activity	33

Other (PLEASE SPECIFY): _____ 34

b. In the period of my life I have been considering for this question I was in my
1 Teens 2 20's 3 30's 4 40's 5 50's 6 60's 7 70's 8 80's 1 2 3 4 5 6 7 8

J. THESE QUESTIONS ARE ABOUT INITIATING SEX AND SEXUAL COMMUNICATION.

If you have not had a sexual partner in the last year, please circle 0. skip Sections J and K, and go to Section L. 0

INITIATING SEX means letting your partner know (verbally or physically) your desire for sexual activity.

PLEASE CIRCLE THE BEST ANSWER FOR EACH STATEMENT.	STRONGLY DISAGREE						STRONGLY AGREE	NA
1. I initiate sex whenever I want it.	1	2	3	4	5	6	7	0
2 a. I am comfortable initiating sex with my current or most recent partner.	1	2	3	4	5	6	7	0
b. That partner is (was) comfortable with my initiating sexual activity.	1	2	3	4	5	6	7	0
3. During sex, I am comfortable telling my partner what I **don't like** or **don't want** (for example: "Ouch!" or "I don't want to do that tonight.")	1	2	3	4	5	6	7	0
4. During sex, I am comfortable telling my partner what I want and like (for example, "Would you..." or "A little slower..." or "That feels great.")	1	2	3	4	5	6	7	0
5. During sex, I communicate my desires as often as I want to.	1	2	3	4	5	6	7	0
6. One reason I don't communicate much during sex is that I usually don't know what I want.	1	2	3	4	5	6	7	0
7. My partner gives me as much feedback about his/her sexual likes and dislikes as I want.	1	2	3	4	5	6	7	0

K. THESE QUESTIONS ARE ABOUT SOME ASPECTS OF SEXUAL EXPRESSION YOU MAY HAVE EXPERIENCED IN THE PAST YEAR AND ABOUT SEXUAL CONCERNS AND PROBLEMS.

In Question 1, indicate which of the items you have experienced **IN THE PAST YEAR** by circling the number that indicates **how often** you experienced it. Skip any you have **NOT** experienced.

RAR = Rarely ST = Sometimes OFT = Often ALL = All the time

1 a. I have experienced the following **in the last year** (CIRCLE ANY THAT APPLY):	RAR	ST	OFT	ALL
Difficulty finding a partner I wanted to be sexual with	1	1	1	1
Lower sexual desire than I wanted to have	2	2	2	2
Being too tired to have sex	3	3	3	3
Being too busy to have sex	4	4	4	4
Not feeling sexually satisfied	5	5	5	5
My partner not as interested in sex as I was	6	6	6	6
My partner less interested in closeness after sex than I	7	7	7	7
My partner choosing inconvenient times for sex	8	8	8	8
b. **During sex in the last year** I have experienced:				
Difficulty getting excited/aroused	9	9	9	9
Feeling distracted	10	10	10	10
Inability to relax	11	11	11	11
Involuntary vaginal spasm so that vaginal entry and/or intercourse was impossible or difficult	12	12	12	12
Insufficient vaginal lubrication	13	13	13	13
Pain during intercourse or other internal stimulation	14	14	14	14
Fantasizing that I am having sex with someone other than my partner	15	15	15	15
Difficulty in reaching orgasm	16	16	16	16
Inability to have an orgasm	17	17	17	17

Continued ☛

	RAR	ST	OFT	ALL
Reaching orgasm too quickly	18	18	18	18
My partner seeming distracted	19	19	19	19
My partner wanting shorter foreplay than I wanted	20	20	20	20
My partner having difficulty getting aroused	21	21	21	21
My partner ejaculating too quickly	22	22	22	22
My partner having difficulty getting and/or maintaining an erection	23	23	23	23
Other (SPECIFY): _____	24	24	24	24
None of the above	0	0	0	0

☛ **Some of the items in Question 1 you may think of as "the way life is." Others you may think of as "problems."**

2. I think or thought of these items I marked in Question 1 as problems
(PLEASE WRITE THE NUMBER(S) OF THOSE ITEMS HERE OR CIRCLE 0 FOR NONE):

____ ____ ____ ____ ____ ____ ____ ____ ____ 0

3. In the past year I have sought the following kinds of help for sexual concerns or problems (CIRCLE ALL THAT APPLY):

None	0
Talked to my partner	1
Talked to a (nonpartner) friend	2
Talked to a relative	3
Talked to a minister or teacher	4
Read a book or article that gave advice	5
Went to a medical/health practitioner (other than a therapist)	6
Went to a therapist by myself	7
Went to a therapist with my partner	8
Enrolled in a course or program	9
Other (SPECIFY):_____	10

4 a. In the past year, my most important sexual problem or concern was
(WRITE THE NUMBER FROM THE LIST IN QUESTION 1 OR SPECIFY) _____
If None, circle 0 and skip 4b and 4c. 0

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. This problem or concern has been satisfactorily resolved	1	2	3	4	5	6	7	0

If the situation is not improved, circle 0 and skip 4c. 0

c. I attribute the improvement in this situation to (CIRCLE ALL THAT APPLY):

A solution I figured out for myself	1
Talking with my partner	2
Talking with a friend, relative, parent, or minister	3
Seeing a therapist	4
Seeing a medical/health practitioner	5
Surgery	6
Medication (starting, stopping, changing)	7
Passage of time	8
Advice in a book or article	9
Getting a new partner	10
Other (PLEASE SPECIFY): _____	11

L. THE NEXT QUESTIONS ARE ABOUT YOUR BODY.

		STRONGLY DISAGREE						STRONGLY AGREE	NA
1.	Overall, I am satisfied with how my body looks	1	2	3	4	5	6	7	
2.	My current or last partner is/was satisfied with how my body looks	1	2	3	4	5	6	7	0
3.	My feelings about my body interfere with my sexual satisfaction	1	2	3	4	5	6	7	

4 a. My weight is __ pounds ___ lb.

b. My height is __ feet __ inches ___ ft. ___ in.

5 a. I have had the following surgery (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND WRITE IN YOUR AGE AT THE TIME OF THE SURGERY):

	AGE AT TIME OF SURGERY	
Hysterectomy (uterus removed)	_____	1
Ovaries removed	_____	2
Mastectomy	_____	3
Other surgery (PLEASE SPECIFY): _____	_____	4

b. I have the following physical condition(s) (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND INDICATE YOUR AGE WHEN THE CONDITION BEGAN):

	AGE OF ONSET	
Diabetes	_____	5
Chronic vaginal dryness (currently)	_____	6
Chronic bladder infections (currently)	_____	7
Other illness, disability, or physical condition (PLEASE SPECIFY):		
_____	_____	8
_____	_____	9
_____	_____	10
None		0

6. In the past year I have taken the following medications or hormones (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND WRITE IN APPROXIMATELY HOW LONG YOU HAVE TAKEN THEM):

	NO. OF YRS TAKEN	
Blood pressure medication	_____	1
Antihistamine	_____	2
Antidepressant	_____	3
Antianxiety medication	_____	4
Insulin	_____	5
Birth control pills	_____	6
Other estrogen	_____	7
Other progestin/progesterone	_____	8
Other medications or hormones (SPECIFY):		
_____	_____	9
_____	_____	10
_____	_____	11
None		0

		STRONGLY DISAGREE						STRONGLY AGREE
7.	The physical condition of my body interferes with my sexual satisfaction	1	2	3	4	5	6	7

Answer Question 8 ONLY IF you are NOT now physically able to become pregnant. Give ages for ALL you have experienced.

8. I am not physically able to become pregnant because (GIVE AGES FOR ALL THAT APPLY):

I reached menopause at age___	1 _____
I had my tubes tied when I was age ___	2 _____
I had a hysterectomy when I was age___	3 _____

Continued ☛

I had/have had endometriosis from approximately age___ 4 ____

I had a pelvic infection when I was age___ 5 ____

Other (PLEASE SPECIFY): _____ 6 ____

M. THESE QUESTIONS ARE ABOUT SATISFACTION AND THE FREQUENCY AND QUALITY OF VARIOUS KINDS OF TOUCHING ACTIVITIES:

		STRONGLY DISAGREE						STRONGLY AGREE	NA
1.	I have been satisfied with my sex life **(including self-sexual activity)** in the last 3 months	1	2	3	4	5	6	7	0
	If you have NOT engaged in sexual activity (of any kind) with a partner in the last 3 months, please circle 0 and skip to Question 6 of this section.								0
2.	I have been satisfied with my sex life **with a partner** in the last 3 months	1	2	3	4	5	6	7	0
3 a.	*In the last 3 months, I have been satisfied with the* **quality** *of genital* stimulation and/or intercourse I've had with a partner	1	2	3	4	5	6	7	0
b.	With respect to the **frequency** of this kind of activity, I would like (1 **more,** 2 **less,** OR 3 **about the same**) amount				MORE 1		LESS 2		SAME 3
4 a.	In the last 3 months, I have been satisfied with the **quality** of sexual/ erotic contact I've had with a partner that **did not** include or lead to sustained genital stimulation or intercourse (For example, a passionate kiss or erotic caress).	1	2	3	4	5	6	7	0
b.	With respect to the **frequency** of this kind of activity, I would like (1 **more,** 2 **less,** OR 3 **about the same**) amount				MORE 1		LESS 2		SAME 3
5 a.	In the last 3 months, I have been satisfied with the **quality** of the affectionate **nonsexual,** nongenital touching I've had with a partner.	1	2	3	4	5	6	7	0
b.	With respect to the **frequency** of this kind of activity, I would like (1 **more,** 2 **less,** OR 3 **about the same**) amount				MORE 1		LESS 2		SAME 3
6 a.	Regarding total amount of sexual activity (anything and everything sexual), in my current or most recent relationship:								
	I want(ed) more than my partner								1
	My partner wants (wanted) more								2
	My partner and I want(ed) about the same amount								3
	If you want(ed) about the same amount, skip 6b.								
b.	We (have) reached a mutually satisfying compromise	1	2	3	4	5	6	7	0

N. THE NEXT QUESTIONS ARE ABOUT SEXUALITY AND YOUR MENSTRUAL CYCLES

		STRONGLY DISAGREE						STRONGLY AGREE	NA
1.	It seems to me that my sexual **desire** has (had) predictable variations due to my menstrual cycle	1	2	3	4	5	6	7	0
2.	It seems to me that my sexual **satisfaction** has (had) predictable variations due to my menstrual cycle	1	2	3	4	5	6	7	0
3.	I enjoy(ed) sexual activity during my menstrual flow	1	2	3	4	5	6	7	0
4.	I engage(d) in sexual intercourse during my menstrual flow 1 **Never** 2 **Rarely** 3 **Sometimes** 4 **Often**					1	2	3	4

O. THE QUESTIONS IN THIS SECTION ARE ABOUT PREGNANCY:

If you have NEVER been pregnant AND never wanted to be pregnant, please circle 0 and skip to the next section, Section P. 0

1. Please indicate if you have ever been pregnant and fill in any other blanks that apply:
   - a. I have been pregnant ___times. ____ a
   - b. ___ of my pregnancies were planned. ____ b
   - c. ___ of my pregnancies were unplanned. ____ c
   - d. ___ of my pregnancies resulted in live births. ____ d
   - e. ___ of my pregnancies ended in spontaneous abortion or miscarriage ____ e
   - f. ___ of my pregnancies ended in an arranged abortion ____ f
   - g. ___ of my babies were given up for adoption ____ g

	STRONGLY DISAGREE						STRONGLY AGREE	NA
2. At some time in my life, trying to become pregnant **enhanced** my sexual pleasure and/or satisfaction	1	2	3	4	5	6	7	0
3. At some time in my life, I had difficulty becoming pregnant when I wanted to	1	2	3	4	5	6	7	0
4. At some time in my life, trying to become pregnant **diminished** my sexual pleasure and/or satisfaction	1	2	3	4	5	6	7	0

5. At some time in my life, I have undergone medical testing and/or interventions for fertility 1 **Yes** 2 **No** 1 2

If you have NEVER been pregnant, please skip to Question 8.

6. In my life, becoming pregnant has resulted in the following (CIRCLE ALL THAT APPLY):
   - I got married sooner than I had planned 1
   - I married someone I had not previously planned to marry 2
   - I married someone I never would have chosen to marry otherwise 3
   - I married someone at the time who was not the biological father 4
   - I had a baby in marriage before I felt ready 5
   - The biological father knew about the pregnancy but did not remain with me through it 6
   - The biological father never knew about the pregnancy 7
   - Other _____ 8
   - None of the above 0

7 a. I am pregnant now 1 **Yes** 2 **No** 3 **Not sure** 1 2 3

b. I have a baby I currently breastfeed 1 2

c. I have sometime had a baby delivered by Cesarean section 1 2

8. During, or as a result of, partner sex during the last 3 months I have felt (CIRCLE ALL THAT APPLY):
   - Desirous of becoming pregnant 1
   - Concerned or fearful that I **might not** become pregnant 2
   - Concerned or fearful that I **was** pregnant 3
   - Concerned or fearful that I **might become** pregnant 4
   - None of the above 0

P. THIS SECTION IS ABOUT YOUR CONTRACEPTIVE METHOD:

If you do NOT use a contraceptive method, circle 0 and skip to Section Q. 0

1 a. The method of contraception I use most frequently is
(PLEASE WRITE IN): _____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. This method increases my sexual satisfaction	1	2	3	4	5	6	7	0

Q. THESE 4 QUESTIONS ARE ABOUT SEXUALLY TRANSMITTED DISEASES:

1. I have at some time in my life contracted a sexually transmitted disease (STD)
1 Yes 2 No 1 2
(IF YES, PLEASE SPECIFY WHAT IT WAS): _____

If you DO NOT use a method of disease protection, circle 0 and skip to Question 3. Note the instructions above Question 3. 0

2 a. The method of protection against sexually transmitted diseases I use most frequently is
(PLEASE WRITE IN): _____

	STRONGLY DISAGREE						STRONGLY AGREE	NA
b. This method increases my sexual satisfaction	1	2	3	4	5	6	7	0

If you have NOT had sex with a partner in the last 3 months, please circle 0 and skip to the next section, section R. 0

3. In sex with my partner(s) during the last 3 months I have felt concerned that I might get an STD 1 2 3 4 5 6 7 0
4. In sex with my partner(s) during the last 3 months I have felt concerned that I might transmit an STD 1 2 3 4 5 6 7 0

R. THE QUESTIONS IN THIS SECTION ARE ABOUT AFFAIRS:

An AFFAIR, for the purposes of these questions, refers to YOU having sex outside of your relationship in a way that violates rules of the relationship against it. If you and your partner have agreed that outside sex is OK, then it's not an affair. If you are single and having sex with someone who is married, that is NOT an affair for you.

1. The number of affairs I have had in my life is ___ _____
If you have NEVER had an affair, circle 0 and skip to Question 3. 0

2. The most important reason(s) for my FIRST affair were (CIRCLE UP TO THREE REASONS):

Not enough sex in my primary relationship	1
Not enough closeness in my primary relationship	2
Curiosity	3
Strong attraction to the other person	4
Desire for something different	5
To make my partner jealous	6
To get back at my partner for something done to me	7
Trying to get pregnant (I couldn't get pregnant with my partner)	8
It provided a way out of an unsatisfactory relationship	9
My partner is/was unable to engage in sex (e.g. due to a medical problem)	10
Other (PLEASE SPECIFY): _____	11

3. With respect to my **current partner** (CIRCLE THE BEST ANSWER):

I have no current partner	0
I am quite certain that while in relationship with me he/she has not had an affair with someone else	1
I sometimes wonder if he/she has had or is having an affair: I am not sure	2
I am quite certain that he/she has had or is having an affair	3

4. **While I was growing up**, my father and mother, or the "parents" who raised me (CIRCLE ONE ANSWER IN EACH COLUMN):

	FATHER	MOTHER
Never had an affair that I suspected or knew about	1	1
Had 1 or more affairs that I knew about	2	2
May have had an affair, I was not sure	3	3
Not applicable	0	0

Answer Questions 5 & 6 IF you have NEVER had an affair as defined above OR if you have NEVER had an affair while with your current partner.

5. The most important reason(s) I have **NEVER** had an affair or **NOT had an affair in my current relationship** are (up to **THREE reasons**):

I have had no desire to do so	1
I have not had an opportunity to do so	2
Having an affair is against my values	3
I am/was afraid of getting caught by my partner	4
I don't/didn't believe I could deal with the guilt	5
It would destroy my relationship	6
I am/was afraid of catching a sexually transmitted disease	7
Other (PLEASE SPECIFY): _____	8

	STRONGLY DISAGREE						STRONGLY AGREE	NA
6. I would be open to having an affair in the future (if currently in a relationship, answer in terms of still being in that relationship)	1	2	3	4	5	6	7	0

S. THESE FINAL QUESTIONS LOOK AT YOUR SEXUAL LIFE OVER TIME:

1. In my life, my sexual satisfaction has been/was at its peak between ages__ and __ years: ____and____

2. Looking back, I have at some time had a problem in my sexual life due to the following (CIRCLE ALL THAT APPLY):

Inadequate sex education	1
Inadequate knowledge of my body and sexual feelings	2
Inadequate information about the how-to of sex	3
Inadequate knowledge of the **physical** consequences of sex	4
Inadequate knowledge of the **emotional** consequences of sex	5
Inadequate information about birth control	6
Inadequate availability of birth control	7
None of the above	0

3. Looking back over my entire life, I regret the following about my sexual life (CIRCLE ALL THAT APPLY):

I got into sex when I was too young.	1
I had sex with partners I should have turned down.	2
I **did not** have sex with someone with whom I wish I had	3
I had sex without protection against pregnancy	4
I had sex without protection against disease	5

Continued ☛

I was too often **not** assertive enough about my needs	6
I was too inhibited	7
I was celibate for too long	8
I did **not** take more time to be celibate	9
I married the wrong person because of sex	10
I stayed too long in relationship with the wrong partner	11
Other PLEASE SPECIFY): _____	12
None of the above	0

4. Looking back, the most significant sources for me of sex information in each of the two following categories have been (CIRCLE **ONE or TWO** ANSWERS IN EACH COLUMN):

	Helpful or Useful	Misleading or Harmful
Same age friend(s)	1	1
Older friend(s)	2	2
Sexual partner(s)	3	3
Parent(s)	4	4
Sex education book(s)	5	5
Fiction books (novels, romances, etc.)	6	6
Media (TV, movies, magazines, etc.)	7	7
Erotic or pornographic material(s)	8	8
Course(s) in school or college	9	9
Religious teachings	10	10
Relative(s)	11	11
Health practitioner(s)/therapist(s)	12	12
Other (PLEASE SPECIFY): _____	13	13

	STRONGLY DISAGREE						STRONGLY AGREE	NA
5. Looking back, I believe the information I got from the parent(s) or parent figure(s) who raised me prepared me to have a healthy and fulfilling sex life	1	2	3	4	5	6	7	0

6. Compared to how I was during the year after I became sexually active for the first time ever with a partner (in a genital way, whether or not intercourse was included), I have changed in sex in the following ways (CIRCLE THE NUMBER ON EACH LINE THAT BEST INDICATES HOW YOU HAVE CHANGED). *If your first-ever genital contact with a partner occurred less than a year ago, circle 0 and skip to question 7.* 0

I now:

		MORE	SAME	LESS
a.	Desire sex	1	2	3
b.	Get aroused easily	1	2	3
c.	Express my sexual needs	1	2	3
d.	Am inhibited	1	2	3
e.	Have erotic thoughts	1	2	3
f.	Orgasm easily	1	2	3
g.	Initiate	1	2	3
h.	Am sexually satisfied	1	2	3
i.	Have fun	1	2	3
j.	Engage in casual sex	1	2	3
k.	Am comfortable with sex	1	2	3
l.	Focus on my partner's satisfaction	1	2	3
m.	Focus on my own satisfaction	1	2	3

	STRONGLY DISAGREE						STRONGLY AGREE
7. On the whole, I have been satisfied with my sexual life	1	2	3	4	5	6	7

Thank You!

Appendix IV - Cover letter attached to questionnaire.

CAROL RINKLEIB ELLISON, Ph.D. & BERNIE ZILBERGELD, Ph.D.
CLINICAL PSYCHOLOGISTS
1901 Leimert Blvd., Oakland, CA 94602 (510) 530-5600

October 1993

We are gathering information for a book to be published by Bantam in 1995. Our purpose is to learn more about the richness and variability in the sexual development, feelings, attitudes and experiences of American women of all ages, ethnic and religious groups, and sexual orientations.

We invite you to be one of the 2,000 women to fill out a questionnaire for our national study of female sexuality.

Your questionnaire is welcome regardless of your situation, physical condition or the frequency, variety, and results of your sexual activities. You are important precisely because of your unique background, attitudes, and experiences. We want to hear from you whether or not sex is important to you, whether or not you've had sex with a partner in the last 10 years, whether or not you have orgasms.

The information you provide, along with material collected from over 150 in-depth interviews, will be the basis of our book. We hope it will be a real contribution to the understanding of the sexual lives and experiences of American women. We believe it will be of benefit to teachers and therapists, but especially to American women and their daughters, helping them to accept and deal with their sexuality in ways that are satisfying and right for them. We think it's about time we had this kind of information.

Each questionnaire we have printed is very important to us. If you do not wish to complete the questionnaire, please give it to someone else. If you know other women who would like to participate, you can ask for more questionnaires or make copies of the one you have.

The questionnaire takes 30–45 minutes to fill out and is completely **anonymous.** No one will be able to identify you in any way. We need to get back as many completed questionnaires as possible in order to get a full and accurate picture of female sexuality. Please fill yours out and return it to us in the enclosed postage-free envelope within a week.

We told our editor that we would like to give something to the women who fill out the questionnaires. She agreed to send a free book to thank you for your participation. You can request yours with the enclosed form.

Thank you for making an important contribution to our study.

Carol R. Ellison B Zilbergeld

Appendix V - Thank You Letter.

BANTAM BOOKS

Thank You!

In appreciation for your filling out this questionnaire, we invite you to select one of the following Bantam classics, which will be sent to you free of charge.

- THE AWAKENING, by Kate Chopin. With an introduction by Marilynne Robinson.
- SUMMER, by Edith Wharton. With an introduction by Susan Minot.
- O PIONEERS!, by Willa Cather. With an introduction by Vivian Gornick.
- THREE LIVES, by Gertrude Stein. With an introduction by Diana Souhami.
- IN A GERMAN PENSION, by Katherine Mansfield.

****Do not return this form with your questionnaire.****

In order to preserve the anonymity of your questionnaire, please send the bottom portion of this form to:

Alison Rivers
Editorial Department
Bantam Books, Inc.
1540 Broadway
New York, NY 10036

This will be your shipping label. Please print clearly.

Choose one:

_____THE AWAKENING
_____SUMMER
_____O PIONEERS!
_____THREE LIVES
_____IN A GERMAN PENSION

Name _____

Street Address _____

City _____ State _____ Zip _____

Appendix VI (a)
INDEX SCALE CREATION

Ellison & Zilbergeld Female Sexuality Data Set

variable	*No. of items*	*Alpha Coefficient*
sexual satisfaction (Dependent Variable)	**5**	**.856**
self attributed sex problems	**5**	**.886**
partner attributed sex problems	**8**	**.870**
family of origin	**9**	**.867**
sexual affirmation (initiation/communication)	**8**	**.851**
orgasm satisfaction (frequency/intensity)	**2**	**.792**
0gasm by self	**2**	**.753**
adolescent behavior	**2**	**.621**
partner related facilitators (sex positives)	**33**	
sex inhibitors (sex negatives)	**17**	
Days since sex	**4**	

Appendix VI (b)
INDEX SCALE SPECIFICATIONS

Sexual Satisfaction in the Last 3 Months - .856 (Alpha Coefficient)

- M-1 (Likert Scale- LS), I have been satisfied with my sex life (including self-sexual activity) in the last 3 months.
- M-2 (LS), I have been satisfied with my sex life with a partner in the last 3 months.
- M-3(a) (LS), In the last 3 months, I have been satisfied with the quality of genital stimulation and/or intercourse I've had with a partner.
- M-4(a) (LS), In the last 3 months, I have been satisfied with the quality of sexual/erotic contact I've had with a partner that did not lead to sustained genital stimulation or intercourse.
- M-5(a) (LS), In the last 3 months, I have been satisfied with the quality of affectionate nonsexual, nongenital touching I've had with a partner.

Self Attributed Sex Problems (inhibitors) .886 (Alpha Coefficient)

- K-2 In the last year I have experienced lower sexual desire than I wanted to have
- K-3 In the last year I have experienced being too tired to have sex
- K-4 In the past year have experienced being too busy to have sex
- K-10 During sex in the last year I have experienced feeling distracted
- K-11 During sex in the last year I have experienced inability to relax

Partner Attributed Sex Problems .870 (Alpha Coefficient)

- K-6 In the last year I have experienced my partner not been as interested in sex as I was
- K-7 In the last year I have experienced my partner been less interested in closeness after sex than I

- K-15 During sex in the last year I have experienced fantasizing that I am having sex with someone other than my partner
- K-19 During sex in the last year I have experienced my partner seeming distracted
- K-20 During sex in the last year I have experienced my partner wanting shorter foreplay than I wanted
- K-21 During sex in the last year I have experienced my partner having difficulty in getting aroused
- K-22 During sex in the last year I have experienced my partner ejaculating too quickly
- K-23 During sex in the last year I have experienced my partner having difficulty getting and/or maintaining an erection

Family of Origin **.867 (Alpha Coefficient)**

- C-1. "My mother and father openly demonstrated physical affection for each other
- C-2.(a) "My father affectionately touched (for example, hugged) me"
- C-2.(b) "This affection was appropriately expressed".
- C-3.(a) "My mother affectionately touched (for example, hugged) me"
- C-3.(b) "This affection was appropriately expressed".
- C-4 "I felt free to express my opinions at home"
- C-5 "Sexuality was often discussed in my family"
- C-6 (a) "My mother's attitude toward sex was generally positive"
- C-6 (b) "My father's attitude toward sex was generally positive"

Sexual Affirmation **.851 (Alpha Coefficient)**

- J-1 (LS) I initiate sex whenever I want it.
- J -2 (b) (LS) My current or most recent partner is (was) comfortable with my initiating sexual activity
- J-3 (LS) During sex, I am comfortable telling my partner what I don't like or don't want.
- J-4 (LS) During sex, I am comfortable telling my partner what I want and like.
- J-5 (LS) During sex, I communicate my desires as often as I want to.
- J-7 (LS) My partner gives me as much feedback about his/her sexual likes and dislikes as I want.
- L-2 (LS) My current or last partner is/was satisfied with how my body looks.
- M-2 (LS) I have been satisfied with my sex life with a partner in the last 3 months.

Orgasm Satisfaction **.792 (Alpha Coefficient)**

- G-9c I am satisfied with the frequency I actually orgasmed
- G-9d I am satisfied with the quality/intensity of the orgasm I had

Satisfaction With Orgasm by Self **.753 (Alpha Coefficient)**

- G-4 I generally reach orgasm more easily by myself than with a partner
- G-5 I generally have more enjoyable orgasms by myself than I have had with a partner

Adolescent Sexual Behavior **.621 (Alpha Coefficient)**

- D-5 (a) - (LS) Compared to my female classmates, during my adolescent years: I dated (about as/more/less) often
- D-5 (b) - (LS) Compared to my female classmates, during my adolescent years: I was (about as/more/less) sexually active

Days Since Sex, (recoded)

The last time I engaged in any kind of sexual activity with a partner was (recoded):

- E-1: Today; E-2: Days ago; E-3: Months ago; E-4: Years ago

Partner Satisfaction Facilitators (Count.)

I-1 (a) In this period of my life in this relationship, the following were USUALLY or ALWAYS present in my most satisfying sexual experiences with my partner (CIRCLE THE NUMBERS OF ALL THAT APPLY)

Before Sex

- I-1 (a-1) Feeling close to my partner before sex
- I-1 (a-2) Arguing before having sex
- I-1 (a-3) Having an alcoholic drink before sex
- I-1 (a-4) Using marihuana or another recreational drug before (or during) sex

Partner and Situation

- I-1 (a-5) Feeling loved
- I-1 (a-6) Feeling safe in the relationship
- I-1 (a-7) Knowing we could take as much time as we wanted
- I-1 (a-8) Knowing there was no risk of getting or transmitting a disease
- I-1 (a-9) Knowing there was no risk of getting pregnant
- I-1 (a-10) Being aware that I might become pregnant
- I-1 (a-11) Knowing my partner would give me the physical stimulation I needed

Behaviors and Feelings During Sex

- I-1 (a-12) Talking with my partner during sex about what we were doing
- I-1 (a-13) Talking about or acting out a shared drama or fantasy
- I-1 (a-14) Focusing on a stimulating fantasy of my own
- I-1 (a-15) Feeling really attuned with my partner during sex
- I-1 (a-16) No pressure from my partner for me to have an orgasm
- I-1 (a-17) No pressure from myself to have an orgasm
- I-1 (a-18) My partner was accepting of my desires, preferences and responses
- I-1 (a-19) My partner got and maintained an erection
- I-1 (a-20) My partner did not ejaculate quickly

Stimulation

- I-1 (a-21) Extended stimulation of other kinds before intercourse
- I-1 (a-22) Breast stimulation
- I-1 (a-23) Manual stimulation of my genitals
- I-1 (a-24) Oral stimulation of my genitals
- I-1 (a-25) Using a vibrator
- I-1 (a-26) Using a dildo

- I-1 (a-27) Anal stimulation
- I-1 (a-28) Having intercourse
- I-1 (a-29) Steady, reliable stimulation that continued through orgasm

Outcomes

- I-1 (a-30) One or more orgasms
- I-1 (a-31) Simultaneous orgasm with my partner
- I-1 (a-32) Knowing that I gave my partner a wonderful experience
- I-1 (a-33) Emotional closeness after sexual activity

Sex Satisfaction Inhibitors (Count.)

Looking back, I have at some time had a problem in my sexual life due to the following (CIRCLE ALL THAT APPLY)

- S-2Q1 Inadequate sex education
- S-2Q2 Inadequate knowledge of my body and sexual feelings
- S-2Q3 Inadequate information about the how-to of sex
- S2Q4 Inadequate knowledge of the physical consequences of sex
- S-2Q5 Inadequate knowledge of the emotional consequences of sex
- S2Q6 Inadequate information about birth control
- S-2Q7 Inadequate availability of birth control

Looking back over my entire life, I regret the following about my sexual life (CIRCLE ALL THAT APPLY)

- S-3Q1 I got into sex when I was too young
- S-3Q2 I had sex with partners I should have turned down
- S-3Q3 I did not have sex with someone with whom I wish I had
- S-3Q4 I had sex without protection against pregnancy
- S-3Q5 I had sex without protection against disease
- S-3Q6 I was too often not assertive enough about my needs
- S-3Q7 I was too inhibited
- S-3Q8 I was celibate for too long
- S-3Q9 I did not take more time to be celibate
- S-3Q10 I married the wrong person because of sex
- S-3Q11 I stayed too long in relationship with the wrong partner

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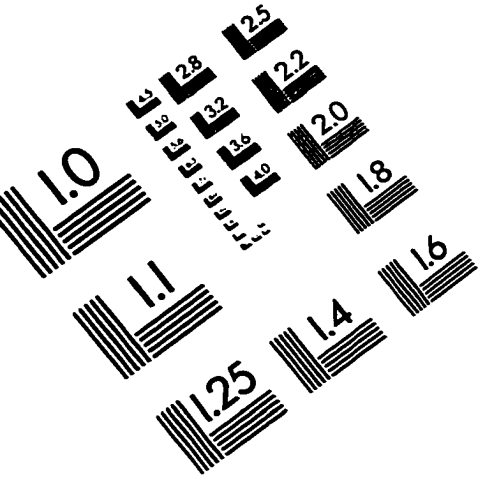
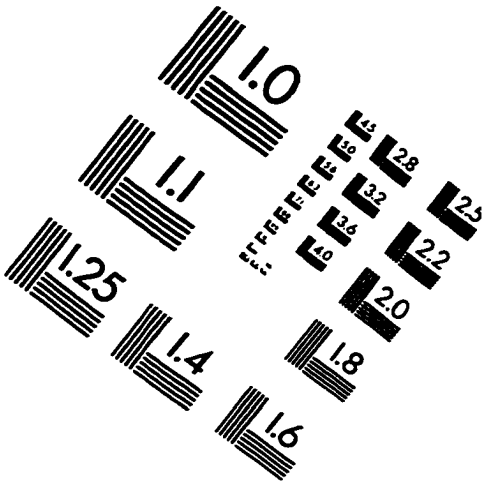
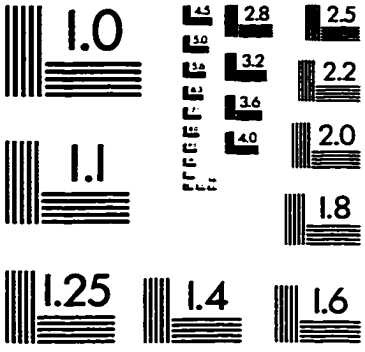
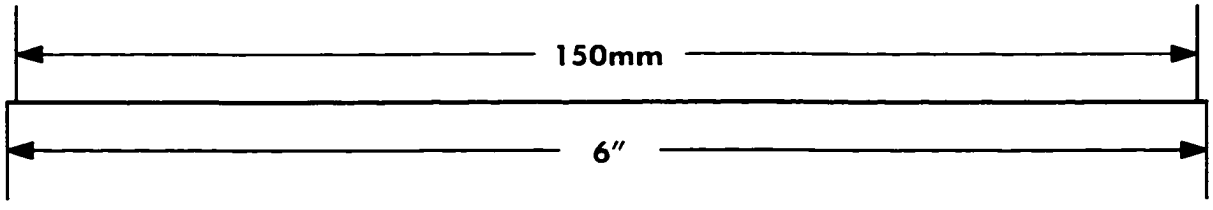
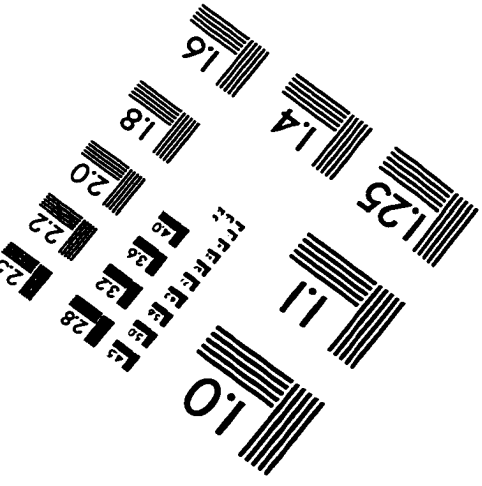
IMAGE EVALUATION TEST TARGET (QA-3)

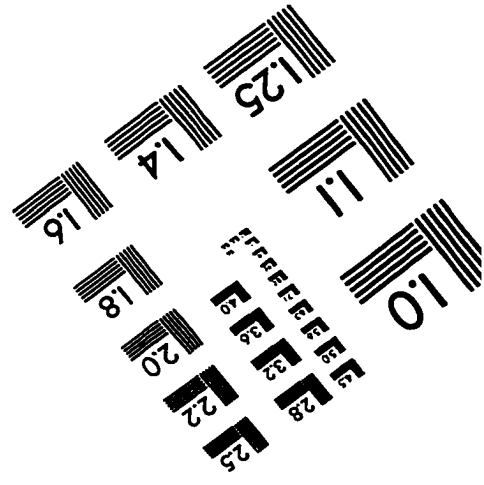












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