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**Coming to understand**

**Georgina F. Elliott**

**Professional Doctorate in Counselling Psychology (DPsych)**

**City University London**

**Department of Psychology**

**January 2015**



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**pp 264-295:**        **Chapter 6: Section D.** Professional practice case study.  
“Stop talking about my mother”.

**p 296:**             **Appendix H: Genogram.**

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**James Faircloth:** From this moment on I will live freely with and for you in my heart – rest in peace beautiful dearest friend.

## **City University Declaration**

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## **Section A: Preface**

This portfolio consists of three separate pieces of academic work that are bound by a central theme – pluralism. The first piece is an Interpretative Phenomenological Analysis” (IPA) (Smith et al., 2009) research study that asks: What is the lived experience of reaching female orgasm in the context of a sexual relationship? The second piece is an academic article written on the research above for the journal of “Psychology and Health”. The final piece is a professional practice psychodynamic case study report, written as part of the assessment criteria for the “Professional Doctorate in Counselling Psychology” at City University London.

The discipline of psychology and psychological research has firm quantitative roots. Empirical study was thought to be the most appropriate method for investigating psychological phenomena when the discipline started to develop in the late nineteenth century. It was not until the 1940s that qualitative research methodologies gained momentum, and have since become increasingly accepted by the discipline, despite a distinctive quantitative-qualitative divide remaining highly apparent (Biggerstaff, 2014). It must not be forgotten however that alongside much empirical work psychoanalysts such as Freud (1856 – 1939) used extensive case studies from psychoanalytic practice to develop psychological theories from as early as 1889: Freud published the case of “Anna O” in relation to the concept of hysteria in 1889 (as cited in Quinodoz, 2004). Therefore highly influential

practitioners, researchers and theorists used qualitative methodologies for understanding human psychology despite it not being invested in and acknowledged for its utility as it is in 2015.

From a philosophical perspective pluralism refers to “A theory or system that recognizes more than one ultimate principle”. This can be helpfully compared to monism “A theory or doctrine that denies the existence of a distinction or duality in a particular sphere...” (Oxford Dictionaries, 2014). Around the same time that Freud published his earlier works (as above) William James; philosopher, psychologist and physician wrote about the concept of pluralism (1909, pp. 321 – 323):

“The pluralistic world is thus more like a federal republic than like an empire or a kingdom. However much may be collected, however much may report itself as present at any effective centre of consciousness or action, something else is self-governed and absent and unreduced to unity...Briefly it is this, that nothing real is absolutely simple, that every smallest bit of experience is a *multum in parvo* plurally related, that each relation is one aspect, character, or function, way of its being taken, or way of its taking something else; and that a bit of reality when actively engaged in one of these relations simultaneously. The relations are not *all* what the French call *solidaires* with one another.”

Thus, the concept of pluralism aligns with a qualitative epistemological and ontological standpoint that does not assume the possibility of reducing psychological phenomena to one “truth” through observation, rather multiple subjective “realities” exist and the meaning of these cannot ever be objectively understood.

The concept of pluralism has quite recently been applied to counselling psychology practice in response to perceived limitations with integrative and eclectic approaches. Cooper and McLeod (2007, pp. 7 - 11) developed a pluralistic framework for counselling and psychotherapy. This framework breaks down therapeutic practice into three main areas, “goals”, “task” and “methods”. The model does not favour one model of therapy over another, and in collaboration with the client the therapist deems which “method” is most appropriate to meet the individual needs of a client at a particular point in time. Beyond the therapy room Cooper and McLeod highlight the utility of their framework for facilitating both quantitative and qualitative counselling and psychotherapy practice-based research: For example, they used in-depth qualitative interviews to obtain data which enabled the development of a process map. This map highlighted the factors clients thought were the most helpful therapist – client “activities” and therapist “methods” for meeting specific therapeutic “tasks”. This framework is highly important because it affirms and advances a counselling psychology perspective that assumes the importance of the therapeutic relationship for understanding the idiosyncrasy of human nature. It also affirms the need to use psychological

approaches that aim to “meet” these essential qualities of humanity, i.e. complexity and diversity. Cooper and McLeod (2007, p. 6) discuss this perspective as follows:

“With respect to counselling and psychotherapy, the pluralistic standpoint holds that a multiplicity of different models of psychological distress and change may be ‘true’ and that there is no need to try and reduce these into one, unified mode...In this respect a pluralistic approach opens up possibilities for working creatively in ways that most closely reflect the needs of individual clients.”

The use of mixed methods designs has also become increasingly popular in psychological research, whereby quantitative and qualitative methods are used in the same research study. This suggests acknowledgement that human experience is complex and multi-layered, and this can be better understood through different approaches that access different types of knowledge or “truth”, representing parts or aspects of phenomena. Beyond this Frost and Nolas (2011 p. 116) very recently advocated for the use of two different qualitative methods in the same piece of qualitative psychological research for accessing phenomenological meaning as follows:

“Yet heeding the calls for both theoretical and methodological triangulation is becoming increasingly necessary...People’s

experiences are multidimensional. The worlds that we inhabit are much more 'multiontological' (Mark, 2006, as cited in Frost and Nolas, 2011) than a single theory and method allow us to appreciate.”

This portfolio presents pieces of academic work that assume very different epistemological and ontological positions. However, I do not regard this as a problem, rather I firmly embrace it as an opportunity to highlight the utility of applying varying perspectives both to research and clinical practice. This perspective falls in line with a counselling psychology framework which bravely “holds” multiple perspectives for understanding human psychology, e.g. counselling psychologists in training learn to practise from cognitive behavioural and/or psychodynamic and humanistic models, which hold very different theories of change: For example a cognitive behavioural therapist might actively seek to challenge a patient’s negative automatic thoughts to evoke a change in emotional state, whereas a psychodynamic therapist might interpret unconscious relational dynamics, assuming the patient cannot access that which is evoking emotional distress.

### **Section B: Research study**

The research study asks: What is the lived experience of reaching female orgasm in the context of a sexual relationship? The study includes a non-clinical sample of eight women who answer questions about their experience

of reaching orgasm in the context of a sexual relationship. The data are analysed through an Interpretative Phenomenological Analysis (Smith et al., 2009). Three superordinate themes emerged and are presented alongside verbatim extracts from interviews in Chapter 3: **“Anticlimax”**, **“This is my orgasm”**, and **“The challenge of our orgasm”**. These themes are discussed in relation to existing literature and psychological theory in Chapter 4. Limitations of the research are discussed including limited ethnic diversity and sexual orientation of participants, as well as the study being limited to a female population. Implications for counselling psychology practice are discussed and recommendations are made for future research.

### **Section C: Journal article for “Psychology and Health”**

The journal article summarises the research above in a format that corresponds with the publishable guidelines for the journal of “Psychology and Health”. It focuses specifically on the analysis and discussion of the third superordinate theme, **“The challenge of our orgasm”**. It also discusses the limitations and implications of this study and makes recommendations for future research.

### **Section D: Professional practice psychodynamic case study**

The case study is an example of my professional practice with a client who was referred by his GP to the outpatient psychotherapy department where I worked. The theme for the case study is the psychodynamic concept of transference, as well as countertransference and projective identification. It discusses the client's attachment style, and the serious implications for his romantic relationships with women, as well as his individual psychology. It highlights the client's understandable resistance and defences against even thinking about his mother, and the difficulties experienced by me (the therapist) in holding the therapeutic frame whilst working with very powerful projections. It also discusses a therapeutic moment whereby I felt "as if" I was the client's mother, so much so that I experienced physiological sensations associated with the unconscious communication of anger. This experience enabled me to a) understand the concept of projective identification, and how it differs from countertransference (discussed further in the case study) and b) use the experience to make a highly therapeutic interpretation.

The case study takes a different epistemological and ontological position to that of the research study. However, Chapter 4 of the research study discusses the limitations of an IPA analysis and suggests (in line with the concept of pluralism) that a psychosocial analysis of the research data would be fruitful, and is being considered as a future research project. This is supported by the work of Frost and Nolas (2011) described above. The case study report also highlights how a psychology professional can engage in a

methodologically sound piece of qualitative research from an IPA perspective, whilst holding very different theories of knowledge and counselling psychology practice in mind. I was able to bracket these different theories effectively whilst conducting the research, and return to them in a professional manner during clinical work. The capacity to do this is of course affirmed by the pluralistic framework of Cooper and McLeod (2007) who embrace the idea that a therapist is able to adopt different philosophical and theoretical positions interchangeably and flexibly across an episode of therapy and/or research. I propose the field of psychology would benefit from acknowledging its *lack* of capacity for understanding human phenomena in their beautiful complexity, particularly if it anxiously holds onto empirical frameworks that suggest human phenomena can be tested, measured and generalised.

**Section B: Research**

**“Reaching female orgasm: An interpretative phenomenological analysis” (2015)**

**Supervised by Dr Julianna Challenor**

## **Abstract**

One might presume that human beings would benefit in psychological and indeed relational terms from studying sexual behaviour. Yet research on the female orgasm only gained momentum in the mid – late twentieth century (Kinsey, 1953; Krantz, 1958; Masters and Johnson, 1966). The latter piece of research was conducted at the time of the second-wave feminist movement, which “took up arms” in the clitoral vs. vaginal orgasm debate (Freud, 1931, as cited in Rieff, 1997). It was advocated by feminist writers that female orgasm resulted from clitoral stimulation, which controversially challenged the notion that it occurred in the context of heterosexual penile-vaginal stimulation, through sexual intercourse for reproductive purposes. Since this time the body of research on female orgasm has grown, but it is still limited, and has primarily taken a quantitative approach. This research was conducted in part, and in response to the paucity of qualitative research in this area, as well as the more recent medicalization of female sexual “problems”, and the continued oppression and abuse of female sexuality through pornography and practices such as female genital mutilation (FGM).

A non-clinical sample of eight women were recruited and semi-structured interviews were conducted in order to answer the following research question: “What is the lived experience of reaching female orgasm in the context of a sexual relationship?” An interpretative phenomenological analysis was carried out on the data. Three superordinate themes emerged; “**Anticlimax**”, “**This is**

**my orgasm**", and **"The challenge of our orgasm"**. The women experience this phenomenon through a sense of control and restriction related to painful emotions including anxiety, anger and shame; through a developed sense of freedom in understanding and learning how to satisfy their own sexual needs; and through a contradictory experience of personal freedom versus a female – male relational power dynamic experienced as dominated - dominant respectively. The phenomenon is also made sense of through the concept of romantic love.

This study has been successful in answering the research question and highlighting the need for further qualitative research on the female orgasm. The research is applicable and important for the field of counselling psychology because it highlights this complex phenomenon as both an intra-psychic and inter-psychic experience, which can be made sense of through the "lens" of multiple psychological theories. It has implications for psychotherapeutic practice, e.g. sex and relationship therapy, and will also be of interest to other sub-disciplines such as evolutionary psychology and feminist psychology. Limitations of the research are discussed as well as recommendations made for further research.

# **Chapter 1 Introduction**

## **1.1 Chapter overview**

This chapter will begin with a review of literature that takes the reader on a journey of female sexuality from prehistoric to contemporary age. There is a deficit of objective and particularly subjective accounts of female orgasm in the context of a sexual relationship up until the early twentieth century.

Therefore literature is taken from various academic sources including history, medicine, anthropology, feminist writers from various disciplines and literary and art history, in order to present the most diverse and full account. When discussing literature before the twentieth century I suggest how sociocultural factors may have impacted on the lived experience of reaching female orgasm in the context of a sexual relationship. The data cannot of course be interpreted with any methodological rigour from an IPA perspective.

However, the epistemological and ontological position of this research does not adhere to the idea of a universal truth. It acknowledges multiple subjective realities including the influence of the sociocultural historic context. It is therefore deemed appropriate and useful to interpret in relation to other historical literature in the absence of subjective psychological accounts. This approach also runs parallel with the assertion noted in the “Preface” (p. 10) regarding the concept of Pluralism; that different epistemological and ontological perspectives can run in parallel to help make sense of experience, as long as these differences are acknowledged and

considered in the context of academic research and/or psychological practice.

The second part of the chapter positions this thesis in relation to gaps in existing literature and suggests it is applicable to both counselling psychology practice and research. The third and final part of the chapter discusses researcher reflexivity and is concerned with the self-awareness required to ensure the literature review is not biased or disproportionate.

## **1.2 Prehistoric Age**

Wolf (2012, p. 134) reminds us that “The Vagina Began as Sacred” evidenced by sculpture and carvings from the Old Stone Age, representing the vagina as worshipped for its power and beauty in creating and delivering life. It appears that female sexuality in prehistoric times was defined and embraced as that which is implicit in the creativity and survival of humanity. Marler (2006, p. 164) describes this perspective as follows; “... matriarchal prehistory posits, in its simplest terms, that women were honoured at the center of early non-patriarchal, non-warlike, egalitarian societies and the powers of nature were originally venerated primarily in female forms...” Blackledge (2004) presents ana-suromai (a Greek gesture of lifting up the skirt) art including drawings and sculptures of women exposing their genitalia for the purpose of averting evil or enhancing fertility. In this sociocultural context female sexuality is celebrated as a powerful force, which can on the

one hand protect humanity from evil, and on the other hand create new life. “This, to my mind, is the vagina as icon, sacred, inviolable, worshipped. The site and source from which all human life spring. The font of all new life. The origin of the world” (Blackledge, 2004, p. 39). Despite this beautiful and sacred representation of female sexuality Eller (2006, p. 286) controversially challenges the existence of matriarchal prehistory and states:

“...And it was not long before matriarchal theory was turned to political ends to argue for feminism, communism, anarchy, sexual liberation and a variety of other causes to which, on the face of it, theories of prehistoric matriarchy seem only peripherally linked.” Eller (2006, p. 286)

Dr Heide Goettner-Abendroth has spent decades researching matriarchal societies, and is the founder of the “Academy for Matriarchal Studies and Matriarchal Spirituality” in Germany. When she talks about matriarchal societies she is not referring to groups of people where women rule over men, she is referring to egalitarian states that are free from hierarchy, class and domination of one group over another. She asserts that indigenous people from countries worldwide currently exhibit patterns of behaving and relating representative of matriarchal societies, including the Mosuo culture in Southwest China; the Khasi and Garo culture in Meghalaya, India, and the Iroquoian culture in North America (Goettner-Abendroth, 2008). She groups these patterns of behaving and relating into four categories, political, economic, social and cultural: For example, at a social level, matriarchal

societies are based on motherhood and care of children is considered as paramount for the benefit of the clan and future generations. Interestingly, and in relation to this research, women have the freedom to choose whether they become biological mothers. One sister may have children, and another may not; but take on a mothering function within the clan. Importantly however, this role is deemed equally as important as being a biological mother. Such cultural practice in matriarchal societies challenges the religious notion asserted by Christianity in the Middle Ages (discussed later in this chapter) that female sexuality is only purposeful in the context of sexual intercourse in heterosexual relationships, with the goal of reproduction (Studd, 2007).

In the absence of personal diaries or transcripts from qualitative interviews with prehistoric women, it is impossible to grasp the essence of reaching female orgasm in the context of a sexual relationship. However, if we argue in support of Blackledge's (2004) interpretation of ana-suromi, it can be suggested that worship of the vagina by society might be internalized on an individual psychological level as a beautiful sacred part of the body to be embraced. Research described later in this chapter highlights a correlation between self-esteem and body image, and female orgasm. It is suggested therefore that the experience of reaching female orgasm in the context of a sexual relationship may have been embraced and cherished in the prehistoric age as something sacred and life affirming, for women and between partners.

However, Wolf (2012, p. 139) identifies a shift in attitudes to sexuality whereby "...women's subordinated status was complete with the establishment of the first Greek city states...sexual perfection was seen as the union between a man and a boy; Greek wives were strictly for reproduction..." The Greeks also hypothesized that women's physical health problems were caused by disturbance of the uterus; which turbulently "floated" throughout the body. The idea that women's sexuality is a cause of physical and mental illness was endorsed up until the early twentieth century (discussed later in this chapter). Despite the shift from a prehistoric worship of female sexuality to an ideology that privileges male sexuality in a patriarchal context "...for the first fifteen hundred years AD, Western women were still seen as needing sexual satisfaction if reproduction was to take place." (Wolf, 2012, p. 142) Therefore, it could be suggested that women did reach orgasm in the context of sexual relationships, because it was deemed a "necessary" component for procreation. This does not mean of course that female orgasm was considered as important outside of procreative sexual intercourse. In fact the focus on reproduction suggests the social representation of female orgasm far from endorsed a woman's right to sexual pleasure and satisfaction.

### **1.3 Middle Ages**

The Middle Ages did not see a return to the worship of the vagina apparent in prehistoric times. Rather, the fear of female sexuality gained significant momentum, resulting in the deployment of various mechanisms to control it.

Studd (2007, p. 673) notes that, “In Medieval times people feared three things: the devil, Jews, and women. Female sexuality was a particular source of anxiety for men, an anxiety which continued until the beginning of the 20<sup>th</sup> century.” Religion and specifically the Christian church powerfully asserted the notion that sex was for reproduction and not pleasure. Sex was illegal on Sundays, Wednesdays and Fridays, in addition to 40 days before Easter and Christmas (Blackledge, 2004). Interestingly, female sexuality at this time represented the work of the devil: In the fifteenth to seventeenth centuries women’s vaginas were searched for the “devil’s mark” which confirmed that a witch had been detected (Wolf, 2012). Maybe Studd (2007) merely needed to include two feared items in his list above, Jews and woman – as it appears women, their vaginas and the devil were considered one and the same.

Blackledge (2004, p. 51) points to the powerful influence of Christian ideology on female sexuality: “Later Christian authorities of the Middle Ages likened women’s genitalia as the “yawning mouth of hell”...the emphasis in the Western world post the advent of Christianity has mainly been on hiding or veiling the vagina, rather than revelling or celebrating it...” In order to support her argument, she raises and links the emotional concept of shame to female sexuality. Blackledge presents an extract from the Old Testament shown below:

“I will also pull your skirts up as high as your face  
and let your shame be seen  
Oh! Your adulteries, your shrieks of pleasure,

Your vile prostitution!”

(Jerusalem 13: 26 – 27)

At this point it is crucial to compare the above extract with arguments made by writers such as Maler (2006) above. The latter argues that prehistoric exposure of female genitalia represents a celebration of female sexual power for protecting and creating humanity, whereas the former suggests that female genitalia and indeed female sexual pleasure and orgasm is shameful. If women and men were indoctrinated by religious beliefs asserting that the vagina and enjoyment of it is a sinful and shameful act, how did this impact on lived experience of reaching female orgasm? It is suggested that women in this historical context may have endured conflict on a cognitive, emotional, and indeed relational level; conflict between their natural sexual desire for their partner, and a social representation of the vagina and sexual desire as shameful, sinful, and the source of evil. If cognitive, emotional and relational factors constitute the essence of reaching orgasm in the context of a sexual relationship, then this would have impacted highly on women’s experience. Of course, it is impossible to know, but these are important questions raised by the deficit of research in existing literature for this time period.

#### **1.4 Modern Age**

The rise and prominence of the Church of England during the Renaissance period in the context of Medieval Catholicism did not appear to modify

attitudes to female sexuality at all. Any sculptures (often located architecturally on the exterior or interior of Christian churches) representing female genitalia were destroyed in the seventeenth century. During this period however, there was a re-birth in the study of anatomy and indeed a re-discovery of the clitoris. The “discovery” of the clitoris (by men in academic literature) is often attributed to an Italian anatomist Realdo Columbus in 1559. Although Stringer (2010) points out that Columbus may have described it as the primary seat of female sexual pleasure, but the Greeks wrote about the clitoris centuries before. However, the Greeks did not understand and regard the clitoris as the primary organ for female sexual pleasure. Interestingly though, the Greeks used a treatment for various female mental and physical health concerns whereby the clitoris was stimulated until orgasm. One might question why Realdo’s “discovery” took so long to come to fruition. However, if we refer to the writings of Blackledge (2004) and Wolf (2013) described above, it might be credible to suggest that female orgasm occurring outside of penile-vaginal intercourse was beyond consideration in 200 AD (death of Galen). Of course, what is crucial to remember about the Renaissance period is that despite the re-birth of knowledge it was indeed the knowledge of men that was powerfully disseminated in society. Ferguson (1986) discusses the sex-gender system of the Renaissance period, and highlights the patriarchal structure that it was built upon. She suggests female sexual identity at this time was constructed through ideological and patriarchal discourse; placing women in a subordinate role.

Studd (2007) reviews literature and art from the modern age. He suggests that art represented a different perspective of female sexuality (despite literary pieces following the medical line, ensuring that any women with a sexual past must indeed die before the end of a play). Studd provides an example of a painting by Titian, "Venus of Urbino" (1538) where a woman lies naked with her hand and fingers curled into her vagina. He interprets this as follows, "At first sight it may be unclear whether she is being modest or having fun. But to judge from her fingers, curled into her pubis, and the look on her beautiful face, she is clearly teasing her lover, the Duke of Urbino." (Studd, 2007, p. 675). Is it possible that these pictures reflected more closely the lived experience of female sexuality? Could it be that in private sexual relations between partners in love something more intimate, playful and enjoyable occurred on an emotional level, despite the oppressive ideology that permeated society and privileged male sexual pleasure? The reader might think at this point that I have departed from a social sciences orientation. However, is it not credible to suggest that art represented a celebration of the female body as had ana-suromai in pre-historic times, and might art represent the layperson experience of sexual relationships and orgasm during this time period?

Throughout the Victorian period female sexual desire continued to be perceived as a force that needed to be controlled in the context of Christianity. Sexual intercourse was only considered as appropriate within the confines of marriage and for the purpose of reproduction. Michel Foucault (1976) refers to this period as the medicalized control of sexuality.

Studd (2007) highlights that in the second half of the nineteenth century this medical focus resulted in the most horrific procedures being carried out on women, based on what appears to be an underlying and enduring fear of female sexuality; "...female disorders of nymphomania, masturbation, moral insanity, hysteria and neurasthenia were universally believed to be a serious threat to health and life, and were considered to be the result of reading inappropriate novels or playing romantic music..." He writes about female masturbation and lists an array of problems that might occur as a result of this behavior including insomnia, exhaustion, epilepsy, neurasthenia, blindness, insanity, moral insanity, convulsions, melancholia and paralysis, coma and ultimately death. Studd (2007) highlights that clitoridectomy and cauterization of the clitoris were standard medical procedures in England and across Europe at this time, for "curing" "illnesses" such a nymphomania and masturbation.

Again, we might wonder how women enjoyed their bodies and indeed reached orgasm in the context of a sexual relationship, when a sense of shame and fear prevailed regarding the "unhealthy" fulfilment of sexual desire. It is important to question how nymphomania and masturbation were assessed and what constituted a diagnosis of "illness"? Unfortunately it has not been possible to locate this information, but it might be credible to suggest given the sociocultural context of female sexuality at this time that diagnosis was not made in relation to subjective distress – as in current psychiatric practice where subjective distress is considered when diagnosing psychiatric disorders in the Diagnostic and Statistical Manual of Mental

Disorder (DSM-5). In addition to this, research discussed later in this chapter highlights a correlation between orgasm through masturbation and reaching orgasm in the context of a sexual relationship. It is suggested therefore that the pathologisation of masturbation in this period may have impacted considerably on the lived experience of reaching (or not reaching) female orgasm in the context of a sexual relationship. It is also important to question the attitudes of men at this time and ask whether a fear of female sexual desire played out in intimate sexual relationships?

It is important at this point to introduce Sigmund Freud (1931, as cited in Rieff, 1997) and his ideas regarding female sexuality and female orgasm. Freud located “normal” and “healthy” female sexual development in the resolution of conflict at the Oedipal stage. In his later writings however he extended this stage for girls, considering the pre-Oedipal years as highly instrumental. He suggested that a “healthy” female must successfully transfer libido from the female love-object (mother) to the male love-object (father). Gerhard (2000, p. 452) explains this as follows: “Freud defined part of normal female sexual development as the erotic transfer of libidinal energy from the immature clitoris to the mature vagina during puberty.” This is of course dependent upon successful detachment from the mother which is facilitated by, 1) rage with mother on realisation that she is a female, and does not have a penis, 2) rage with mother who forbids masturbation, 3) rage that mother has not provided enough milk through breastfeeding. Turning away from the mother through these mechanisms is however only the start.

The female needs to work through her castration anxiety and accept her inferiority to men (who have a penises). This is the “optimum” course of development, but Freud noted two alternative routes that might be pursued if the female is not successful in overcoming these hurdles: The female is unable to accept her castration which evokes fear over her inferiority to men, as well as dissatisfaction with her clitoris and she gives up on her femininity and sexuality altogether. Another possibility is that she holds on desperately to the notion of being a man and having a penis, “...the hope of getting a penis sometime is cherished to an incredibly late age and becomes the aim of her life, whilst the phantasy of really being a man, in spite of everything, often dominates long periods of her life...” (Freud, 1931, as cited in Rieff, 1997, p. 189). Freud believed that this course of development is that which leads to homosexual love-object choice.

Therefore “mature” women who could not orgasm through penetrative sex were considered to be frigid. This supports the idea that women’s sexual pleasure is achieved through penile-vaginal sex in the context of a heterosexual relationship. It could be suggested that the vaginal-clitoral orgasm debate discussed later in this review had its origins in misguided psychoanalytic ideology. Although Freud’s formulation of female sexuality is based on intrapsychic dynamics, it very much supported and/or fuelled the scientific understanding of female sexuality at the time, i.e. the vagina being the primary organ for female sexual pleasure and the clitoris serving no value; so much so that it was removed as the source of hysteria and

nymphomania.

The early twentieth century saw the sociocultural representation of female sexuality start to change. A medical doctor and highly accomplished academic, Marie Stopes, wrote a book called "Married Love" (1918) in which she wrote about sex in the context of marriage from a highly controversial perspective. She discusses sexual intercourse as an activity that can be pleasurable for both partners and represents this as something to be explored and embraced, as opposed to a shameful act that must be concealed. Essentially she asserts that good sex is crucial for a successful marriage, and falls back on her personal experience of failed marriage as an example.

The sexual revolution in the late twentieth century saw attitudes towards female sexuality change in the media but also in everyday society. The contraceptive pill was made available to the general public in 1961 (Bitzer, 2010). This had tremendous implications for women, as the risk of becoming pregnant was significantly reduced, making the concept of sex for pleasure more viable. This gave women more sexual freedom and power and it was a symbol of the growing strength of science and medicalization, as well as a reduction in support for religion. Brown (2011, p. 189) describes this as follows "Christian culture restrained single women from pre-marital sexual intercourse, but that from the early 1960s changing attitudes led to rising levels of sexual activity, led by single women, which reduced religious

attitudes and Christian churchgoing, thus constituting a significant instigator of the religious crisis.”

The female orgasm was of particular interest to feminist writers during the second wave feminist movement in the 1960s – 1980s. Koedt (1970, as cited in Gerhard, 2000) wrote “The Myth of the Female Orgasm”, which “set out what would become major concerns of the emerging movement – the meaning of sexual freedom, the political significance of sexual pleasure, and the psychological roots of male domination and female subordination (Gerhard, 2000, p. 449). Koedt argued against the long standing “myth” that female sexual pleasure came from vaginal stimulation through sexual intercourse, and instead advocated that the clitoris is the source of female sexual pleasure and orgasm. This claim challenged the traditional view of heterosexuality and “normal” female sexual health as understood by medical and psychoanalytic writers (discussed above).

### **1.5 Post-Modern and Contemporary Ages**

The following section will provide a synopsis of post-modern and contemporary literature on the female orgasm from various academic disciplines including psychology and sociology. The literature represents a shift in attitudes towards female sexuality in relation to the Renaissance period for example. However, the literature continues to highlight contradictory social representations of female sexuality as identified

throughout history.

### **1.5.1 Biological Perspective**

There is considerable variability in the occurrence of human female orgasm in comparison to human male orgasm. It is estimated that between 5 and 15% of sexually active women report to be inorgasmic (Spector and Carey, 1990). A study by West, Rosen, Taylor, Leiblum, and Bechmann (1993) also found that 57% of 329 healthy women, who did not meet the criteria for sexual dysfunction experienced dissatisfaction during sexual activity. The problems included anxiety and associated inhibition (38.1%), lack of pleasure (16.3%), problems with lubrication (13.6%), painful intercourse (11.3%) and difficulty in reaching orgasm (15.4%). More recently West, Vinikoor and Zolnoun (2004) carried out a systematic review of research on Female Sexual Dysfunction. Thirty-four of these studies were concerned with inorgasmia. The studies were conducted between 1938 and 2003. They found that rates of inorgasmia across all studies were typically below 20%, but reached as high as 50% in a study conducted by Goldmeier (2000, as cited in West et al., 2004). As a result, there has been much debate over the function of female orgasm from an evolutionary and biological perspective, as women who do not orgasm are still able to successfully reproduce. Donald Symons (1979, as cited in Bosley, 2010, p. 468) describes the male orgasm as having a “monotonous regularity” and therefore considers the female orgasm as highly significant due to its irregularity and variability, and

as a result worthy of further study. There are two main schools of thought regarding the evolutionary function of the female orgasm. The adaptationist perspective (Baker and Bellis, 1993a, 1993b; Thomhill et al., 1995, as cited in King, Belsky, Mah and Blinik, 2011) advocates that female orgasm is an adaptation selected for evolutionary fitness. Fox et al., (1970, as cited in King et al., 2011) identified a peristaltic-related insuck effect in *some* female orgasms, which may be instrumental in selecting sperm during intercourse. However, the research for the adaptationist theory is by no means substantial. An alternative perspective (Lloyd, 2005) assumes that the female orgasm is a by-product of the male orgasm, and is not a result of a distinct evolutionary adaptation specific to females. Put simply, this approach postulates that females only have orgasms because men are selected to. This challenges the historic notion that female sexual pleasure optimally occurs in the context of heterosexual intercourse and vaginal orgasms.

It has been proposed that, “women compared to men, have a lower biological urge to be sexual for release of sexual tension” (Basson, 2000, p. 52), and that women are motivated to engage in sexual activity more so by intimacy as opposed to sexual gratification (Leiblum, 1998, as cited in Both and Everaerd, 2002, p. 12). Basson (2000) also suggests that in long-term relationships the human sexual response cycle: arousal – desire – orgasm – resolution (Kaplan, 1976) changes for women. She postulates that desire, which is spontaneous at the start of a relationship, becomes dependent on

response to external or internal stimuli as the relationship progresses. It could be suggested that women place less importance on sexual pleasure, and this difference between men and women accounts for the variability in female orgasm, i.e. less motivation to achieve sexual pleasure results in lower rates of orgasm. It could also be suggested that the tendency for females to seek intimacy over sexual pleasure is represented in the relationship between man and woman, e.g. the goal of sexual activity for a male and female couple is less focused on female orgasm.

Kinsey (1943), published extensive and ground-breaking research on male sexuality, followed by his volume on female sexuality (1953). It will not surprise the reader that the latter works evoked public outcry decibels above that which the former induced. Kinsey was an empiricist and produced statistical data about human sexual attitudes and practice. However, the interviews conducted by his team were in-depth and required 5300 white males and 5940 white females to answer on average 300 items regarding practices such as masturbation, heterosexual petting, heterosexual intercourse, homosexual relations, and intercourse with animals of other species. He was interested in factors that might account for variation such as age, religion occupation, and education amongst others (The Kinsey Institute, online, 2014). What was interesting about Kinsey was his passion and drive for communicating the idea that sex is natural; it is what mammals do. Despite his scientific training he did not consider any sexual behaviour as abnormal, and certainly did not want to categorize sexual behaviours as right or wrong. To provide an example of why his work evoked hostility in

some: his analysis in “Sexual Behavior in the Female” (1953) suggested, “nearly fifty percent of all women had premarital affairs and twenty six percent had extramarital affairs...” (as cited in Winkler, 2005, p. 287) It is very important to note that Kinsey was inundated with responses, questions and requests for more information from the general public post publication, from both men and women. This suggests that despite the religious and political agenda at the time, people wanted to understand and enjoy their sexuality. An assertion put forward by Marie Stopes (1918) twenty-five years earlier (discussed above).

With regard to female orgasm specifically Kinsey (1953) showed that 40% of all females in the sample experienced their first orgasms through masturbation. 27% through coitus, 24% through premarital petting, 5% through nocturnal dreams, 3% through homosexual relationships and 1% from other sources. Of particular interest to this research is that 50% had experienced orgasm in coitus by age twenty; 90% by the age of thirty-five, and 10% never reached orgasm through coitus (The Kinsey Institute, online, 2014). What is most striking about this research is Kinsey’s attempt to understand “real” human sexuality, which had been hidden behind closed doors for so long. It is important to raise the question here as to what female orgasm through coitus actually means? Does it refer to vaginal–penile stimulation through intercourse with no clitoral stimulation, or would Kinsey have included women who gave additional stimulation to the clitoris to reach orgasm during intercourse? Seymour Fisher (1973) dedicated an entire book to “The Female Orgasm: Psychology, Physiology, Fantasy” and was very

specific in his analysis. He found that 30% of the time women required additional stimulation of the clitoris during vaginal-penile intercourse “to give them the final push necessary to reach orgasm” (1973, p. 193). 35% said they needed direct clitoral stimulation 50% or more of the time during the act of intercourse in order to reach orgasm. 20% of the women said they never required direct stimulation of the clitoris in order to reach orgasm during vaginal-penile intercourse. Despite centuries of clitoral “negligence” it appears that when academic researchers started engaging in female sexuality they very quickly discovered the function of the clitoris for female sexual pleasure and orgasm.

Masters and Johnson (1966) published “The Human Sexual Response”, a presentation of their sex research with men and women. As opposed to carrying out structured interviews along the lines of Kinsey (1953) they carried out laboratory experiments whereby they observed and measured anatomical and physiological responses to orgasm. From the data they described human sexual response in four stages: Excitement phase – plateau phase – orgasm – resolution phase, and suggest this applies for both men and women. They also claim there is no anatomical variation in female orgasm regardless of stimulation point, thus providing evidence against the hypothesis that female orgasm can be categorised as clitoral or vaginal.

This also supports an adaptationist evolutionary perspective because if penile-vaginal intercourse does not result in an anatomical variation that supports reproduction, then it would not have been selected on evolutionary grounds. There is some research however which argues against this particular finding

of Masters and Johnson. Komisaruk & Sansone (2003) found a variation in the production of Oxytocin during vaginal stimulation, which induces a euphoric sensation and peristaltic action. This may suggest that an increased level of Oxytocin in some women as a result of vaginal stimulation improves the likelihood of reproduction through the strength of peristaltic waves. Thus more effectively facilitating the journey of sperm to the egg. Very recent research supports Komisaruk & Sansone (2003) arguing more convincingly for an evolutionary bias for vaginal orgasm. Costa, Miller and Brody (2012, p. 3079) tested the hypothesis that “vaginal orgasm frequency is associated with women’s reporting that a longer than average penis is more likely to provoke their penile-vaginal orgasm.” Three hundred and twenty three women were asked using an online survey about their sexual activity and orgasm over the past month. The results showed that “Women who prefer deeper penile–vaginal stimulation are more likely to have vaginal orgasm, consistent with vaginal orgasm evolving as part of a female mate choice system favouring somewhat larger than average penises.” (Costa et al., 2012, p. 3079)

Research by Krantz (1958) suggests that a greater number of nerve endings exist in and around the clitoral gland, than over other areas of the vagina. Krantz (1958) carried out a microscopic analysis of female participants of varying ages, and found that although this tends to be the case, one of his participants had a greater accumulation of nerve endings in the “labia minora” over the clitoris. He also found that the patterns of nerves internally and on the exterior of the vagina vary from participant to participant, and this

is also dependent on age, finding that the number of nerve endings appeared to decrease with age. This research suggests two things; it supports Masters and Johnson (1966) by suggesting sexual pleasure can be achieved through stimulation of various parts of female genitalia, not just the clitoris or the vagina. It also suggests the neural system of the vagina is complex and variable across female participants; an “accumulation of twisted fibres connected through a central terminal core resulting in an increase in surface area for sensory response...forming a continuous sensory pattern.” (Krantz, 1958, p. 384)

Sayin (2012) carried out neurological research on female genitalia, which supports the research by Krantz (1958) above by suggesting that female sexuality from a biological perspective is both complex and variable. In addition to supporting the notion of differentiating between vaginal and clitoral orgasms he describes other types of orgasm that can be achieved; a “Blended Orgasm” (p. 692) whereby a vaginal and clitoral orgasm occur simultaneously. He also defines an orgasm of longer duration as an “Expanded Sexual Response” (ESR, p. 692), known as a multiple orgasm. An ESR can be achieved through a clitoral orgasm, a vaginal orgasm, or a blended orgasm. He identified that “six pathway-orgasmic reflex arch systems” (p.709) work during the development of female orgasms: Pudental, Pelvic, Hypogastric, and Vagus nerves constitute the main nerve network system, and there are also two Oxytocin pathway systems. This is important because it highlights the possible variation in reaching female orgasm for individual women and across women as a group.

Regardless of whether an anatomical difference can be found when the female human body reaches orgasm and whether the structuralist evolutionary perspective can be proven, there does appear to be a behavioural difference in how the orgasm is reached. The behavioural variation can be separated into three main approaches: either through direct clitoral stimulation alone; penile-vaginal stimulation alone; or a combination of penile-vaginal stimulation and clitoral stimulation. It is interesting to note that biological and scientific research continues to pursue the vaginal vs. clitoral orgasm debate despite objective data, and subjective accounts (discussed later in this chapter) that clearly highlight either a preference or need for clitoral stimulation to reach orgasm. Why is it that the vaginal-clitoral orgasm debate continues? Given the variation in human physiology is it not more sensible to suggest that the vagina is a complex neural system that varies from woman to woman, leading to variation in points of sensitivity; as a result women have different sexual needs in order to reach orgasm whether through deep penetration of the vagina or direct clitoral stimulation? Arguably it is one connected system for arousal, and an orgasm is the experience of heightened arousal. It is suggested that categorisation only serves to suggest what is normal female sexuality, and what is not, which has led to the pathologisation of female sexual behaviour.

Over the last twenty years “problems” with human sexual behaviour have been of increasing interest to the medical profession. The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (1953, p. 125) referred to difficulty in reaching female orgasm as “Frigidity”. The fourth

Edition (DSM - IV) (1994, p. 429) revised this label to “Female Orgasmic Disorder”, categorized under “Sexual Dysfunctions”. The label for this diagnosis remains the same for the recently published DSM – 5 (2013). However, in addition to the criteria for diagnosis the latter requires the clinician to specify more information, including whether the disturbance is “Lifelong or Acquired”, “Generalized or Situational” or “Never experienced an orgasm under any situation” (DSM – 5, 2013, p. 430). These evolving definitions appear to reflect changing attitudes in the medical profession. Interestingly the additional specifications listed in DSM – 5 provide the clinician with information that might be useful for a longitudinal psychological formulation, which suggests a move away from a strict physiological/anatomical understanding of female orgasm.

Despite this however, categorization of female sexual behaviour including orgasm immediately suggests that some behaviour is normal and other behaviour is abnormal, dependent upon the extent to which an individual fits with diagnostic criteria. Human sexual behaviour is arguably one of the most natural behaviours human beings can engage in but it appears there is a need for medicalization and pathologisation. Of course scientists engaging in quantitative research view the world differently to interpretative phenomenological analysts, and to say there is no benefit in understanding the cause of disease is nonsensical. Therefore the question is this: Can a normal and abnormal female orgasm be defined and if so can the latter be treated by general and/or psychiatric medicine? Moynihan (1993, p. 45) suggests that this pathologisation has been “fuelled” by large pharmaceutical

companies in order to create a market for drugs: “The corporate sponsored creation of a disease is not a new phenomenon, but the making of female sexual dysfunction is the freshest, clearest example we have... drug companies are working with colleagues in the pharmaceutical industry to develop and define a new category of human illness...”

Angel (2013) asserts her concern about the formulation of female sexual desire, and how this was represented in the DSM - IV. Interestingly she supports the notion that I raise in this thesis about the similarity between the current psychiatric conceptualisation of female sexual dysfunction, and early twentieth century understanding of female sexuality. However, she argues that it is psychodynamic thinking, which has, and continues to fuel this perspective: “...It (psychodynamic thinking) is the fault line running throughout contemporary debate about sexual problems, giving it its acrimonious energy. And unless we engage with it— unless we dare to touch it— we will have no way of either understanding or moving out of the entrenched recriminations that prevail about forms of suffering, sexual and otherwise.” (p. 215)

### **1.5.2 Quantitative psychological research**

Quantitative psychological research has provided models for understanding dimensions of the female orgasm, but has also highlighted variability in individual experience across these dimensions. Mah and Blinik (2002) conducted research that required participants to state the extent to which

specific orgasm-related words matched their orgasmic experience. This was based on a two-dimensional model of human orgasm, which comprised a physical dimension and a cognitive-affective dimension, and included a total of ten descriptors. For female participants, the descriptors were rated as follows for sex with a partner, “emotional intimacy”, “pleasurable satisfaction”, “ecstasy”, “general spasms”, “relaxation”, “throbbing sensations”, “flushing sensations”, “flooding sensations”, “building sensations”, and “shooting sensations” respectively. The research concluded that the two-dimensional model “...lends itself to both experimental and correlational paradigms...and its application will help further knowledge about the psychology of human orgasm” (p. 112). This research does indeed provide a framework for understanding how females experience orgasm, as the descriptors were developed on the basis of similar research, and a pilot phase contributed to a revision of the list based on highest mean ratings. However, participants were required to choose from a predetermined list of orgasm-related descriptors. It is argued therefore, that a quantitative methodology considerably limits the participants’ scope to communicate their experience of orgasm, which in turn limits the findings.

King et al. (2011) identified four types of female partner orgasms through conducting a typological analysis on Mah and Blinik’s (2002) data (above) on the dimensional phenomenology of female orgasm: They defined two broad categories of orgasm, “good sex orgasms”, and “not so good sex orgasms”, which varied in intensity with regard to pleasure and sensation. This

research is useful in that it provides further evidence to suggest there is considerable variability in the subjective experience of orgasm. However, it is still limited by its methodological stance for understanding a complex and highly subjective human phenomenon as described above.

Nobre and Pinto-Gouveia (2008) investigated the role of cognitive and emotional variables with regard to female sexual dysfunction disorders. They asked 207 female participants (160 with no diagnosable sexual dysfunction and 47 with a DSM-IV diagnosis of sexual dysfunction) to fill in questionnaires regarding sexual beliefs, automatic thoughts and emotions experienced during sexual intercourse, the interaction of thoughts, emotions and sexual response during sexual activity, and sexual functioning in relation to sexual arousal, orgasm, satisfaction, and pain. They found that "...body image beliefs and automatic thoughts focusing on self-body appearance seem to be strongly associated with orgasmic disorder" (p. 325). With regard to affect, they found that sadness and guilt are strongly associated with hypoactive sexual desire. This research is useful in the context of this study because it shows that specific types of cognition and affect are associated with not reaching orgasm, suggesting that *reaching* orgasm is likely to constitute these elements.

Cohen and Belsky (2008, p. 6) conducted research that considers the role of emotion regulation and associated attachment style for reaching female orgasm. They found that "...higher levels of avoidant romantic attachment

predict lower levels of female orgasmic frequency”. Given that problems with emotion regulation are linked to insecure attachment styles (Cassidy, 1994), this is further evidence to highlight the role of affect and/or avoidance of affect in facilitating female orgasm.

The vaginal vs. clitoral orgasm debate is apparent through the recent research conducted by Brody and Costa (2008). They use psychodynamic theory in quantitative psychological research to test Freud’s hypothesis regarding the use of immature and mature defences in relation to clitoral and vaginal orgasms respectively. They asked 94 women about their sexual behaviours and associated orgasm over the previous month, and also had them complete the Defense Style Questionnaire (DSQ-40). They found that vaginal-penile orgasm was associated with lower use of immature defences, thus supporting Freud’s hypothesis. It is possible to suggest therefore that developmental problems leading to a propensity to operate using “primitive defences” (Lemma, 2003, p. 112) may be linked to clitoral orgasms. This is controversial given the modern and contemporary literature that suggests the clitoris is highly significant for female sexual pleasure and orgasm, e.g. Kinsey (1953) discussed above. However, as noted previously the quantitative psychological literature although useful, appears to restrict the expression of subjective sexual experience due to the use of methods such as questionnaires. The research described so far is also limited by a very specific focus in that it primarily considers the point of climax. In some cases behaviour; thoughts; and emotional experience are considered prior to

orgasm, but the wider sociocultural context or indeed the relationship with a partner is poorly examined. This study however is concerned with the lived experience of reaching female orgasm in the context of a sexual relationship, providing a much wider “lens” for investigating the phenomenon of female orgasm.

### **1.5.3 Qualitative psychological research**

The body of qualitative research regarding the female orgasm is limited but has grown to some extent in the last decade. Only very recently are we beginning to understand what the lived experience of reaching female orgasm is like. However, we have a considerable amount of work to do before women’s voices are heard freely in the context of male-dominated academic disciplines that were founded on empirical research.

Shtarkshall and Feldman (2008) produced a case study with a female participant who experienced multiple orgasms, and more than one hundred orgasms per sexual session. They conducted a grounded theory analysis and identified environmental, cognitive, emotional, behavioural and relational factors, which contributed to the participant reaching orgasm. The following subjective factors were considered as significant: a quiet dark room, relaxing music, lying on her back and tilting her pelvis, her partner’s movement of his body, fantasizing about men watching her, and low mood as adversely

affecting her ability to reach orgasm. Interestingly, and in relation to research described above, she describes a distinct difference in the sensations of a clitoral and vaginal orgasm as follows (Anonymous, p. 265):

“For me there is definitely a clitoral orgasm and a vaginal one – the clitoral being measurable and finite and the vaginal one is a sensation rising and falling and fading”.

The description of the orgasm itself provides a wealth of information that the quantitative studies above lack (Anonymous, 2008, p. 264):

“The orgasm itself as the first one is definitely earth shaking and I almost lose consciousness in the sense that I feel like I go away and ride the feeling. Definitely a feeling that emanates from the center of me – although it is hard to say exactly where it is coming from. The rings of pleasure seem to come from deep inside me, extending out and include the rectal area as well. I do feel the feeling all throughout my body as an after flow and can say – I feel it down to my toes”.

She also provides an account of the impact of reaching orgasm (Anonymous, 2008, p. 265):

“I feel physically wonderful, energetic, happy, content, and of course almost high on life. I feel an amazing amount of energy and a basic feeling of – I can do anything I want”

This study is of considerable interest because it highlights the quantity and quality of information that the participant can offer, and supports the assumption previously discussed; that qualitative methodologies provide the scope for understanding the subjective and idiosyncratic experience of the individual. According to Tiefer (1995, p. 201) “...sex research should raise up women's diverse voices, not impose a pre-existing paradigm through questionnaires or measurements”.

Mary Pellauer (1993, as cited in Potts, 2000, p. 62) provides a deeply rich account of her orgasmic experience. The account is full of emotion; relatedness and metaphor making it seem inexcusable not to consider researching this topic from a methodological standpoint that embraces subjectivity and freedom in the expression of experience:

“At the moment/eternity of orgasm itself, I melt into existence and it melts into me. I am most fully embodied in this explosion of nerves and also broken open into the cosmos. I am rent open; I am cleaved/joined not only to my partner, but to everything, everything-as-my-beloved (or vice versa), who has also become me. The puny

walls of my tiny separate person/hood either drop so that I-you-he-she-we-they-it are one or they build up so thoroughly that all/me is one. Either way of stating it calls out for its opposite: paradoxland”.

Abraham (2002) carried out psychosocial research whereby he presented case studies of his psychotherapy clients who had experienced sexual dysfunction, and made sense of this through psychodynamic interpretation. Abraham concluded his discussion on the psychodynamics of orgasm, stating, “through sexual dysfunction...we are led to discover a tormented world of unresolved conflict...a whole fantastical universe” (p. 335; p. 337). This research is important as it suggests that interpretation of unconscious relational dynamics and defence mechanisms is paramount to understanding an individual’s experience of reaching orgasm. This challenges Angel (2013) discussed earlier who suggests psychoanalytic thinking is responsible for pathologizing female sexual dysfunction. Alternatively a psychodynamic perspective may provide a deeper understanding of reaching female orgasm in the context of a sexual relationship, and signify limitations of an IPA methodology where interpretation is *not* made in the context of predetermined theory.

Nicholson and Burr (2003) investigated that which women consider as “normal” about heterosexual desire and orgasm in the context of the medicalization of female sexual functioning. They conducted semi-structured interviews with 33 women, whose age ranged from 19 to 60 years. They

interpreted the data using symbolic interactionist and psychodynamic concepts. They found that women are less concerned with reaching orgasm in the context of heterosexual intercourse than clinical data suggest, rather their desire to orgasm was primarily in the interest of satisfying their partner. They concluded, "...there is probably a closer relationship between popular beliefs about what is 'normal' based upon the medical model with women placing themselves in a dysfunctional category, than there is between the everyday enjoyment of sex and women identifying themselves as being sexually healthy."(p. 1735)

Lavie and Willig (2005) conducted an interpretative phenomenological analysis on the experience of inorgasmia. They interpreted three superordinate themes as follows; "Self Image", "Relationship Issues", and "Sexual Experience". The first superordinate theme highlights the perception of inorgasmia as a deficiency or shortcoming that led women to believe they were abnormal, which impacts detrimentally on "Self image". This sense of deficiency is fuelled by comparison with other women in reality and on television. The second superordinate theme highlights anxiety experienced by women in relation to the effect their inorgasmia had on their partners; "Relationship Issues". The women said their sexual partners considered their reaching orgasm as highly important, as it represented success on the part of the male. The women were less concerned about the loss of sexual pleasure, than the meaning of inorgasmia for the relationship. Lavie and Willig suggest that presence of female orgasm represents skill and success in relation to performance (for the man), whereas women regard it as a

symbol of a man's emotional involvement in them and the relationship. The third superordinate theme suggests "Sexual Experience" is impacted, whereby two of the six participants said it detrimentally affects their sexual enjoyment, and one participant said it does not relate to overall enjoyment at all.

This research is of particular interest because it highlights how an interpretative phenomenological approach provides the scope to explore the meaning of a related topic, going beyond the descriptive level evident in research discussed previously. Of all the research identified it is this by Lavie and Willig that is most similar to the research discussed in this thesis; both with regard content and methodological approach. This suggests two things, 1) Published academic qualitative psychological research has investigated a similar phenomenon, which supports the methodological approach of this research, 2) There is a need for this research because as far as I am aware no other research has been conducted on the lived experience of reaching female orgasm in the context of a sexual relationship.

Jackson and Scott (2008) discuss Lindemann's (1997) thesis on "The Body of Gender Difference" in which she proposes that gendered bodies are socially constructed, as opposed to naturally gendered bodies based on sex from a biological perspective. Jackson and Scott use Lindemann's concepts of the "objectified body", and the "living body" to think about women's gendered sexual bodies and how this relates to female sexual experience (p.

101). The key factor here, particularly in relation to lived experience is how these bodies are interrelated and influence one another. For example, the objectified body could be divided into different parts including the genitals, which could be sub-divided into the clitoris, vagina, labia minora and labia majora. The extent to which this is known or understood may impact how the living body is experienced in sexual interactions from a behavioural and relational perspective. This in turn will influence the perception of the objectified body. It is suggested therefore that an objectified body that does not know of the clitoris as the primary sexual pleasure organ might result in a living body that experiences sexual pleasure in the context of vaginal – penile heterosexual intercourse. This of course feeds back to the objectified body that the original formulation is valid. Jackson and Scott (2008) relate this to their argument against heterosex being constructed as a linear process, which ends in orgasm. Instead they “argue for a conceptualisation of sexuality as fully social, neither biologically based nor simply a product of the psyche. We treat sexual pleasure as socially mediate, and embodied sexual selves as reflexively constructed and reconstructed through social interaction within specific social settings.” (p. 100)

Jackson and Scott (2007) discuss the concept of faking orgasm and provide further support for their argument of the gendered sexualized body. They refer to the way in which the male orgasm is evident through the ejaculation of semen from his penis, whereas the female orgasm is not signified by visible ‘proof’. They suggest that this constructs the male orgasm as “unproblematic” and the female orgasm as “problematic” necessitating vocal

displays to confirm that she has indeed climaxed and enjoyed the sexual experience (p. 104). The former and latter writings by Jackson and Scott are highly enlightening as embodiment through a symbolic-interactionist 'lens' provides a very different theory of female sexuality and orgasm, and suggests how this might impact on the construction of and lived experience of reaching female orgasm in the context of a sexual relationship. This is supported by Potts (2000) who suggests there is a social pressure associated with female orgasm, because achieving it is socially constructed as the objective of sexual intercourse.

Lavie-Ajayi and Joffe (2009) investigated the social representations of female orgasm. They carried out 50 semi-structured interviews with British women in order to identify their subjective thoughts and feelings with regard to orgasm, and problems reaching orgasm. They conducted a thematic analysis on the data and examined the women's subjective data in relation to scientific and media representations of female orgasm. They suggest that the social representation of female orgasm embodies three interrelated themes, "Orgasm as central indicator of sexual pleasure and goal of sex Media perspective", "Clitoral versus vaginal orgasms", and "Not having orgasms as common yet problematic" (Lavie-Ajayi and Joffe, 2009, pp. 101 – 105). The findings showed that female orgasm is perceived the goal of sex, and although women are influenced by scientific and media representations of female orgasm they "...graft onto this scientifically driven representation the importance of relational and emotive aspects of orgasm..." (p. 98) This is

of particular importance for this study because it suggests that despite very powerful social representations the women make sense of them in relation to their lived emotional and relational experience. They also found that, "...particularly those who experience themselves as having problems with orgasm, the scientifically driven representations induce feelings of failure, but are also resisted." Thus highlighting conflict between the scientific representation and subjective experiences of female orgasm.

Roberts, Kippax, Waldby and Crawford (1995) explored the narratives of participants discussing the phenomenon of faking orgasm. They interviewed 73 university students and conducted 19 focus groups. The sample included both men and women, however two thirds of the participants were women and the data were analysed according to sex. The data were also analysed in the context of embodiment theory. Two very striking themes in the narratives were identified: Women construct their orgasmic experience in relation to "The love bit", and men in relation to "Technique: working in the dark" (p. 525). In line with a feminist perspective (Waldby et al., 1991, as cited in Roberts et. al 2005) it appears men regard their bodies as being actively controlled by the mind, which positions women's bodies as needing to be controlled. In relation to orgasm men's narratives suggest they use their mind to work on women's bodies for the purpose of "giving" women orgasms through skilful techniques. This of course represents women's bodies as passive receptors of men's action, as the method for achieving female orgasm. It is argued that these realities are constructed through the discursive resources currently available to men and women. This suggests

that a patriarchal sociocultural context was influencing the subjective experience of reaching female orgasm in 1995, as it had done for centuries before (as discussed above).

However, Baumeister and Trence (2002) argue against a culturally oppressed, controlled and subordinated female sexuality. They suggest that women innately have a lower sexual desire than men, and rather than accepting this as a fact of nature it is perceived by some as representing suppression of female sexuality on the part of men. They also suggest that the consequences of engaging in sexual activity has greater costs for women over men, i.e. pregnancy, and so women have chosen to suppress and control their sexuality in their own interest. They highlight a number of sources in support of these hypotheses. They site research that suggests women are instrumental over men in teaching adolescent girls about sexuality. Therefore females teach younger female generations how to behave and/or express their sexual selves. For Example, Nolin and Petersen (1992, as cited in Baumeister and Trence, 2002) found that when only one parent of a father – mother system talked to their daughter about sexuality it tended to be the mother. Thus 35% and 37% of mothers in their sample had talked to their daughters about pregnancy and sexual morality respectively, compared to 0% and 2% of the fathers. The argument therefore is that women (as opposed to men) chose to tell their daughters to suppress their sexual desire, in order that they do not risk the cost of pregnancy, or lose the opportunity to use sex as a bargaining tool in relationships with men. They also highlight women's opposition to

pornography and prostitution, as evidence to support the “female control theory” (p.170) as opposed to the “male control theory” (p. 167). They formulate female opposition to pornography and prostitution as motivated by a threat to their position and bargaining power in their relationships with men. This is interesting research as it turns the tables on the feminist perspectives highlighted in this literature review. It questions why and how women’s sexual behavior is inhibited, if indeed women’s sexual behaviour is inhibited.

## **1.6 Pornography**

In 2015 both women and men in Western Culture have effortless access to mainstream pornography, both in printed literature and online. Corsianos (2007, p. 864) describes mainstream pornography as follows: “...material that consists of sexual content of any shape or form (usually combines sex acts with the exposure of genitals) in images (pictures and/or acts) and words and where the goal of the material is to sexually arouse viewers or listeners and usually sold for profit.” It is argued by “Radical Feminism” that pornography is the “...colonialization of women’s bodies for male pleasure...” (MacKinnon and Dworkin 1997, p.125). Pornography therefore constructs a representation of female sexuality that objectifies women, and is misrepresentative of what women find pleasurable, and how they reach orgasm. For example, in most mainstream heterosexual pornography the woman more often than not ‘experiences’ orgasm in the context of penile-vaginal intercourse. The woman signifies this with a vocal and facial display of pleasure. As previous literature in this review has shown, many women

regard the clitoris as the primary source of sexual pleasure and orgasm. The penile-vaginal focus in mainstream pornography arguably represents an outdated medical/biological formulation of female sexuality. However from a feminist perspective this is not surprising because this formulation privileges male over female sexual pleasure. Furthermore, it is also argued that pornography is harmful to women and constructs misogyny (Itzin, 2002).

Pornography is also considered to epitomize and maintain an unhealthy power dynamic between men and women; dominant – dominated respectively. It is also argued that pornography portrays women as passive and submissive receivers of male work, reliant on men for their sexual pleasure. This perspective was discussed earlier in relation to embodiment (Jackson and Scott, 2008). Schussler (2007) discusses the sexual freedom experienced by women in the late part of the twentieth century in relation to the introduction of the contraceptive pill (as discussed earlier) and the legalization of abortion. However, she notes that sexual freedom is not complete for women simply by having the power to engage in sexual intercourse and prevent pregnancy, or chose not to give birth to a child. She turns to the words of Michel Foucault (1978, as cited in Schussler, 2007, p. 67) to explain how a power dynamic will always exist through sexual behaviour and indeed pornography, “Pleasure and power do not cancel or turn back against one another; they seek out, overlap, and reinforce one another. They are linked together by complex mechanisms and devices of excitation and incitement.” Radical Feminism therefore asserts that men exploit this phenomenon, and this is reinforced through mainstream

pornography. An alternative perspective is however contended by “Individualistic Feminism”, which Schussler (2007, p. 69) describes as follows:

“Individualist feminism is considering the individualistic woman, able to assume responsibility for actions, decisions and her whole life - for example without trying to put some failures onto the account of gender differences.”

One line of thought within this ideology is that pornography can serve as an opportunity for women to establish a new dynamic. If pornography exists and women are both involved in producing it, and indeed watching it, then it can be a place for “real” female sexuality to be represented.

### **1.7 Cross-cultural review of female orgasm**

Reviewing literature on female orgasm from all cultures worldwide is beyond the scope of this thesis, so the following section will focus on research found in relation to African culture, specifically in Sudan and Somalia. The practice of Female Genital Mutilation (FGM) is central to this review because this cultural practice represents how female sexuality is understood and related to in these societies, and of course has implications for the lived experience

of reaching female orgasm in the context of a sexual relationship. The World Health Organisation (WHO, 2014) defines FGM as follows:

“FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons...FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children.”

UNIICEF (2013, as cited in WHO, 2014) sites FGM as occurring predominantly in 29 African countries, and in the Middle East including Indonesia and Kurdish Iraq, and by the Boram Muslims in India. FGM is classified by the WHO (2014) according to four categories, (see figure 1) the criteria for which vary depending on the degree of mutilation to the genital area.

**Figure 1 Categories for Female Genital Mutilation (FGM): Adapted from World Health Organization (WHO, 2014)**

<b>Category</b>	<b>Definition</b>
1. Clitoridectomy	Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. Excision	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. Infibulation	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other	All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing,

	incising, scraping and cauterizing the genital area.
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Varol et al., (2014) discuss the ideology behind these practices, suggesting that widely accepted beliefs include FGM as being necessary for “spiritual cleanliness, for family honour and to maintain premarital virginity and marital fidelity.” This construction of female sexuality resonates with Western literature discussed previously with regard to the fear and control of female desire. For example, the practice of clitoridectomy still existed in Europe in the mid-nineteenth century for “curing” female cases of nymphomania and masturbation (as discussed above). However, in Africa and the Middle East these practices are embedded in cultural practice, and punishment if not death can be the consequence of resisting FGM.

In relation to reaching female orgasm in the context of a sexual relationship, it might be credible to suggest this experience is significantly and qualitatively different for women in African culture, where FGM is embedded in social practice. From an anatomical and physiological perspective (depending on FGM categorization) the organ responsible for female sexual pleasure no longer exists, suggesting clitoral orgasm may be impossible. If a vaginal orgasm can be achieved through an alternative anatomical mechanism (as debated throughout this review), this still might be prevented by infibulation or deinfibulation procedures (FGM Category 3). In addition to this FGM raises questions about male attitudes towards female sexual

pleasure, and whether in the context of marriage men would be interested or motivated to satisfy their wife sexually, or not.

Not surprisingly there is limited research regarding the subjective lived experience of female sexuality and indeed orgasm in African culture. However, one piece was found which is highly enlightening, and crucially important for raising questions in relation to this thesis. Lightfoot Klein (1991) presented her research the 1<sup>st</sup> International Conference on Orgasm. She sought to understand the sexual experiences of Sudanese women, particularly female orgasm. She spoke with Sudanese women (through an interpreter) in the context of their every-day-lives. These women had experienced FGM category 3 procedures (see Figure 1). Lightfoot Klein's understanding of the rationale for infibulation is as follows:

“Infibulation creates a chastity belt, which provides living proof to the prospective bridegroom and his family that the bride's virtue is intact. Yet another primary object of the entire procedure is to dampen the girl's sex drive.

In summary Lightfoot Klein described a journey whereby women were initially resistant to talking about their lived experiences, which she later attributed to her approach to sexuality at interview. Women described their sexual encounters in the context of a sexual relationship as a formality, suggesting there was no enjoyment at all. Later in her data collection however, she encountered a situation where her questions about sex appeared to evoke

laughter in her participant and with the following statement from an anonymous interpreter she made a breakthrough in her research:

“This woman says that you must be either a lunatic or a complete fool to ask anyone a question like that. She says, of course she enjoys sex! What woman doesn't? The Pharaonic cannot change that! She says that no matter what they cut away from you, no one can change that!”

Lightfoot Klein realized that in many cases, despite very severe genital mutilation aimed at eradicating sexual pleasure altogether, women were still able to enjoy sex and reach orgasm. This research raises several very important points. The suppression and control of female sexuality in patriarchal societies is evident in African culture. However, female sexual desire is natural, and despite efforts to suppress it some women are able to overcome this. Lightfoot Klein summarizes this as follows:

“Just as the whole organism strives for its own individual highest level of function, so does the sexual nervous system strive for its own individual highest level of function. If its most significant erogenous centres are damaged or destroyed, it will most likely find or create other erogenous centres to take their place. Not only that, but one might quite reasonably expect a high level of compensation.”

Catania, Abdulcadir, Puppo, Verde, Abdulcadir, and Abdulcadir (2007) conducted semi-structured interviews and used the Female Sexual Function Index (FSFI) with 137 women who had undergone various FGM procedures from category 1 – 4 as described in Figure 1. 86% of this group reported to have experienced orgasm with vaginal sex, and 69.23% of this group reported always experiencing orgasm. 78% of this group reported orgasm through their partner stimulating them manually, and 64.66% of this group reported this “always” being the case. This quantitative research appears to support the qualitative study discussed above, whereby women’s subjective accounts show experiences of reaching orgasm in the context of a sexual relationship despite FGM. However, it is also important to note that some women experience severe pain post FGM and experience life threatening physical health complications as well as psychological difficulties. As a result sex in the context of a relationship is painful. Andro, Cambois, and Lesclingand (2014) report the physical health effects of FGM. They found that FGM across all categories (1-4) is associated with gynecological/urinary infections and psychological/sleep disorders. Where women experience enduring physical health problems as a result of FGM they report “systematic discomfort, pain and burning or bleeding” (p. 182) during sexual intercourse.

## **1.8 Homosexual relationships and female orgasm**

The majority of research on female orgasm to date focuses on sexual intercourse in the context of a heterosexual relationship, often suggesting

that orgasm is the desired outcome or goal of sex. Feminist writers discussed previously in this review have challenged this notion. Although the heterosexual based literature is useful in understanding the lived experience of reaching female orgasm, it restricts “in the context of a sexual relationship” to heterosexual relationships. There is a paucity of research on female orgasm in homosexual relationships, however a very recent article by Garcia, Lloyd, Wallen, & Fisher (2014) contribute to filling this gap by investigating the impact of sexual orientation on orgasm occurrence. They asked 1497 men and 1353 women to fill an online questionnaire about their sexual activity including orgasm over the last twelve months. The sample included heterosexual, gay, lesbian and bisexual participants. The results show the mean rate of orgasm occurrence was 61.1% for heterosexual women, 74.7% for lesbian women and 58.0% for bisexual women. The lesbian women had a significantly higher probability of reaching orgasm over women in heterosexual relationships.

The research by Garcia et al., (2014) raises many questions regarding relational and/or sociocultural influences for reaching female orgasm in the context of a sexual relationship. What might it be about lesbian relationships that enable women to reach orgasm more frequently than in heterosexual relationships? Considering the literature reviewed in this chapter so far it might be credible to suggest that the social construction of “normal” orgasm as the crescendo of sexual intercourse in heterosexual relationships serves to reduce the amount of pleasure experienced by women. It may be that

lesbian women are free to explore one another's bodies without the underlying anxiety related to reaching orgasm in a "normal" way through penetrative sex. This is of course only a hypothesis, but I propose future research should consider asking: What is the lived experience of reaching female orgasm in the context of a female homosexual relationship?" This current research study is clearly limited by the heterosexual orientation of all eight participants.

### **1.9 Summary and limitations of existing research**

In conclusion, there is an abundance of research on the female orgasm from various disciplines from the early twentieth century onwards. The majority of research however is quantitative, including the psychological literature. The latter tends to focus on the dimensions of female orgasm: anatomical; physiological; cognitive and affective. These quantitative methodologies have limitations in that they do not provide the scope for understanding subjective reality, as participants are unable to express themselves beyond specific conditions. The quantitative literature is also limited because sociocultural context and relational dynamics between sexual partners are rarely considered. Historically qualitative research on female orgasm has been very scarce. However, the last fifteen years has seen discursive psychological, feminist psychological and sociological research conducted in the qualitative field. This highlights how important sociocultural factors are for influencing the lived experience of reaching female orgasm in the context

of a sexual relationship: For centuries women's voices have not been heard regarding sexuality and orgasm. As far as I am aware there is no existing research that explores the lived experience of reaching female orgasm in the context of a sexual relationship. Therefore this study fills a gap in current literature and is also highly applicable to the field of counselling psychology clinical practice and research. It explores lived female sexual pleasure in relationships with men – an area that has been neglected by academic research for too long.

#### **1.10 The Purpose of the current study**

The following section details the research question, aim and objectives to offer the reader a framework with which to contextualise the research.

#### **1.11 Research question**

What is the lived experience of reaching female orgasm in the context of a sexual relationship?

#### **1.12 Research aim**

To understand the essence of reaching female orgasm in the context of a sexual relationship.

### **1.13 Research objectives**

1. To offer women a “platform” to have their voices heard on female orgasm, in response to centuries of suppression and abuse of female sexuality.
2. To understand what women think about when reaching orgasm in the context of a sexual relationship.
3. To understand how women feel when reaching orgasm in the context of a sexual relationship.
4. To understand how women behave when reaching orgasm in the context of a sexual relationship.
5. To understand how women relate to their partners and how their partners relate to them when reaching orgasm in the context of a sexual relationship.

6. To learn about and explore women's beliefs regarding female orgasm in the context of a sexual relationship.
  
7. To support the notion that human sexual phenomena benefits from being studied from a qualitative perspective due to its contextual, individual and relational complexity.
  
8. To challenge the pathologisation and medicalization of female sexual "problems".

#### **1.14 Researcher reflexivity**

Before I started this literature review I broadly knew which academic disciplines I would initially focus my literature search on, as I had already completed a comprehensive literature review for the research proposal written in 2013. I knew that I would need to explore scientific literature further including biological, evolutionary biological, neurological and anthropological. The prospect of this interested me, as well as provoked some anxiety as my interest and experience is in qualitative psychological research. Therefore I needed to ensure that I provided a representative review of quantitative literature, and persevered to understand those aspects that I did not immediately understand. As expected I found some articles

intellectually challenging, but awareness of this ensured that I remained determined to make sense of the findings so I could critique the research at doctoral level.

I also knew that I would have to immerse myself in historical literature that followed the social construction of female sexuality from the prehistoric through to the contemporary age. With this in mind I knew that a significant proportion of the literature would be feminist, as well as include writings from other cultures worldwide. I had already written the research proposal and was very aware of my own thoughts and feelings regarding the oppression and abuse of women by men in patriarchal systems. I therefore had to be prepared for the powerful emotions this would evoke. Without this awareness I would have risked a literature review that was biased or disproportionate. However, I simply allowed myself to be led by the literature with an open mind, and I believe that despite a very strong argument for the feminist perspective presented in the review this represents the current literature as opposed to my personal beliefs. I critiqued the feminist literature where appropriate and considered alternative perspectives in relation to research from other disciplines. I also challenged the historical literature, raising questions that may not have been considered due to political context. For example, subjective female accounts of female orgasm were not found in the literature search until the postmodern era. Despite this however, I interpreted some possible aspects of lived experience based on sociocultural context across history. This was necessary because if one were to simply

refer to the research data available we would have to conclude that human intimacy and related concepts of respect, reciprocity, care, and love did not exist in sexual relationships before the twentieth century. This appears incomprehensible from both a personal and counselling psychological perspective. My level of self-awareness regarding female sexuality was evidenced by the shifts in my thoughts and feelings throughout this process, and my ability to present varying perspectives throughout. I believe the literature in this review should be regarded as complementary, despite very different epistemological positions. This perspective underpins the theme for this portfolio discussed in the preface – pluralism.

## **Chapter 2            Methodology**

### **2.1    Chapter Overview**

The chapter begins with a broad discussion on qualitative research in the field of psychology, followed by a more detailed review of the philosophical tradition that led to the development of the chosen methodological approach, “Interpretative Phenomenological Analysis” (Smith et al., 2009). The following section discusses the process of conducting the research from developing a research question in line with the methodological approach, to the analysis of data. The final section discusses researcher reflexivity in relation to the overall research and this chapter specifically.

### **2.2    A qualitative approach**

At the end of the 19<sup>th</sup> Century, the discipline of psychology was “reformulated as the science of behaviour” (Willig, 2008, p. 4). It was dominated by quantitative research following the “scientific method”. There was an emphasis on the use of empirical experiments for testing hypotheses regarding human phenomena. The emergence of behaviourism in the late 20<sup>th</sup> century, followed by the “cognitive revolution” in the 1970-80s further fuelled this empirical approach to psychological research (Biggerstaff, 2012). However, the 1970s saw the emergence of a debate, as to the most effective methods for researching human experience (Gergen, 1973). As a result, the

use of qualitative methodologies for psychological research has progressively increased up to the current day.

Qualitative research is concerned with how people make sense of the world, and their experiences within it. It seeks to understand subjective experiences and how people attribute meaning to phenomena; providing rich in-depth data about the essence of a particular event. Qualitative research seeks to understand experience at a particular point in time, as perceived by the participant in question. It is therefore a “bottom-up” approach, whereby the researcher does not impose any theory, models or preconceived ideas about the topic in question. As a result, the data “paints the picture”. However, it is acknowledged to varying degrees that the researcher and the interaction between researcher and participant will indeed affect the nature of the data produced. Qualitative research is conducted within natural environments “where conditions continuously develop and interact with one another to give rise to a process of ongoing change” (Willig, 2008, p. 9). It is therefore *not* concerned with cause and effect, controlling for variables, or making generalised statements or claims about specific phenomena, as with a quantitative approach.

Within the field of qualitative research numerous methodologies are used for and in themselves represent variation in both epistemological and ontological stance. Willig (2008) describes the following approaches in qualitative research, “grounded theory”, “phenomenological methods”, “case studies”,

“discursive psychology” and “narrative psychology”. She systematically highlights the varying theories of knowledge assumed by each approach: For example, she describes how phenomenological methods differ epistemologically from discursive psychology, in that the former seek to produce knowledge about the essence of phenomena, whereas the latter seeks an understanding of the processes by which phenomena are “constituted in talk as social action” (p. 108).

### **2.3 Phenomenology**

Phenomenology seeks to understand what human experience is like in the lived world. Husserl (1927, as cited in Bernet et. al., 1993) developed the concept of “transcendental phenomenology”, which is concerned with a focus and reflection on phenomena as they naturally occur in a specific context, and at a particular time. He asserts that by going “back to the things themselves” (Husserl, as cited in Smith et. al., 2009, p. 12) the essence of phenomena will emerge. This can be achieved through the adoption of a “phenomenological method”. This method requires the inquirer to bracket and thus transcend their preconceived ideas and biases about the phenomenon, in order to reach the “experiential content of consciousness” (Smith et. al., 2009, p. 12), revealing phenomena as they present themselves to us.

Heidegger, was a student of Husserl, and is also concerned with human experience in the lived world, however he differs from Husserl in his epistemological perspective. He questions whether knowledge can exist without interpretation in his famous book “Being and Time” (1927).

Heidegger’s work marks the move from a “transcendental phenomenology”, to a “hermeneutic phenomenology” (Smith et al., 2009). He postulates that the meaning of phenomena may on the one hand be directly and clearly observable, but on the other hand, it may be disguised or hidden. That which is hidden however, is inextricably linked to that which is apparent, and the researcher can make sense of that which is hidden through interpretation. Heidegger (1927, p. 74) helpfully makes sense of the concepts of “apparent” and “hidden meaning”, through the analogy of human illness:

“One speaks of ‘appearances or symptoms of illness’. What is meant by this are occurrences in the body that show themselves and in this self-showing as such ‘indicate’ something that does not show itself. When occurrences emerge, their self-showing coincides with the being at hand of disturbances that do not show themselves. Appearance, as the appearance ‘of something’, thus precisely does not mean that something shows itself; rather, it means that something makes itself known which does not show itself”.

Heidegger is renowned for the concept of “philosophical hermeneutics”; which is concerned with the theory of the interpretation of texts. A concept

embedded in his work is that of the “hermeneutic circle”, which refers to the mutual relationship between the parts and the whole. This concept assumes that in order to understand a whole text you need to attend to the parts of the whole, and to understand the parts you need to attend to the whole.

Gadamer (as cited in Palmer, 2007, p. 159,) is another highly influential figure in the hermeneutic tradition. He asserts the role of linguistics for understanding the essence of being in a naturally occurring world, and proposes a “Hermeneutic Method” which can be applied to a phenomenological research context:

“The hermeneutic circle says that in the domain of understanding there can be absolutely no derivation of one from the other, so that here the logical fallacy of circularity does not represent a mistake in procedure, but rather the most appropriate description of the structure of understanding. Thus, Dilthey introduced the discussion of the hermeneutical circle as a means of separating himself from the post-Schleiermacherian scientific epoch. If, along with this, one bears in mind the true extent to which everyday speech accords with the concept of understanding, then one sees that the discussion of the hermeneutic circle is in fact directed toward the structure of Being-in-the-world itself; that is, toward overcoming of the subject-object bifurcation”.

The work of Merleau-Ponty (1945, as cited in Smith, 2002) is also highly important and particularly relevant to this research study. Merleau-Ponty takes a philosophical standpoint that challenges the concept of “cognitivism”, and focuses on a dimension of human experience that is often neglected – the body. Rather than regarding the brain alone as determining “reality”, he suggests the whole body experiences “reality” - thus lived experience cannot be disentangled from the bodily experience of perception. More recently Young (2005, pp. 39; 42) builds on Merleau-Ponty’s theory of embodied phenomenology and suggests that female lived experience is bound by and limited by existence in male-dominated patriarchal societies:

“To the extent that a woman lives her body as a thing, she remains rooted in immanence, is inhibited, and retains a distance from her body as transcending movement and from engagement in the world’s possibilities...Women in sexist society are physically handicapped. Insofar as we learn to live out our existence in accordance with the definition that patriarchal culture assigns to us, we are physically inhibited, confined, positioned, and objectified”

#### **2.4 Interpretative phenomenological analysis**

This research assumes an “Interpretative Phenomenological” approach (Smith et al., 2009); the aim of which is to understand how participants view and experience the world. It posits that knowledge about human experience

can be accessed through engagement with, and interpretation of participant's accounts. The concept of interpretation aligns with the hermeneutical philosophy described above, which suggests that meaning is not overtly accessible and that reflection is required in order to understand it. This approach assumes that the subjective account is affected by the relationship between researcher and participant, and the interpretation of such experience is made sense of through a process of "symbolic interactionism" (Blumer, 1969). This approach does not require these influences be controlled for, as with quantitative methodologies; rather, it holds that interaction is an integral part of knowledge. Smith et al. (2009, p. 11) describe IPA as "an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of philosophy of knowledge: phenomenology, hermeneutics and idiography". It is interesting and important to note the influence of Husserl, Heidegger, Gadamer and Merleau-Ponty in the development of this methodological approach. IPA combines Husserl's focus on human experience in the lived world, as it appears in consciousness, and with Heidegger and Gadamer's ontological perspective with regard to hermeneutics, as well as Merleau-Ponty's proposition that lived experience is embodied.

Thus, the epistemological position for this study is situated in the middle of the realist – relativist continuum, because it asserts that we can gain access to someone's personal world (knowledge), through analysing accounts of a particular phenomenon. However, this knowledge can never be exact, or

considered “truth”. This is because the account and the interpretation of that account is affected by the research context, the researcher’s psychological state and experience, as well as the interaction between the researcher and participant. This research assumes a relativist ontological position, which acknowledges multiple comprehensible and equally valid subjective “realities”, as opposed to one single objective “reality”.

## **2.5 Why IPA?**

Female orgasm has been ignored, neglected and condemned for centuries. Only since the early twentieth century has female orgasm been regarded “worthy” of academic study, in the context of sociocultural patriarchal suppression and abuse of female sexuality. Historically female orgasm has been studied through quantitative methodologies, and only recently has it been explored from qualitative psychological, sociological and feminist perspectives. I perceive it essential to address this phenomenon using a methodological approach that offers women an opportunity to express the way in which they make meaning of reaching orgasm in the context of a sexual relationship. This is necessary because there is limited academic research that listens to women’s voices regarding this phenomenon; therefore I believe research should begin with a “bottom up” approach. IPA provides the scope for this because it does not impose a theory of knowledge, or method of data collection that restricts the participant from communicating their conscious experience as *they* live it.

Prior to deciding on IPA as my methodological approach I reviewed but rejected a psychosocial methodology (Frosh, 2010). I considered this because my clinical practice as a counselling psychologist is highly influenced by psychodynamic theory, and I am committed to the concept of unconscious intrapsychic dynamics as influencing experience. However, I concluded after much consideration that this approach is too restrictive. Although psychosocial studies also consider interpretation as important for understanding experience, psychosocial interpretation is conducted in relation to predetermined psychological theory, whereas IPA interprets from subjective accounts alone. This is not to say however that once there is a body of research that explores the lived experience of reaching female orgasm in the context of a sexual relationship that a psychosocial methodology should not be considered.

## **2.6 Counselling psychology and beyond**

This research was conducted for the field of counselling psychology, which is a psychological discipline under the accreditation of the British Psychological Society (BPS). It is important therefore to explain how this research fits within this discipline, and how it links with counselling psychology practice. The female orgasm in the context of a sexual relationship is a profoundly subjective, human and relational experience. Counselling psychology places an emphasis on relationships for making sense of, and working with psychological distress. Therefore a study of the female orgasm that

advocates an expression of subjective experience and reflexivity, and acknowledges the impact of interpersonal dynamics between researcher and participant very much aligns with counselling psychology philosophy.

Regardless of whether counselling psychologists agree with the pathologisation of female sexual “problems”, the reality exists that it has and continues to occur. This is likely to impact on the types of presentations assessed by counselling psychologists in practice. Given the limited training with regard to sex and relationship therapy on counselling psychology training courses, this research can only be of considerable value to the discipline. In addition, one of the study’s objectives is to illuminate the depth and breadth of female orgasmic experience, which contradicts an assumption that inability to orgasm can be labelled and diagnosed as “abnormal” as suggested by the diagnostic label, “Female Orgasmic Disorder” (DSM-5, p. 429)

## **2.7 Recruitment**

The women for this study were recruited through a women’s group in my city of residence. The group encourages discussion amongst adult women from any background, on topics relevant to women at open or closed forums on a monthly basis. I attended one of their meetings, and presented my research. After the presentation I left flyers (see Appendix A) for those who were interested in talking to me further. Two women responded and were recruited through the presentation discussed above. Six women were

recruited through word of mouth, and were associates and/or friends of the initial two recruits.

## **2.8   Sample**

The sample consists of eight women ranging from 25 to 54 years of age. Six of the participants are white/British, one participant is white/German, and one is white/American (see Figure 2). They all regard their sexual orientation as heterosexual. They all meet the inclusion criteria discussed below.

## **2.9   Inclusion criteria**

All participants were required to be female and over the age of 18.

Participants were welcomed from any ethnic or religious background or sexual orientation, and regardless of disability. All participants were required to have English as their first or second language. The participants needed to regard themselves as being able to reach orgasm in the context of a sexual relationship, and be willing to discuss their experiences. The inclusion criteria were stated on a “Participant Information Sheet” (see Appendix B) developed specifically for this research.

## **2.10 Exclusion Criteria**

Men were excluded from the study as the research question is concerned specifically with female orgasm. Women under the age of 18 and those who could not speak English fluently were excluded from the study. Those who were in therapy for sexual “problems” at the time of engaging in the research were also excluded. However, nobody that met the exclusion criteria enquired about or requested to engage in the research. I believe this was a result of detailing the inclusion/exclusion criteria on the “Participant Information Sheet”.

## **2.11 Method**

The research data were collected using semi-structured interviews. “In semi-structured interviewing, the interviewer requires more focused information and asks specific questions to gain it. In essence, the researcher opens the discussion, listens and uses prompts to guide the respondent” Duffy et al., (2002, p. 69). The rationale for choosing this method relates to the specific needs of the research question. It is necessary to have some structure, as the research question focuses on a specific phenomenon i.e. reaching orgasm. However, it also needs to provide scope for the participants to talk in detail about their subjective experience. The semi-structured interview provides both the structure and flexibility to achieve this effectively.

A semi-structured “Interview Schedule” (see Appendix C) provides a flexible framework for interviewing. It might seem contrary to a phenomenological philosophy that an interview schedule is necessary, because to a degree it restricts participants’ expression. However, “...by constructing a schedule, the researcher is thinking of virtual maps for the interview...as a consequence of this preparation, the researcher is generally able to be a more attentive and more engaged listener, and a more flexible and responsive interviewer” (Smith et al., 2009, p. 59). The questions are open in nature as opposed to closed, and this encourages participants to provide more lengthy accounts, as opposed to questions that might encourage “yes” or “no” answers.

The interview schedule for this study starts with an opening question about how the participant is feeling regarding the prospect of interview. This question gives participants an opportunity to express any distress before commencing, and withdraw if they wish to. It also opens up the dialogue without focusing specifically on the sensitive research topic; this is useful for “breaking the ice” and introducing the participant to the interview process gradually, providing an opportunity to start building a rapport with the researcher. Questions 2 and 3 ask about early orgasmic experiences both with and without partners in order to gain longitudinal data regarding the phenomenon, as well encourage reflection. Smith et al., (2009, p. 59) suggest commencing the interview “with a question which allows the participant to recount a fairly descriptive episode or experience”. Questions 5 - 8 were developed in line with a cognitive behavioural model that defines

four areas of human experience; thoughts, emotions, physiological sensations and behaviour, and the intention here is to build up a picture of individual psychological conscious experience. These questions are more demanding of the participant because they require specific information about the “self” as opposed to questions 2 and 3, which prompt a reflective narrative. Smith et al., (2009) suggest alternating between sets of narrative and analytic questions. Question 9 asks about the role of a partner and is concerned with identifying more specifically the experience of relatedness in reaching orgasm. Question 10 asks about that which might prevent orgasm, and this was strategically placed towards the end of the schedule so the participants think in detail about reaching orgasm before the schedule moves them onto thinking about potential problems with reaching orgasm because this may change the tone of the interview by evoking painful emotions. Questions 13 and 14 are broad questions, which ask about participant’s thoughts regarding female orgasm in general, and provide an opportunity to add anything else they think is relevant. The latter two questions are intended to capture any relevant data not obtained by more guided questions above.

## **2.12 Procedure**

I engaged in telephone conversations and/or emails in order to set up interviews that were held at participants’ houses. Participants were sent copies of the “Participant Information Sheet” and “Participant Consent Form”

(see Appendix D) prior to the interview. I took a copy of both forms to each interview and gave an opportunity to read these and ask questions again prior to commencing the interview, and before signing the consent form. I used a Dictaphone to record the sessions. The participants were debriefed after interview and given a copy of the “Debrief Schedule” (see Appendix E) should they need this at a later date.

### **2.13 Transcription**

I downloaded the interviews from the encrypted Dictaphone via a USB cable, to a password-protected laptop. They were listened to through “Windows Media Player” through headphones plugged into the laptop. The interviews were transcribed in the order shown below in Figure 2. They were transcribed verbatim including subtle aspects of communication including pauses in dialogue and laughter, because such cues are highly important for the analysis stage of the research. This transcription method is referred to as “naturalized” or “overt”, “..it involves the attempt to capture as much detail as possible of the original utterance (by including repetitions, hesitations interruptions, stutters, pauses etc.) while de-naturalized transcription produces a tidied-up version (including corrections of grammatical errors, standardized accents, removal of pauses”(Willig, pp. 76 – 77).

## **2.14 Analytic Approach**

An “Interpretative Phenomenological Analysis”, as described by Smith et al., (2009) constitutes six principal stages. The first involves listening to the Dictaphone recordings at least twice, and reading the transcripts five times. The strategy was that of “immersing oneself” in the data (Smith et al., 2009 p. 82), with the aim of becoming almost part of the data. The second stage is termed as “initial noting”, and involves examining the “semantic content and language use on a very exploratory level” (Smith et al., 2009 p. 83). My aim at this stage was to start to make sense of how the participant “talks about, understands and thinks about” (Smith et al., 2009 p.83) reaching orgasm in the context of a sexual relationship. The comments written in this stage and subsequent stages fall into three categories: “descriptive comments”, “linguistic comments”, and “conceptual comments”. In this research, descriptive comments include key sexual partners or practices in relation to reaching orgasm, or assumptions about the role of orgasm in sex for example. These types of comments describe the content of the phenomenon as experienced by the participant and were (at this stage) taken at face value.

Linguistic comments refer to the ways in which the participants used language, e.g. tone, laughter, silence, repetitions of dialogue, or the use of metaphor. I am highly skilled and experienced in attending to subtle cues in language, through my role as a Trainee Counselling Psychologist, and through psychodynamic training. These types of comments or cues signify a

deeper level of meaning, beyond the descriptive content. For example, in one instance a participant laughing could be regarded as a comical moment if taken at descriptive level, but through picking up on incongruence between behaviour and facial expression it could be interpreted as the participant feeling anxious. Conceptual comments involve a deeper level of interpretation beyond the descriptive and linguistic levels. At this stage I looked for similarities in patterns of behaviour, cognition, emotion and relational experience and questioned the impact on reaching orgasm.

The third step involves “developing emergent themes”, and working with exploratory notes, as opposed to the interview transcripts, by producing a “...concise and pithy statement of what was important in the various comments attached to a piece of transcript...the psychological essence” (Smith et al., 2009 p. 91). A three-column table is developed with the following headings: “emergent themes”, “original transcript” and “exploratory comments”.

The fourth stage involves “searching for connections across emergent themes” (Smith et al., 2009, p. 97). In other words, how are these themes related? Next a three-column table of super-ordinate themes is developed with the following headings: “themes”, “page/line” and “key words”. The fifth stage involves repeating the process above with the transcripts from the other seven participants. The important point here is to bracket any thoughts or themes from the initial analysis, to prevent these from impacting on the

analysis of the remaining transcripts. This requires high reflectivity and reflexivity skills.

The sixth and final stage involves “looking for patterns across cases” (Smith et al., 2009, p. 101). It is helpful to ask a number of questions at this point: For example, what are the salient themes? How are the themes connected to one another? What sense can be made on one theme in the context of another? Once these themes are developed, they can be assembled in one two-column table with the following headings “name of super-ordinate theme”, and “line number”. In order to illuminate the theme further, examples from the transcript were listed under each theme.

## **2.15 Ethics and permissions**

This research was conducted in line with the BPS Code of Ethics and Conduct (2009), and City University London Ethics Committee (see Appendix F). I did not engage with the research process until confirmation was obtained from the Ethics committee. I worked with particular attention to the BPS Code of Human Research Ethics (2010) and in line with “The Principles” outlined in this code:

“Respect for autonomy and dignity of persons” (BPS Code of Human Research Ethics, 2010, p.6) was met by ensuring that all participants had adequate information about the research (avoiding deception). They were given a “Participant Information Sheet” and “Participant Consent Form”

(discussed above) prior to interview. They were given multiple opportunities to ask questions about the research and have these answered in full. They were informed that all data would remain anonymous, and be kept securely on encrypted machines with passwords, or in lockable cabinets. They were informed that the original data, including recordings and transcripts would be destroyed once the research was complete. The participants were made aware that they could withdraw from the research at any time, with no repercussions. They were informed that refreshments (water) and tissues were available to them, as was a comfort break, at any point throughout the interview. They were debriefed after the interview, and I explained the study in more detail where required.

This research met the requirement of “scientific value” (BPS Code of Human Research Ethics, 2010, p.9) by adding to a limited body of qualitative research on the female orgasm, within the remit of social sciences, and furthermore, counselling psychology. In addition to this, it will be of interest to other scientific/social scientific disciplines such as evolutionary biology or sociology. It met the requirements of “social responsibility” (BPS Code of Human Research Ethics, 2010, p.10) by ensuring that the literature review provided a breadth of research and debate from various disciplines. This was presented in a respectful manner, and highlighted both helpful aspects, and limitations of specific pieces of research.

It met the requirements of “maximizing benefit and minimizing harm” (BPS Code of Human Research Ethics, 2010, p.11) by revealing and interpreting

the lived experience of reaching female orgasm in the context of a sexual relationship. This adds to, as well as challenges the current psychological understanding of this phenomenon. It also supports the notion that human experience is helpfully researched using qualitative and phenomenological methods. This, in turn, will have implications for psychological therapy, and effective treatment of clients in areas such as relationships, sexual relationships and female sexual pleasure. It is also possible that this research will reach wider audiences, and influence the ways in which female sexuality is thought about through public discourse, and in the media. In order to minimize harm participants were given a “Debrief Schedule”, which provided the contact details of local counselling agencies, “Samaritans”, “Relate”, and the “Isis Centre”. It also gave advice on contacting their GP should they have needed further support. The sheet also provided contact details for the research supervisor, should the participant need to complain about the research process.

## **2.16 Confidentiality and anonymity**

The names of the participants for this study have never been written down, as per “respect for autonomy and dignity of persons” (BPS Code of Human Ethics, 2010, p. 6). Therefore, throughout data collection and transcription the participants were numbered one through to eight. I used these numbers whenever I needed to record information about them, or refer to them (even in my mind). However, before conducting the analysis and for the purposes

of writing up this thesis the participant numbers were replaced with pseudonyms (see Figure 2).

**Figure 2**                      **Participant Pseudonyms and Demographics**

<b>Participant Number</b>	<b>Participant Pseudonym</b>	<b>Age</b>	<b>Ethnicity/Nationality</b>
1	Sarah	48	White German
2	Rachel	39	White British
3	Kirsten	28	White British
4	Charlotte	25	White British
5	Miriam	54	White British
6	Nikki	28	White British
7	Beth	28	White American
8	Jo	34	White British

### **2.17 Research credibility**

The concepts of reliability and validity; have historically been used as measures of credibility or quality, in relation to quantitative research. Joppe (2000, as cited in Golafshani, 2003, p. 588) highlights that:

“The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability, and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable”.

Furthermore, Twycross and Shields (2004, p. 28) clarify the following:

“Validity means that a tool measures what it sets out to measure...Internal validity relates to the extent to which the design of a research study is a good test of the hypothesis or is appropriate for the research question. External validity, meanwhile, relates to whether or not research findings can be generalised beyond the immediate study sample and setting.”

With this in mind, it is clear that such concepts are not applicable in qualitative research, because the epistemological and ontological positions are markedly different. Qualitative research seeks to understand subjective experience as it occurs naturally. It therefore does not pertain to the idea that results or data can ever be the same over time, or represent the population as a whole, i.e. that the results are valid. It could be suggested however that the concept of internal validity is of concern for qualitative researchers. For example, I endeavoured to understand the lived

experience of reaching female orgasm in the context of sexual relationship. In order to achieve this research aim I employed a phenomenological approach, as opposed to a discursive psychological approach for example. This ensures internal methodological validity.

Golafshani (2003) suggests that it would make more sense for the qualitative researcher to think about the concepts of trustworthiness, rigour and quality. This study is regarded as trustworthy because it takes a specific epistemological and ontological position, and uses methods of data collection and analysis, which are grounded in these particular theories of knowledge. The process by which the data were collected and analysed was highly rigorous. It followed a specific methodological approach (IPA), which has been usefully applied to the field of psychology (Smith, 1994a; Flowers et. al., 1997; Lavie and Willig, 2005). The process of analysis involved continually moving back and forth between the parts of the text and the whole, with reference to the concept of the hermeneutic circle. This facilitated the generation of themes, which were significantly supported by extracts from the text. Reflexivity was of a primary concern throughout the entire research process. This fits with the concept of 'neutrality' in qualitative research (Guba, 1981, as cited in Krefting, 1991). Quality in relation to this study asks; does the research facilitate an understanding of "...a situation that would otherwise be enigmatic or confusing" (Eisner, 1991, as cited in Golafshani, 2003, p. 601). The answer to this question is yes. This study sought to and facilitated the understanding of a complex and variable phenomenon - the female orgasm on which there is a paucity of qualitative

psychological research, and none (as far as I have established) regarding female orgasm in the context of a sexual relationship.

Yardley (2000) highlights four areas that need to be considered when ensuring the credibility of qualitative research, “sensitivity to context”, “commitment and rigour”, “transparency and coherence”, and “impact and importance”. This research meets the demands of Yardley’s framework, and this is supported by the following examples; the research is sensitive to context because the research question was developed in relation to a need for more research in this area. It is also sensitive to subjective experience of the participants because the methodology/method provided them with the scope to freely communicate their experiences. “Commitment and rigour” is affirmed through the recruitment of eight appropriate participants in relation to the inclusion criteria, and a rigorous analysis of data in line with and IPA methodology. “Transparency and coherence” is supported by the rationale given for the study, and the detailed explanation for how it was conducted. Finally, “impact and importance” is highlighted by the paucity of existing literature that addresses this topic, as well as the impact it will have for the field of counselling psychology, for counselling psychology practice, and for the way in which the female orgasm is socially constructed and represented.

## **2.18 Researcher reflexivity**

“Reflexivity is important in qualitative research because it encourages us to foreground and reflect upon, the ways in which the person of the researcher is implicated in the research and its findings” (Willig, 2008, p. 18). As a Trainee Counselling Psychologist, I am highly skilled in using reflexive skills to think about my impact on clients in therapy. Therefore I was able to transfer these skills to the research context, and consider my impact on the participant and the construction of knowledge during interview. These reflexivity skills were essential throughout the entire research process from the development of the research question to the conclusion of the research in Chapter 4.

The motivation to conduct this study came from my personal experiences in relation to the research topic. It is important to acknowledge this, because my thoughts and feelings may have impacted on the study at any stage, and so I continually asked myself how I was thinking and feeling, and how this might influence the research: For example, if the material provoked an emotional response during interview this may have affected my behaviour, and in turn may affect the participant, and ultimately the data. I therefore endeavoured to use reflexivity skills to bracket my personal experience and also reflect on my ability to do this successfully throughout the research process.

In addition to considering *my* impact on the research, I also questioned the impact conducting the research might have on my wellbeing. This risk was minimised through my engagement in ongoing personal therapy, as well as liaising with my research supervisor throughout.

I have trained in numerous psychotherapeutic models that adhere to a specific theoretical model of human functioning. In counselling psychology practice I have these theories in mind when working with clients. Initially I found it difficult to embrace IPA philosophy from a researcher perspective despite knowing that this is the most suitable approach for my research question. I had to work very hard to understand the phenomenological tradition, because I was not used to formulating experience in this way. It is unlikely that I have bracketed all personal experience on this topic, as well as all other psychological models of human experience when conducting the research. However, I believe self-awareness and reflexivity skills are invaluable “tools” for ensuring qualitative research is conducted with trustworthiness, rigour and quality (Golafshani, 2003), and I know that I have used these skills extensively throughout the research process.

## **Chapter 3 Analysis**

### **3.1 Overview**

This chapter presents the findings from an “Interpretative Phenomenological Analysis” (IPA) (Smith et al., 2009) of eight participant interview transcripts (see Appendix G for example transcript extract). The process of analysis is described in the Methodology chapter (see 2.14 Analytic Approach). The analysis process facilitated the emergence of three superordinate themes, which provide an understanding of how the women in this study make meaning of reaching orgasm in the context of a sexual relationship. It is important to note that although some of the data describe individual experiences in reaching orgasm through masturbation, these experiences are inextricably and powerfully linked to reaching orgasm in the context of a sexual relationship. This is a highly interesting finding and one that I deemed essential to explore in order to answer the research question.

The themes represent an interpretation of one researcher, and it is acknowledged that numerous factors including subjective experience will have affected interpretation. However, IPA acknowledges and accepts the double hermeneutic as a fundamental aspect of understanding the essence of lived experience. It is therefore suggested that my interpretation of the

participants' interpretations is grounded in a methodologically sound approach.

The quantity of data derived through the data collection stage is vast. The themes do not capture every aspect of reaching orgasm in the context of a sexual relationship for all eight participants. However, they do represent the most central aspect of this phenomenon, as there is distinct convergence across participants for these themes. Although the data are categorised and labelled for the purpose of this IPA analysis, it is important to note that the themes are undeniably related to one another. Where this relationship exists it is highlighted. This finding is not surprising, and makes sense in the context of the epistemological and ontological position of this research; it highlights the complexity and relatedness of human experience, and the impossibility of defining a "truth" that can be generalised.

The findings are presented in figure 3 below, which shows the superordinate and subordinate themes, and the frequency of emergence of themes across participants. Following on from the table, each sub-theme is illuminated by extracts from participants. Not all participants are used to highlight specific themes, as this is not possible within the confines of this academic thesis. However the extracts chosen are those which help the reader make sense of the theme in question. On occasion more than one extract per participant is shown, particularly where the data powerfully provide insight into and illuminates a theme.

### **3.2 Overview of themes**

For the women in this study, the meaning of reaching orgasm in the context of a sexual relationship is understood in relation to three superordinate themes. The first is “**Anticlimax**” whereby participants experience painful emotions in relation to two subordinate themes, “**Absence of orgasm**” and “**Social pressure and control**”. The second superordinate theme, “**This is my orgasm**” is linked to the “**Absence of Orgasm**”, and describes a learned individual and personal experience of reaching orgasm both in the context of masturbation and in the context of a sexual relationship. This superordinate theme constitutes two subordinate themes, which highlight how participants make meaning of reaching orgasm in the context of a sexual relationship through “**My journey to orgasm – freedom**” and “**A moment just for me**”. The third superordinate theme, “**The challenge of our orgasm**” highlights a contradictory experience of reaching orgasm in relation to the subordinate theme, “**The dichotomy of I and we**” and “**Love actually**”.

**Figure 3** Overview of themes and frequency of emergence across eight participants

<b>Superordinate and sub-ordinate themes</b>	<b>Frequency of emergence across participants</b>
<b>Anticlimax</b>	
Absence of orgasm	7
Social Pressure and Control	8
<b>This is my orgasm</b>	
The journey to orgasm: Freedom	7
A moment just for me	7
<b>Our Orgasm</b>	
The dichotomy of I and we	8
Love actually	6

### **3.3** Anticlimax

The superordinate theme “**Anticlimax**” highlights how the phenomenon of reaching female orgasm in the context of a sexual relationship is made

sense of through emotionally painful experiences, both historic and current. The first subordinate theme “**Absence of Orgasm**” evokes a sense of confusion and anxiety for some, and a sense of loss, sadness and anger for others. Anxious feelings are also understood through the second subordinate theme “**Social pressure and control**”, and the impact this has for their self-image as “normal” functional women who can reach orgasm. Some women experience a sense of shame evoked through familial belief systems regarding sexuality, and this has significant behavioural consequences, which affects their sexual pleasure and orgasm.

### 3.3.1      Anticlimax: Absence of orgasm

Seven of the eight women make meaning of reaching orgasm in the context of a sexual relationship in relation to the “**Absence of orgasm**”. Many experienced an historic lack of understanding as to what orgasms are, and how to achieve them. Some experienced this as anxiety provoking because they perceived themselves as different from women that could reach orgasm. Others experience anger regarding this historic absence and direct it at those who have not educated them about orgasms, be that parents or partners. Interestingly, for some the experience of reaching orgasm for the first time appeared to exacerbate the painful emotions associated with this absence, and they experience sadness and anger at the historic loss. Others feel angry if they experience an absence of orgasm in their current relationships, and some predict feelings of anger should orgasms ever be absent from their

sexual relationships.

Sarah experienced an absence of orgasm up until her late 30s. She felt as if something was missing in her sexual life, “a lack” (line 74), but experienced confusion as to what this might be. This evoked anxiety, which was exacerbated when she sought to understand it through others, and found they were unable to provide an explanation. For Sarah, the concept of orgasm was puzzling, almost mystical and she felt frustrated by this. The difficulty in using language to describe the experience of reaching female orgasm is important, because it questions the extent to which discursive resources are available to make sense of this notably complex human phenomenon. Related to this is the finding that Sarah’s understanding of orgasm only became apparent through her experience of it.

“...Yeah there was no orgasm, I was kind of thinking I had them and I was probably feeling my own high points, but I, as I know the orgasm now I know I didn’t have it then and I wasn’t sure about it, I was talking, I was starting to talk about it with friends and wanting to know what it is like and they couldn’t explain it and nobody can explain it. So I wasn’t never really sure, but I kind of had a feeling of a lack of it” (Lines 70 – 74).

Rachel also experienced confusion and related anxiety with regards the

absence of orgasm. In her teenage years and early twenties she could not understand what a female orgasm was and how to reach it. Her anxiety was evoked through relating and comparing herself to others who had experienced orgasms, which highlights the importance of social construction and language for mediating the experience of reaching female orgasm. Similarly to Sarah, she felt lost amongst and different from her friends. Her frustration regarding this caused her to locate the “problem” externally and in others.

“And I remember having girly sleepovers and the girls would have been like, so yeah we’ve had an orgasm before...So I at that time didn’t really understand what they were talking about, because I had never had explained to me properly what female orgasm really was and didn’t know what to expect really...” (Lines 18 – 22) “...I never really understood how it worked or what to put where.” (Line 25)

Similarly to Sarah and Rachel, Miriam experienced an absence of orgasm until her late 20s. However, unlike them she was unaware of the possibility of female orgasm, so this absence did not evoke anxiety through comparison with others in her youth. Rather than understanding an abstract concept through experience, as with Sarah and Rachel, Miriam had an individual experience that she later labelled and understood as an orgasm.

Interestingly Miriam is the eldest of the participants at fifty-four years of age, and speaks later in her interview about the lack of social discourse regarding

sexuality in general when growing up. It is therefore important to acknowledge historical context as impacting on the lived experience of reaching female orgasm in Miriam's case, and across all participants:

“...I didn't know what it was till I was given a vibrator as a present and that's when my world started of orgasms. So it was individually and it was an amazing awareness...” (Lines 45 – 48)

Miriam also experiences a sense of loss and sadness when reflecting on the historic absence of orgasm in the context of sexual relationships. She feels angry that the possibility of this experience was unknown to her. She also locates the responsibility for her loss in others, namely partners who have not “helped” (line 15) her reach orgasm. Miriam perceives that throughout this period of absence her partners did not respect or prioritize her needs. This relational aspect of the experience evokes further sadness and anger.

“...nobody had helped me get there, I hadn't realised what it was I could've, that I could achieve...” (Lines 15 – 16) “...most partners had been out to have their own gratification before ensuring mine. Mine always seem relatively secondary.” (Lines 25 – 26)

Nikki experiences a sense of disappointment at the absence of orgasm in

early relationships, as well as her lack of success in reaching orgasm through masturbation. As with Sarah and Rachel she had an understanding of the concept of orgasm through her relationships with friends, and felt as though she was missing out on something. However, Nikki does not appear to experience as deeper sense of loss or anger as Miriam. Interestingly she makes meaning of the absence through an internal cognitive “block” (line 272), as well as partners not being able or willing to help her reach orgasm:

“I remember being really disappointed that there weren’t any orgasms, because I was given to believe that they were fun and even attempting it myself wasn’t very successful...” (Lines 21 – 23) “...I just, it is great and I think now I’ve got over whatever block I had mentally about sex and orgasms, I really, really like them being around if that makes sense...” (Lines 272 - 274)

Beth makes sense of reaching orgasm in relation to an absence in her teenage years. However, she is accepting of this absence and does not understand it through painful emotions at the time or in hindsight as she recalls it. She knew of the concept of orgasm but does not experience the absence as a loss. Historically Beth was curious about sexuality and experienced her early sexual life as an exploration process. As with Sarah, the experience of orgasm is that which enables her to understand it personally, but also make sense of what she perceives as others’ preoccupation with sex and orgasm. Despite Beth’s experience of the

absence of orgasm being qualitatively different in cognitive and emotional terms to the extracts discussed above, it is apparent that her experience is impacted by societal expectations and public discourse. In the way that Sarah and Rachel felt they were part of the out-group in the absence of orgasm, Beth felt part of the in-group on reaching orgasm; through orgasm she experiences and understands that which she perceives others do:

“I had a boyfriend for ages in high school, didn’t ever have an orgasm...” (Lines 39 – 40) “...so it was, it all kind of, all the fumbling and things that happen before you know with all that bad teenage sex, I was like, OK I get it now, this is what it’s kind of about. Yeah I guess I thought like, oh this is why people are so crazy about sex, like this is why people are so into sex and mental about it because yeah, that’s really fun, that bit.” (Lines 45 – 51)

As with Beth, Jo experienced and accepts the absence of orgasm as part of a developmental learning process. She shares the responsibility for not reaching orgasm with her partners and attributes it to not knowing how to have sex. The historic anxiety she felt is understood in relation to lack of experience as opposed to not reaching orgasm. She highlights the issue of contraception and how this impacted on her enjoyment:

“...I think for me, because the first boyfriend that I’d had was my age, we were both 15, 16 years old and neither of us knew what we were doing and it was all just willies and vaginas and one goes inside the other and hope the condom doesn’t break. And it was probably more anxiety than enjoyment...” (Lines 39 – 42)

### **3.3.2 Anticlimax: Social pressure and control**

The second sub-theme, ‘**Social pressure and control**’ highlights how familial and cultural belief systems including religion, familial morals, and social discourse and media representations of female sexuality and orgasm impact on the participants’ experience of reaching or not reaching orgasm. All eight participants experienced their sexual exploration, pleasure and ultimately orgasm as having been controlled or impacted by the above systems via powerful emotional experiences that impacted on their sexual identity. In some cases thinking about historic losses evoked significant feelings of anger in some participants at interview.

Sarah experienced deep feelings of shame regarding her body and sexual desires. As a result of this she felt guilty when she explored her sexuality, and this had implications for her sexual pleasure and reaching orgasm. She makes sense of this experience in relation to feeling controlled by her mother’s religious beliefs and associated beliefs about sex. It is important to

note the powerful language she uses which highlights her experience of her body and vagina as not only “dirty” (line 57) but also something you “don’t want” (line 58). She experienced her sexual self as forbidden and something to be rejected as opposed to embraced, enjoyed and integrated as part of her identity:

“...Exploring myself was not pleasant no, I didn’t enjoy it. I felt really conscious, I felt watched even. It was like; yeah I think it had a religious touch to it. But I had a sense of being watched and so I couldn’t and then my mother was very, oh don’t show anything and she would never show anything...” (Lines 48 – 50) “...not relaxed, not feeling beautiful, feeling rather ugly and feeling dirty, that something you don’t touch and something you don’t want really, well it’s not clean. That was the main and being really conscious as well yeah.” (Lines 57 – 59)

Rachel also experienced feelings of shame and guilt in relation to her body and sexual desire, which she makes sense of in the context of a highly religious familial and social environment. She describes conflict between her internal experience as a sexual being, and a belief system that disavowed this experience. She felt anxious and angry because she found religious concepts confusing and illogical, as well as contrary to her sexual desire. Rachel did not reach orgasm in her teenage years and early twenties, because the emotional experience evoked through the idea of masturbation

was too painful. The restrictions imposed by religion also resulted in an absence of orgasm in relationships with men, as sexual behaviours that may have led to orgasm were prohibited. If she did engage in sexual activity this resulted in regretful thoughts and feelings of guilt. Rachel's sarcastic tone and language; "All so well behaved." (Line 37) highlights the level of anger she experiences in relation to this controlled sexual self and "**Anticlimax**".

"The Christians they're quite happy to squeeze your boobs a bit and even rub up against each other but any more than that and they were like, oh no it's a sin. All so well behaved." (Lines 35 – 37) "...And then there's, oh, so when it came to touching myself and masturbating, there's a lot of, there was a lot of shame around it. But also having relationships with other people, because of the way that desire works and it takes over your body, you get caught up in the throes of it and afterwards though, after the drive has gone away, the guilt just went whoosh. I was like, this can never happen again." (Lines 92 – 96)

Charlotte compares her personal experience of sexual pleasure and reaching orgasm to that represented by the media through pornography. She believes that pornography invents as opposed to represents that which is "real" (line 372) about female orgasm. Her experience of reaching orgasm is disparate from what she perceives as a fantasy world of media sex. She experiences anxiety and anger in relation to this, because it communicates and sets expectations for both men and women about female sexual

pleasure, which she compares herself to unfavourably. In part she is able to cognitively rationalise the perceived delusion created by pornography. Despite this however an underlying anxiety remains regarding what is “normal”, and the extent to which her sexual self is adequate. Interestingly she highlights the impact this has for communicating openly and honestly about her sex life:

“...I just think it’s (pornography) misinterpreted really and how it’s just a bit of an invention almost, an invention of female orgasm, an invention of female pleasure and it’s just out there mostly to appeal to men somehow but it’s just not always a real, it’s not always a real representation, hardly every actually. So, and I just think that a lot of women are not very open about talking about sex because they’re not sure whether their sex lives are good enough or whether they’re actually, what they should be satisfied with, if they’re not entirely satisfied they don’t really want to say...” (Lines 373 – 375)

Similarly to Sarah and Rachel, Miriam’s experience of her sexual self is also impacted by religious and cultural belief systems, and associated social discourses regarding sex. She highlights the importance of historical context for making sense of this through her reference to a “taboo” (line 79) of falling pregnant out of wedlock. Historically she experienced her sexuality as something to be hidden and “hushed” (line 80). As a result, sex was a topic that provoked anxiety and she did not think it was her right to, or have the

confidence to discuss her needs in the context of a sexual relationship.

Miriam feels sad and angry because of this, as she experiences this historic '**Anticlimax**' as a loss.

"I went to an all girls' school and in my day it was pretty much you didn't really have sex before marriage, maybe it was just creeping in because there was contraception and it was still a very big taboo to get pregnant before you were married. So it was like, you don't, you take contraception, so it was all very hushed and talked about quietly. So, the sex I had I never learned and it was never priority, it was never discussed" (Lines 77 – 81).

Kirsten's experience is different to that of Miriam and indeed the other seven participants, as she did not experience an "**Absence of orgasm**" through masturbation or in the context of a sexual relationship. Therefore, the experience of either not knowing about orgasms, or not being able to achieve them is not something she has encountered. However, she feels anxious when she compares the frequency of her orgasms in the context of a sexual relationship to that of other women. She refers to public discourse that suggests some women are able to orgasm "every time" (line 294), and this is something she cannot do. It is not simply comparison with other women that evokes anxiety but concern men and her partners have an expectation that she falls short of. As with Charlotte, Kirsten struggles to understand that which is "true" about female orgasm and how she should feel accordingly.

On the one hand she feels “pressured” (line 192) by the concept, and on the other hand questions whether it is something “men just like to say” (line 293), which feels confusing and anxiety provoking:

“I think there’s that whole thing around, I suppose I do feel a bit pressured in a sense that some women, or men just like to say, I don’t know whether it’s the case, seem to have orgasms every time, and I think probably lots of women do” (Lines 292 – 294)

Nikki also experiences anxiety over her frequency in, and method used for reaching orgasm in the context of a sexual relationship. The latter links with the clitoral – vaginal orgasm debate explored in chapter 1, and is elaborated on in Chapter 4. Nikki compares herself to another woman who can experience orgasms more easily and frequently, and questions whether the “problem” is due to an unfavourable anatomical difference. As with Miriam, Nikki appears to be questioning her “normality”. The pressure she feels from others’ opinions and emotional reactions to what they perceive as abnormal female sexuality makes her feel angry. She also experiences a similar conflict to Kirsten and Miriam between her experience of female orgasm and public discourse and representations of female orgasm:

“But she came really easily, obviously her anatomy was in the right place that she got the friction in the right place, which, and I’m not that

fortunate and all my friends used to be, oh you poor thing, you can't, ah that's really sad and I was like, I don't mind it's not really a big deal. Apparently only 11% of women come through penetration anyway" (Lines 289 – 292).

Beth also experiences anxiety when trying to reconcile the gap between her personal experience of reaching orgasm and that depicted by the media through television and film. She appears to feel content with her orgasms until she engages in this analysis. She predicts that the media representation might be a "dramatization" (line 336), but the impact of this difference prevails and causes her to question her experience as less satisfying than others':

"Well I think that like when you see them on TV or in films and it's all very dramatic and, I don't know if I'm just not having good orgasms but mine are never kind of that insane, I mean they're nice but, so I don't know if that's me or if that's society's dramatization of what we are supposed to be doing. I don't know, I think there's a discrepancy there that I don't know if it's a cultural, media thing or if it's a me thing, yeah" (Lines 334 – 338).

### **3.4 This is my orgasm**

The second superordinate theme, “**This is my orgasm**” highlights an experience consistent across all the women. They move from a psychological position of thinking and feeling their sexual exploration and orgasm was controlled and/or restricted, to a position where they feel much more free and confident in their sexuality. The latter position is significantly different, as they feel able to embrace their bodies and the sensations that can be achieved, as opposed to feeling shame and guilt highlighted previously. The first sub-theme, ‘**My journey to orgasm – freedom**’, describes a process whereby the women learnt what they needed to reach orgasm. The second sub-theme, ‘**A moment for me**’ highlights the moment(s) of climax as a unique state of being which shuts out the burden of cognition and/or judgement, as if reality is momentarily suspended.

#### **3.4.1 This is my orgasm: My journey to orgasm – freedom**

The first sub-theme highlights a process whereby the women learned what they needed in order to reach orgasm. This involves meeting bodily needs through specific behavioural practices either through masturbation or in conjunction with a partner in the context of a sexual relationship. The women also describe active engagement in cognitive processes that affect their emotional state and help them to reach orgasm. The precision with

which they describe their needs reflects how they understand it as a learned individual and unique experience, which they own and deserve whether that be in the context of historic absence or not. Knowing themselves sexually brings with it a sense of freedom and a desire for more expression and creativity in their sexual lives:

Sarah experienced an absence of orgasm up until her late 30s, until she discovered vibrators and used them to reach orgasm through masturbation, and then in the context of a sexual relationship. Having experienced shame in relation to her sexual desire, she started to feel excited about her body, and specifically the pleasure her clitoris could give her. She developed an understanding of what excites her and as a result experiences an associated sense of freedom. This is evident in the abstract below where she describes the freedom she feels to choose when she reaches orgasm. She also expresses a powerful desire for orgasmic pleasure and reaching orgasm has become a significant part of her sexual relationship:

“Right well when I’m really excited as soon as I use my (vibrator), as soon as I get my clitoris stimulated I do just want to get there, I mean I can drag it out a little bit but I don’t really want to, I just think, oh shall I or shall I not? This kind of, shall I drag it out a bit or not? And sometimes I do and sometimes I don’t depending on how much time, all sorts of factors coming in. But that’s really only it, shall I now or shall I later...” (Lines 116 – 120)

Rachel experienced considerable historic anxiety, shame and guilt in relation to her sexual desire, due to religious beliefs imposed by her parents and social context. However, similarly to Sarah she learnt what she needed in behavioural terms and is very specific about this in her narrative. In the extract below she raises the idea that the experience of reaching female orgasm in the context of a sexual relationship is in part mechanical. She describes a precise “recipe” for her orgasm and if the method is not followed then the “cake” does not rise. In knowing her method she experiences a sense of excitement and freedom in relation to her sexuality, after having broken free in cognitive terms from the belief systems that she felt controlled by:

“I’m like, yes but the sexual revolution is happening inside, I’m alive, I’m free. Come on I’m free, I can do whatever I like...” (Lines 131 - 133)

“...So it’s quite physically demanding I suppose. I have to be stimulated on both nipples and my clitoris and my vagina, otherwise it doesn’t all seem to happen. And that usually means I have to be on top, so it’s pretty much always the same ritual. Or even if it starts differently, it always ends up in the same place. ” (Lines 156 – 159)

“...But it’s functional; I’ll give it that...” (Line 167)

However, it is important to note that despite a newfound sense of freedom and power, Rachel continues to experience an internal conflict between her sexual desire and the oppressing beliefs of others that deny it. Her intense feelings of anger regarding this are represented by her use of discourse in the penultimate line; “I hate that” (line 520):

“I’m an incredibly sexual being with an amazing sexual power but I have to be timid and lovely and deny that I feel any of those things ever because I am a perfect Christian. And, well, I hate that. I hate that that happens to people” (Lines 518 – 521)

Although Kirsten did not experience a historic absence of orgasm as others did, she still experienced a process of learning specifically what she needed, and is very explicit and decisive when describing both her cognitive and behavioural needs. In knowing this about herself she experiences a sense of freedom and power to get what she needs. Reaching orgasm in the context of a sexual relationship has become and constitutes an important part of her sexual pleasure. She cannot imagine her life without orgasms and the prospect of absence evokes anger in her. Interestingly she does not appear to be suggesting that reaching orgasm must happen every time she has sex, but she does need them to exist to some extent in order that she feels satisfied:

“...if I’m not in the right mind set, or I’m not thinking about things that would turn me on, then I don’t, I don’t think I’d be able to have an orgasm.” (Lines 32 – 34) “...I’d need to make sure that physically I got myself into a position where I know I’m going to be able to have one...” (Lines 82 – 83) “...my clitoris is then rubbing against his stomach or lower stomach, and then that friction, that’s what, that’s what ultimately gives me an orgasm...”

“Oh right, yeah, so it is quite important, but then it’s so good otherwise that, but if you said to me now you’re never going to have another orgasm again, I’d be really quite cross, annoyed and cross, so it is quite important I think, yeah, it is very important, yeah (Lines 273 – 275)

Miriam experiences sadness and anger regarding a historic absence of orgasm up until her late 20s, due to lack of knowledge about what was possible for her sexually. However, she learnt through masturbation and the use of a vibrator that she could reach orgasm through clitoral stimulation. This has had a profound impact on her sexual identity, as she feels liberated in knowing that she can induce this powerful and enjoyable sensation in her body. The sense of freedom she feels is reflected in the way she communicates; the look of disbelief on her face that she hadn’t known the pleasure her clitoris could give her, and the realisation that this potential had been absent from her life experience. She also experiences a sense of relief

that she is “normal” and now part of the in-group, highlighting the significance of ‘**Anticlimax**’, as discussed previously. This consequentially has an impact on her sexual relationships because as her confidence improved she sought to experience orgasms with her partners:

“Best thing that ever happened, I have never had life without one since. So, most of my orgasms have been through a vibrator. I now know how to make myself have an orgasm and now I know what triggers things within a relationship, but for many years I’ve had this (vibrator)...” ...”I didn’t realise how important it was and where, how necessary it is for me to orgasm, I need clitoral stimulation.” (Lines 158 – 159).

Nikki highlights her experiential move from a position where she felt guilty about her sexual expression and activity, due to familial belief systems regarding sex, to a place where she experienced very different emotions in the context of a sexual relationship:

“...with this one, excited, happy, naughty, but not guilty anymore which is nice. I used to feel very guilty about having sex and I don’t *anymore.*” (Nikki, lines 153 – 155)

Beth makes specific reference to self-talk where she goes through a process of challenging her negative thoughts and predictions about her body in order to facilitate relaxation and the appropriate emotional context for reaching orgasm:

“So the things that I kind of, the lines I tell myself are like he wouldn’t be down there if he didn’t want to be, that I know that he’s enjoying himself and things like that...” (Beth, lines 196 – 198).

Jo is also very explicit and definitive about the behavioural practices that are necessary for her to reach orgasm. She also actively engages in a cognitive process, however this is different to Beth’s experience, because Jo engages in thoughts that she knows will excite her and facilitate orgasm. She specifically engages in fantasy, which heightens her sexual excitement and pleasure. Historically she experienced negative thoughts and related anxiety about her body, and this meant she could not embrace her body as something to enjoy, rather her cognitive processes restricted her. She appears to be saying that freedom came with taking control of, and knowing what she needs which also improved her self-esteem:

“...I know what I need to do in order to build up those steps, in order to have an orgasm, and so I can use that person in order to do it”.  
(Lines 63 – 64)

“...I would fantasise about being somewhere where we might get caught, say we’d be, we could be on a beach somewhere...an office building, and in an empty office or in the photocopying room, that feeling of, we might get caught.” (Lines 151 – 154)

“...I think it’s taken me to become a woman to be able to experience orgasms more positively, have more freedom in them, own them a little bit more...” (Lines 300 – 302) “...And that you need to have confidence in yourself and let go of your vulnerabilities in order to enjoy orgasms and sex and have decent orgasms in the context of a relationship.” (Lines 303 – 305)

#### **3.4.2 This is my orgasm: A moment just for me**

The second sub-theme highlights a powerful psychological experience at the point of reaching orgasm, whereby nothing else appears in consciousness other than a strong overwhelming physiological sensation that blocks out negative thoughts and renders the body incapacitated, evoking a sense of unreality where momentarily the burden of existence disappears. The women find it very difficult to describe the experience through discourse, reflecting a sense felt by some that reaching orgasm renders normal human functioning impossible. The experience is so powerful yet fleeting that there

is a desire to capture it and not let it go. Interestingly, the moment of climax is felt as an individual experience even in the context of a sexual relationship.

Sarah finds it difficult to describe the experience of reaching orgasm, and this is reflected in her forgetting the question I asked her. At the point of climax her attention focuses primarily on physiological sensations, which are so powerful that her breathing stops and her experience is one of feeling not thinking. She speaks excitedly and her facial expressions are of confusion and humour. It appears that she feels overwhelmed in cognitive terms as she grapples to express a state of being whereby she feels overwhelmed by sensation:

“I usually probably stop breathing, so everything concentrates on that one point there and the out breath makes it even more tense and then, what was the question?” (Lines 263 – 265) “...it feels like an implosion and then an implosion...I'm not thinking and just feeling, just enjoying the moment really, I think. It's difficult to explain isn't it?” (Lines 293 – 296)

Rachel also describes reaching orgasm as a moment(s) where she becomes acutely aware of physiological sensations in her body, and gets “lost” (line 364) in them. She experiences a sense of unreality, referring to it as a “dream”; a unique and discrete moment in time where her psychological

state is markedly different. Both Rachel and Sarah appear to experience reaching orgasm as an escape from the confines of their minds. This is a very important finding because not only does the sensation in the body feel pleasurable, it appears to “cut off” cognitive functioning, which appears to enhance pleasure for these women:

“...and I can remember how it goes and the sensations are in my experience to literally just being lost in the sensation and not in my head at all. My mind just doesn’t really have to be involved.” (Lines 363 – 365)

Nikki experiences the point of climax very similarly to Sarah and Rachel and uses similar language to describe it. Nikki feels a very strong sense of unreality and uses the word “dream” (line 199). Nikki appears to experience it as something so special that she almost cannot believe it to be true. If this is the case then it makes sense of her inability to describe it, as describing something you believe not to be real must indeed be very difficult. There is something very individual about her experience of the point of climax. It is a **“Moment just for me”** that she claims and embraces:

“Yeah, it’s like a, it’s like you’re, it’s a particular moment in the day which isn’t part of the day, it’s like a, almost like a dream sequence,

it's something that doesn't really happen but it does happen. Yeah.”

(Lines 198 – 200)

Miriam finds it particularly difficult to communicate the experience of the moment(s) of climax. She tries but is unable to find the words to express the physiological sensation:

“...it's like you are reaching a tipping point and you know you're on your way and you know you can only go so much further before you're going to tip into that orgasm and you're going to tip, I don't know, I can only think of it as like a tipping point, it's you're reaching it, you're reaching it...” (Lines 312 – 315)

Beth experiences the point of climax and associated physiological experience as a mechanism for suppressing her negative thoughts about her body. She feels present in a “mindful” (Zindel et al., 2002) way; lost in the sensations evoking a sense of unreality. Similarly to others she feels unable to function as the orgasm “takes over” her body and mind. This provides an experience like no other where the burden of consciousness does not exist:

“... Yeah, I notice that my negative thoughts shut up and that I kind of lose myself for a moment, which is rare because I would never, in real

life, do that. So I think I kind of shut down and this thing takes over, very briefly but yeah.” (Lines 256 – 258)

At the point of climax Jo feels as if everything within her shuts down, and everything around her is shut out. It is an individual experience that results in an altered state of consciousness whereby thinking and indeed relatedness is markedly challenged compared to experience outside of this moment(s).

“...It is like waves coming over you and the world disappears, I can’t, you can’t see and you can’t, you wouldn’t be able to talk or carry on a conversation, you might moan and make noises but you wouldn’t, you couldn’t recite your two times tables, do you know what I mean, so it’ll be like, it’s like something just completely bowls you over and it comes, for me it comes in waves...” (Lines 273 – 276) “...and I maintain the blocking out of everything around me...” (Lines 277 – 278)

### **3.5 The challenge of our orgasm**

The third superordinate theme ‘**The challenge of our orgasm**’ makes sense of reaching female orgasm in the context of a sexual relationship as an

effortful, complex, contradictory psychological and relational experience. The first sub-theme '**The dichotomy of I and we**' represents a process whereby the women work hard to communicate their idiosyncratic needs in the context of freedom and associated empowerment represented by the second superordinate theme "**This is my orgasm**". Yet at the same time feel bound by their concern about their partner's needs, in the context of enduring fear of intimacy and rejection linked to the first superordinate theme "**Anticlimax**". The second sub-theme "**Love actually**" makes sense of reaching female orgasm in the context of a sexual relationship as an expression of and experience of reciprocal respect, acceptance and love, and as representing unity.

### **3.5.1 The challenge of our orgasm: The dichotomy of I and we**

The first sub-theme represents a dichotomy in the women's sexual relationships which shares both a desire to assert one's sense of sexual freedom and power by asking for personal needs to be met – and a prevailing sense of anxiety regarding the needs and expectations of partners, and ultimately a fear of judgement, rejection and/or loss – a conflict between "**I**" and "**we**". The psychological shift represented by '**This is my orgasm**' is very much apparent in the context of a sexual relationship, as many of the narratives reflect confidence to assert and have needs met. This results in an experience of sexual excitement, pleasure, and satisfying orgasms with partners. However, many also experience contradictory feelings of anxiety

and shame in relation to thoughts regarding abnormality and disapproval from their partner. The issue of social representations of female sexuality is highlighted again here. Some women speak of the pressure felt from the media and specifically pornography, and how they perceive this impacts on their partner's expectations. Consequently, some of the women engage in behavioural practices that involve deceit and lying to their partner, which represents an avoidance of emotional intimacy and a lack of trust, freedom and power. In some cases forfeiting orgasm or reaching orgasm alone is favoured over enduring the emotional experience of being honest and risking perceived outcomes, e.g. rejection.

As discussed previously Rachel experienced a psychological shift from control of her sexuality to freedom in it, and this is apparent in the way she communicates with her partner. She feels able to use her knowledge and confidence to demand that her needs are considered when engaging in sexual activity. However, she also experiences a struggle in reaching orgasm in the context of a sexual relationship. These hurdles are not due to anxiety and shame evoked by religious beliefs, but due to her partner not respecting and/or prioritising her orgasmic needs. She feels as if her needs are too demanding of her partner and this sometimes results in her masturbating alone after sex in order to reach orgasm. She cannot trust her partner to give her the time and energy she needs without judgement. In order to both meet his needs and avoid judgement she chooses to manage her sex life in this way:

“What, it really, well I suppose maybe one out of every two or three (reaches orgasm). But it comes down to me demanding, me putting my foot down and going, nope, I’m going to have one. Richard just doesn’t seem to particularly mind whether I do or I don’t, he gets his, yeah...” (Lines 174 – 176)

“So because it takes quite a long time and quite a lot of multiple stimulation to get me going, I think that, that makes Richard like, oh really, I’m going to have to put in this much effort during sex? Oh OK, right, well. So there are times when I’m, I just enjoy it and get into the throes of it and enjoy what he’s enjoying and then later on in the bathroom, fine, I’m finally released and it’s OK.” (Lines 198 – 202)

As discussed previously, Kirsten did not experience a historic “**Absence of orgasm**”, but she did learn a unique way of reaching orgasm through masturbation. She is very determined that if this method cannot be re-enacted in the context of a sexual relationship then reaching orgasm is not possible - ‘**My journey to orgasm – freedom**’ needs to be transferred to the context of a relationship in mechanical terms. She does however feel confident to do this with her partners via verbal and non-verbal communication, and as a result she experiences, enjoys and feels satisfied with her orgasms in the context of a sexual relationship. Despite this being the case however, later in the interview she refers to a sense of anxiety regarding the “normality” of her method for and frequency of reaching

orgasm in relation to her partner's expectations. The context of a sexual relationship therefore evokes anxiety that is not evident in her reaching orgasm through masturbation. The experience of reaching orgasm with another person evokes anxiety associated with respect, acceptance, and rejection. It is important to question at this point whether Kirsten's success in reaching orgasm from an early age, and associated freedom and relaxation impacts on her confidence to assert her needs in relationships, as opposed to other women who experienced a distressing and painful journey.

"No, I was just thinking that I think that the way I've always masturbated since a child really impacts on my ability to have an orgasm..." (Lines 301 – 302) "...Yeah definitely, because when I masturbate I lie on my hand, and so there's lots of pressure on my clitoris..." (Lines 311 – 312) "...Well I suppose sometimes I would say, I want to go on top, or can I go on top for a bit, or I want to go on top for a bit, and then occasionally I suppose I might not say anything, or I just might just move him and move me so I can go on top." (Lines 105 – 107)

"Also I suppose sometimes I feel, especially with new partners, like there's always this, how long is it going to take for me to have one, and they've never been bad about it, but I know that it's going to take, I think it took five weeks or something with this one, this boyfriend. Yeah, I think there is some pressure, because they want to like please

you, so there's a little bit of pressure yeah, and also I suppose I want to have one." (Lines 262 – 264)

Charlotte experienced movement from a position whereby she lacked confidence to express her needs in the context of a sexual relationship, to a position where she embraced her right. Up until her mid-twenties she faked orgasm in order to both please her partners and avoid judgment as abnormal. She cannot reach orgasm through sexual intercourse and needs to introduce a masturbation technique as part of the sexual activity. However, similarly to Kirsten she knows quite decidedly that without transferring her specific method for reaching orgasm to the relational context there will be no orgasm. As her self-esteem and confidence has developed throughout her life she has broken free from the cognitive and emotional restrictions evoked by a fear of rejection in her relationships. This newfound freedom and power in relating to her sexual partners is reflected in the way she passionately "gives advice" to other women. Charlotte, unlike the other women did not communicate a prevailing sense of anxiety and or/shame in relation to reaching orgasm in the context of a sexual relationship:

"I can't always reach orgasm but I can feel open enough to let him know that, whereas in the past I've really faked it a few times, just because some guys think you've got a problem or something if, or not necessarily or just a bit impatient about it and not patient enough to then want to satisfy you afterwards if you haven't reached just the

same time as them or something or in time, whatever.” (Lines 170 – 174)

“So if you don’t quite reach orgasm or it doesn’t, something’s not quite working for you, I think people should, or girls or whoever should always speak up about it and there’s been a time where I didn’t...but I think everyone’s entitled to be like that really and not just receive but just not expect to receive the same amount of pleasure as the other person basically...” (Lines 352 – 357)

Miriam found the confidence with her most recent partner (and husband) to express her need for a vibrator in order to reach orgasm in the context of a sexual relationship. However, despite this newfound freedom and power that transformed her sex life, improved her self-esteem and ultimately her romantic relationships, there appears to be an underlying sense of anxiety and guilt regarding the assertion of her needs. Similarly to many other women she compares herself to social norms regarding female sexuality, and feels anxious that she cannot reach orgasm through sexual intercourse. Interestingly she appears to think and feel as if the vibrator represents infidelity somehow because it is the vibrator that helps her reach orgasm, and her partner to less of a degree. It is important to highlight how this very mechanical aspect of reaching orgasm needs to be transferred to the relational context, yet it evokes feelings of anxiety, shame and guilt due to the presence of another object. This highlights how the lived experience of

reaching female orgasm in the context of a sexual relationship is influenced by scientific and media representations of female orgasm. Miriam experiences concern about what this means for her sexual identity as well as her partner's:

“If I felt that I wasn't achieving I might introduce a vibrator or might want to, it's not always appropriate and I don't want to hurt my partner's feelings, in that he can't make me do this without external stimulation. I can help myself and he can help me, but it's not always sufficient...” (Lines 115 – 117)

“...and I have tried to get it over time and time again that this vibrator is not a substitute for him, it's because I was so geared historically, mechanically to it...” (Lines 359 – 360) “...I want it to be his orgasm and him to be very much part of it and if I have, I am using the vibrator it's not the vibrator I'm thinking of, it's him and it's him I'm holding onto at that moment.” (Lines 363 – 365)

Similarly to Charlotte, Nikki cannot reach orgasm through sexual intercourse but can do so through masturbation in the context of a sexual relationship. She feels confident enough to express this but similarly to Rachel thinks her needs are too demanding of her partner and so does not reach orgasm as often as she would like. She experiences a sense of disappointment

regarding this, and as a strategy to manage both his and her needs she sometimes forfeits her orgasm or masturbates alone after sex. It appears that the degree to which the experience of reaching orgasm with a sexual partner is satisfying or anxiety provoking is highly dependent upon on what Nikki perceives are her partner's expectations for her reaching orgasm:

"I'll usually always say actually I quite fancy coming as well, that's a bit rubbish and *if he, yeah he'll respect* that depending on how he's feeling he'll help me out. Sometimes I have gone to the bathroom just because I don't want to offend him..." (Lines 66 – 71)

"Sometimes I've got myself off in the morning while he's asleep and then he kind of noticed and I felt really guilty...but I shouldn't have really been watching Saturday Kitchen at the time!" (Lines 104 – 108)

The psychological shift represented by "**This is my orgasm**" was also evident for Beth in the context of a sexual relationship. She experiences a correlation between improved self-esteem and understanding her sexual self, and ability to assert her needs and communicate with her partners in order to reach orgasm:

“But I think as I've moved on from my first experience of it I think there's a lot of communication that has to happen, a lot of, there's a lot of like things going on in the background of an orgasm, so a lot of communication and negotiating that's happening I think, yeah...”  
(Lines 67 – 70) “...Now I think I have a better sense so I can kind of guide the process, yeah. But I think that communication is going on, that's what it is, is that if you don't then I guess you both think you're doing it right, but if you're communicating it then you can actually get there.” (Lines 77 – 82)

Jo experiences a powerful link between “**This is my orgasm**” and “**The dichotomy of I and we**”. She knows exactly what she needs in order to reach orgasm, and for success in a relational context she uses partners' bodies to achieve this. These behaviours are also in line with her masturbation techniques. It is important to note here that reaching orgasm in the context of a sexual relationship appears to share both mechanical needs that must be replicated in the presence of another person, as well as emotional needs whereby the women believe their unique and individual needs are respected and accepted:

“I know what I need to do in order to build up those steps, in order to have an orgasm, and so I can use that person in order to do it, and direct them into touching me in certain ways in order to have an orgasm...” (Lines 63 – 65)

### **3.5.2 The challenge of our orgasm: Love actually**

The second sub-theme '**Love actually**' highlights the experience of reaching female orgasm in the context of a sexual relationship as feeling respected and accepted by, as well as connected to one's partner. They feel united with their partner in an exclusive and unique moment(s) of emotional and physical closeness. The women also make sense of this experience in relation to their partner's identity; a man who can "give" orgasms, which is important for him but also for the couple identity; a couple who can make orgasms happen together. The experience of feeling accepted, respected and connected is communicated through discourse as the concept of romantic loving and being loved in return. For some women the sense that they are loved is crucial for their reaching orgasm in the context of a sexual relationship. It is important to note however that this sense of connectedness appears to contradict several of the previous themes including "**A moment just for me**" and "**The dichotomy of I and we**". The former represents the moment(s) of climax as an individual experience, be that through masturbation or in the context of a sexual relationship. The latter represents anxiety evoked by the fear of intimacy, resulting in deceit and lies where often orgasms are not achieved in a moment of loving connectedness, but in a moment of shrouded solitary masturbation.

Sarah very powerfully feels a sense of "union and togetherness" (line 253) in reaching orgasm with her partner, and this means she is respected and

desired by him. It appears that reaching orgasm in the context of a relationship (indeed her current relationship) has become so satisfying for her that masturbation no longer compares. Sarah makes further meaning of this experience in relation to the concept of romantic love:

“Yeah, yeah, yeah, it’s very, it’s love, it’s like feel pure love...I feel in pure love then, I love my partner then and I can feel his love too because he so enjoys being there with me and it’s just very intimate and unique if that.” (Lines 321 – 326)

Kirsten also understands reaching orgasm as an experience that binds them together both physically and emotionally, and as representing love between her and her partner. Similarly to other women she thinks the orgasm itself reflects the exclusive uniqueness of the couple, representing part of the metaphorical boundary that separates and/or protects the couple from others. Kirsten experiences pleasure in orgasmic intimacy but also anxiety and sadness evoked by a sense of feeling overwhelmed, and a fear of loss respectively:

“I find like looking at him really, like looking in his eyes really intently, that’s really nice, because I find that quite loving and, you know, he’s beautiful, so that’s all quite nice as well...” (Lines 85 – 87)

“...Sometimes it makes me feel emotional...you know, like the whole

closeness and lovingness of sex makes me, occasionally feel just a bit sad and tearful, just because it's so lovely, like the loving aspect of it."

(Lines 171 – 173)

Charlotte experiences emotional intimacy as crucial in enabling her to reach orgasm in the context of a sexual relationship. She needs to feel that her partner respects and accepts her, and this is shown when he takes the time and gives energy to understanding '**My journey to orgasm - freedom**'. She makes sense of the above as representing love between them:

"So, and when you feel like someone genuinely wants to and they're not rushing you along or they're not, and they're just patient and they're loving then that makes such a huge difference, I think." (Lines 39 – 41)

Beth also experiences respect for her needs as being paramount in enabling her to relax and reach orgasm in the context of a sexual relationship. Similarly to Charlotte it is important that partners invest time and energy in understanding '**My journey to orgasm - freedom**'. This is an important finding because it highlights that engaging in specific behavioural practices is paramount in her reaching orgasm, but the meaning Beth takes from her partner's respecting her need to do this, is that she is respected and

accepted, which facilitates the appropriate emotional context (combined with behavioural and cognitive factors) for her reaching orgasm:

“I think it has to do with my partner and their enthusiasm and/or dedication to the, reaching the orgasm. Well I think that, you know some people you can just kind of tell they’re just kind of going through the motions, or because they think that they should or whatever, and then I’m just not going to be into it either. So you have to really feel that desire I think for me to let go...”

Jo experiences orgasm in the context of a sexual relationship as feeling united with her partner through reciprocal respect and acceptance. Similarly to Kirsten she experiences pleasure and happiness through this intimate experience. However, she also experiences fear and a desperate need to hold onto and “protect” the experience. This highlights the powerful psychological experience of reaching orgasm made reference to in “**A moment for me**”. However it also shows how the psychological experience of reaching female orgasm in the context of a sexual relationship is qualitatively different to masturbation, in that it raises feelings evoked by concepts including loss:

“...I know it sounds a bit obvious sorry, but I feel love and I feel admiration and respect and connectedness and compassion and

vulnerability and a kind of longing and I think happiness. I think I have a kind of overwhelming desire to keep everything as it is in that second, to protect what you have just created and to not let real life come back. So I think I feel a really strong love and connectedness to that person and I don't want that to end, so yeah." (Lines 240 – 245)

### **3.6 Summary of findings**

The findings show that many of the women make meaning of reaching female orgasm through painful and individual experiences in relation to **“Anticlimax”** which constitutes **“Absence of orgasm”** and **“Social pressure and control”**. The former is understood through a sense of confusion and not knowing about female orgasm, which resulted in feelings of anxiety, shame and anger. The latter is experienced through painful feelings evoked through expectations influenced by the social construction and representation of female orgasm in the media, as well as comparison to other women, which leads to the perception of self as different from and abnormal compared to others. **“My journey to orgasm – freedom”** represented a unique developmental process whereby the women learnt their idiosyncratic needs for reaching orgasm, both through masturbation *and* in the context of a sexual relationship, and to some extent felt able to ask for their needs to be met. The moment of climax is experienced as **“A moment just for me”** whereby the burdens associated with the experience of reality and indeed relatedness are temporarily suspended, e.g. negative automatic

thoughts regarding body image during sex with a partner. **“The dichotomy of I and we”** represents the lived experience of reaching female orgasm in the context of a sexual relationship as contradictory, in that the women experience a sense of freedom and power to ask for their needs to be met in relation to **“My journey to orgasm – freedom”**, yet experience a prevailing sense of distress in relation to **“Anticlimax”** whereby the fear of asserting needs is limited by anxiety experienced in relation to partner’s needs and expectations. **“Love actually”** represents the experience of reaching female orgasm in the context of a sexual relationship as representing respect, acceptance and a sense of connectedness between partners, which creates a metaphorical boundary between the couple and others.

### **3.7 Researcher reflexivity**

I experienced the most powerful emotional response throughout the research process whilst conducting and writing the analysis chapter. The first stage of the analysis evoked both anger and sadness because I could identify with many of the participants, and I felt angry that women and female sexuality continues to be oppressed and controlled, despite the advances regarding the social representation of female orgasm discussed in chapter 1, e.g. women can now buy vibrators that stimulate the clitoris in high street shops. I felt sad because I have a profound love of women and indeed for humanity, and so I find it hard to hear that we oppress and abuse one another in response to our own anxiety. Of course as a psychologist I hear about such

stories every working day, but doctoral qualitative research is a new experience for me, because my role is not to help or support but to delve as deeply as possible in order to understand lived experience. However, acknowledging and knowing how one feels is essential for bracketing personal experience and I discussed my anger in supervision. As a result I re-analysed the data having processed my emotional response, to ensure that I could bracket my feelings as effectively as possible and understand the lived experience of my participants without the impact of personal experience.

## **Chapter 4      Discussion**

### **4.1    Chapter Overview**

This chapter discusses the findings presented in Chapter 3, and considers them in relation to existing literature reviewed in Chapter 1. Other theories and research are introduced where relevant in order to make sense of these idiosyncratic findings. The Preface for this thesis asserts that one of the unique and advantageous aspects of the field of counselling psychology is its capacity and willingness to “hold” and embrace multiple psychological theories and practices, despite their differences in epistemological and ontological stance – pluralism. Therefore the literature review for this thesis considers the experience of reaching female orgasm in the context of a sexual relationship from biopsychological, to discursive psychological and psychosocial perspectives. In addition literature from other disciplines are reviewed where appropriate in order to present the most complete picture. The Discussion chapter follows this philosophy and considers varying psychological perspectives for making sense of the findings.

Following the format of Chapter 3 each superordinate theme and its constituent subordinate themes are discussed in turn. The second part of the chapter provides a conclusion to the thesis, followed by a discussion of the limitations of this research, as well as implications for future research and counselling psychology practice. Finally, I discuss reflexivity in relation to this chapter.

## **4.2 Superordinate theme one: Anticlimax**

Anticlimax refers to way in which the women make sense of their experience of reaching orgasm in relation to negative and confusing thoughts/belief systems and painful emotions. The experience of this superordinate theme continues to be the antithesis of reaching orgasm for these women, discussed later in relation to superordinate theme two, **“This is my orgasm”**. **“Anticlimax”** constitutes two subordinate themes, **“Absence of orgasm”**, and **“Social pressure and control”**. The former is highly meaningful for seven out of eight women, and the latter for all eight women.

### **4.2.1 Anticlimax: Absence of orgasm**

Seven out of eight women make meaning of reaching orgasm through a historic absence. The absence of female orgasm in the context of a sexual relationship is discussed in literature across many academic disciplines but is represented and understood from different perspectives. The literature review in Chapter 1 situates the female orgasm primarily in the context of historical Western culture, and also with reference to African culture. This review illuminates an enduring theme of suppression of female sexuality post prehistoric times. It is therefore not surprising that the women in this study make sense of reaching orgasm in relation to a historic absence, due to not having known what orgasms are and how to achieve them. I suggest this absence of understanding and indeed orgasm is representative of literature and research that has been absent and misguided for centuries (Blackledge,

2004; Studd, 2007; Wolf, 2013), and in the context of a historic sociocultural preoccupation with the clitoral vs. vaginal orgasm debate (Freud, as cited in Rieff, 2007). This preoccupation was arguably formulated in the context of patriarchal societies where the vagina was regarded as an organ for reproduction, and the clitoris deemed redundant (Blackledge, 2004; Wolf, 2012). In the early twentieth century Freud (1931, as cited in Rieff, 1997) supported this perspective in psychoanalytic terms, as did the medical profession at the time, considering the clitoris as the source of female mental and physical illness. Although the clitoris is no longer considered to be responsible for causing illness, the clitoral vs. vaginal orgasm debate prevails in contemporary psychological research (Brody and Costa, 2008; Sayin, 2012) and an evolutionary biological perspective (Costa et al., 2012).

The clitoris was, and continues to be “absent” or contested in literature as the primary source of female pleasure and/or orgasm. However it is undeniable that women have more sexual freedom in 2015 than in the early twentieth century for example; sex is openly discussed in popular women’s magazines, and women are “taught” how to have “Your orgasm - Guaranteed” (Benjamin, 2014). The historic “**Absence of Orgasm**” and psychological “movement” to the second superordinate theme “**This is my orgasm – freedom**” can be understood from a social constructionist psychological perspective (Gergen, 1973). Social constructionist theory points to the use of language in constructing reality, and is interested in the discursive resources available in a given historical context. Miriam experienced a change in the social representation of female orgasm and associated

discursive resources available to her. In her teenage years and throughout her 20s people around her did not talk about sex and it was considered a taboo subject. Her early sexual relationships centred on vaginal-penile sexual intercourse and she experienced an “**Absence of orgasm**” as a result. When female sexual pleasure became more palatable to society a friend gave her a vibrator as a present and she experienced a psychological shift to “**This is my orgasm freedom**” whereby she achieved orgasm for the first time alone and through masturbation in her late 30s. When she discovered she could achieve orgasm through clitoral stimulation “...my world started of orgasms” (Miriam, line 48). As a result her self-image improved because she regarded herself as a “normal” woman that could reach orgasm, which in turn gave her the confidence to ask for her needs to be met in the context of a sexual relationship. I regard these two very different historically situated lived experiences as artefacts or symbols that represent the influence of sociocultural factors on individual psychology, and ways of relating in intimate relationships.

Sarah experienced the concept of orgasm in her early years as something mystical and out of reach, finding that her friends could not explain it to her through language. Similarly to Miriam she experienced significant sociocultural changes in the social representation of female orgasm, and this is not surprising as these two participants are the eldest at 54 and 48 years of age respectively, in relation to the other participants whose ages range from 25 to 39 years. Similarly to Miriam, Sarah’s historic “**Absence of orgasm**” up until her late 30s can also be understood from a social

constructionist perspective as a deficit in discursive resources.

Qualitative psychological research shows that absence of female orgasm is not restricted to the sample in this study. Lavie and Willig (2005, p. 119) investigated the concept of inorgasmia and interpreted three superordinate themes as follows, “Self Image”, “Relationship Issues”, and “Sexual Experience”. There are clear similarities between the findings of this study and that of Lavie and Willig. The concept of inorgasmia falls perfectly in line with “**Absence of orgasm**” and within the wider context of the first superordinate theme “**Anticlimax**”. As with Lavie and Willig’s findings the women in this study experienced “**Absence of orgasm**” as anxiety provoking and this impacted on their “Self Image” because they felt isolated and excluded from the “in-group” due to their perceived abnormality.

Regardless of whether I agree with the medicalization of inability to reach female orgasm in the context of a sexual relationship, the existence of “Female Sexual Dysfunction” and “Female Orgasmic Disorder” (DSM-5, p. 429) specifically highlights something very important in relation to this subordinate theme: It provides further literature that suggests “**Absence of orgasm**” be it absolute or temporary exists beyond the sample in this study. It is possible therefore that other women may relate to the cognitive, emotional, physiological, behavioural and relational experiences discussed in Chapter 3, and in Lavie and Willig’s research above. This strengthens my argument for further qualitative psychological research on female orgasm, particularly from an IPA perspective with non-clinical samples.

So far I have suggested that “**Absence of orgasm**” can be broadly understood from a psychological perspective as representing historic female sexual oppression through absent or misguided social representations of female orgasm. These representations have resulted in a lack of knowledge and understanding for women about sexual pleasure, and how to achieve it. As discussed above Miriam and Sarah’s experience of “**Absence of orgasm**” appears to be powerfully associated with sociocultural context, as there is a correlation between changes in the social representation of female sexuality and evolution from absence to presence of orgasm for these participants. Lavie and Willig’s research also supports the influence of social representations on individual psychology with reference to reaching orgasm vs. inorgasmia and normality vs. abnormality respectively.

Beyond this it is important to discuss the individual differences in the experience of “**Absence of orgasm**” and consider how this can be understood in relation to theory and research. This will be helpfully achieved through the “lens” of an alternative psychological perspective – psychodynamic theory.

The psychodynamic perspective is epistemologically and ontologically at odds with an IPA and social constructionist perspective (discussed above). Broadly a psychodynamic perspective is concerned with the individual’s unconscious intrapsychic dynamics for facilitating human experience, whereas the former focuses on the social context for constructing experience. An IPA perspective takes a “symbolic interactionist” (Blumer,

1969) perspective thus validates the social context but also acknowledges individual psychology for impacting on lived experience. It is important to note however that psychodynamic theory *does* take into account the “social”, but the focal points of these theories differ: For example, Freud’s concept of the superego; “that which stands above or over me” (Freud, 1933; 1966i, as cited in Frank, 1999, p. 449), and Klein’s (1946) object relations theory both refer to the internalization of external objects. Of course psychodynamic theory proposes this determines experience (whilst mediated through phantasy), where as an interpretative phenomenological perspective regards experience as fluid in relation to context. The notion of interpretation is a concept that links these two perspectives, yet separates them at the same time. The data for this study presented in Chapter 3 were interpreted through a phenomenological “lens” whereby I bracketed my lived experience in relation to reaching female orgasm. A psychodynamic perspective also asserts that interpretation of subjective data is required, yet it imposes a predetermined theoretical framework based on unconscious intrapsychic dynamics.

Charlotte and Jo experienced a historic “**Absence of orgasm**” but they achieved it through masturbation and in sexual relationships at earlier stages in life compared to Miriam and Sarah. This meant they understood the experience of “**Absence of orgasm**” as a developmental process, which was confusing, disappointing, and anxiety provoking, but it did not impact so greatly on their sexual identity and self-esteem. From a psychodynamic perspective (Freud, 1931 as cited in Rieff, 1997) differences in lived

experience are understood from an individual psychological perspective, and unconscious intrapsychic dynamics are thought to be the origin of psychological distress. **“Absence of orgasm”** from a psychodynamic perspective might be considered in relation to unresolved Oedipal conflicts and attachment problems (Freud, 1931 as cited in Rieff, 1997; Fonagy, 2000). Although I have argued against Freud’s vaginal vs. clitoral orgasm theory I regard Oedipal theory (above) and attachment theory (Bowlby, 1969; Ainsworth, 1978) as highly relevant for understanding relational difficulties and **“Absence of orgasm”**. This assertion is also supported by the case study presented in section C of this portfolio.

Beyond Freud, post-modern authors have discussed the application of psychodynamic theory to the **“Absence of orgasm”** in the context of individual and idiosyncratic intrapsychic dynamics. The case study research presented by Abraham (2000) provides a format for considering the individual differences in experience of orgasm across the women in this study. Abraham suggests that **“Absence of orgasm”** can be understood in terms of early attachments to mother and father, repressed phantasies, and defence mechanisms. Arguably the absence of orgasm for Miriam and Sarah could be the result of attachment problems rooted in infancy that prevail in adulthood (Hazan and Shaver, 1987; Brennan, Clark, & Shaver, 1998). The presence of orgasm on the other hand may represent psychological movement from use of rigid “primitive” defence mechanisms to a flexible use of “mature” defence mechanisms (Lemma, 2003, p. 211). Kleinian theory can helpfully make sense of this concept as follows: Klein

regards psychological maturation and healthy development as representing movement from the “paranoid schizoid” position to the “depressive” position (Klein, 1946). All human infants experience the former stage as part of natural development; and it represents an inability to tolerate “good” and “bad” objects simultaneously. This results in the use of primitive defence mechanisms such as “denial”, “splitting” and “projection” (Lemma, 2003, p. 211) in order to manage painful emotions. As the child develops through “good enough” (Winnicott, 1964) nurture from the primary caregiver she/he learns to tolerate “good” and “bad” parts in “self” and “other”, which reduces the need for primitive defence mechanisms such as splitting, and more mature defence mechanisms such as “suppression” or “intellectualisation” (Lemma, 2003, p. 211) are used to bear difficult emotions. It is beyond the scope of this thesis to consider all the findings from a psychodynamic perspective. However, from a counselling psychology standpoint this is highly relevant in terms of practice and for future research on this topic.

Other non-psychodynamic research supports this argument by highlighting the importance of relational and associated emotional context for reaching female orgasm in the context of a sexual relationship (Mah and Blinik, 2002; King at al., 2011, Lavie and Willig, 2005).

I suggest that a psychosocial analysis (Frosh, 2010) of the data would provide an alternative and useful framework for understanding the mechanisms that underlie the lived experience of reaching female orgasm in the context of a sexual relationship. Essentially I have reached a

methodological conclusion through conducting this research: Individuals are social beings and lived experience is constructed through interaction with the environment. However, lived experience is also mediated through intrapsychic dynamics and this influences our choice of discourse. Thus individual experience (including unconscious dynamics) influences how the “social” is constructed, yet the “social” including available discourses and social representations limit and influence that which is available to construct by the individual. Frosh, Phoenix and Pattman (2003, p. 39) support this perspective as follows:

“...there is no such thing as ‘the individual’, standing outside the social; however, there is an arena of personal subjectivity, even though this does not exist other than as already inscribed in the sociocultural domain. Our argument is that there are psychoanalytic concepts which can be helpful in exploring this ‘inscription’ and thus in explaining the trajectory of individual subjects; that is, their specific positioning in discourse.”

So far I have discussed existing literature that suggests “**Absence of orgasm**” is a phenomenon beyond the sample of this study. However there is much research that suggests many women reach female orgasm (Kinsey, 1953; Masters & Johnson, 1966; Fisher, 1973, Shtarkshall and Feldman, 2008; Pellauer (as cited in Potts, 2000); Sayin, 2012), be it not as regularly as they might like (Rosen et al, 1993; Watts et al., 2004). The question must therefore be asked: Why is it that seven out of eight participants in this study

make meaning of this phenomenon through emotionally painful experiences related to “**Absence of Orgasm**”? It is possible the women in this study may have chosen to participate because of their historic difficulties, and this study gave them an opportunity to have their voices heard. This is of course methodologically sound as my intent is not to generalize the experience of reaching orgasm for the entire population, but nonetheless it is important to note this, and consider how this might inform future research questions. It is also important to note that all the studies listed above, except Shtarkshall and Feldman (2008) and Potts (2000) take a quantitative methodological perspective. Therefore, it is possible that women who consider themselves as being able to reach orgasm may have experienced a historic absence, but this was never known. Again this serves to highlight the complexity of this phenomenon and the need for more qualitative methodologies that provide the scope to explore a phenomenon that is both multi-layered and changes throughout lifespan and psychological development.

This thesis has considered literature on the female orgasm from many different academic disciplines: Neurological research (Krantz, 1958; Komisaruk and Sansone, 2003; Sayin, 2012), anatomical research (Masters & Johnson, 1966), evolutionary biological research (Lloyd, 2005), sociological research (Roberts et al., 1995, Potts, 2000; Jackson and Scott, 2007; 2008; Frith, 2013) and psychological research (Mah and Blinik, 2002; Lavie and Willig, 2005; Lavie-Ajayi, and Joffe 2009; Nobre and Pinto-Gouveia, 2008; Shtarkshall and Feldman, 2008; King et al., 2011), as well as anthropological literature (Blackledge, 2004; Wolf, 2013), and the arts

(Studd, 1997). After having analyzed the findings of this study in relation to the work above I assert a new perspective on the “**Absence of orgasm**”: To date there has been no research which confirms a causal link between female orgasm and evolutionary fitness – women do not need to experience orgasm in order to conceive. Female orgasm is variable across individual lifespan and between participants – some women reach orgasm more easily than others. Female orgasm can be achieved through various behavioural practices, primarily through clitoral stimulation (in the case of this study) but also without. Multiple factors have been identified as determinants of female orgasm including intrapsychic, relational and contextual factors. Thus, reaching female orgasm in the context of a sexual relationship is a variable and indeed complex human phenomenon.

This variation is supported further by one participant in this study who did not experience “**Absence of orgasm**” as a central aspect of meaning making. However Kirsten did hypothesize she would feel angry at any future absence in the context of a sexual relationship. This highlights the importance she places upon reaching orgasm. In fact the “**Absence of orgasm**” and the associated painful emotional experience is a key finding which challenges the notion of the “female control theory” put forward by Baumeister and Trence (2002). They claim that women intentionally suppress their sexual desire due to the associated costs of pregnancy and in order to retain and accumulate “currency” to have power over men. The women in this study did not experience an “**Absence of orgasm**” because they were intentionally suppressing their sexual desire. Rather, their social context and/or

intrapsychic experience had restricted their learning around sexuality, and despite efforts to understand and experience orgasm based on natural female desire they were unsuccessful.

Another important question that needs to be asked is: Why is it that **“Absence of orgasm”** evoked/evokes the painful emotions felt by the women in this study. Cognitive behavioural theory can help make sense of the lived and conscious sadness and anger evoked across these participants. Beck, Rush, Shaw, and Emery (1979) hypothesize that depressive states are evoked and maintained through distorted thinking in relation to a cognitive triad: 1) Perception of self as deficient or defective; 2) Perception of current life as demanding and presenting obstacles that cannot be overcome; 3) Perception of the future as a continuation of suffering with no hope of change. With regard to the sadness experienced by seven out of the eight participants in relation to **“Absence of orgasm”** it is suggested that absence leads to a negative perception of the self as abnormal, a lived experience of not being able to meet expectations (self and other), and predictions that reaching orgasm may never be possible, which is regarded as a loss. If these distorted ways of thinking persist then the emotional experience is maintained and this impacts on behaviour and a vicious cycle develops. This is particularly relevant for Nikki who experiences enduring negative beliefs regarding her sense of abnormality (as she cannot orgasm through vaginal–penile sex). Historically she faked orgasm and was therefore dissatisfied in her sexual relationships. Consequently she felt hopeless about ever achieving orgasm in the context of a relationship.

Anger is also a very significant emotion experienced in relation to “**Absence of orgasm**”. In cognitive behavioural terms this is understood in relation to cost (Davies, 2009) whereby behaviour or lack of behaviour costs the individual something which evokes anger. The experience of anger for the women in this study can be understood through this model, particularly those who locate the cause of their “**Absence of orgasm**’ in other people, e.g. Rachel experiences anger because she believes her family and associated religious beliefs cost her time, pleasure and sexual freedom. The extent of her anger is powerfully expressed through the following statement, “...And, well, I hate that. I hate that that happens to people...” (Rachel, line 521)

I challenge the notion that absence of female orgasm is abnormal, and if one must categorize I suggest that absence of female orgasm is *normal*. This is a difficult argument to put forward when the social representation of female orgasm in 2015 is portrayed in mainstream pornography as an infinitely occurring event in the context of vaginal-penile intercourse, and “**Absence of orgasm**” is regarded as a medical disorder. However, the findings of this study support this assertion because despite common meaning making, there is variability in the lived experience across participants for each theme. I believe the findings of this research alongside the scientific research discussed above, as well as sociological and feminist literature (Lindemann, 1995; Roberts et al., 1995; Jackson and Scott, 2007; 2008) and qualitative psychological literature (Potts, 2000; Lavie and Willig, 2005; Lavie-Ajayi and Joffe, 2009) frees women from the post-modern representation of female sexuality, that suggests it is normal and healthy for female orgasm to occur

through vaginal-penile sex in the context of a heterosexual relationship.

#### **4.2.2 Anticlimax: Social pressure and control**

Some of the literature discussed above under “**Absence of orgasm**” is relevant to “**Social pressure and control**” because these themes are of course constituents of the superordinate theme, “**Anticlimax**”. The primary link is that in many cases the women attribute the cause of “**Absence of orgasm**” to social pressures that control their sexual identity. Therefore the assertion made above regarding the oppressive historic social representations of female orgasm (Freud, 1918 as cited in Rieff, 1997; Studd, 1997; Blackledge, 2004; Wolf, 2013) which prevail today (Brody and Costa 2008; Costa et al., 2011), and their impact on the lived experience of reaching female orgasm in the context of a sexual relationship is also highly relevant for this subordinate theme.

Beyond “**Absence of orgasm**”, the women experience anxiety and anger in relation to perceived expectations regarding their sexual expression, exploration, and performance in relation to orgasm. The women believe these expectations are imposed by familial belief systems, social groups, sexual partners (discussed further under the third superordinate theme, “**The challenge of our orgasm**”), and from the media, including mainstream pornography.

Anxiety is understood in cognitive behavioural terms as an overestimation of

threat and a minimization of ability and resources to cope (Maddux and Tangney, 2010). This is helpful for understanding Charlotte's perceived threat when making comparisons between her orgasmic experiences in relation to that of other women. The threat and associated anxiety appears to be two-fold, firstly she feels anxious because other women highlight her perceived deficiency, secondly, she perceives her partner's expectations may be based on the assumption that she *will* reach orgasm as others do, and if she does not then he will judge her negatively.

Nikki experiences anger in relation to the cultural suppression of female sexuality and perceived expectations of sexual partners regarding female orgasm. This is experienced as a personal cost (Davies, 2009) to her self-esteem and sexual identity. Another emotion experienced by some of the women in relation to "**Social pressure and control**" is shame. Shame can be understood in cognitive behavioural terms as the powerful interaction between self – other schema, whereby "self" is regarded as unlovable, rejectable, bad, stupid and disgusting, and "other" as critical, aggressive, disgusted and dismissive (Gilbert, as cited in Tarrier, Wells and Haddock, 1999). Rachel experienced "shame" in relation to "touching myself" and "having relationships with other people"(Rachel, lines 92; 93). This had a significant impact on her historic sexual behaviour as she endeavoured not to engage in sexual relationships. When she did act on her natural sexual desire she experienced severe anxiety and guilt regarding this. Sarah also experienced shame in relation to her body due to familial belief systems about sex. She felt unable to explore her body and regarded her vagina as

“dirty” (line 57) but also something you “don’t want” (line 58). This resonates with the social representation of female sexuality influenced by Christianity from the “Middle Ages” onwards (Studd, 1997; Blackledge, 2004; Wolf, 2013). Sarah also experienced shame due to conflict between her sexual desire and the contradictory beliefs she held regarding modesty and abstinence.

Research by Nobre and Pinto-Gouveia (2008) is relevant here. They suggest that specific negative cognitions about body image as well as negative emotions are related to orgasmic disorder. Importantly they found that sadness and guilt are highly related to “**Absence of orgasm**” during sex. This relates specifically to Sarah, Rachel, Beth and Jo who have experienced negative body-related thoughts as impacting on sexual pleasure and reaching orgasm. More broadly Nikki says she had to overcome “...whatever block I had mentally about sex and orgasms...” (Nikki, line 272) before she could reach orgasm in the context of a sexual relationship. These experiences can be understood in cognitive behavioural terms as negative thoughts regarding the body evoking a sense of anxiety and/or shame, which is arguably the antithetical emotional state needed for reaching orgasm.

Interestingly, from a psychodynamic perspective and with specific reference to Malan’s “Triangle of Conflict” (1979), it could be argued that anxiety is a response to a hidden feeling - shame, and a defensive strategy to manage this conflict is to feel angry. From this perspective shame is illuminated as

the core emotion leading to psychological distress. Furthermore, anger in relation to “**Social pressure and control**” could be formulated from an individual psychology perspective as a transference experience.

Transference is defined as “...total situations transferred from the past into the present, as well as emotions, defences and object relationships.” (Klein, 1952b, as cited in Bronstein, 2001, p. 181). Thus, perceived societal expectations regarding reaching female orgasm are felt and responded to as a demanding and critical superego. This is of course important to consider from a counselling psychology perspective, because therapeutic work around shame may be an alternative and indeed more “normalising” approach to “**Anticlimax**” over psychiatric diagnosis of “Female Orgasmic Disorder” (DSM-5, p. 429).

Lavie-Ajayi & Joffe, (2009) highlight the powerful influence of scientific and media representations of female sexuality for impacting on sexual experience from a social constructionist perspective. This is another way to make sense of the painful emotions experienced by the women in this study, i.e. interaction with medical representations of “**Absence of orgasm**” as a medical disorder triggers shame-related schemata, which provokes anxiety and/or anger. Interestingly the women in this study behaved similarly to those in Lavie-Ajayi & Joffe’s (2009) research, because on a cognitive level they attempt to fight against these representations, by asserting the importance of emotional and relational factors for reaching orgasm. However, despite this resistance the women in this study experience an ongoing conflict between their internal and relational experience of female

orgasm, and the social representations that exist and are communicated to them in their social environment. This is very pertinent for Beth as she “toys” with the gap between her personal experience of orgasm and that depicted in films, “...I don’t know, I think there’s a discrepancy there that I don’t know if it’s a cultural, media thing or if it’s a me thing, yeah” (Beth, lines 337 - 338).

Charlotte compared her experience of reaching orgasm with that which is represented in mainstream pornography. She cognitively rationalises what she deems to be a fantasy world on screen intended to sexually excite men, i.e. men penetrating women until they reach orgasm in a dramatic display of pleasure through facial and vocal expression. However, despite her attempts to rationalise this there exists a prevailing sense of anxiety and related defensive anger regarding the expectations pornography sets for female orgasm. Charlotte’s frustration can be linked to Jackson and Scott’s (2007) argument regarding gendered sexualised bodies with reference to women faking orgasm. The anxiety and anger experienced by Charlotte and Beth (above) in relation to media representations of female orgasm confirms that despite a dramatic change in sociocultural representation of female orgasm since the early twentieth century for example, pressure for women to enjoy their bodies according to patriarchal fear and desire prevails.

The relationship between individual experience and social representation is intelligently made sense of by Lindemann’s (1997) concept of socially constructed “objectified” and “living bodies”, as well as Jackson and Scott’s

(2008) theory regarding embodied sexual selves. I suggest that “**Social pressure and control**” is linked to the experience of socially constructed “objectified” bodies where the vagina is valued over the clitoris. As a result of this objectification female “Living bodies” experience sexual pleasure predominantly through vaginal stimulation in the context of sexual relationships with men who behave in relation to the “objectified body”. However, the construction of an “objectified body” that does not elevate the status of the clitoris as the primary source of female sexual pleasure cannot be solely attributed to male partner’s attitudes, because the sociocultural context constructs an “objectified body” whereby both women and men “neglect” the clitoris. This highlights systemic sociocultural control and suppression and its impact on the lived experiences in sexual relationships.

Lindemann’s (1997) thesis makes sense of the embodied experiences described by the women in this study. Miriam thinks the social environment she grew up in limited her understanding of sexual pleasure in that she was unaware of the possibility of orgasm through masturbation. For many years she did not reach orgasm in her sexual relationships because sexual activity focused on vaginal-penile stimulation. Kirsten on the other hand reached orgasm through stimulating her clitoris as a young girl, and later transferred this technique to the context of a sexual relationship. Changing social representations of female orgasm arguably impacted on Kirsten’s experience in comparison to Miriam, as Kirsten’s socially constructed “objectified body” included the clitoris as the primary source of sexual pleasure, and her living

body experienced this through orgasm in masturbation *and* in sexual relationships, which confirmed her understanding of her “objectified body”.

The work of Young (2005) is highly relevant here. Young builds on the work of Merleau-Ponty (1945) and suggests that female embodied experience is bound by and limited by existence in male-dominated patriarchal societies. I suggest that the women in this study, namely Sarah, Rachel and Miriam live their bodies through Young’s (2005 p.42) formulation of female embodied experience as “...inhibited, confined, positioned, and objectified”. Miriam for example historically experienced her body as a passive “thing” that didn’t “work”, i.e. she couldn’t reach orgasm. She located the responsibility for this in partners that did not help her or “give” her an orgasm. Thus, she did not perceive her body as having the capacity for giving ultimate pleasure and therefore did not explore it with the belief that *she* could make herself reach orgasm through *her* body.

The women in this study also experience anxiety through comparisons with other women regarding frequency, method and context for reaching female orgasm. These comparisons are instrumental for evoking a sense of difference and/or abnormality, thus impacting detrimentally on self-esteem and confidence regarding sexual behaviour. Comparing oneself negatively to other women in terms of orgasmic ability provokes further anxiety when thought about in the context of a sexual relationship (discussed further under superordinate theme 3, “**The challenge of our orgasm**”). This tendency to

compare personal sexual experiences with those of other women and feel abnormal or deficient as a result was a findings of Lavie and Willig's (2005) research. There is however a difference between this study and that of Lavie and Willig, because they interpreted "Self-Image" as a superordinate theme for understanding the experience of inorgasmia, and in this research self image is interpreted as being affected through the experience of a subordinate theme, "**Social pressure and control**". This can be made sense of in relation to the differing research focus between the two studies, i.e. inorgasmia and reaching orgasm respectively. It seems plausible to suggest that the women who took part in Lavie and Willig's study on inorgasmia felt the impact on their "Self-Image" to be more detrimental than those in this study who despite a historic "**Absence of orgasm**" *can* reach orgasm in the context of a sexual relationship.

Nikki experiences anxiety in relation to frequency of orgasm as well as her method for reaching orgasm. She requires direct clitoral stimulation, which is often difficult to achieve during sexual intercourse. She questions whether her anatomy is normal by comparing herself to a woman who experiences orgasm more frequently than she does. Nikki raises the clitoral vs. vaginal orgasm debate explored in the Chapter 1. She is clearly affected by the idea that some women can have vaginal orgasms and she cannot, but she is also armed with evidence that enables her to contain her anxiety to some extent. This shows that on the one hand the clitoral vs. vaginal orgasm debate remains a social construction of female sexuality, but also that things are

changing as Nikki informs us that “Apparently only 11% of women come through penetration anyway” (Nikki, line 292).

#### **4.3 Superordinate theme two: This is my orgasm**

The women make meaning of reaching female orgasm in relation to psychological development. This represents a shift from experiencing confusion, exclusion and a sense of abnormality, with associated feelings of anxiety, shame and anger, to experiencing a sense of freedom, more confidence in their sexual relationships, with associated feelings of excitement and happiness. This superordinate theme constitutes two subordinate themes, **“My journey to orgasm - freedom”**, and **“A moment just for me”**. The former shows how the women express their sense of freedom through an idiosyncratic explanation of what they need behaviourally, cognitively, emotionally and relationally in order to reach orgasm in the context of a sexual relationship. This sense of knowingness compared to a historic *not knowing* is striking, both by the language they use and the way in which they communicate, e.g. a high level of specificity in their descriptions and/or an air of confidence in their tone and associated affirmative behaviours as they speak. It is important to remind the reader that despite this change, some participants experience a prevailing sense of anxiety and/or anger in relation to the first superordinate theme **“Anticlimax”**.

The second subordinate theme, “**a moment just for me**” represents the point of climax as a moment(s) where reality is momentarily suspended. The experience of this is such that painful thoughts and emotions are unable to reach consciousness, because the body is rendered almost incapacitated by overwhelming physiological pleasure. All the women find it very difficult to say what this represents in emotional terms; in fact language very often fails them as they try to make any sense of this subordinate theme. What is interesting about this theme in relation to the research question is that this moment appears to be a highly individual one. The partner may be involved in the build up to orgasm and post orgasm, but the moment of climax for these six women is indeed “**A moment just for me**”.

#### **4.3.1 This is my orgasm: My journey to orgasm – freedom**

All eight women experience a developed sense of freedom in their orgasmic life and their sexual relationships, because they have learned through a personal journey what they need to reach orgasm. In knowing, they feel more confident in communicating with their partners to ensure their needs are met. In addition, for seven of the eight women this is in the context of a historic “**Absence of Orgasm**”, which clearly accentuates the emotional impact of this new experience. However, Kirsten has always felt a degree of freedom in her orgasmic life, as she did not make meaning of reaching orgasm in the context of “**Anticlimax**”. Despite this however, she does

experience “**Social pressure and control**”, and in overcoming anxiety related to this she enjoys a greater sense of freedom.

The research question for this study asks about reaching orgasm in the context of sexual relationship. However, it became clear that the essence of this phenomenon could not be understood without considering a relationship with masturbation. Seven of the eight women experienced their first orgasm through masturbation, and a number of them directly spoke about the links between masturbation and reaching orgasm in the context of a sexual relationship.

It is striking the extent to which the women focus on describing specific behavioural practices for reaching orgasm. All eight women in this study require clitoral stimulation to reach orgasm through masturbation. Some can reach orgasm during sexual intercourse but require additional clitoral stimulation: Miriam and Sarah use a vibrator in addition to vaginal-penile intercourse, Charlotte requires manual stimulation of the clitoris, and Rachel, Beth, and Jo need to move their bodies into specific positions to ensure pressure on the clitoris is adequate to reach orgasm. Nikki cannot reach orgasm through vaginal-penile intercourse but can do so with her partner through manual or oral clitoral stimulation. This supports the work of Fisher (1973) who suggests that many women need direct clitoral stimulation as a “final push” (p. 139) to reach orgasm. None of the women experience vaginal orgasms without clitoral stimulation. To some extent this supports

the findings of Sayin (2012) who suggests that women experience “Blended Orgasms” (p. 692) which include vaginal and clitoral stimulation. However Sayin’s findings also suggests that women experience vaginal orgasms independent of clitoral stimulation, which is not the case in this research. In support of Shtarkshall and Feldman (2008) Sayin found that some women experience orgasms of longer duration – “Expanded Sexual Response” (p. 692), but none of the women in this study experienced such orgasms. There is clearly considerable variability in the behavioural practices required for reaching orgasm, but the clitoris undeniably plays a role in this, and particularly for the women in this study. This challenges the notion that “normal” and “mature” female orgasm occurs in the context of heterosexual vaginal-penile sex after a girl has matured successfully through psychosexual stages of development and “given up” her clitoris (Freud, 1918 as cited in Rieff, 1997).

There is a paucity of research that considers the behavioural practices in the build up to female orgasm in the context of a sexual relationship, particularly from a qualitative perspective. This research has however highlighted the extent to which women need to actively create the appropriate conditions in behavioural/mechanics terms, and somehow incorporate this in their sexual relationships (discussed further under superordinate theme 3, “**The challenge of our orgasm**”). Kirsten summarises this as follows, “...I’d need to make sure that physically I got myself into a position where I know I’m going to be able to have one...” (Kirsten, Lines 82 – 83). Jo highlights this

further suggesting that she “uses” her partner to achieve orgasm, “...I know what I need to do in order to build up those steps, in order to have an orgasm, and so I can use that person in order to do it”. (Jo, Lines 63 – 64). I propose that the women in this study have idiosyncratic needs that need to be communicated either vocally or physically in order to reach orgasm in a relational context. This supports my previous notion where I suggest that categorisation of female orgasm into vaginal vs. clitoral is irrelevant in psychological terms because individual and relational complexity is so prevalent. I regard categorization in this context as irrelevant, unhelpful and harmful to both women and men.

It is important to think about historical context at this point both for each individual participant and in relation to this piece of research. **“My journey to orgasm - freedom”** represents not just psychological and relational development on the part of the women, but also development in terms of the sociocultural representation of female orgasm. Evidence of a male-dominated patriarchal construction of female sexuality still exists quite clearly in pornography (Itzin, 2012), and in relation to FGM (Varol et al., 2014) as well as everyday sexual practices (Jackson & Scott, 2007). However this subordinate theme in the context of the superordinate theme **“This is my orgasm”** suggests that in 2015 women have more freedom in relation to their sexual identity and sexual relationships. This is a far cry from the early twentieth century where clitoridectomy was the treatment for female masturbation and nymphomania (Studd, 1997).

A prominent aspect of behavioural practice highlights the use of female sex toys for reaching orgasm, both through masturbation and in the context of a sexual relationship. This highlights two main points in relation to the literature discussed in Chapter 1. In 2015 there is a high street market for female sex toys, with popular consumer outlets in UK cities including Ann Summers (McCaughey and French, 2001; Attwood, 2005). These toys are not simply penis substitutes, but are specifically designed for clitoral stimulation. This suggests that social representations of female sexuality have changed over the last 50 years, and this has impacted positively (in relation to freedom and power) on the lived sexual experiences of women. The comparison made above under “**Absence of orgasm**” in relation to Miriam and Kirsten is also relevant here, as sex was once considered a taboo subject for Miriam, and now she finds she can shop for vibrators on the high street, as well as introduce them as part of sexual practice in relationships. Arguably this may have as much to do with Miriam’s individual psychological development as it does the social environment. IPA methodology acknowledges this to some extent because symbolic interactionism (Blumer, 1969) is a constituent aspect of IPA, which regards personal interpretation of the meaning of social events and interaction as a key aspect of knowledge generation.

The role of cognition and associated affect is identified as a highly important aspect of “**My journey to orgasm – freedom**” both in masturbation and in the context of a sexual relationship. Existing research discussed above supports this finding (Nobre and Pinto-Gouveia, 2008). However, beyond

the work of Nobre and Pinto-Gouveia some of the women in this study specifically discuss active engagement with sexually exciting thoughts and fantasies, as well as self-talk to help them reach orgasm. Beth makes specific reference to self-talk whereby she challenges her negative thoughts about her body as follows, “So the things that I kind of, the lines I tell myself are like he wouldn’t be down there if he didn’t want to be, that I know that he’s enjoying himself and things like that...” (Beth, lines 196 – 198). Whereas Kirsten and Jo actively engage in sexually exciting thoughts they know will help them reach orgasm as follows; “I would, I could fantasise about somebody in particular, so if it wasn’t the person I was with, then it would be whoever I fancied at the time, and, like a colleague for example...” (Jo, lines 133 – 134). This suggests that in addition to the specific behavioural practices required for orgasm the women have also learned what they needed in cognitive terms, which appears to create the appropriate emotional context for orgasm. In Beth’s case her thought process enables her to reduce levels of anxiety, and with Kirsten and Jo it heightens their level of excitement.

Although the findings of this study are similar to the work of Lavie and Willig (2005), there is a noteworthy and interesting difference between this subordinate theme, “**My journey to orgasm - freedom**” and Lavie and Willig’s related theme, “Sexual Experience”. All the women in this study are highly invested in achieving sexual pleasure in the context of a sexual relationship – they regard it as a right (be it a learned right). Although the

meaning of reaching orgasm is experienced as a relational issue (discussed further under “**The challenge of our orgasm**”), the women in this study are more active and forthright in getting their individual needs met than in Lavie and Willig’s study. I propose the experience of inorgasmia, as with “**Anticlimax**” affects sexual identity, sexual confidence, and indeed sexual pleasure. This is supported by the changing psychological experiences discussed previously from states of confusion and related anxiety and anger, to a sense of freedom and related satisfaction and excitement represented by “**My journey to orgasm – freedom**” and “**A moment just for me**” (discussed in the following section). Therefore the experience of orgasm in this study compared to the experience of inorgasmia in Lavie and Willig’s study represents a change in sexual identity that the women in the latter study do not/cannot experience. This highlights how important it is that these women reach orgasm in the context of a sexual relationship because it impacts greatly on their psychological wellbeing.

Another very important aspect of Lavie and Willig’s research is that beyond their interpretative phenomenological analysis of inorgasmia, they also analyzed their data in relation to reaching orgasm. In the case of this research reaching orgasm was the primary focus yet “**Absence of orgasm**” evolved from the data as a constituent part of the essence of reaching female orgasm in the context of a sexual relationship. This suggests that a central aspect of human meaning making may revolve around the concepts of presence vs. absence.

#### **4.3.2 This is my orgasm: A moment just for me**

Seven out of eight women make meaning of reaching female orgasm in the context of a sexual relationship through “**A moment just for me**”.

Interestingly it is Miriam who does not relate to this theme. She attempts to describe the experience of the point of climax, but cannot find the words to express it.

**“A moment just for me”** as with **“This is my orgasm - freedom”**

represents an individual aspect of reaching orgasm, despite it occurring in the context of a sexual relationship. It appears that the moment(s) of climax is the antithesis of a shared experience. In fact the women experience it as a time where reality is suspended; as if those aspects of everyday living including the anxiety provoked through relatedness is blocked out of consciousness. The women experience dysfunction in terms of their cognitive processing and movement of the body is impaired. Of particular interest is the difficulty they find in communicating the point of climax through available discursive resources. This was discussed in relation to **“Absence of orgasm”** where Sarah and Rachel fought to understand the concept of orgasm, but friends were unable to explain it. I do not find it surprising that the women in this study struggle to describe their experience for two reasons 1) if the experience renders normal human functioning impossible, then it is understandable that the discursive resources cannot be located from an individual psychological perspective; 2) Frith (2013) highlights that qualitative

research on female orgasm has only started to emerge in the last decade. If this is the case then women have not had the opportunity to have their voices heard, and it is therefore understandable from a sociocultural perspective that this difficulty occurs.

As discussed previously the biggest proportion of psychological research on female orgasm has been conducted from a quantitative perspective. Interestingly, it is the point of climax that much of this research focuses on. Mah and Blinik (2002) developed a two-dimensional model of human orgasm, which included a physical and cognitive-affective dimension. The findings of this study support that of Mah and Blinik, as reaching female orgasm both through masturbation and in the context of a sexual relationship clearly has a physical and cognitive-affective component as discussed under **“My journey to orgasm - freedom”**. The experience of **“A moment just for me”** supports some of the descriptors used and identified by female participants in quantitative psychological research, which investigates the dimensions of female orgasm (Mah and Blinik, 2002; King et al. 2011). These studies suggest that women experience different types of orgasm beyond the vaginal vs. clitoral debate. Two categories of orgasm were identified in the context of a sexual relationship, “good sex orgasms” and “not so good sex orgasms” (King et al. 2011 p. 1154). In the case of these findings Sarah for example describes the experience of climax as follows, “...it feels like an implosion and then an implosion...” (Sarah, line 194) which relates to King’s descriptors of “flooding”, “flushing”, “shooting” and

“throbbing” (p. 867). However, this research builds on the quantitative literature and goes beyond the physical sensation or cognitive process and interprets the meaning for these women. These powerful physiological sensations represent a moment of freedom or peace from the burden of daily existence. As Jo points out “...you couldn’t recite your two times tables...” (Jo, line 294). Another difference between King’s research and this study is that the women in King’s study identify with descriptors regarding “emotional intimacy” with their partners. Although the women in this study talk about orgasm representing love and connectedness it is not in relation to the point of climax, in fact the point of climax is a very individual experience for these women. Again this represents a methodological difference in favour of this research, because an IPA approach provided me with the scope to interpret the meaning of the point of climax, where as choosing from predetermined descriptors led the researchers above to assume that emotional intimacy occurs as the orgasm is experienced, where as this research suggests this is not the case.

The women in this study do not differentiate between degrees of pleasure with regard to orgasm as did King’s participants. This could be due to inexperience related to “Anticlimax”, i.e. they have not experienced enough orgasms to identify difference – although this is unlikely. It could also be due to failure in the data collection process, inexperience in interviewing on my part – which is possible. It seems unlikely that IPA as a research methodology does not provide the scope for identifying such information, in

fact quite the contrary. It is most likely due to the difference in epistemological and ontological perspective, and ultimately the differing research questions. For example, Mah and Blinik (2002) and King et al., (2011) asked “Are there different types of female orgasm?” and participants were asked to rate their orgasms through masturbation and with partners according to predetermined descriptors, and also according to intensity and length of pleasure achieved. Their study was therefore set up to find differences between orgasms, where as this study is concerned with subjective lived experience as it emerges at interview.

Despite this however “**A moment just for me**” shows some very similar aspects of reaching female orgasm to the quantitative findings of Mah and Blinik (2002) and King et al., (2011). This suggests that the findings of this study and indeed the experience of “**A moment just for me**” may extend beyond the eight women in this study.

Although these similarities are important, it highlights to me how extensively this study has both answered the research question but also explored the phenomenon with such depth in comparison to other studies. This study does not simply categorise components of experience but interprets what it means for these women to have learnt and understand the physical and cognitive-affective factors that enable them to reach orgasm - it means freedom, “**My journey to orgasm - freedom**” and “**A moment just for me**” in the context of painful experience related to “**Anticlimax**”. I believe this

this methodological approach has provided the scope to understand and respect the female orgasm for the multi-layered complex and beautiful phenomenon that *she* is.

It is important to consider how academic theory can make sense of the experience of “**A moment just for me**”. For example, what might be happening to account for a sense of suspended reality? How can we understand cognitive and physical paralysis? Cognitive behavioural theory is very helpful for shedding light on this as it asserts that conscious thoughts; emotions, physiological sensations and behaviour are interrelated, thus a change in one will impact on the other three systems. I suggest that the powerful and euphoric physiological sensations experienced at the point of climax induces a state of mindfulness whereby cognition is focused on the physical sensation, and cognitive judgement or awareness (which is endemic in everyday life) no longer persists. In addition this means that no instruction is given for behavioural activation. There are no psychological studies (to my knowledge) that consider the point of climax in cognitive behavioural terms. However research suggests that engaging in mindfulness techniques can impact on mood and relax the body (Zindel et al., 2002). In addition to this, biological research exists that helps to understand the mechanisms that might underlie “**A moment just for me**”. Motofei (2009) developed a model of sexual function that indicates the instrumental role of the neurophysiological and endocrinological systems for evoking and facilitating sensation during sexual activity. It is suggested therefore that changes in

bodily functioning and cognitive processing experienced by the women in this study might be better understood by combining psychological and biological perspectives regarding perception and how this relates to experience.

#### **4.4. Superordinate theme three: The challenge of our orgasm**

The third superordinate theme, “**The challenge of our orgasm**” illuminates reaching orgasm in the context of a sexual relationship as a contradictory experience for the women in this study. “**The dichotomy of I and we**” represents an experiential struggle whereby on the one hand the women feel empowered through “**This is my orgasm**” to assert their needs and have them met. On the other hand their partner’s needs and expectations as well as perceived social representations evoke anxiety and shame in the relational context, which is related to “**Anticlimax**”. This experience in many cases evokes behaviour that prioritises “**we**” over “**I**”. The second subordinate theme, “**Love actually**” highlights how six out of eight women make meaning of this phenomenon through the romantic concept of love and/or a sense of unique connectedness with their partner. This connection appears to create a boundary around, and “hold” the couple together.

#### **4.4.1 The challenge of our orgasm: The dichotomy of I and we**

The research question for this thesis asks about the experience of reaching female orgasm in the context of a sexual relationship. As discussed previously it became apparent that seven of the eight women understand this phenomenon through personal and often historic painful experiences. This impacts on their relationship with themselves and affects how they experience orgasm in a relational context.

**“The dichotomy of I and we”** is therefore very closely linked to **“My journey to orgasm – freedom”**, because the women had to go through a process of learning what they need in psychological terms (including the mechanics of reaching orgasm) in order to transfer it to the relational context. Despite this however, underlying anxiety prevails in relation to **“Anticlimax”**, regarding fear about being judged and/or rejected by their partners as abnormal. This affects the extent to which they were willing to assert power in relation to their developed sense of freedom. This is experienced as contradictory and confusing, because on the one hand they feel free and powerful, and on the other hand they feel anxious and scared. The result being that some of the women retreat to a pressured and controlled subordinate position, whereby they honour male sexual pleasure over their own. However, this can also be interpreted from an alternative perspective – the concept of romantic love – and this is discussed in the following section under the second subordinate theme, **“Love actually”**.

I propose “**The dichotomy of I and we**” represents both sociocultural developments regarding female sexuality in the mid to late twentieth and twenty-first century (Studd, 1997; McCaughey and French, 2001; Attwood, 2005), as well as the historic sociocultural suppression of female sexuality, arguably since the time of prehistoric matriarchy (Blackledge, 2004; Wolf, 2012). On the one hand seven of the women experience “**Social pressure and control**” and psychological development to “**My journey to orgasm – freedom**”. However, on the other hand the same seven women experience “**The dichotomy of I and we**”. It is suggested therefore that the relational dynamic in sexual relationships impacts greatly on orgasmic experiences, and both a fear of intimacy and power dynamics play an influential role.

Rachel’s experience is very powerful in illuminating the above. She moved from feeling abnormal and ashamed of her body and sexual desire respectively, to a place where she felt confident to assert her needs with her partner so she could reach orgasm in the context of a sexual relationship. However, there is a limit to her assertiveness, and as a result she is more often than not dissatisfied with the pleasure she achieves in sexual activity with her partner: “...But it comes down to me demanding, me putting my foot down and going, nope, I’m going to have one (orgasm). Richard just doesn’t seem to particularly mind whether I do or I don’t, he gets his, yeah...” (Rachel, lines 174 – 175). Similarly Nikki explains how familial belief systems regarding sex impacted on how she felt about her body and sexual activity. This however changed over time and she learnt to find pleasure in

her body and experience this with male sexual partners as follows, "...with this one, excited, happy, naughty, but not guilty anymore which is nice. I used to feel very guilty about having sex and I don't *anymore*." (Nikki, lines 153 – 155) Despite this however she feels unable to ask for her orgasmic needs to be met every time she has sex, even though she knows her partner is satisfied.

The above shows how the women experience reaching female orgasm as a struggle to reconcile contradictory thoughts and emotions. This was briefly discussed under "**The journey to my orgasm – freedom**" whereby despite psychological development, which impacted positively on their sexual experiences the women experience a degree of prevailing anxiety, shame and anger in the context of "**Anticlimax**". I propose that these painful historic experiences are "brought to life" by the intimacy of the relational context, and it appears that a patriarchal construction of female sexuality continues to impact considerably on the lived orgasmic experiences of these women.

This can be made sense of in relation to the concept of power discussed by Roberts et al., (1995) and Jackson and Scott (2007). They suggest men perceive female orgasm as something to be achieved through skilful active work on the passive bodies of women, through a series of linear stages which end in orgasm (Jackson and Scott, 2008), referring to this as "The Taylorisation of Sex" (Jackson and Scott, 1997, p. 558).

In addition to the feminist literature discussed in Chapter 1 social psychological research by Berdahl and Martorana (2006) considers the impact power has on emotional experience. They found a correlation between power and positive emotions, and subordinate status and negative emotions. Those who lacked power in relation to others experienced and expressed more anger than those in power. This is supported by the findings of this study because many of the women and particularly Sarah, Rachel and Miriam describe historic anger that prevailed at the time of interview in relation to **“Absence of orgasm”** due to **“Social pressure and control”** as well as **“The dichotomy of I and we”**. Berdahl and Martorana’s findings also help to make sense of the feelings of excitement and happiness experienced by the women in relation to **“My journey to orgasm – freedom”** and **“A moment just for me”**. Therefore sexual freedom and power is associated with pleasure and happiness, where as feeling under pressure and controlled is associated with anxiety, shame, sadness and anger. From an individual psychological perspective this can be understood through the cognitive behavioural models of anxiety, shame and anger discussed earlier in this chapter. In line with cognitive behavioural theory I propose that cognitions regarding personal freedom to express one’s sexual identity and have this identity accepted and respected by the others, is that which facilitates behaviour between partners that evokes an emotional state of happiness and excitement appropriate for reaching orgasm.

**“The dichotomy of I and we”** and the concept of power can also be understood from a psychodynamic perspective. In fact I propose that Freudian theory provides scope for understanding, acknowledging and respecting individual human psychology in its complexity regarding **“The dichotomy of I and we”**. However, this can also be linked to an IPA and social constructionist perspective, whereby the integration of theories and the advantages of a pluralistic approach are highlighted:

Rachel and Nikki continue to experience anger regarding the experience of reaching female orgasm in the context of a sexual relationship, despite having a degree of freedom and confidence to assert and have some of their sexual needs met. This anger can be understood as evoked through an internal psychodynamic process that represents conflict between the introjection of primary caregivers in the form of the “superego”, and the sexual pleasure seeking “Id”. The degree of conflict in each case will impact on the extent to which an individual endeavours to get their needs met in relation to sex and orgasm (as well as other areas of their life). It could be suggested therefore that Rachel continues to experience anger in relation to a punitive and judgemental “superego” that condemns sexual expression. It could also be suggested that social representations of female sexuality that she perceives restrict female sexual freedom trigger this internal dynamic, so the lived experience of the “social” is exacerbated by the individual and vice versa.

Discussing the findings of this research from a psychosocial perspective is beyond the scope of this study. However, this alternative standpoint enables both the reader and/or other professionals to consider both **“Anticlimax”** and the **“The challenge of our orgasm”** from a position that certainly does not support the medicalization of **“Absence of orgasm”**, rather an investigation of idiosyncratic manifestations of psychodynamic theories of the mind, in order to make sense of psychological distress. Angel (2013) suggests that psychodynamic thinking is the “fault line” which fuels the concept of female sexual dysfunction. I agree with this to a point, but only in relation to Freud’s theory of female orgasm that was arguably misguided by the sociocultural context of 1918, and indeed his own sex.

Therefore in psychodynamic counselling psychology terms, sexual differences are not formulated as “problems” to be eradicated with medication (as a psychiatrist referring to DSM-5 might propose). Rather, conscious relational emotional distress regarding sexual dissatisfaction is considered as a signal the individual is experiencing unconscious conflict preventing the working through of emotions. The case study in Section C of this portfolio provides an example of how an anxious attachment style (with the mother) can result in severe and enduring problems in romantic relationships. The difficulties experienced by these women in relation to **“Anticlimax”** and **“The challenge of our orgasm”** can be understood from this perspective as an underlying fear of intimacy as a result of intrapsychic

dynamics between representations of caregivers developed in early stages of infantile development.

Returning to the “I” in “**The dichotomy of I and we**” I propose that reaching orgasm in the context of a sexual relationship is for these women, in part, a transfer of idiosyncratic masturbatory practices to the relational context. Although the partner is experienced as part of the process, his body is in a sense used as a “tool” for reaching orgasm in behavioural/mechanical terms, as discussed under “**My journey to orgasm – freedom**”. Interestingly and importantly this represents another individual aspect of reaching orgasm in the context of a sexual relationship and further highlights “**The dichotomy of I and we**”. In response to the feminist assertion that men “use” women’s bodies for sexual pleasure (MacKinnon, and Dworkin 1998; Itzin, 2002) I propose that women also “use” men’s bodies for sexual pleasure in the context of “real” intimate relationships, even if this is not represented in mainstream pornography for example.

I believe it is important not to become fixed in specific theoretical models, particularly when combining them can help answer research questions and inform counselling psychology practice. This is illuminated most powerfully by the discussion of this particular theme. The advantage of this research is that it has taken a bottom-up approach. It has heard women’s voices without imposing methodological constraints on their freedom of speech, and now I am in a position to consider using other theories and research in order

to provide a greater depth of understanding. This highlights both limitations of IPA as well as the strengths of a psychosocial perspective, and indeed a pluralist approach. This may appear to the reader as a methodological contradiction but this is not the case. The research was conducted and analysed from an IPA perspective, and now the discussion chapter serves as a platform to promote the concept of pluralism. It is my view that as long as epistemological and ontological differences are acknowledged and discussed then research benefits from drawing on multiple sources and theories of knowledge.

#### **4.4.2            The challenge of our orgasm: Love actually**

Despite making sense of reaching orgasm through painful and confusing experiences related to “**Anticlimax**” and the “**The dichotomy of I and we**”, six of the eight women make meaning of reaching orgasm in the context of a sexual relationship through the concepts of respect, acceptance and connectedness; constituting the subordinate theme “**Love actually**”. As the discussion has previously shown, reaching orgasm is important for the women’s identity as it signifies normality to them. It also appears to be important for partners’ identities - as men that can “give” a female orgasm. In addition “**Love actually**” highlights that it is also important for the couple identity - as a couple that can make orgasms happen together. It seems as though partner orgasms are experienced as “holding” the couple together as an exclusive unique entity.

It is important to start by discussing the apparent contradiction between “**Love actually**” and “**This is my orgasm**”, as well as “**The dichotomy of I and we**”. I interpreted “**My journey to orgasm - freedom**” as an individual and idiosyncratic experience, whereby some of the women “use” the body of their partners as a masturbatory object. In other cases the partner is not required at all and a vibrator completes the journey to orgasm. “**A moment just for me**” also represents the moment(s) of climax, as an individual experience where reality is suspended and the individual is “paralysed” by euphoric physiological sensations, be that through masturbation or in the context of a sexual relationship. “**The dichotomy of I and we**” is in part experienced through anxiety and fear related to fear of judgment and/or rejection, and ultimately the loss of a relationship. These subthemes clearly highlight an aspect of this phenomenon that contradicts, “**Love actually**”.

Research by Lavie and Willig (2005) supports the finding here, as some of the women in their IPA study made meaning of reaching orgasm through the concept of romantic love. They state, “...some of them (women) see a partner's ability to 'give' a woman an orgasm as a sign of his love and commitment...” This highlights “the strong romantic connotations of orgasm” (p.124). Given the similarities between this study and that of Lavie and Willig it is suggested that other women beyond these studies might make meaning of reaching female orgasm in relation to the concept of romantic love. This research has added to the findings of Lavie and Willig because it suggests that for these women love represents acceptance, respect and a unique and

exclusive sense of connectedness. Charlotte encapsulates this deeper interpretation as follows "...and they're just patient and they're loving then that makes such a huge difference (for reaching orgasm), I think." (Lines 40 – 41).

Two pieces of quantitative psychological research support the findings of this study with regards the importance of emotional intimacy for reaching female orgasm in the context of a sexual relationship. Mah and Blinik (2002) included "emotional Intimacy" as one of ten descriptors women could chose from to identify their experience of reaching orgasm, and analysis found this constituted the highest rated descriptor over physiological and emotion-related descriptors. Beyond the use of the word love, which is often used by the six women who experienced "**Love actually**", respect for their needs and a sense of unity is also very important to the women. These concepts are closely related to Mah and Blinik's (2002) and King et al. (2011) descriptors of "tender", "unifying" and "close".

There are of course participants in this study who do not make meaning of reaching female orgasm through "**Love actually**". In fact Beth specifically says reaching orgasm, "...isn't, not love or anything like..." (Lines 237 - 238 Beth). However she does say that knowing that her partners desire her sexually is important, but she differentiates between lust and love. Rachel makes no reference to "**Love actually**" throughout her interview. These findings appear to support the interpretation of this phenomenon as an

individual experience, as these two women do not make meaning through a sense of emotional connectedness signifying unification or romantic love. Psychodynamic or cognitive behavioural theory as discussed previously can both make sense of these differences. For example, it might be that emotional intimacy is not something that sexually excites Rachel and Beth. In fact on an unconscious level it could be something they fear, hence being seen as a desired sexual object in cognitive conscious terms may be that which helps them achieve orgasm. These are of course hypotheses, but they show how various psychological theories can help to make sense of these experiences.

I have highlighted that for centuries there has been a paucity of qualitative literature on female sexuality and indeed orgasm. However, I have also suggested that beyond this absence and the oppressive patriarchal based social constructions of female sexuality, it might be possible that in intimate romantic and sexual relationships, something very different is happening. The findings of this research support this hypothesis to some extent. For example, Miriam experienced very painful emotions in relation to sex for much of her 20s and 30, and was dissatisfied in relation to orgasm. However, whether due to changes in sociocultural context or working through painful suppressed emotions, she finds herself in a relationship where her partner respects listens and gives time to her; ultimately she feels loved by him. Despite “**Social pressure and control**” which continues to evoke anxiety and anger for Miriam in 2014, and her experience of “**The**

**dichotomy of I and we**” she experiences **“Love actually”** and reaches orgasm in the context of s sexual relationship. Therefore, in response to some of the feminist literature I suggest that this qualitative research highlights that beneath the social representations of female sexuality there are experiences of acceptance, respect, unity and love.

#### **4.5 Conclusion**

The essence of reaching female orgasm in the context of a sexual relationship is understood by the women in relation to **“Anticlimax”**, **“This is my orgasm”** and **“The challenge of our orgasm”**. I propose the aim for this research study – and more – has been achieved. An IPA approach has uncovered the essence of this phenomenon in its multi-layered complexity. Beyond this, the discussion chapter allows for the phenomenon to be thought about in relation to other research from differing psychological perspectives. In doing so it highlights the limitations of IPA and the advantages of a pluralistic approach.

The findings of this study both support and challenge research on female orgasm including quantitative and qualitative research. For example, to some extent **“Anticlimax”** supports the medical theory of “Female Sexual Dysfunction”, i.e. **“Absence of orgasm”** is experienced, and is subjectively psychologically distressing. It also supports qualitative IPA research (Lavie

and Willig, 2005) on Inorgasmia that also highlights painful experiences associated with “**Absence of Orgasm**”.

This study supports feminist literature that argues female sexuality continues to be oppressed and controlled in 2015. Yet it also suggests that research on lived experience provides data that to some extent challenges the feminist literature, because in “real” intimate sexual relationships some women experience respect, acceptance, and love, which is important for reaching orgasm. This highlights how important it is to engage in qualitative research that considers subjective meaning making.

Despite finding similarities between these findings and those of existing research, there are some key experiences of reaching female orgasm in the context of a sexual relationship that are not (to my knowledge) discussed in existing literature. 1) The concept of transferring masturbatory practices to the context of a sexual relationship. Although some research discusses the link between masturbation and orgasm it does not suggest that men and women “use” one another as masturbatory objects in order to reach orgasm. 2) The contradiction of “**The Dichotomy of I and we**” and how this relates to “**Love actually**” is also not discussed anywhere. It is suggested that these two concepts are highly controversial and possibly difficult to bear in mind. Social representations of romantic love imposed upon society by the media for example are very much at odds with the idea that men and women in love might use one another’s bodies for pleasure. However, mainstream

pornography does indeed suggest that men use women's bodies for pleasure outside of "**Love actually**". This highlights the confusing and contradictory social representations of female and male sexuality that exist today. It is also possible that the paucity of qualitative psychological research on female orgasm is the reason for the above points not having been raised previously. Regardless, it leads the way for future research and suggests despite the utility of the findings of this study, I have most likely only "scraped the surface" of this human female phenomenon.

#### **4.6 Limitations and implications**

As discussed previously this research is limited in numerous ways, but most importantly is limited by the lack of ethnic and cultural variation across participants. The value of attending to this is highlighted through the literature in relation to Sudanese culture and FGM discussed in Chapter 1. There is also no variation in relation to sexual orientation, and given the feminist writings on the social construction of female orgasm in the context of heterosexuality, it would be interesting to understand the lived experiences for lesbian couples. This would enable a researcher to consider the effects of power relationships between women and women, shedding light on whether these findings represent a dynamic between men and women or whether it is a phenomenon of human intimate sexual relationships. Research on the lived experience of reaching male orgasm in the context of

both heterosexual and homosexual sexual relationships is also of vital importance and would shed further light on the findings of this research.

This research has significant utility and implications for the field of counselling psychology. It affirms the philosophy of counselling psychology that regards human beings as relational beings both on an intrapsychic and interpsychic level. It suggests that reaching female orgasm in the context of a sexual relationship is a complex phenomenon that benefits from being understood from varying psychological perspectives. This ensures that individual experience is respected and formulated with rigour. If counselling psychologists work with individuals or couples who experience psychological distress in relation to orgasm, and these individuals wish to understand and overcome this, then this research suggests that resisting diagnostic criteria and pathologisation is the most useful approach to take. This can be achieved using differing psychotherapeutic models including a cognitive behavioural and psychodynamic framework (as discussed above) However, the key to understanding and/or overcoming emotional distress related to orgasm is making sense of idiosyncratic experiences both past and present; consistent with a counselling psychology ethos.

This research also has implications for other academic disciplines, in particular biology and medicine. It argues against the idea that vaginal orgasms are superior to clitoral orgasms in relation to evolutionary fitness. It also argues that the medicalization of female sexual difference is

unnecessary and driven by patriarchal anxiety and money via the pharmaceutical industry. This research has implications for feminist sociological and psychological literature because although it broadly supports the notion that female sexuality has and continues to be oppressed, it also argues that an understanding of lived experience may in some cases “tell a different tale”.

#### **4.7   Researcher reflexivity**

Before writing this chapter I was acutely aware of my personal thoughts and feelings in relation to the oppression and control of female sexuality. This awareness enabled me to bracket my personal experience in order that the discussion reflected both the lived experiences of the eight women in this study combined with a balanced review of literature. I acknowledge and believe that it is impossible to fully bracket personal experience, and therefore the conclusions of this research are likely to be influenced both by my conscious and unconscious experiences to some extent. However, I believe my interpretation of the interview data and my discussion of this represents the essence of reaching female orgasm in the context of a sexual relationship for these eight women, and highlights the ongoing struggle that women continue to endure in having their sexual needs respected in the context of sexual relationships with men.

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# Orgasms?

**I am looking to recruit 8 female participants, who are willing to talk in detail, about reaching a sensation that they regard as an orgasm, during sexual activity with a partner (past or present).**

**This is part of my doctoral training in Counselling Psychology at City University, London. I will use the recorded interview data to write a project about the experience of reaching female orgasm. This will be published. However, the data will be kept confidential and anonymous.**

**If you would like to know more please contact Georgina Elliott on [REDACTED]  
or [REDACTED]**

## **Appendix B: Participant information sheet**

### **Participant Information Sheet**

The title for this study is: *Reaching Female Orgasm: An Interpretative Phenomenological Analysis*. The aim is to understand your experience of reaching a sensation, which you think of as an orgasm, in the context of a relationship with a partner (past or present). This will involve you and I participating in an interview, which will last between 1 ½ - 2 hours. Interviews will take place at a venue convenient to you. I will ask you questions, and we will discuss your sexual experiences. Examples of likely questions are listed below:

1. Can you tell me what you remember about your earliest orgasmic experiences?
2. Can you tell me about your first orgasmic experiences with a partner?
3. How would you describe the process of reaching orgasm with a partner?
4. What do you think about to reach orgasm?
5. What do you do to reach orgasm?
6. What does it feel like as you reach orgasm?
7. What prevents you or makes it difficult for you to reach orgasm?
8. What do you think and feel about the concept of the female orgasm?
9. How important is reaching orgasm for you?

10. What would you like to say or add to what we have talked about today?

In order to participate in the study you must be over the age of 18, English must be your first or second language (which you speak fluently). You must feel able to talk about or sexual experiences in detail. It is important that you are not currently receiving treatment for a sexual dysfunction disorder.

Once you have agreed to take part in the study you will be asked to sign two consent forms; one consenting to take part in the study, and a second consenting to have the interviews digitally recorded. All interview data will be kept safely, remain confidential and anonymous, including the final write-up of the project. After interview you will be debriefed about the project, and signposted to other sources of information or help if required.

The research project is conducted as part of a Professional Doctorate in Counselling Psychology, at City University, London. Below are my contact details as well as the details of my supervisor, Dr Julianna Challenor.

**Researcher:** Georgina Elliott

Tel: [REDACTED] Email: [REDACTED]

**Supervisor:** Dr Julianna Challenor

Email: [REDACTED]

Please do not hesitate to contact me if you require any further information.

## **Appendix C: Interview schedule**

1. How are you feeling about being here today and answering questions about your sexual experiences?
2. Can you tell me what you remember about your earliest orgasmic experiences?
3. Can you tell me about your first sexual experiences with a partner?
4. How would you describe the process of reaching orgasm with a partner?
5. What do you think about to reach orgasm?
6. What emotions do you feel?
7. What do you do to reach orgasm?
8. What does it feel like as you reach orgasm?
9. What role does your partner play in you reaching orgasm?
10. What prevents you or makes it difficult for you to reach orgasm?
11. What happens after you have reached orgasm?
12. How important is reaching orgasm for you?
13. What do you think about female orgasm in general?
14. Is there anything else you would like to add about your experience of reaching female orgasm in the context of a sexual relationship?

**Appendix D: Participant consent form**

**Participant Consent Form**

**Reaching Female Orgasm: An Interpretative  
Phenomenological Analysis**

**Researchers: Georgina Elliott and Dr Julianna Challenor**

**Please complete the whole sheet and cross out as necessary**

**Have you read and understood the participant information sheet? YES/NO**

**Have you had the opportunity to ask questions and discuss the study? YES/NO**

**Have all the questions been answered satisfactorily? YES/NO**

**Have you received enough information about the study? YES/NO**

**Do you understand that you are free to withdraw from the study?**

**At any time YES/NO**

**Without having to give reason YES/NO**

**Do you agree to take part in the study? YES/NO**

**Do you agree to have your interviews recorded? YES/NO**

**“This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time”.**

**Signature of the participant**

**Date:**

**Name (in block capitals)**

**I have explained the study to the participant and she has agreed to take part**

**Signature of researcher**

**Date:**

## **Debrief Schedule**

The aim of this study is to gain an in-depth understanding of the experience of reaching female orgasm. This is why you have been asked to describe your sexual experiences in detail.

Talking about personal experiences can make us feel different emotions, and sometimes we might feel we need to talk about this further. If this is the case you can contact either of the agencies below, which provide psychological counselling. If you feel that this experience has had a severe impact on your mental wellbeing, and you are concerned about the way you feel, you should contact your GP for advice. You can also call the Samaritans on 08457 90 90 90.

If you wish to complain about any aspects of this research process, please contact me on [REDACTED], or contact Dr Julianna Challenor (Supervisor) on the following email address:

[REDACTED]

**Relate Oxford:**

[REDACTED]

**Isis Centre:**

[REDACTED]

Thank you for your time in participating in this research.

## **Appendix F: Ethics form**

# Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

## Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc  M.Phil  M.Sc  D.Psych  n/a

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Reaching orgasm: An Interpretative Phenomenological Analysis

2. Name of student researcher (please include contact address and telephone number)

Georgina Elliott

3. Name of research supervisor

Dr. Julianna Challenor

4. Is a research proposal appended to this ethics release form? Yes No

5. Does the research involve the use of human subjects/participants? Yes No

If yes,

a. Approximately how many are planned to be involved?

6

b. How will you recruit them?

I will recruit through a women's group in [REDACTED] I will attend one (more if necessary) of their meetings, and present my research project, and hand out flyers (see below) at the end. Potential participants will have my contact details (on flyer) if they wish to discuss recruitment further.

c. What are your recruitment criteria?

(Please append your recruitment material/advertisement/flyer)

Please see attached flyer

**Inclusion criteria**

- Women over the age of 18
- Must be able to speak English as first or second language
- Must be willing to discuss sexual experiences in detail
- Must perceive that they can reach a sensation which they regard as an orgasm

**Exclusion criteria**

- Men
- Women under the age of 18
- Women currently in treatment for sexual 'disorders', either medical or psychological

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? Yes No

d1. If yes, will signed parental/carers consent be obtained? Yes No

d2. If yes, has a CRB check been obtained? Yes No  
(Please append a copy of your CRB check)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? (If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).

To participate in a semi-structured interview lasting 1 ½ - 2 hours. They will be required to discuss their sexual relationships in detail, specifically with regard to reaching orgasm.

7. Is there any risk of physical or psychological harm to the subjects/participants?  
Yes No

If yes,

a. Please detail the possible harm?

This topic could provoke strong emotions, for example, shame, embarrassment, anxiety, or sadness, all of which may have a psychological impact on the participant.

b. How can this be justified?

The client will be informed prior to interview that they will be required to discuss their sexual relationships in detail, and will therefore give informed consent prior to participation, both consent to participate and consent to have the interviews recorded. The research is with a non-clinical sample, therefore participants are not considered vulnerable. The findings will provide an in-depth phenomenological understanding of a topic that has not been explored thoroughly using qualitative methodologies. It is hoped therefore that the findings will substantially enrich the current body of knowledge. The research will be useful not only for the field of counselling psychology, but other mental health professionals, e.g. relationship therapists, sex therapists, counsellors or clinical psychologists. It will also be of interest to other disciplines such as sociology or biology.

c. What precautions are you taking to address the risks posed?

Obtaining informed consent as above, reiterating participant's right to withdraw at each stage of the recruitment process, up until the end of the interview. The participant will be provided with a debrief sheet, listing local counselling organisations including Relate and a generic counselling service. They will be informed that they can contact their GP should they be concerned about their wellbeing post interview.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

See attached

*(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

If no, please justify

As discussed above.

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

I will keep the recordings of the interviews on an encrypted Dictaphone. I will have written transcripts of the recordings and associated notes written during the analysis.

12. What provision will there be for the safe-keeping of these records?

The above will kept either in a lockable cabinet at my home (written notes) or on a computer at my home, that only I have access to via a password.

13. What will happen to the records at the end of the project?

At the end of the project the above will be destroyed. I will keep a copy of the written-up thesis, but this will be anonymous.

14. How will you protect the anonymity of the subjects/participants?

I will use pseudonyms in the writing of the thesis, and keep data as discussed above.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

See attached de-brief schedule and see above regarding psychological welfare of research participants.

*(Please append any de-brief information sheets or resource lists detailing possible support options)*

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:

De-brief Information

### Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? **Yes** No  
If yes,

a. Please detail possible harm?

There is a potential for psychological harm to the researcher because this topic is of personal interest to the researcher.

b. How can this be justified?

The risks for psychological harm are minimal and the benefits of the research outweigh any potential harm which can be easily managed should it occur.

The researcher has had and continues to be in psychological therapy, and this will act as a buffer should the research provoke any difficult emotions.

### Section C: To be completed by the research supervisor

*(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)*

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signature

[Redacted Signature]

Date

[Redacted Date]

### Section D: To be completed by the 2<sup>nd</sup> Departmental staff member

*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signature

[Redacted Signature]

Date

[Redacted Date]

**Appendix G: Example transcript extract**

112 *Laughter*

113

114 **In the process to have the orgasm.**

115

116 Right well when I'm really excited as soon as I use my, as soon as I get my clitoris  
117 stimulated I do just want to get there, I mean I can drag it out a little bit but I don't really  
118 want to, I just think, oh shall I or shall I not? This kind of, shall I drag it out a bit or not?  
119 And sometimes I do and sometimes I don't depending on how much time, all sorts of  
120 factors coming in. But that's really only it, shall I now or shall I later?

121

122 *Laughter*

123

124 And I do want to come first and my husband wants that too fortunately because, well he  
125 just can't go very long so I would lose out afterwards. So if I can't come first then I don't  
126 get really, unless I go on by myself really and have him just lying next to me or so, but it's  
127 not the same of course.

128

129 **So in terms of what's running through your mind it's a question of when will I orgasm?**

130

131 Yeah, yes really because, yeah that's right, I enjoy sex but at one point I get really excited  
132 and then I just want to orgasm. Sometimes I don't want it actually, it's very rarely so but  
133 because I don't have a lot of sex I think I then just want it, yeah I do enjoy it. And during  
134 orgasm I think, I always think and that's so funny, I always think the word delicious.

135

136 *Laughter*

137

138 I've found myself thinking that, that it's just such a delicious feeling and yeah just I don't  
139 think I think, I feel of course yeah.

140

141 **It feels?**

142

143 Yeah it feels.

144 **Delicious and does the word come to mind?**

145

146 Yeah it does

147

148 It does?

149

150 Yeah it does yeah, that comes to mind.

151

152 **Do you ever think about other things in the build up to orgasm? Is there anything else**  
153 **that you might think about?**

154

155 I do yes, sometimes I feel the pressure of time for example, that we might not have enough  
156 time and then it's just quick, quick and then it's rather a decision process. When I decide I  
157 am having sex then I'm very, just feeling, just there and doing it, it's more about decisions  
158 really.

159

160 **And do you ever fantasize about anything other than what's going on in the sexual**  
161 **activity?**

162

163 Oh yes, oh yes I do have fantasies, yeah sometimes I think about somebody else.

164

165 *Laughter*

**Chapter 5: Section C: Article for “Psychology & Health”**

**“Reaching female orgasm: An interpretative  
phenomenological analysis”**

## 5.1 Reaching female orgasm: An interpretative phenomenological analysis

Georgina F. Elliott

*Psychology Department, City University, London, England*

Dr Julianna Challenor, *Psychology Department, City University, School of Arts & Social Sciences, Whiskin Street, London, EC1R 0JD*

One might presume that human beings would benefit in psychological and indeed relational terms from studying sexual behaviour. Yet research on the female orgasm only gained momentum in the mid – late twentieth century, and this research was of a quantitative nature, measuring anatomical change in female orgasm or concerned with factors that might account for variation in occurrence of female orgasm. In the last decade a small body of qualitative psychological and sociological research on the female orgasm has appeared. This study explores how women make meaning of reaching female orgasm in the context of a sexual relationship. A non-clinical sample of eight women engaged in semi-structured interviews, and the data was analysed using Interpretative Phenomenological Analysis (IPA). Three superordinate themes emerged: “**Anticlimax**”, “**This is my orgasm**” and “**The challenge of our orgasm.**” The women experience this phenomenon: through a sense of control and restriction related to painful emotions including anxiety, anger and shame; through a developed sense of freedom in understanding and learning how to satisfy their own sexual needs; and through a contradictory experience of personal freedom versus a female – male relational power dynamic experienced as dominated - dominant respectively. The women also experience this phenomenon through the romantic concept of love. This paper will focus specifically on the superordinate theme, “**The challenge of our orgasm**”. Implications for counselling psychology practice and future research will also be discussed.

Keywords: female orgasm, sexual relationships, IPA

## 5.2 Introduction

“The vagina as icon, sacred, inviolable, worshipped. The site and source from which all human life spring. The font of all new life. The origin of the world.” (Blackledge, 2004, p. 39). It is

difficult to believe in 2015 that the vagina and female sexuality were once considered sacred, treasured and worshipped. However this was indeed the case according to writers on pre-historic matriarchy (Marler, 2006; Goettner-Abendroth, 2008). The social construction and representation (Gergen, 1973) of female sexuality has in a contradictory fashion both evolved and devolved over the centuries. In contemporary western society where women arguably experience more sexual freedom than ever, the days of vaginal worship however appear to be lost.

The role of Christianity in western culture has had a profound impact on the construction of sexuality. Studd (2007, p. 673) noted that, “In Medieval times people feared three things: the devil, Jews, and women. Female sexuality was a particular source of anxiety for men, an anxiety which continued until the beginning of the 20<sup>th</sup> century.” For many centuries female sexuality was regarded important solely for reproductive purposes, and the vagina, not the clitoris, was considered the primary female sexual organ. This perspective was endorsed by religion and medicine. Freud (1931, as cited in Rieff, 1997) supported the medical view by locating “normal” and “healthy” female sexual development in the resolution of conflict at the Oedipal stage. He suggested that a “healthy” female must successfully transfer libido from the female love-object (mother) to the male love-object (father), the “immature” clitoris to the “mature” vagina respectively, and thus represented female orgasm through clitoral stimulation as a sign of psychological dysfunction and abnormality. Female sexual pleasure and orgasm through clitoral stimulation was feared to such a degree at this time, that clitoridectomy and cauterization of the clitoris were standard medical procedures in England and across Europe, for “curing” female physical and mental “illnesses” including nymphomania and masturbation.

The social construction of female sexuality and orgasm has indeed evolved over the centuries. The sexual revolution in the late twentieth century saw attitudes towards female sexuality change both in the media and in everyday society. The contraceptive pill was made available to the general public in 1961 (Bitzer, 2010) – and this had tremendous implications for women, as the risk of becoming pregnant was significantly reduced, making the concept of sex for pleasure more viable. This of course gave women more sexual freedom, and it was a symbol of the growing strength of science and medicalization, as well as a reduction in support for religion. In the context of this sociocultural change female orgasm became a focus of research from various academic disciplines including biology, where it was argued that there is no anatomical difference between a vaginal or clitoral orgasm regardless of stimulation point (Masters and Johnson, 1966), and neurology, that highlighted the elaborate and varied neural networks that tend to focus around the clitoris (Krantz, 1958). The body of empirical research continued to

grow, and more recently some evolutionary biologists have argued that female orgasm is selected for evolutionary fitness (Komisaruk & Sansone, 2003), whereas others argue that it is merely a by-product of the male orgasm (Lloyd, 2005). Sayin (2012) conducted recent neurological research and suggested that women can experience vaginal orgasm, clitoral orgasm, as well as a “Blended Orgasm” (p. 692), whereby a vaginal and clitoral orgasm occur simultaneously.

In terms of psychological research various dimensions of female orgasm have been identified, Mah and Blinik (2002), for example, developed a two-dimensional model of female orgasm that constitutes a “cognitive-affective” dimension and a “sensory” dimension. King et al. (2011) identified four types of female partner orgasms through conducting a typological analysis on Mah and Blinik’s (2002) data (above) on the dimensional phenomenology of female orgasm, and defined two broad categories of orgasm, “good sex orgasms”; and “not so good sex orgasms”, which varied in intensity with regard to pleasure and sensation. Nobre and Pinto-Gouveia (2008) investigated the role of cognitive and emotional variables regarding female sexual behaviour, and found that “...body image beliefs and automatic thoughts focusing on self-body appearance seem to be strongly associated with orgasmic disorder” (p. 325). Regarding affect, they found that sadness and guilt are strongly associated with hypoactive sexual desire. Cohen and Belsky (2008, p. 6) conducted research that considered the role of emotion regulation and associated attachment style for reaching female orgasm. They found that “...higher levels of avoidant romantic attachment predict lower levels of female orgasmic frequency”. The clitoral vs. vaginal orgasm debate also prevails through the research conducted by Brody and Costa (2008). They used psychodynamic theory in quantitative psychological research to test Freud’s hypothesis regarding the use of immature and mature defences in relation to clitoral and vaginal orgasms respectively. They found that vaginal-penile orgasm was associated with lower use of immature defences, thus supporting Freud’s hypothesis.

The medical profession has become increasingly interested in the medicalization and indeed pathologisation of female sexual behaviour. The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) includes the diagnostic criteria for “Female Orgasmic Disorder (FOD)” which comes under the umbrella term of “Female Sexual Dysfunction (FSD)” (p. 429). Moynihan (1993, p. 45) suggests that this pathologisation has been “fuelled” by large pharmaceutical companies in order to create a market for drugs: “The corporate sponsored creation of a disease is not a new phenomenon, but the making of female sexual dysfunction is

the freshest, clearest example we have... drug companies are working with colleagues in the pharmaceutical industry to develop and define a new category of human illness..." This interest in FSD serves to maintain the perspective that female sexual behaviour can be categorised, and indeed categorised as normal or abnormal. This is an interesting perspective given the limited qualitative psychological research on the female orgasm. How can we categorise absence of female orgasm as mental disorder if we have no prior understanding of the lived experience of the phenomenon from a psychological perspective?

A small body of qualitative psychological research on female orgasm has started to grow in the last fifteen years. Potts (2000) conducted a feminist discursive analysis on female orgasm, and found that reaching female orgasm is a paradoxical experience, "...that orgasm offers a transcendental experience (a meeting with one's 'true' self) at the same time as it involves a loss or absence of 'self'." (p. 55). She also challenges the contemporary view that orgasm is representative of healthy heterosex. Abraham (2002) carried out psychosocial research whereby he presented case studies of his psychotherapy clients who had experienced subjective psychological distress in relation to orgasm, and made sense of this through psychodynamic interpretation. Abraham concluded his discussion on the psychodynamics of orgasm as follows: "through sexual dysfunction...we are led to discover a tormented world of unresolved conflict...a whole fantastical universe" (p. 335; p. 337). This research is important as it suggests that interpretation of unconscious relational dynamics and defence mechanisms is useful for understanding an individual's experience of reaching orgasm.

Shtarkshall and Feldman (2008) produced a case study with a female participant who experienced multiple orgasms. They conducted a grounded theory analysis and identified environmental, cognitive, emotional, behavioural, and relational factors that contributed to the participant reaching orgasm. Nicholson and Burr (2003) investigated that which women considered as "normal" about heterosexual desire and orgasm in the context of the medicalization of female sexual functioning. They found that women are less concerned with reaching their orgasm in the context of heterosexual intercourse than clinical data suggests; rather, their desire to orgasm is primarily in the interest of satisfying their partner. Lavie and Willig (2005) conducted an interpretative phenomenological analysis (IPA) on the experience of inorgasmia. They found that lived experience of inorgasmia is psychologically distressing and women made sense of this phenomenon in relation to three superordinate themes; "Self Image", "Relationship Issues", and "Sexual Experience". The latter research is the most similar in terms of research topic and methodological approach to the research discussed in this paper, however

I found no IPA research specifically on the lived experience of reaching female orgasm either through masturbation or in the context of a sexual relationship.

In the contemporary age women are now regarded (to some extent) as having a right to orgasm. This is reflected in the growing research interest discussed above and in the media, e.g. in popular women's magazines, women are taught how to have "Your orgasm - Guaranteed" (Benjamin, as cited in Cosmopolitan, 2014). There is also a booming high street market for female sex toys, with popular consumer outlets including Ann Summers (McCaughey and French, 2001; Attwood, 2005) and these toys are not simply penis substitutes, but are specifically designed for clitoral stimulation. Despite this however, feminist psychological and sociological literature suggests that female sexuality, and indeed orgasm continues to be constructed, represented and controlled through a male dominated patriarchal society.

Lavie-Ajayi and Joffe (2009) suggest the social representation of female orgasm constitutes three interrelated themes, "Orgasm as central indicator of sexual pleasure and goal of sex Media perspective", "Clitoral versus vaginal orgasms", and "Not having orgasms as common yet problematic" (Lavie-Ajayi and Joffe, 2009, pp. 101 – 105). They found that, "...particularly those who experience themselves as having problems with orgasm, the scientifically driven representations induce feelings of failure, but are also resisted." and thus suggested conflict between the scientific representation and subjective experience of female orgasm. Roberts, Kippax, Waldby and Crawford (1995) explored the narratives of participants discussing the phenomenon of faking orgasm. They found that women constructed their orgasmic experience in relation to "The love bit", and men in relation to "Technique: working in the dark" (p. 525). They suggested that men position their bodies as being actively controlled by the mind, which positions women's bodies as needing to be controlled. In relation to orgasm men's narratives suggest they use their mind to work on women's bodies for the purpose of "giving" an orgasm through skilful techniques. This of course represents women's bodies as passive receptors of male action, for facilitating female orgasm. Baumeister and Trence (2002), however, argue against a culturally oppressed, controlled and subordinated female sexuality. They suggest that women innately have a lower sexual desire than men, and rather than accepting this as a fact of nature it is perceived by some as representing suppression of female sexuality on the part of men.

The feminist perspectives, as well as findings from non-feminist research (Lavie and Willig, 2005) are supported by literature discussing the representation of female sexuality and orgasm in mainstream pornography. It is argued that pornography maintains the female – male dominated – dominant dynamic respectively, whereby women are objectified, used and harmed for male sexual gratification (MacKinnon, and Dworkin 1998; Itzin, 2002). In addition, cross cultural research on female genital mutilation (FGM) (Garcia, 2014; Varol, 2014) suggests that female sexuality continues to be feared in male-dominated societies so much so that babies, girls and women are brutally physically and emotionally abused in order to control their sexual desire and pleasure.

### **5.3 Methodology**

The research was designed and carried out from an “Interpretative Phenomenological” perspective (Smith et al., 2009), the aim of which is to understand how participants view and experience the world. It posits that knowledge about human experience can be accessed through engagement with, and interpretation of participants’ accounts. The concept of interpretation aligns with a hermeneutical philosophy that assumes meaning is not overtly accessible, and that reflection is required in order to understand it. This approach assumes that the participant’s account is affected by the relationship between researcher and participant, and the interpretation of such experience is made sense of through a process of “symbolic interactionism” (Blumer, 1969). This approach does not require these influences be controlled for, as with quantitative methodologies; rather, it holds that interaction is an integral part of knowledge. Smith et al. (2009, p. 11) describe IPA as “an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of philosophy of knowledge: phenomenology, hermeneutics and idiography”.

### **5.4 Method**

The research was conducted in line with the British Psychological Society “Code of Ethics and Conduct” (2009), and approval was given by City University, London before recruitment of participants commenced. The research proposal was presented at a women’s group, and participants were recruited as a result of this presentation. The research data was collected through semi-structured interviews. “In semi-structured interviewing, the interviewer requires

more focused information and asks specific questions to gain it. In essence, the researcher opens the discussion, listens and uses prompts to guide the respondent” Duffy et al., (2002, p. 69).

The rationale for choosing this method related to the specific needs of the research question. It was necessary to have some structure, as the research question focused on a specific process i.e. reaching orgasm. However, it also needed to provide scope for the participants to talk in detail about their subjective experience. Each participant was interviewed for between 1 and 1 1/2 hours, on one occasion. The interviews were recorded using an encrypted Dictaphone, and were conducted in the homes of the participants. All participants gave informed consent prior to interview and were debriefed post-interview.

## 5.5 Findings

An interpretative phenomenological analysis was carried out on the data from semi-structured interviews for all eight participants. Three superordinate themes emerged; “**Anticlimax**”, “**This is my orgasm**”, and “**The challenge of our orgasm**”. The women experience this phenomenon through a sense of control and restriction related to painful emotions including anxiety, anger and shame; through a developed sense of freedom in understanding and learning how to satisfy their own sexual needs; and through a contradictory experience of personal freedom versus a female – male relational power dynamic experienced as dominated - dominant respectively. The phenomenon is also made sense of through the concept of romantic love.

The third superordinate theme will be discussed here in detail, however all three themes are interrelated and so reference is made to “**Anticlimax**” and “**This is my orgasm**” throughout. The third superordinate theme ‘**The challenge of our orgasm**’ makes sense of reaching female orgasm in the context of a sexual relationship, as an effortful, complex and contradictory psychological experience. The first sub-theme “**The dichotomy of I and we**” represents a process whereby the women work hard to communicate their idiosyncratic needs in the context of freedom and associated empowerment represented by the second superordinate theme “**This is my orgasm**”. Yet at the same time feel bound by their concern for their partner’s needs, in the context of enduring fear of intimacy and rejection linked to the first superordinate theme “**Anticlimax**”. The second sub-theme “**Love actually**” makes sense of the phenomenon as an expression of and experience of reciprocal respect, acceptance and unity which is understood as romantic love. The extent to which the findings can be presented is limited by the restrictions of this paper, therefore extracts chosen are those which most powerfully represent the theme in

question. The table below gives the reader an overview of the themes and frequency of emergence across the participants:

**Figure 4 Overview of themes and frequency of emergence across eight participants**

<b>Superordinate and sub-ordinate themes</b>	<b>Frequency of emergence across participants</b>
<b>Anticlimax</b>	
Absence of orgasm	7
Social Pressure and Control	8
<b>This is my orgasm</b>	
The journey to orgasm: Freedom	7
A moment just for me	7
<b>Our Orgasm</b>	
The dichotomy of I and we	8
Love actually	6

### 5.5.1 The challenge of our orgasm: The dichotomy of I and we

The first sub-theme represents a dichotomy in the women’s sexual relationships which shares both a desire to assert one’s developed sense of sexual freedom and power (linked to the second superordinate theme “**This is my orgasm**”) by “claiming” their right to have their needs met. Yet at the same time represents a prevailing sense of anxiety regarding the needs and expectations of their partner, and ultimately a fear of emotional intimacy that might lead to judgement and/or rejection (related to the first superordinate theme, “**Anticlimax**”). The power

of social representations of female sexuality is also highlighted here. Some women speak of the pressure felt from the media and specifically pornography, and how they perceive this impacts on their partner's expectations for their orgasm. Consequently, some of the women engage in behavioural practices that involve deceit and lying to their partner, which represents an avoidance of emotional intimacy, lack of trust, and ultimately a reduction in freedom and power. In some cases forfeiting their orgasm or reaching orgasm alone, after sex with a partner, is favourable over enduring the emotional experience of being honest, and risking perceived outcomes, e.g. disapproval or rejection.

Rachel experiences a psychological shift from control of her sexuality to freedom in it, and this is apparent in the way she communicates with her partner. She feels able to use her knowledge and confidence regarding what she needs and to demand that her needs are considered when they engaged in sexual activity. However, she also experiences a struggle in reaching orgasm with partners. The hurdles are not due to anxiety and shame evoked by religious beliefs (as had been the case in relation to “**Anticlimax**”) but due to her partner not respecting and/or prioritising her orgasmic needs. She feels as if her orgasmic needs are too demanding of her partner, and this sometimes results in her masturbating alone after sex in order to reach orgasm. She feels as if she cannot trust him to give her the time and energy she needs without judgement. In order to both meet his needs and avoid judgement she chooses to manage her sex life in this way:

“What, it really, well I suppose maybe one out of every two or three (reaches orgasm). But it comes down to me demanding, me putting my foot down and going, nope, I’m going to have one. Richard just doesn’t seem to particularly mind whether I do or I don’t, he gets his, yeah...” (Lines 174 – 176)

“So because it takes quite a long time and quite a lot of multiple stimulation to get me going, I think that, that makes Richard like, oh really, I’m going to have to put in this much effort during sex? Oh OK, right, well. So there are times when I’m, I just enjoy it and get into the throes of it and enjoy what he’s enjoying and then later on in the bathroom, fine, I’m finally released and it’s OK.” (Lines 198 – 202)

Kirsten did not experience a historic “**Absence of orgasm**” which was a common experience interpreted under the first superordinate theme, “**Anticlimax**”. She did however learn a unique way of reaching orgasm through masturbation. She appears very determined that if this method cannot be re-enacted in the context of a sexual relationship, then reaching orgasm is not possible. She feels confident to assert her needs with her partners via verbal and non-verbal communication, and as a result she experiences, enjoyment and feels satisfied with her orgasms with her partners. Despite this being the case however, later in the interview she refers to a sense of anxiety regarding the “normality” of her method for, and frequency of reaching orgasm in relation to her partner’s expectations. The context of a sexual relationship therefore evokes anxiety that is not evident in her reaching orgasm through masturbation.

“No, I was just thinking that I think that the way I’ve always masturbated since a child really impacts on my ability to have an orgasm...” (Lines 301 – 302) “...Yeah definitely, because when I masturbate I lie on my hand, and so there’s lots of pressure on my clitoris...” (Lines 311 – 312) “...Well I suppose sometimes I would say, I want to go on top, or can I go on top for a bit (Lines 105 – 106).

“Also I suppose sometimes I feel, especially with new partners, like there’s always this, how long is it going to take for me to have one, and they’ve never been bad about it, but I know that it’s going to take, I think it took five weeks or something with this one, this boyfriend. Yeah, I think there is some pressure, because they want to like please you, so there’s a little bit of pressure yeah, and also I suppose I want to have one.” (Lines 262 – 264)

Throughout her life Charlotte experienced movement from a position whereby she lacked confidence to express her needs in the context of a sexual relationship, to a position where she embraces her right. Up until her mid-twenties she faked orgasm in order to both please her partners and avoid judgment as abnormal. However, similarly to Kirsten, she knows quite decidedly that without transferring her specific method for reaching orgasm to the relational context there will be no orgasm. She cannot reach orgasm through sexual intercourse and needs to introduce a masturbation technique as part of sexual activity. As her self-esteem and confidence developed she broke free from the cognitive and emotional restrictions evoked by a fear of rejection in her relationships. This newfound freedom and power in relating to her

sexual partners is reflected in the way she passionately “gave advice” to women through her dialogue. Charlotte, unlike the other women does not communicate a *prevailing* sense of anxiety and or/shame in relation to reaching orgasm in the context of a sexual relationship:

“I can’t always reach orgasm but I can feel open enough to let him know that, whereas in the past I’ve really faked it a few times, just because some guys think you’ve got a problem or something if, or not necessarily or just a bit impatient about it and not patient enough to then want to satisfy you afterwards if you haven’t reached just the same time as them or something or in time, whatever.” (Lines 170 – 174)

“So if you don’t quite reach orgasm or it doesn’t, something’s not quite working for you, I think people should, or girls or whoever should always speak up about it and there’s been a time where I didn’t...but I think everyone’s entitled to be like that really and not just receive but just not expect to receive the same amount of pleasure as the other person basically...” (Lines 352 – 357)

Miriam found the confidence with her most recent partner (and husband) to express her need to use a vibrator as part of their sexual activity. This is satisfying for her because it means she can reach orgasm in a relational context. However, despite this newfound freedom and power that transformed her sex life, improved her self-esteem and ultimately her romantic relationships, there appears to be an underlying sense of anxiety and guilt regarding the assertion of her needs. Similarly to many other women she compares herself to social norms regarding female sexuality, and feels anxious that she cannot orgasm through sexual intercourse. Interestingly she appears to think and feel as if the vibrator represents infidelity in some way, that *it* “makes” her reach orgasm, and that her partner does not. It is important to highlight how this very mechanical aspect of reaching orgasm needs to be transferred to the relational context, yet it evokes feelings of anxiety, shame and guilt due to the presence of another object. It highlights how on the one hand she asserts her sense of freedom and power, but in doing so experiences anxiety about the impact this has on her partner’s sexual identity and the identity of the couple.

“If I felt that I wasn’t achieving I might introduce a vibrator or might want to, it’s not always appropriate and I don’t want to hurt my partner’s feelings, in that he can’t make

me do this without external stimulation. I can help myself and he can help me, but it's not always sufficient..." (Lines 115 – 117)

"...and I have tried to get it over time and time again that this vibrator is not a substitute for him, it's because I was so geared historically, mechanically to it..." (Lines 359 – 360)  
"...I want it to be his orgasm and him to be very much part of it and if I have, I am using the vibrator it's not the vibrator I'm thinking of, it's him and it's him I'm holding onto at that moment." (Lines 363 – 365)

Similarly to Charlotte, Nikki cannot reach orgasm through sexual intercourse but can do so through masturbation in the context of a sexual relationship. She feels confident enough to express this, but similarly to Rachel expresses that her needs are too demanding of her partner if she is to reach orgasm as often as she would like. She experiences a sense of disappointment regarding this, and as a strategy to manage both his and her needs she sometimes forfeits her orgasm or masturbates alone after sex. It is important to note that the degree to which the experience of reaching orgasm with a sexual partner is satisfying or anxiety provoking is highly dependent upon what she perceives are her partner's expectations for her reaching orgasm:

"Sometimes I have gone to the bathroom (to masturbate and reach orgasm) just because I don't want to offend him..." (Lines 66 – 71) "Sometimes I've got myself off in the morning while he's asleep and then he kind of noticed and I felt really guilty...but I shouldn't have really been watching Saturday Kitchen at the time!" (Lines 104 – 108)

### **5.5.2 The challenge of our orgasm: Love actually**

The second sub-theme '**Love actually**' highlights the experience of reaching female orgasm in the context of a sexual relationship as feeling respected and accepted by, as well as connected to one's partner. It represents a sense of unification with their partner in an exclusive and unique moment(s) of emotional and physical closeness. The women also make sense of the experience in relation to their partner's identity; a man who can "give" orgasms, which is important for him,

but also for the couple identity; a couple who can make orgasms happen together. The experience of unification is communicated through discourse as the concept of romantic loving and being loved in return. For some women the sense that they were loved is crucial for their reaching orgasm in the context of a sexual relationship. It is important to note however that this sense of connectedness appears to contradict several of the previous themes including **“A moment just for me”** a sub-theme under the second superordinate theme, **“This is my orgasm”** that highlights the point of climax as an individual as opposed to a shared experience and **“The dichotomy of I and we’** discussed above.

Sarah very powerfully feels a sense of “union and togetherness” (line 253) in reaching orgasm with her partner, and feeling respected and desired by him is highly meaningful in this experience. It appears that reaching orgasm in the context of a relationship (indeed the relationship she spoke of) had become so satisfying for her that masturbation no longer compared. Sarah makes further meaning of this experience in relation to the concept of romantic love:

“Yeah, yeah, yeah, it’s very, it’s love, it’s like feel pure love...I feel in pure love then, I love my partner then and I can feel his love too because he so enjoys being there with me and it’s just very intimate and unique if that.” (Lines 321 – 326)

Kirsten also understands reaching orgasm as an experience that binds the couple together both physically and emotionally, and as representing love between them. Similarly to other women she feels the orgasm itself reflects the exclusive uniqueness of the couple, representing part of the metaphorical boundary that separates and/or protects the couple from others. Kirsten experiences pleasure in intimacy but also anxiety and sadness evoked by a sense of feeling overwhelmed, and a fear of loss respectively:

“I find like looking at him really, like looking in his eyes really intently, that’s really nice, because I find that quite loving and, you know, he’s beautiful, so that’s all quite nice as well...” (Lines 85 – 87) “...Sometimes it makes me feel emotional...you know, like the whole closeness and lovingness of sex makes

me, occasionally feel just a bit sad and tearful, just because it's so lovely, like the loving aspect of it." (Lines 171 – 173)

Charlotte experiences emotional intimacy as crucial in enabling her to reach orgasm in the context of a sexual relationship. She needs to feel that her partner respects and accepts her, and this is shown when he takes the time and gives energy to understanding '**My journey to orgasm - freedom**'. She makes sense of this experience as representing love between them:

"So, and when you feel like someone genuinely wants to and they're not rushing you along or they're not, and they're just patient and they're loving then that makes such a huge difference, I think." (Lines 39 – 41)

Jo experiences orgasm in the context of a sexual relationship as feeling united with her partner through feeling reciprocal respect and acceptance. Similarly to Kirsten she feels pleasure and happiness through this intimate experience. However, she also experiences fear and a desperate need to hold onto and "protect" the experience. This highlights the powerful psychological experience of reaching orgasm made reference to in '**A moment for me**', however it also shows how the psychological experience of reaching female orgasm in the context of a sexual relationship is qualitatively different to masturbation because it raises feelings evoked by the fear of loss, as touched on by Kirsten below:

"...I know it sounds a bit obvious sorry, but I feel love and I feel admiration and respect and connectedness and compassion and vulnerability and a kind of longing and I think happiness. I think I have a kind of overwhelming desire to keep everything as it is in that second, to protect what you have just created and to not let real life come back" (Lines 240 – 245)

## 5.6 Discussion

### 5.6.1 The dichotomy of I and we

“**The dichotomy of I and we**” is therefore very closely linked to “**My journey to orgasm – freedom**”, because the women had to go through a process of learning what they needed in psychological terms, including the mechanics of reaching orgasm in order to transfer it to the relational context. Despite this however underlying anxiety prevailed in relation to “**Anticlimax**”; fear of being judged and/or rejected by their partners as abnormal, which affected the extent to which they were willing to assert power in relation to their developed sense of freedom. This was of course was experienced as contradictory in psychological terms, because on the one hand they felt happy, excited and on occasion satisfied by sexual pleasure and orgasm. On the other hand they felt anxious, ashamed and angry and often dissatisfied by sexual pleasure and orgasm. As a result, some of the women retreated to a subordinate position in their sexual relationships forfeiting *their* needs for their partners’.

I believe that the lived experience of “**The dichotomy of I and we**” represents both sociocultural developments regarding female sexuality in the mid to late twentieth and twenty-first century (Studd, 1997; McCaughey and French, 2001; Attwood, 2005), as well as the historic sociocultural suppression of female sexuality, arguably since the time of prehistoric matriarchy (Blackledge, 2004; Wolf, 2012). On the one hand seven of the women experienced “**Social pressure and control**” and psychological development to “**My journey to orgasm – freedom**”. However, on the other hand, the same seven women experienced “**The dichotomy of I and we**”. I propose that the relational dynamic in sexual relationships impacts greatly on orgasmic experiences, and both a fear of intimacy and power dynamics impact highly on the lived experience of his phenomenon.

Rachel and Nikki’s experience is very powerful in illuminating the above. She moved from feeling abnormal and ashamed of her body and sexual desire, to a place where she felt confident to assert her needs with her partner, so she could reach orgasm in the context of a sexual relationship. However, there was a limit to her assertiveness, and as a result she was more often than not dissatisfied with the pleasure she achieved in sexual activity with her partner. There

was a sense that their needs were too demanding of male partners in relation to the time required and method for reaching orgasm. Miriam and Sarah had successfully learnt through personal exploration that which enabled them to reach orgasm, and eventually felt confident to transfer this to the relational context. However, an underlying anxiety prevailed regarding their partners' thoughts and feelings in relation to them achieving orgasm through with a vibrator. They also continued to experience a sense of abnormality in relation to the medical and/or media representation of female orgasm, i.e. that they cannot reach orgasm through vaginal – penile sex.

The above represents the experience of reaching female orgasm as a struggle to reconcile contradictory thoughts and emotions related to **“I”** and **“we”** (my needs vs. my partner and the relationship). It appears that painful historic experiences related to **“Anticlimax”** prevail and are “brought to life” through the intimacy of the relational context. This can be made sense of in relation to the concept of power, and the work of Roberts et al., (1995) and Jackson and Scott (2007), who suggest men perceive female orgasm as something to be achieved through skilful active work on the passive bodies of women, through a series of linear stages which end in orgasm (Jackson and Scott, 2008), referring to this as “The Taylorisation of Sex” (Jackson and Scott, 1997, p. 558). This need on the part of men to “give” female orgasm means that women live their orgasmic experiences in relation to these expectations. Nicholson and Burr (2003) support **“The dichotomy of I and we”** by suggesting, “...their (women’s) desire to orgasm was primarily in the interest of satisfying their partner”. They concluded, “...there is probably a closer relationship between popular beliefs about what is “normal” based upon the medical model with women placing themselves in a dysfunctional category, than there is between the everyday enjoyment of sex and women identifying themselves as being sexually healthy.”

In addition to the literature discussed above which helps to make sense of **“The dichotomy of I and we”** from a social constructionist perspective, Berdahl and Martorana (2006) conducted research on individual psychological and emotional experiences related to power and freedom. They found a correlation between power and positive emotions, and subordinate status and negative emotions. Those who lacked power in relation to others experienced and expressed more anger than those in power. This is important for making sense of the findings here because many of the women and particularly Sarah, Rachel and Miriam described anger in relation to the **“The dichotomy of I and we”** whereby they found themselves retreating to a subordinate position privileging partners' needs; resulting in a loss of freedom on the part of the women and

the man assuming ultimate power. Of course this individual experience reflects a sociocultural power dynamic whereby female sexuality is patriarchally constructed and maintained.

The painful feelings experienced in relation to the power – freedom dynamic discussed above can be explained through a cognitive behavioural model of human functioning. Anxiety is understood as an overestimation of threat and a minimization of ability and resources to cope (Maddux and Tangney, 2010). Therefore the women experienced thoughts about abnormality in comparison to other women and/or the media/scientific representations of female orgasm, which were perceived as an indomitable threat. A vicious circle of experience was set up and maintained through behaviours such as faking orgasm or avoiding the assertion of needs. Shame is understood as the powerful interaction between self – other schema, whereby “self” is regarded as unlovable, rejectable, bad, stupid and disgusting, and “other” as critical, aggressive, disgusted and dismissive (Gilbert, as cited in Tarrier, Wells and Haddock, 1999). The women experienced this in relation to their sense of self as abnormal and perceived other as judgemental and rejecting of this self. Anger can be explained in relation to cost (Davies, 2009) whereby the behaviour or lack of behaviour costs the individual something. Therefore in this case the women experienced anger in relation to a loss of freedom, power, sexual pleasure and self worth (through comparisons).

**“The dichotomy of I and we”** and the concept of power can also be understood from a psychodynamic perspective. In fact I believe that Freudian theory provides scope for understanding, acknowledging and respecting individual human psychology in its complexity regarding **“The dichotomy of I and we”**. Rachel and Nikki continued to experience anger regarding the experience of reaching female orgasm in the context of a sexual relationship, despite having a degree of freedom and confidence to assert and have some of their sexual needs met. This anger can be understood as evoked through an internal psychodynamic process that represents conflict between the introjection of primary caregivers in the form of the “superego”, and the sexual pleasure seeking “Id” (**authors, dates**). The degree of conflict in each case will impact on the extent to which an individual endeavours to get their needs met in relation to sex and orgasm (as well as other areas of their life). It could be suggested therefore that Rachel continues to experience anger in relation to a punitive and judgemental superego that condemns sexual expression. It could also be suggested that social representations of female sexuality that she perceives restrict female sexual freedom trigger this internal dynamic, so the lived experience of the social is exacerbated by the individual and vice versa.

Therefore in psychodynamic counselling psychology terms, sexual differences would not be formulated as ‘problems’ to be eradicated with medication (as a psychiatrist referring to DSM-5 might propose). Rather, conscious relational emotional distress regarding sexual dissatisfaction would be considered as a signal the individual is experiencing unconscious conflict preventing the working through of emotions. The difficulties experienced by these women in relation to **“Anticlimax”** and **“The challenge of our orgasm”** could be understood as an underlying fear of intimacy as a result of intrapsychic dynamics between representations of caregivers developed in early stages of infantile development. Returning to the **“I”** in **“The dichotomy of I and we”** It is suggested that reaching orgasm in the context of a sexual relationship is for these women, in part, a transfer of idiosyncratic masturbatory practices to the relational context. Although the partner is experienced as part of the process, his body is in a sense used as a “tool” for reaching orgasm in behavioural/mechanical terms. Interestingly this represents an individual aspect of reaching orgasm in the context of a sexual relationship and further highlights **“The dichotomy of I and we”**.

#### **5.6.2 The challenge of our orgasm: Love actually**

Despite making sense of reaching orgasm through painful and confusing experiences related to **“Anticlimax”** and the **“The dichotomy of I and we”**, six of the eight women made meaning of reaching orgasm in the context of a sexual relationship through the concepts of acceptance, respect, and connectedness; constituting the subordinate theme **“Love actually”**. It appeared as though the mutual experience of orgasm “held” the couple together as an exclusive unique entity.

It is important to start by discussing the apparent contradiction between **“Love actually”** and **“This is my orgasm”**, as well as **“The dichotomy of I and we”**. I interpreted **“My journey to orgasm”** as an individual and idiosyncratic experience, whereby some of the women ‘used’ the body of their partner as a masturbatory object. In other cases the partner was not required at all, and a vibrator completed the journey to orgasm. **“A moment just for me”** also represented the moment(s) of climax, as an individual experience where reality is suspended and the individual is ‘paralysed’ by euphoric physiological sensations, be that through masturbation or in the context of a sexual relationship. The latter is in part a lived experience of anxiety and fear related to the fear of judgment and/or rejection, and ultimately the loss of a relationship. These

subthemes clearly highlight an aspect of this experience that contradicts, **“Love actually”**. However, I am not surprised or confused by this finding because this human phenomenological experience is deeply complex, as is all human phenomena. In fact, had this not been the case then I may have had concerns for the methodological rigour of this research; instead this contradiction serves to support the validity and value of this study.

Research by Lavie and Willig (2005) supports the finding here, as some of the women in their IPA study made meaning of reaching orgasm through the concept of romantic love. They state, “...some of them (women) see a partner's ability to 'give' a woman an orgasm as a sign of his love and commitment...” This highlights “the strong romantic connotations of orgasm (p.124). Given the similarities between this study and that of Lavie and Willig it is suggested that other women beyond these studies might make meaning of reaching female orgasm in relation to the concept of romantic love. This research has added to the findings of Lavie and Willig because it suggests that for these women love represents acceptance, respect and a unique and exclusive sense of connectedness. Charlotte encapsulates this deeper interpretation as follows “...and they're just patient and they're loving then that makes such a huge difference (for reaching orgasm), I think.” (Lines 40 – 41).

Two pieces of quantitative psychological research support the findings of this study with regards the importance of emotional intimacy for reaching female orgasm in the context of a sexual relationship. Mah and Blinik (2002) included “emotional Intimacy” as one of ten descriptors women could choose from to identify their experience of reaching orgasm, and analysis found this constituted the highest rated descriptor over physiological and emotion-related descriptors. Beyond the use of the word love, which is often used by the six women who experienced **“Love actually”**, respect for their needs and a sense of unity is also very important to the women. These concepts are closely related to Mah and Blinik's (2002) and King et al. (2011) descriptors of “tender”, “unifying” and “close”.

There are of course participants in this study who did not make meaning of reaching female orgasm through **“Love actually”**. In fact Beth specifically said reaching orgasm, “...isn't, not love or anything like...” (Lines 237 - 238 Beth). However she did say that knowing that her partners desired her sexually was important but she differentiated between lust and love. Rachel made no reference to **“Love actually”** at all throughout her interview. These findings appear to

support the interpretation of this phenomenon as (in part) an individual experience, as these two women did not make meaning through a sense of emotional connectedness signifying unification or romantic love.

## 5.7 Conclusion

The essence of reaching female orgasm in the context of a sexual relationship is understood by the women in relation to “**Anticlimax**”, “**This is my orgasm**” and “**The challenge of our orgasm**”. This paper focuses specifically on the latter theme, which highlights the experience of the phenomenon as contradictory; on the one hand representing freedom, power, excitement, pleasure and love, and on the other hand representing control, pressure, subordination, anxiety, shame and anger.

This paper supports the feminist literature that argues female sexuality continues to be oppressed and controlled in 2015, and that female orgasmic experiences are constructed and experienced through a male –female – dominant – dominated power dynamic respectively. It also supports psychological literature (Lavie and Willig, 2005) that suggests absence of orgasm and partner’s expectations of female orgasm result in painful and distressing personal and relational experiences. However, “**The dichotomy of I and we**” as a contradictory experience, and how this relates to “**Love actually**” is not discussed in the existing literature. Neither is the concept that meeting the needs of “**I**” very much requires transferring masturbatory practices to the context of a sexual relationship. Although some research discusses the link between masturbation and orgasm, it does not suggest that men and women in intimate sexual relationships “use” one another as masturbatory objects in order to reach orgasm. I postulate that that these two concepts are highly controversial, and possibly difficult to bear in mind. Social representations of romantic love imposed upon society by the media for example are very much at odds with the idea that men and women in love might use one another’s bodies as masturbatory objects. However, mainstream pornography does indeed suggest that men use women’s bodies for pleasure outside of “**Love actually**”. This highlights the confusing and contradictory social representations of female and male sexuality that exist today. It is also possible that the paucity of qualitative psychological research on female orgasm is the reason for the above points not having been raised previously. Regardless, it leads the way for future

research and suggests despite the utility of the findings of this study, my findings have merely scraped the surface of this phenomenon.

## **5.8 Limitations and implications**

This research is limited by the lack of ethnic and cultural variation across participants. The value of attending to this is highlighted through the literature in relation to FGM. There is also no variation in relation to sexual orientation of participants, and given the feminist writings on the social construction of female orgasm in the context of heterosexuality, it would be interesting to understand the lived experiences for lesbian couples. This would enable a researcher to consider the effects of power relationships between women and women, shedding light on whether these findings represent the dynamic between men and women or whether it is a phenomenon of human intimate sexual relationships.

This research has significant utility and implications for the field of counselling psychology. It affirms the philosophy of counselling psychology that regards human beings as relational beings both on an intrapsychic and interpsychic level. It suggests that reaching female orgasm in the context of a sexual relationship is a complex phenomenon that benefits from being understood from varying psychological perspectives. This ensures that individual experience is respected and formulated with rigour. If counselling psychologists work with individuals or couples whom experience psychological distress in relation to orgasm, and these individuals wish to understand and overcome this, then this research suggests that resisting diagnostic criteria and pathologisation is the most useful approach to take. This can be achieved using differing psychotherapeutic models including a cognitive behavioural and psychodynamic framework (as discussed above) However, the key to understanding and/or overcoming emotional distress related to orgasm is making sense of idiosyncratic experiences both past and present; consistent with a counselling psychology ethos.

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**Chapter 6: Section D: Professional practice case study**

**“Stop talking about my mother!”**