

Women's sexuality, current debates

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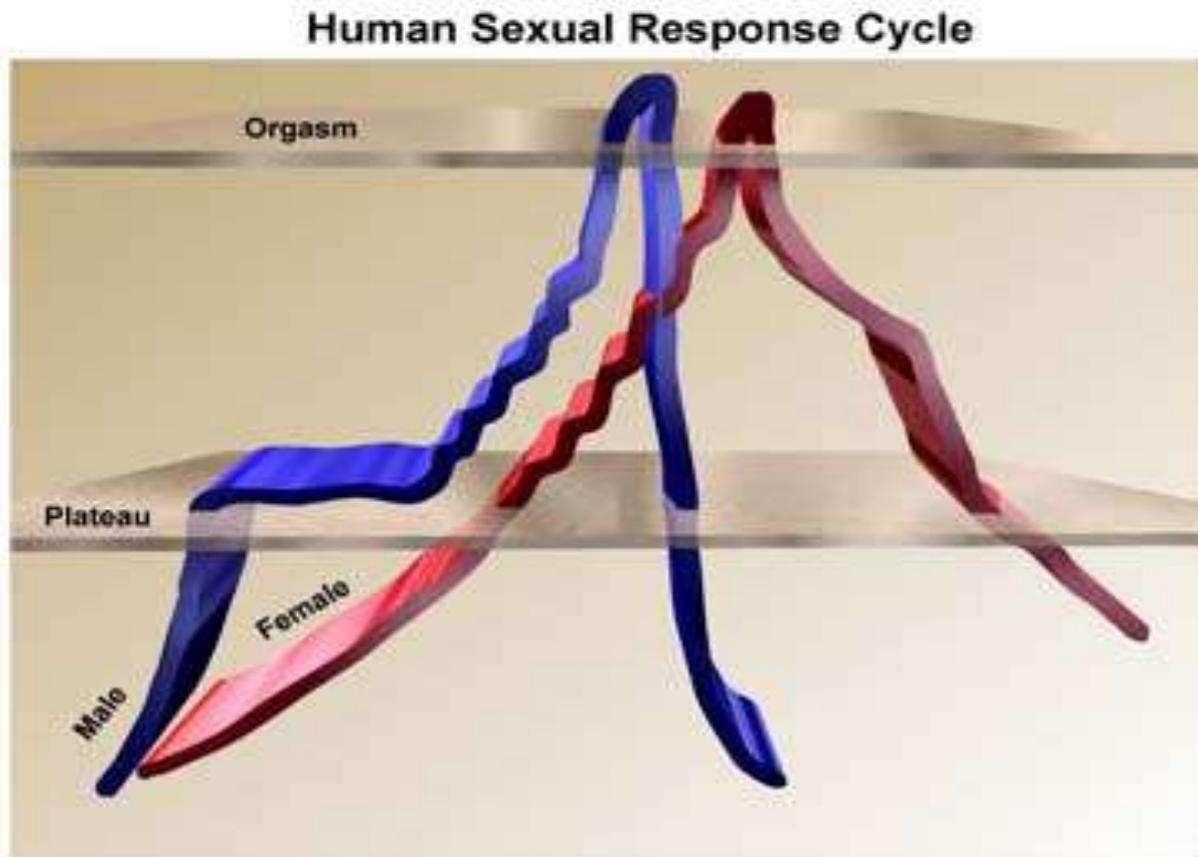
(De)Constructing women's sexuality

- A dominant model of sexuality: the HSRC
- Going through the 3 stage model: comments from feminists and clinical sexology
- Sexuality and sexual health : what kind of « sexuality » do we want to construct?

**A dominant model of
sexuality:
the Human Sexual
Response Cycle
Masters & Johnson**

Human Sexual Response Cycle

from Masters et Johnson



Human Sexual Response Cycle

from Masters et Johnson

- Dominant model of human sexual response undermines
 - actual biomedical research and practice on sexuality
 - And the DSM classification of sexual troubles
- Describe
 - a **decontextualised sexuality**,
 - mostly depicted by **somatic** determinants
 - what is supposed to be « **normal** »,
 - As a staged response cycle:
 - Troubles of desire (added from Kaplan's model)
 - Troubles of arousal
 - Troubles of orgasm

Prevalence of sexual dysfunction...

- Hypoactive sexual desire disorder (HSDD)
 - 5% to 46% (in a postmenopausal sample)
 - Last year :14% à 33%
- Female sexual arousal disorder
 - 6%(lifetime prevalence in a large random population) to 21% (lifetime in a primary care setting)
- Female orgasmic disorder
 - De 4% (community sample) to 42%
- Dyspareunia
 - Community sample: 3% to 21%
- Vaginismus
 - 0.5% to 25% (IST clinic)

Why so many differences?...

sex research has problems with...

- Sampling
- Definitions and concepts
 - What is « normal sexuality » - what is a « dysfunction », when does it begin?
 - Trouble vs distress
- Criteria and scales
- Other methodological problems
 - Sociocultural aspects are under evaluated
 - Female sexuality is measured by inappropriate concepts?

Critical analysis of HSRC model,

Leonore Tiefer, *Sex is not a natural act and other essays* (1995)

- Subject selection biases.
« No effort was made to study sexual physiology and subjectivity in a representative sample, only in an easily orgasmic sample »(79, 2001)
- Experimental setting **not representative of what constitute sexuality**.
- **Tautology:** *« « Normal » sexual response is whatever results from effective sexual stimulation, and effective sexual stimulation is whatever produces « normal » response. Another way to put this is Masters and Johnson (and the APA after them) defined sex as what occurs during the response cycle and produces orgasm. » (82, 2001)*

**Going through the 3 stage
model: comments from
feminists and clinical
sexology**

Stage 1: DESIRE

- Usually presented as a **naturalistic and male oriented view** of sexual desire: urge, libido, biological need.
- But experienced by women as:
- **A response or willingness to engage in sex,**
- Depending on various determinants, mostly psychosocial
- Variable, not constant
- Link with sexual arousal is more complex and non linear
- Sexual fantasies : less visual and more relational, more prone to change, no « normal » frequency (some never had, some have quite a lot and vivid fantasies)

Sexual desire is dependent on ?

- Quality of the relationship, contextual determinants, love, intimacy, safety
- Feeling of being desirable and desired
- Past experiences of sexuality
 - Trauma.....Sexual and affective satisfaction
 - Psychosexual development
- Being concerned by sex, sexual fantasies, sexual expectancies
- Identity, gender and self-esteem
- Child desire vs fear from pregnancy
- Body awareness and body image
- Professional, family, socioeconomic concerns
- Physiological determinants, well being, hormones ...

Stage 2: SEXUAL AROUSAL

- Poor correlations between physiological (vaginal blood flow) and subjective arousal in women (Laan)
- Desire and arousal are not 2 distinct and sequential phases (Basson)
- The controversial role of hormones and vasoactive drugs (Bancroft, Basson)
- Subtypes of sexual arousal disorder and a new type: persistent arousal disorder (Basson, Leiblum)

Subtypes of female sexual arousal disorder

(from Basson, 01, Obst&Gyn)

	Generalized	Genital	Missed arousal	Dysphoric arousal
Mental excitement	Absent	Present	Absent	Absent
Genital congestion	Absent	Absent	Present	Present (but unpleasant)
Vasoactive medication logical?	NO	YES	NO	NO

Circular women's sex response cycle

QuickTime™ et un décompresseur TIFF (non compressé) sont requis pour visionner cette image.

Basson R. Female sexual response: the role of drugs in the management of sexual dysfunction. *Obstet Gynecol* 2001, 98: 350-353

Stage 3 : ORGASM

- An old controversy: clitoral orgasm / vaginal orgasm (and G spot)
- Women's sexuality seem not to be orgasm oriented
- Orgasm from pleasure to tyranny
 - Physiological reactions vs perception of pleasure
 - Orgasm vs satisfaction

Definition of sexual satisfaction :« *An affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship* » (Lawrence & Byers, 1995, p. 268)

**Sexuality and sexual health:
what kind of « sexuality » do
we want to construct?**

Some clinical and sociological thought...

- In clinical practice sexual difficulties are complex and multidimensional, they have different explanations and etiology (usually more than one and no linear causality)
- More common sexual concerns in occidental women are the **anxiety to perform**, and **anxiety of not being « normal »**
- And in other cultural settings ???
- ... what does it say from the way we handle, discuss, measure and propose to « cure » woman's sexuality?

A new view of women's sexual problems

- A classification of sexual problems based on aetiology instead of symptoms

<http://www.ejhs.org/volume3/newview.htm>

- Due to socio-cultural, political or economic factors
- Relating to partner and relationship
- Due to psychological factors
- Due to medical factors

- ISSWSH: International Society for the Study of Women's Sexual Health

<http://www.isswsh.org/>

Sexuality in a global view of health

- Not restricted to behavioural measures or levels of knowledge
- Sexuality, and the way people express and experience their sexuality, is **culturally and historically** determined
- **Somatic experience** is central but, it has to be connected with a meaning in people's **subjectivity** (stimuli are inefficient without emotional and cognitive elaboration)

Sexuality in a global view of health

- At personal level, sexuality is linked with:
 - **Identity** and **gender**: be a man, woman, part of a community, ... be someone
 - **Existential concerns**: feeling of being alive, a way to have pleasure and feel intense emotions...
 - **Emotional, affective and need for security**: feel love and be loved, be intimate and consolidate a relationship...
 - **Way to handle distress**
 - ...

**How can we better integrate
sexuality
and the erotic part of sexuality in
sexual health research and
interventions?**

Some questions addressed to researchers on sexual health ...

- What is your **main paradigm of sexuality**?
 - Sexual medicine versus humanistic centred sexology
- **Whose sexuality** are you measuring?
- What do you do with the following dimensions of sexuality...
 - ⊙ Gender ?
 - ⊙ Culture ?
 - ⊙ Non behavioural aspects of sexuality ?
 - ⊙ Embodiment ?
 - ⊙ Subjective, interpersonal, existential... meanings of sexuality ?

« It is in confronting the distinction between the sexual and the erotic that the limitations of a naturalistic behaviourism become apparent. Even within the context of overtly sexual acts, outside of the visible but indeterminate capacities of orgasm, pleasure or satisfaction is determined in critical ways by sociocultural meanings that occasion the sexual event and by the personal meaning occasioned by that event. »

Postmodern sexualities, William Simon, 1996: 29

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Internet links and database:

- <http://www.medscape.com/resource/wsh/rc-wsh6> (lots of related links dedicated to the study, education and therapy focused on sexual health)
- A new view: <http://www.ejhs.org/volume3/newview.htm>
- ISSWSH: international Society for the Study of Women's Sexual Health
<http://www.isswsh.org/>