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**A Sexual Masquerade:
The Performance of Desire and Femininity in a
Fifty Shades of Grey Era**

A thesis presented in partial fulfilment of the requirements for the degree of
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Chelsea Louise Dowling

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For my sister, Olivia... and all other young women negotiating their sexualities during this Fifty Shades of Fucked up era...

...May you find your voice of desire amongst the chaos.

Abstract

Within a neoliberal Western society, sex is more visible than ever, infiltrating our digital world, media, popular culture and talk. As women are assumed to have achieved sexual ‘liberation’ and ‘equality’, there has been a shift in disciplined femininity, with women now expected to maintain positions of hypersexuality in an effort to flaunt their newfound ‘empowerment’. Research literature suggests that women’s efforts in ‘doing’ or fulfilling their sexual desires remain confined by gendered performativity, being more about looking desirable or performing desire over feeling it. This research aimed to explore how young women, sex therapists and women seeking sex therapy talk about desire. Nine young women (aged 21-25), five sex therapists (trained through Sex Therapy New Zealand) and two women seeking sex therapy engaged in semi-structured interviews. A feminist discourse analysis was applied to participants’ talk, which attended to how the women and sex therapists both reproduced and resisted a heteronormative sexual script and whether women’s sexual empowerment enabled sexually desiring subjectivities. While there were points of resistance, sex was continually reconstituted through hegemonic discourses, with women’s desire remaining a gendered performance that served men’s desires and pleasures. Any assertions of women’s desire were less about their own felt experience and more about being the ‘right kind of woman’, with women who ‘failed’ femininity positioned through ‘deficit’ or ‘disorder’. Therefore, while neoliberal ideologies emphasise ‘liberation’ and ‘agency’, these appear to be a façade, instead bringing women’s bodies and sexual desire under further regulation and oppression. While the sex therapists continually attempted to attend to gendered social power relations, they too were limited through the knowledge and practices of psy-discourse that uphold a pervasive heteronormative sexual script. This research provides an understanding of the constraints placed upon the women’s sexual bodies through unequal social power relations that regulate their expressions of desire or pleasure. It therefore opens a space to reflect on these ongoing issues and emphasises the importance of practitioners attending to heteronormativity and gender social power relations as an ethical response to women’s potential as sexually desiring subjects.

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Table of Contents

Abstract.....	i
Acknowledgments.....	iii
Table of Contents.....	v
Introduction.....	1
Chapter 1.....	5
A History of Sex	
Historical Beginnings: Establishing Control.....	5
A Rising Revolution.....	6
The Birth of Desire Disorders.....	8
A (Re)medicalisation of Sex: The Search for a Pink Viagra.....	9
Questions of Desire.....	11
The Taylorisation of Sex: Mastery and Performance.....	15
Sex Therapy.....	17
Chapter 2.....	19
Theory	
A Poststructuralist Perspective: We Speak Therefore We Exist.....	19
Foucault’s Theory: Biopower and Disciplined Bodies.....	21
Becoming Woman.....	23
That Which Contains Us.....	25
The Commodified Body.....	26
Behind Closed Doors.....	27
Chapter 3.....	31
Silent Voices	
A Sexual Script.....	31
The Big Three.....	31
‘Normal Sex’.....	32
Lacking Negotiation.....	34
The Fairy-Tale: Knight in Shining Armour.....	35
Dangerous Consequences.....	36
A Change in Context.....	38
Sex Culture and Pseudo-empowerment.....	39
Limited Agency.....	40
Same Old Script.....	40
Filling Our Shelves (and Our Heads).....	43
A Digital Age: Safe Spaces?.....	44
A Worse Fate.....	46
Just (Bad) Sex.....	46
Broken Bodies.....	49

‘I’ll Work on it’: A Prescription of Sexwork..... 51

A Missing Discourse of Desire..... 54

 A Silent Body 55

 Struggling for Words..... 56

 Teaching through Silence 57

 A Developmental Discourse 58

 ‘First Times’: A Game of Gain and Loss 59

 The Great Divide: Desire and Equality versus Actuality 60

 Managed Not Missing 62

 Creating Change: What’s Next?..... 62

Chapter 4 67

Methodology..... 67

Method..... 69

 Safety issues 69

 Participants 70

 Recruitment 71

 Interviews 71

 Transcription..... 73

 Method of Analysis 73

Chapter 5 75

Searching for Voices: Young Women

 Expecting Judgment 75

 Opening Discursive Spaces 78

 Shameful Bodies..... 80

 Early Learning: A Mechanical Milestone 85

 Keeping to the Script..... 89

 A Good Performance 89

 The Age of Experimentation 97

 Locked In: Invisible Contracts 101

 Questions of Normality 107

 Talking About Desire 110

 Unspoken Desire 110

 Desire or Arousal?..... 114

 A Declining Desire 116

 Fatal Attractions 117

 Comparing the Best to Worst 121

 Missing the Fire..... 123

 Establishing a Sexual Voice 125

Chapter 6 133

Not So ‘Abnormal’: Women Seeking Sex Therapy

Feeling Different.....	133
The Self-Policing Client	135
Neutralising the Negative: Stories of Unwanted and Unenjoyable Sex.....	137
A History of Abuse	143
Online Worlds: A Place to Escape.....	147
Always Something Missing	150
Understandings of Desire.....	156
An Emerging Voice of Therapy.....	158
The Power of Storytelling.....	161
Chapter 7.....	165
A Tiresome Battle: Sex Therapists	
Talking About Desire.....	167
A Complex Topic.....	167
The “Horniness” Model: Desire vs. Arousal.....	169
Powerful Bodies.....	171
A Changing Desire.....	174
Diagnosing Disorder or Difference?	179
A Pathologising DSM	179
A Matter of Discrepancy.....	182
Upholding a Professional Position.....	185
“Lambs to the Slaughter”	188
Passion-Killers: A Cultural Concern.....	188
Regression over Transgression: Marching Backwards	197
A Therapist’s Task.....	200
Creating Space	200
A New Language	206
Sexual ‘Myths’ and Alternative Ways of Being	207
Moving Forwards.....	213
Teaching Desire	213
Thinking Globally	217
Chapter 8.....	221
Conclusion	
References.....	233
Appendix A: Information Sheets	249
Appendix B: Consent Form	255
Appendix C: List of Potential Topics and Questions.....	257
Appendix D: Release of Transcript Form	259

Introduction

Finding the Words

I have always felt that as a woman something was not quite right, that the pressures placed on me as a woman were far greater than if I had been a man. From picking the ‘right clothes’ to wearing the right amount of makeup, from comments and jokes made about my skin being ‘too pale’ to comments that I should ‘smile more’, from my desire to look like the women I saw in magazines to my desire to compete with other women around me and from feeling uncomfortable with the way men looked at me to feeling unsafe on a daily basis; however I had no words through which to articulate these feelings. I had also wondered from a young age why women’s stories of sexual encounters always included feelings of regret, disappointment and pain. I wondered why my female peers expressed that they did not enjoy nor *want* the sexual experiences they engaged in, however they were uncertain as to *why* they had done things – they too could not find the words. Reflecting on these stories, I had no language through which to understand these experiences. When I began taking a paper in Women’s Psychology at Massey University, my world changed. The literature I was exposed to gave me a way of talking about what I had felt and noticed as a woman, and an explanation on why I heard the *same* stories. In particular, Bartky’s (1998) reading on disciplinary power gave me the words I had been searching for and answered my questions of ‘why’. I came to understand women as self-disciplined bodies and came to understand why it was so hard to escape the pressures of femininity. Applying these newfound understandings and knowledge to my honours research, I confirmed what I had already heard countless times from the young women around me – that young women’s sexual experiences concerned *men’s* desires and pleasures and lacked a voice of their *own* desire.

Over this time, I reflected on the state of sexuality in the Western world. Sex has become increasingly visible, now appearing to be everywhere we look. While many argue this is indicative of movements towards sexual freedom, liberation and agency, I argue we are far from these ideological goals. The same patterns of patriarchy dominate our sexual world, even if the form they take has changed over time. It frightens me to think of young people entering a world where porn is so easily accessible and contains

more and more extreme, degrading and abusive sexual acts against women. A world where women tell countless stories of unwanted, violating and violent sexual encounters that leave them feeling used or degraded and where activities such as anal sex have become commonplace and even expected within heterosexual encounters. A world where video games allow people to engage in scenes simulating rape and young men call themselves the 'Roast Busters', gloating about the conquest of gang raping women. However what's more disturbing is that these situations, while portrayed as rare and extreme cases, are actually commonplace occurrences and normalised behaviour, with responsibility continuing to fall on the victim who should 'sort out her drinking'.

Embedded within this cultural context is the popular erotic novel 'Fifty Shades of Grey'. The fictional trilogy and subsequent films have become a hot topic, maintaining their position in the bestseller lists and making millions in revenue. The trilogy tells the story of a young, virginal and sexually naïve girl, Anastasia Steele (Ana), who meets an older, handsome, successful and outrageously wealthy man named Christian Grey. However Ana quickly discovers Christian's sexual preference for a dominant/submissive relationship, with Christian expressing his desire for Ana to take the position of his submissive. A romantic relationship ensues between Ana and Christian, characterised by numerous explicit sex scenes, some of which resemble BDSM (bondage, dominance, sadism and masochism), as well as grand gestures by Christian to win over Ana. Throughout the books, Ana struggles- not wanting to engage in Christian's dominating rules and sexual practices but wanting to be with him in a heteronormative monogamous relationship. After engagement in a sexual act leaves Ana feeling hurt and abused, the two lovers separate, however Christian relentlessly pursues Ana and they reunite in the name of love. Christian continues to struggle with his inner 'demons' and desires, which results in several obstacles to the relationship. However, eventually Ana manages to 'cure' Christian of his need for BDSM and the two fulfil a traditional heterosexual script (including marriage and children), with Ana occasionally returning to the 'red room' of sexual submission.

While the 'Fifty Shades' novels and films continue to profit from an increasing number of fans, I cannot help but think of the messages reproduced by this story. Not only are abusive and controlling acts or behaviour romanticised and normalised but the story upholds heteronormative scripts such as: women need a man to 'sweep them off their feet' to awaken their sexualities; men have uncontrollable sexual needs that must be

satisfied; if a man romances you and buys you expensive gifts, you must pay him back; with practice you can learn to like sexual acts; trying new things in the bedroom is important to keeping your sex 'exciting'; a woman's love can change a man; if a man stalks, pursues or controls you against your wishes, this is just a sign he is overcome with love or lust; and lastly, women's primary goal should be to 'catch and keep' a man. Debates have ensued regarding the implications of the trilogy. While some argue that 'Fifty Shades' is both sexually liberating and inspiring, opening up a space for more varied sexual expression as well as women's desires and fantasies, others argue it reproduces patriarchal discourses, unequal gender positions and dominant sexual scripts (e.g. Bonomi et al., 2013; Musser, 2015). Some have argued the story portrays the blurring of consent boundaries within heteronormative culture, in which Ana's lack of desire and requests for Christian to stop certain behaviours is disregarded and her acquiescence is driven by her wish to 'keep' the relationship over her own sexual desire (e.g. Tripodi, 2017). After reading 'Fifty Shades of Grey', it is not hard to see why I continue to hear stories of women feeling they must engage in anal sex or extreme sexual acts in order to satisfy their partner, give in to coercive pressure or portray themselves as sexually 'exciting'. It is also not surprising that men have used 'Fifty Shades of Grey' as a defence when trialled for the rape and/or abuse of women and that there continues to be a trend of sexual degradation and humiliation towards women, which is understood by male perpetrators as a sexual conquest (Gavey, 2013). I question what 'Fifty Shades' means for our young people and their understandings or expectations of heterosexual encounters and relationships. Most concerning is that I continue to ask myself - where is the desire? Where are women's active, confident voices of sexual desire and pleasure? I have yet to locate these voices within our 'Fifty Shades' era.

Reflecting on 'Fifty Shades of Grey' and how this story both reflects and reproduces our current sexual climate, led me to my current research. I wanted to search for a voice of women's desire, talking to not just young women but also sex therapists and women seeking sex therapy. I wanted to know how people talked about women's desire and what informed their talk on desire. Most importantly, I wanted to create a space in which women's desire may be spoken into existence (Davies, 1990).

Chapter 1

A History of Sex

How we talk about sex and, more importantly, desire, is ultimately a product of the sociocultural context in which it is historically embedded. This first chapter therefore locates desire within this context.

Historical Beginnings: Establishing Control

Before the 18th century, the church took central control of human sexuality. An institution controlled by men, the church legitimised men's authority and superiority through patriarchal beliefs that regulated individual behaviour. Stressing the fatal attraction of women as well as the concept of sin, the church restricted sexualities within the confines of heterosexual marriage and reproduction (Gupta & Cacchioni, 2013; Ussher, 1993). Those (largely women) who threatened this control (for example by engaging in sexual pleasures or desires *outside* of reproduction or serving her husband's needs), were socially condemned or punished - the witch trials being one example of this (Ussher, 1991). Moving into the 19th century, a growing discipline of science and psychiatry allowed the state to gain control of the population independently of the church. Theorists began to assert their dominance over sexuality through the introduction of 'disorders' and establishment of mental asylums (Irvine, 2005). The psychological umbrella of 'dysfunction' asserted its control over those who disobeyed the social and sexual script, for example by engaging in behaviours such as adultery, masturbation, homosexuality, promiscuity or a woman's desire for more sex than her husband (Tolman & Diamond, 2001; Ussher, 1991). Treatments lacking medical justification sought to confine or reform these behaviours, such as bed-rest, clitoridectomy and incarceration in an asylum (Ussher, 1991; 1993). It was during this time that these disciplines solidified the link between the female body and pathology (seen as resulting from its natural 'deficiencies'), thus leading to classifications such as 'hysteria' and 'frigidity' (Ussher, 1991). Ussher (1991) argues that these disorders were used to further control and regulate women's bodies and sexualities, as they not only ensured women kept to a gendered sexual script (organised around men's desire and pleasures) but silenced those who defied this. Over the Victorian era, women no longer needed to burn at the stake; instead their bodies were regulated through a discourse of

science and the creation of ‘madness’ - this control justified as beneficial to both the individual and society (Ussher, 1991).

As the discipline of psychology saw its chance to further carve out its professional position, so too was the ‘age of sexology’ born, including the dominance of psychoanalysis (Irvine, 2005). Sexuality became a key topic for understanding the human mind, thus strengthening sexology as an ‘expert’ field of research and practice. Freud solidified psychological understandings of sexual ‘deviance’, believing that lack of adherence to gender norms, femininity or a dominant heterosexual script resulted in psychopathology (Angel, 2010; Ussher, 1993). Sexual dysfunctions remained gender-specific, with deviant behaviour including clitoral pleasure as well as too much or too little desire (ultimately judged on a husband’s ‘standard’) (Angel, 2010). Again, these ‘problems’ were constructed as a result of individual deficits (largely linked with being a woman) and treatments, such as prescribed coitus, focused on the phallus (Gupta & Cacchioni, 2013; Ussher, 1991). From these psychological understandings, dominant beliefs were formed such as women’s sexualities can be ‘awakened’ by a man, which ultimately upheld the idea that marital rape was not possible since women were seen to gain pleasure from phallus domination (Gavey, 2005; Gupta & Cacchioni, 2013; Ussher, 1991). However, there were theorists who opposed these dominant views, such as Karen Horney, who maintained that Freud upheld phallocentrism, arguing that differences between the sexes were socioculturally determined over biological facts (Horney, 1967).

A Rising Revolution

Both social and economic changes resulting from two World Wars during the first half of the 20th century created a shift in marital ideals as well as traditional gender roles and expectations. While men were away at war, women had not only established their social and economic independence but were exposed to opportunities for same-sex relationships, which lead to a growing discomfort and unwillingness to settle for the traditional heterosexual (housewife) script (Irvine, 2005). In an effort to solve this post-war ‘crisis’ biologist, and later sexologist, Alfred Kinsey set out to produce reports on sexuality and gender similarities in an effort to encourage heterosexual collaboration and successful marriages (Irvine, 2005). What the Kinsey reports (Kinsey, 1948; 1953) *did* end up highlighting was a significant gap between apparent morality and what

people were actually doing, which further placed sex and gender relations up for discussion (Irvine, 2005). Some of Kinsey's controversial findings included the suggestion of a hetero-homosexual continuum and criticism around the existence of the vaginal orgasm (Irvine, 2005). Alongside a growing sexual revolution, these findings threatened to deconstruct heteronormativity and to frame women as sexual agents. Despite societal efforts to counteract these movements, through an increase in propaganda supporting traditional gender roles and emphasising sex as vital to marital and *personal* satisfaction, tension continued to grow, with Kinsey's reports shifting sex from a private to a public matter of concern (Irvine, 2005).

While the introduction of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952 further legitimised biomedical and psychological authority over 'normal' and 'abnormal' (or 'right' and 'wrong'), the 1960s saw a 'sexual revolution' in which there was a shift in views on sexuality (Angel, 2010). Named the 'permissive era' such a shift created an acceptance of premarital sex and sexual experimentation within committed relationships (Gupta & Cacchioni, 2013). Effective contraception, treatments for venereal diseases and the rise of both women and gay/lesbian rights movements further removed sexual inhibitions, challenged traditional heterosexual views on appropriate behaviour and emphasised sexual freedom; sexuality had become a political matter (Irvine, 2005; Tiefer, 2006). However, for women, this sexual freedom remained limited since they still negotiated positions created by Christian ideals, including the 'slut/whore' versus the 'virgin/Madonna' (Hollway, 2001).

With sex now at the forefront of public discussion, dominant institutions and 'experts' needed a new perspective in order to re-captivate and regulate the population. This led to Masters and Johnson's (1966) model of sex that included four phases: excitement, plateau, orgasm and resolution. Legitimising this model through a dominant biological discourse and drawing on their position as scientific 'experts', Masters and Johnson offered a new way of understanding for those who sought help. This marked the beginning of sexual problems being defined in terms of symptoms and function which could be reformed or unlearned, versus inherent dysfunction (Irvine, 2005; Kleinplatz, 2003). While acknowledging clitoral stimulation and masturbation for women, this model (based on a hand-selected biased sample), reproduced a sexual script based on

men's sexualities as well as reinstating coitus and orgasm as an end-goal or 'gold standard' (Hinchliff, Gott & Wylie, 2009; Irvine, 2005; Tiefer, 1991, 2002a).

The Birth of Desire Disorders

As sex became a public matter, a humanistic model to sexuality grew over the 1970s, which emphasised sexual pleasure as a path to wellness and self-actualisation, emphasising experiential interventions (Irvine, 2005; Gupta & Cacchioni, 2013). With sex now a hot topic, the pornography and sex toy industries grew, leading to a divide in feminists who supported these movements, encouraging sexual expressiveness and pleasure, and those who opposed the movement, arguing that it upholds violence against women and the idea that women should cater to men's sexual desires (Loe, 1998). Other feminist movements of this time included the rising politicisation of rape and violence against women (including the exploitation of patients during therapy), the prioritisation of women's voices and controversy over the G-spot and vaginal orgasm, which was seen as prioritising coitus and thus men's pleasures (Gavey, 2005; Hite, 1976; Irvine, 2005; Koedt, 1970).

Over this time there appeared to be a growing distrust for 'experts' and 'professionalism' which led to efforts in restoring the public's faith through the introduction of the code of ethics (Irvine, 2005). Despite growing criticism, the DSM and 'experts' continued to define sexuality and a heterosexual-coital script continued to be ever-present in the bedroom (Irvine, 2005). This was evident in the model of sex that informed the DSM, which, although had been replaced by Kaplan's (1979) three-stage model (including desire, arousal/excitement and orgasm), continued to understand sex as universal, spontaneous, biologically driven and goal-oriented (Durr, 2009; Goldhammer & McCabe, 2011; Tyler, 2009; Wood, Koch & Mansfield, 2006). The authority of experts was further reinstated after an outbreak of HIV and AIDS in the 1980s, which shifted focus on sexuality to that of safety and risk (Gupta & Cacchioni, 2013). Bringing a discourse of fear and sexual-responsibility everyone was deemed a risk, meaning sexologists could reproduce their expertise and control over sexualities, which included restoring a heteronormative sexual script (Holland, Ramazanoglu, Sharpe, & Thomson, 1998; Irvine, 2005).

Now taking responsibility for their sexual experiences (including their own safety and pleasures), an increasing number of people presented in sex therapy rooms (Irvine, 2005). Informed by Kaplan's (1979) model, professionals identified a rising 'crisis' that they understood as 'desire disorders' (Irvine, 2005). These disorders first appeared in the DSM-III (APA, 1980) and included both inhibited sexual desire as well as inhibited sexual excitement (based on arousal difficulties), with sexual disorders having earned their own chapter. By this edition of the DSM, psychoanalytic understandings had been replaced by biological understandings, including Masters and Johnson's and Kaplan's sexual response models. This theme continued through later DSM editions, which only saw minor changes in terms of sexual disorders (such as focusing on physiological symptoms of arousal), reflecting a growing biomedical outlook.

A (Re)medicalisation of Sex: The Search for a Pink Viagra

A dominant biomedical model, which emerged in the late 18th century during which a medical gaze was placed on the body (Morgan, 1999), has ultimately come to define 'normal' and 'healthy' sex, meaning our sexualities have come to mirror physical ailments of function and dysfunction (Gupta & Cacchioni, 2013). Constructed in this way, pharmaceutical and hormonal interventions have been prioritised, since they offer 'quick fixes' to what are seen as biologically-based difficulties, which also avoids the shame, anxiety and vulnerability of being deemed 'other' or 'abnormal' (Irvine, 2005). Tiefer (2001) describes this medicalisation as an *active* process in that while we are fooled into thinking this is a result of scientific movement and discovery, it is in fact due to the political and socioeconomic interests of a selective group (i.e. empirical and biomedical 'experts' as well as pharmaceutical companies). Through disease mongering techniques, these experts and pharmaceutical companies stand to not only gain a significant amount of profit but status and control over sexualities and sexual 'knowledge' (Hartley, 2006; Moynihan, 2003; Tiefer, 2002b; Tiefer, 2006).

Gupta and Cacchioni (2013) argue that we have reached a (re)medicalisation of sex and sexualities following the success of Viagra in the 1990s and subsequent strive for a female-equivalent. Despite results showing a general lack of effectiveness, efforts have continued in the search for a 'pink Viagra', with herbal and dietary supplements marketed similarly to prescription drugs (Hartley, 2006; Hartley & Tiefer, 2003; Tiefer, 2002a). A recent development has been the approval of a drug called Addyi (flibanerin)

in 2015, which, though originally developed as an antidepressant (for which it failed clinical trials), has now been prescribed for the treatment of premenopausal women with desire difficulties (U.S. Food & Drug Administration, 2015). Similar to previous trialled drugs, criticisms of Addyi include questionable effectiveness and negative side effects (Puppo & Puppo, 2016). Alongside the search for pink Viagra, the Eros was also produced and approved in 2000. This hand-held battery operated suction cap vacuums blood flow to the clitoris to 'assist with lubrication and sensation', marketed as a tool in assisting with women's arousal, desire and orgasm difficulties. Both Fishman and Mamo (2010) and Marshall (2002) highlight how these biomedical interventions reflect and reproduce dominant narratives and ideals of masculinity, femininity and heterosexuality. Marshall (2002) argues that Viagra reflects masculine qualities of virility, mastery and control, including unlimited sexual performance. With men's desire assumed, the ultimate goal becomes penetration, which not only upholds the idea of an active uncontrollable male sex drive but also restricts any experimentation outside of coitus and an erect penis (Marshall, 2002). The Eros, on the other hand, upholds the idea that a lack of desire/arousal is an *individual deficit* and ensures women can still fulfil their receptive roles in providing men with coitus (Fishman & Mamo, 2010). Fishman and Mamo (2010) contrast the Eros to sex toys in that the Eros is medically marketed and prescribed, focusing on the achievement of coitus over women's own pleasure and enjoyment.

Others have also raised negative implications of a biomedical approach to sexuality. Not only does a biomedical perspective reinforce heteronormativity and a sexual script focused on coitus and the pleasure of men, but it also deems untrained medical personnel as 'experts', allows insurance companies, health professionals and the wider public to favour drug treatments, creates a bias in research which is dominated by drug companies, upholds mind-body dualism and fails to acknowledge the complexity of sexuality (including social and cultural factors) (Moynihan, 2003; Tiefer, 2002b). Irvine (2005) warns that medical advances may cause individuals to mistrust their own bodily experiences (thus becoming *disembodied*) and instead favour medical authority and machinery, which allows them to persist with a sexual script. She gives the example of a woman who is made to lubricate and therefore told she is aroused, despite any subjective desire or arousal (Irvine, 2005).

As a biomedical perspective has advanced, along with the growth of psychological ‘knowledge’, so the classification of ‘disorders’ or ‘dysfunctions’ reflects these movements. Sexual disorders in the DSM-IV-TR (APA, 2000) are still based on Kaplan’s (1979) model of sex, containing both Female Sexual Arousal Disorder (FSAD) and Hypoactive Sexual Desire Disorder (HSDD). These disorders have received much criticism, which has included the use of a linear, biological and universal model of sex based on male understanding; a presumption of spontaneous desire; the separation of desire from arousal; a focus on genitals and individual ‘deficiency’ over a discrepancy between partners; a lack of criteria for ‘normal’ and ‘abnormal’ levels of desire; and a lack of acknowledgement for other components of sexual satisfaction such as communication or intimacy (Basson, 2000; 2006; Brotto, 2010; Brotto, Heiman & Tolman, 2009; Carvalheira, Brotto & Leal, 2010; Durr, 2009; Goldhammer & McCabe, 2011; Graham, Sanders, Milhausen & McBride, 2004; Hinchliff, Gott & Wylie, 2009; Seagraves & Woodard, 2006; Wood et al., 2006)

Questions of Desire

A growing interest in sex (and desire), along with the classification of desire disorders, has fuelled ongoing research into sexual desire. The question of how we define desire as well as what motivates our sexual desire has been heavily debated (e.g. Basson, 2000; Brotto et al., 2009; Carvalheira et al., 2010; Diamond, 2007; Goldhammer & McCabe, 2011; Graziottin, 2000; Irvine, 2005; Levine, 2002; 2003; Wood et al., 2006). There have also been attempts to measure desire through numerous tools or questionnaires, in an effort to create scientific comparisons and ‘consistency’. However these studies largely focus on the frequency of sexual activity (including coitus) over desire itself and fail to account for changes or fluctuations in desire over time (Brotto et al., 2009; Regan & Atkins, 2006; Tolman & Diamond, 2001). Through this extensive body of research, sexual desire has been constructed as a concept to be empirically observed, measured, quantified and defined, which ultimately upholds and reproduces the authority of scientific ‘experts’ and expert ‘knowledge’.

Research has also examined factors that affect our sexual desire, from someone’s mental health and emotions or thoughts to menstrual cycles, relationship factors and fertility (Basson, 2006; Carvalho & Nobre, 2010a; 2010b; Graham et al., 2004; Heiman, 2002; Kleinplatz & Ménard, 2007; Murray, Sutherland & Milhausen, 2012; Sims &

Meana, 2010). Guerin (2008) highlights how these factors are largely conceptualised at an individual or relational level, which minimises and ignores broader sociocultural and political factors affecting our desire. Framed in this way, the idea that sexual ‘disorders’ are *individual* or *relational* deficits to be worked on is reproduced, with these studies defining and legitimising targets for intervention in treating those deemed ‘abnormal’ or a ‘problem’. Research into sexual desire also continues to uphold the position and authority of the ‘expert’ - someone who has access to these scientific ‘truths’ based on research ‘evidence’. Two factors that have been focused on when it comes to sexual desire are relationship length and age (Carvalho et al., 2010; Durr, 2009; Graham et al., 2004; Hayes et al., 2007; Hayfield & Clarke, 2012; Klusmann, 2002; Levine, 2002; 2003; Sims & Meana, 2010). Older age and longer relationships are seen to elicit ‘problems’ with sexual desire (particularly for women), which not only reproduces dominant biological understandings, including a weakening female aging body, but reinforces problems as a result of individual or relational shortcomings, deficits or failures. Therefore, a decrease in desire is seen as something to work on and seek help for, further upholding the authority of ‘experts’ and their classifications of ‘dysfunction’. The authority of these classifications can be seen in studies such as that by Brotto and colleagues (2009) or Murray and colleagues (2012). Brotto and colleagues (2009) found that the thought or idea of having a ‘difficulty’ or ‘disorder’ further inhibited women diagnosed with an arousal disorder, while Murray and colleagues (2012) found that sexual satisfaction within long-term relationships was dependent on the degree to which women saw their changes in desire as normative versus problematic.

Informed by a history of women being constructed as separate from or ‘other’ to men, research has continued to focus on and highlight differences between the sexes. Research has reproduced the idea that men possess a biologically-driven, stronger and longer sex drive and that women possess a weaker, more elusive, varied and easily influenced sexual desire, largely influenced by intimacy and emotional factors (Bancroft, 2002; Brotto et al., 2009; Durr, 2009; Levine, 2003; Regan & Atkins, 2006; Goldhammer & McCabe, 2011; Diamond, 2007). A body of research that compares genders continues to uphold and legitimise the biologically essentialist view that men and women possess inherently different qualities which then reproduce gendered positions and justify a dominant sexual script.

One difference emphasised when it comes to sexual desire is the idea of ‘receptive’ desire. Basson (2000) introduced the concept of receptive/responsive desire for women (the idea that desire may be ignited once sexual acts are already underway) in her circular sexual response model. Contrary to existing sex models, Basson (2000) argued that sexual responses were not always spontaneous and linear, with sexual phases tending to overlap, arousal and desire occurring in any order (and also seen as expressions of the same thing) and the possibility of receptive desire for women. Described by Durr (2009), Basson’s (2000) circular model of sexual response was comprised of the following phases: becoming motivated to participate, the feeling of excitement/arousal/ pleasure, an intensification of these feelings through responsive sexual desire, emotionally and/or physically positive outcomes and subsequently increased motivation for future receptivity.

While this new model of sex was motivated by Basson’s appreciation for the heterogeneity of sexual concerns and reluctance to diagnose dysfunction when sexual responses differed from tradition models (Durr, 2009), it was not without negative implications. Not only does the idea that women experience receptive desire continue to reproduce differences between men and women but, by focusing interventions on receptive desire, Tyler (2009) argues this model reproduces the ‘sleeping beauty’ myth (the idea that women’s desires must be awakened by men) as well as the ‘rape fantasy’ myth (the idea that women are sexually turned on or enjoy domination/rape). By denying women any voice from which to decline men’s advances, as well as legitimising men’s persistence as acceptable and healthy practise, emphasis on receptive desire ultimately encourages unwanted sexual encounters for women (Tyler, 2009).

Despite these implications, Basson’s (2000) model did go on to inform new understandings of sexual desire and sexual difficulties. A growing discomfort with the dominance of urology and the drug industry, alongside these circular and complex understandings of desire, lead Tiefer and colleagues to campaign for a ‘New View’ on sexual disorders, which were to be defined as any “discontent or dissatisfaction with any emotional, physical, or relational aspect of sexual experience” (p. 86, Tiefer, 2002a). Based on psycho-bio-social insights, Tiefer and colleagues argued that etiological factors behind sexual difficulties were not just individually or relationally based but may also be a result of social, cultural and political conditions that require intervention (Tiefer, 2002b). Tolman (2002a) supported this view, whilst adding a

developmental perspective, arguing that what is likely understood as ‘normal’ sexual function in adolescence becomes ‘dysfunction’ when passing into adulthood as a result of patriarchal ideas and sexual scripts.

However, was this new view adopted by our dominant classification system? The most recent DSM-5 (APA, 2013) constructs itself as having rectified the downfalls of its last edition, as well as having acknowledged new understandings of desire in that it has: (1) collapsed female sexual desire and arousal disorder into one (becoming ‘female sexual interest/arousal disorder’), (2) included a criterion of six months’ duration to account for normal variations/fluctuations on desire, (3) excluded interpersonal difficulty to ensure desire discrepancy is not sufficient for a diagnosis and (4) mentioned associated factors such as partner and relationship factors, age, individual vulnerability, medical factors and cultural or religious factors as well as making reference to unrealistic norms and expectations under a section entitled ‘associated features supporting a diagnosis’. The DSM-5 (APA, 2013) classifies female sexual interest/arousal disorder as a “lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following: (1) absent/reduced interest in sexual activity, (2) absent/reduced sexual/erotic thoughts or fantasies, (3) no/reduced initiation of sexual activity and typically unreceptive to a partner’s attempts to initiate, (4) absent/reduced sexual excitement/pleasure during sexual activity in almost all/all sexual encounters (75-100%), (5) absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues or (6) absent/reduced genital or non-genital sensations during sexual activity in almost all/all sexual encounters (75-100%)” (p. 433).

While it is argued that these criteria allow for different variations of sexual expression (including overlapping sexual phases, non-genital experiences and receptive desire), as well as ensuring adequate stimulation, the existence of this disorder continues to pathologise women’s experiences that interfere with a sexual script. Duschinsky and Chachamu (2013) highlight how dominant gender scripts have informed the latest DSM in their comparison of female interest/arousal disorder with male hypoactive disorder. Despite a large number of criteria for women, the male desire disorder includes only the criteria of reduced frequency or intensity of “sexual/erotic thoughts or fantasies and desire for sexual activity”, causing “clinically significant distress or impairment” for a minimum of six months (APA, 2013, p. 440), thus omitting male pleasure, sensations during sexual activity or the initiation of sexual activity with a partner. Any

infrequency or lack of intensity in a man's sexual performance is, therefore, *not* pathologised, unless it interferes with the erection-penetration- ejaculation script and thus meets criteria for a separate arousal disorder (Duschinsky & Chachamu, 2013).

While desire is understood as complicated for women, these diagnoses uphold the idea of a more simplistic biological, unitary and homogenous sexuality for men, who are less likely to be deemed 'disordered'. Others have criticised that the existence of a female interest/arousal disorder has been driven by a pharmaceutical market, with this wider criteria bracket allowing for wider application of these pharmaceuticals (Kirschner, 2013; Puppo & Puppo, 2016). Guerin (2008) draws attention to the fact that 'hypersexuality' (high desire) is not included as a disorder in the DSM-5, while desire discrepancy tends to be subsumed under the low interest/arousal disorder, thus maintaining a standard in which high desire is expected and normalised. Guerin (2008) argues that in an increasingly sexualised society, it is the *absence* of sexual desire that has become viewed as 'abnormal' or a 'problem', with the confession of lacking interest in sex now carrying significant cultural meaning, thus driving individuals to biomedical 'solutions' to reach these normative standards (Duschinsky & Chachamu, 2013).

The Taylorisation of Sex: Mastery and Performance

As the boundaries between public and private spheres have blurred, with sex becoming increasingly visible in the Western world, Attwood (2009) argues we find ourselves embedded in 'sex culture'. Sex has become another skill to be mastered, with individuals putting in continuous effort to monitor both their own and their partner's sexual activities- a process referred to as 'sexwork' (Cacchioni, 2007). Sex has become a *performance*, as individuals and couples strive to achieve 'good' sex set out by a dominant sexual script. However, this performance is a gendered one. While women are expected to be both desirable and desiring, performing numerous practices previously associated with the sex industry to satisfy their men, their male partners are expected to learn the science of efficient and long-lasting sex (Harvey & Gill, 2011; Jackson & Scott, 2007). Jackson and Scott (1997) highlight how being 'good' at sex should be effortless, however being 'bad' serves a significant blow to our identities, requiring ongoing sexwork (in an effort to avoid being labelled 'abnormal'). Research has followed this trend, with studies now examining what makes for 'good sex' or 'sexual satisfaction' (Kleinplatz & Ménard, 2007; McClelland 2010; 2013). As the

struggle to master sex continues, the 'sexperts' have increased in numbers. Now individuals find themselves not only under the scrutiny of those who define sexual knowledge but also judged by a vast number of untrained and unqualified celebrities or members of the public gaining credibility through their multimedia exposure, use of psychological language (e.g. diagnoses, statistics and 'facts') and appeal to common sense understandings (Harvey & Gill, 2011). Of course, these new sexperts continue to reproduce the idea of 'right' or 'correct' sex.

As people's bodies and sexual behaviour have become further regulated and placed under constant surveillance and judgment, so individuals have become increasingly interested in altering and modifying their bodies. Given its history of being constructed as a shameful and deficient, the vagina has become one site of improvement. Researchers such as Braun and Kitzinger (2001) and Liao and Creighton (2011) highlight the increasing number of women and girls in the late 2000s seeking vaginal reconstruction to achieve the 'perfect vagina' - from labia trims and liposuction to vaginal tightening and hymen reconstruction. These researchers found clear cultural motivators behind these surgeries, such as the image of an 'ideal' feminine body and desire to fulfil male-desires of being 'tight but not too tight', symbolising purity while still allowing for coitus and the satisfaction of men (Braun & Kitzinger, 2001). Braun and Kitzinger (2001) argue that although we are quick to condemn non-Western genital mutilation, voluntary procedures in the West possess similarities. Often unsafe and unregulated, leading to numerous health complications, there is no evidence that these procedures enhance women's wellbeing (Liao & Creighton, 2011; Lloyd, Crouch, Minto, Liao & Creighton, 2005).

The emphasis of self and sexwork, when it comes to our sexualities, is reproduced by a prevailing psy-discourse and neoliberal norms of individuality as well as self-responsibility and improvement (Tiefer, 1996, Harvey & Gill, 2011; Jackson and Scott, 1997; Rose, 1996). Emerging from practices of psychiatry, psychotherapy, psychoanalysis and psychology, a psy-discourse not only upholds the idea of 'normal' and 'abnormal' but constructs the self as an individual project to be worked on which ultimately constructs individuals as capable of free choice in striving for self-fulfilment or realisation (Rose, 1996; 1999). It follows, Guerin (2008) explains, that individuals may freely liberate themselves or become their 'true selves', with therapy assisting in

this 'truthfulness' through the employment of an 'expert'. The implications of this perspective however, is that it assumes relationships are egalitarian and individuals are able to stand outside of dominant scripts and power imbalances, thus ignoring both gender imbalances and the effects of a clinical gaze which regulates individual perception and practise (Guerin, 2008). Therefore, do individuals possess a truly 'free' choice, or is this choice confined by dominant scripts and 'knowledge'? As Rose (1996) argues, psychological 'truths' are a reflection of historical and ever-changing socio-political culture, thus upholding certain power differentials such as that between men and women and individual and 'expert'.

Sex Therapy

As a dominant sexual script normalises high levels of desire, those who come to view themselves as lacking or as having a 'problem' with desire are driven to seek 'expert' assistance. A lack of or low desire is often reported as the most frequently seen issue in women who seek sex therapy (Durr, 2009; Hinchliff et al., 2009) with many women 'desiring desire' (Hayfield & Clarke, 2012). Kleinplatz (2003) explains how sex therapy has over history shifted from a state of stagnation to fragmentation. Initial weak theories, research and practice, followed by a reliance on pharmaceuticals showing questionable efficacy and appropriateness, has resulted in a fragmented field of sex therapy. Baker (1992) appears to have raised these concerns ten years earlier, arguing sexology has separated into two disciplines- that which addresses sociocultural and political issues (including gender roles) and that which focuses on empirical enquiry into biological or psychological factors, as well as the formulation and treatment of clinical presentations. Both Kleinplatz (2003) and Baker (1992) have raised the need for interdisciplinary collaboration and a global understanding of sexuality, highlighting that a fragmented field means the nature and treatment of sexual difficulties depends on service context.

This chapter has examined the historical sociocultural context in which women's desire is embedded. While tracing this history, it has become clear that our understandings and experiences of sex and desire cannot exist outside of our sociocultural context and the dominant ideas that have emerged within this context. I therefore aim to take a feminist poststructuralist approach when examining women's desire, which understands desire as socially-constituted and therefore a product of gendered social power relations.

In the following chapter (Chapter 2), I outline the theory of feminist poststructuralism, including the centrality of gendered relations and reproduction of dominant ideas informing our understandings and experiences of sex, gender and desire.

Chapter 2

Theory

A Poststructuralist Perspective: We Speak Therefore We Exist

A poststructuralist view of reality rejects the idea that language is merely a reflective way of communicating, arguing instead that language is *constructive*, playing an active role in creating our realities. From this perspective, our experiences cannot be separated from language, as it is through language that these experiences gain meaning and interpretation (Gavey, 1989). In the words of Davies (1990) - we are a person in process, as we speak, our words “speak us into existence” (p. 503).

With meaning located within language, it follows that there cannot be one absolute ‘truth’ or reality, since language may construct multiple, differing realities or ‘truths’. Knowledge and truth is instead understood as socially, historically, politically and culturally constructed and thus subject to change, instability and disruption. Power is therefore closely entwined with knowledge and discourse. According to a poststructuralist perspective, power is neither positive nor negative, instead actively functioning through language and discourse (Arribas-Ayllon & Walkerdine, 2008; Gavey, 1989; Hollway, 2001). Discourse is filled with certain assumptions and understandings that serve certain people, institutions and power relations; there can be no power relations without a field of knowledge and related discourse, and all fields of knowledge uphold certain power relations (Foucault, 1977).

This means there is an intersubjective dimension to making sense of our experiences- interactions with others provide the space in which we may co-construct shared meanings and make sense of ourselves, others and the world (Crawford, Kippax, & Waldby, 1994). Within these spaces, individuals actively create specific storylines or scripts by employing certain discourses and positioning themselves and others in particular ways (Davies, 1990; Gavey, 1989, 2005). Discourse can be defined as any form of talk or text as well as any system of statements, values, beliefs and practices that inform our views, experiences and positions in the world (Arribas-Ayllon & Walkerdine, 2008; Burr, 2003; Hollway, 1988; Potts, 2002). Discourse is action-oriented (Gavey, 1989) in that it may permit and liberate or restrict and deny certain

talk, thoughts, actions, relations or experiences (Arribas-Ayllon & Walkerdine, 2008). It also makes certain subject positions available to adopt or assign to others. A subject position is the place from which we view the world or fit into a particular situation, thus affecting our individual experiences or *subjectivities* (Willig, 2008; Dowling, 2013). Dominant discourses create subject positions that uphold dominant power relations, thus the oppressed remain confined within subordinate positions. Hollway (2001) highlights the unequal subject positions available to men and women, highlighting the role of power and investment in shaping these positions.

Discourse ultimately defines that which is possible (Davies & Harré, 1990; Dowling, 2013). Since both language and knowledge are located in discourse, the discourses we draw on construct our understandings of the world, our experiences, and therefore our social realities (Gavey, 1989). These discourses are upheld and reproduced through avenues such as the media, educational systems, particular institutions or fields and the law, as well as individual and group accounts, practises and even humour (Gavey, 1992). Dominant discourses are those that prevail, due to being most accessible and relied on. These discourses come to be seen as ‘common sense’ or ‘taken-for-granted’ understandings, usually originating from dominant institutions such as science, medicine, religion, the law, and psychology/psychiatry, meaning they come to be taken as ‘right’ or ‘truth’ (Costa, Nogueira, & Lopez, 2009; Gavey, 2011). Those in power place great investment in upholding these dominant discourses, which can be seen when examining the dominant discourses around gender relations (including sex). Sex is one sociocultural construct which has been historically defined by those in power such as the church, ‘scientists/ sexologists’ and men, meaning the knowledge and discourses surrounding sex have both upheld and reproduced heteronormativity as well as the subordination and control of women and their sexualities.

Despite the power of dominant discourses, the situation is complex in that discourses are multiple and subject to change, a consequence of our ever-changing sociocultural context (Gavey, 1989). It is the changing, multiple and competing nature of discourse that accounts for the inconsistencies, contradictions and fragmentations present in individual accounts and experiences, since multiple changing discourses produce multiple and fluid subject positions (Hollway, 2001; Gavey, 1989). Counter-discourses, such as feminist discourses, are always present (though often less accessible) and

dominant discourses have the potential to be disrupted, allowing for alternative subjectivities and potential avenues for change (Gavey, 1989; Hollway, 2001). Discourses are always historically located and serve a specific function; therefore, those most accessible and dominant at one point in time are always open to change, though at the same time those in power can be persistent and pervasive. The goal of feminist poststructuralism is, therefore, to disrupt these oppressive dominant discourses and the power relations they reproduce, identify points of resistance and redefinition, and increase the availability of alternative discourses in order to open up new ways of being in the world for women and their sexualities (Gavey, 1989).

Foucault's Theory: Biopower and Disciplined Bodies

Michel Foucault (1977) argues there was a transformation in the exercise of power over the late 18th and 19th century. While prior to the 18th century power was asserted through overt force and brutal acts against the body, Foucault argues it now embodies a subtle, regulatory form, operating through finer channels which transform the minds of individuals themselves. Foucault asserts that this transformation in power grew from the state's need to control whole populations. The state achieved this through the management of births, deaths, reproduction and illnesses of the population- a technology of control Foucault names 'biopower' (Foucault, 1977). While emerging at first through the institution of the Church (who maintained births and deaths as well as tending the sick) the benefits of this control became clear to governmental bodies that had a bio-political stake in this control (e.g. maintaining a stable tax base or military supply). Thus, individual bodies became political objects. Biopower asserts its pervasive method of social control through technologies of categorisation and measurement that create social *norms*, which are upheld by dominant discourses and institutions (Foucault, 1977). Morgan (2005) argues that these technologies of knowledge and power control the movement, location, and capacity of people and act on bodies.

Sex ultimately became one site of control and regulation due to its reproductive and disease-transmitting qualities. Upheld and legitimised through dominant discourses such as science and psychology/psychiatry, a binary classification of 'normal' or healthy sexual functioning versus perverted, deviant or pathological sexualities was established. This gave way to technologies of control that further regulated individual

bodies, including the segregation and reformation of those deemed ‘abnormal’, which was justified as in the *best interests* of both the individual and society. Foucault (1977) suggests that this standard of normality, upheld by a power-knowledge system, has established and reproduced the pathologisation of women and children, the medicalisation of those deemed sexually ‘abnormal’ and the establishment of sexuality as a public concern.

However, there is another dimension to biopower and the control it exerts over individual bodies. While biopolitics concerns the whole population, disciplinary power concerns the control and manipulation of individual bodies. Foucault (1977) argues that subjected to technologies of normalisation, individuals become invested in the categories and norms upheld as ‘truths’ by dominant discourses and institutions and they therefore come to *self-regulate*. He argues that power now operates through the creation of docile bodies, as technologies used to discipline soldiers, such as confinement, control and surveillance, also govern other individuals within society, such as the schoolchild, prisoner, and so on. Individual bodies therefore come to monitor and police themselves, thus becoming both objects *and* agents of power (Bartky, 1998; Foucault, 1977). Foucault illustrates this theory by drawing on Jeremy Bentham’s Panoptican prison model as a metaphor for how society functions under this pervasive and faceless power (Bartky, 1998). The prison consists of a central watchtower overlooking a circular prison in which windows on either side of the prison cells create a backlighting, meaning prisoners can be seen at all times, while those in the watchtower remain invisible. Likening us to the prisoners in this prison, Foucault contends that we live under constant self-surveillance as we are permanently under the gaze of the faceless watchtower; power has therefore become anonymous and as Bartky (1998) says, is ‘everywhere and nowhere’.

While Foucault’s discussion of docile bodies has been criticised for being ‘gender blind’, ignorant of the gendered nature of disciplinary techniques, overlooking differences between men and women’s bodily experiences and reducing individuals to passive bodies void of agency, choice and self-determination, it provides a lens through which we may examine gendered power (Bartky, 1998; Gavey, 2005; McNay, 1992). When fused with gender analysis Foucault’s theory lends itself well to feminist

approaches, his theory allowing us to examine gender intersubjectivity from an historical and disciplinary perspective (Bartky, 1998; Gavey, 2005).

Becoming Woman

As biopower and disciplinary power exerts its control over sexualities, so gendered relations become informed by these standards of normality. Given their key role in reproduction and childcare, women have become an object of control. Technologies of control have framed women's bodies as deficient, a 'truth' which women themselves have invested in, compelling them to adhere to disciplinary practices that strive for an idealised feminine body and identity. Bartky (1998) argues that women have become docile bodies who police both themselves and others according to these standards of normality achieved through disciplinary practices.

From children we are taught gender *difference* and the superiority of the masculine. Through socialisation in and through dominant discourse, children learn that masculinity and femininity are respectively equated with active/dominant and passive/subordinate positions. Contrasting and complementary qualities are assigned to each gender, constructed as biologically inherent traits e.g. that women/girls are more emotional, irrational, driven by their emotions and dependent on others and that men are more rational, independent and lacking in emotions. As Butler (1988) argues, we are not born woman, but rather undergo an active process of embodying, of *becoming* woman. Becoming woman, she theorises, is to submit to a cultural idea and symbol of womanhood that outlines how the body must act, its meaning and how it is perceived (Butler, 1988). This process begins at a young age, with researchers such as Costa and colleagues (2009) identifying feminine scripts and respective 'qualities' within descriptions of childhood play, in which girls are taught to play fragile restrictive roles such as the housewife who attends to housework and childcare.

As Morgan (2005) states, the body is a socially constituted one. It is here that Butler (2009) raises the *performativity* of gender, comparing the process through which we become gendered to a theatre performance in which gender is rehearsed through a regenerated script. While these gendered positions are not forcefully imposed, Bartky (1998) and Gavey (1992) argue that women's bodies are subject to multiple and *faceless* methods of control which act through pathways such as discourse, the media, 'experts',

‘common knowledge’ and dominant institutions. Wielding itself through modern technologies of self-discipline, attempts to escape or resist this power remain futile as this self-monitoring and policing has come to be understood as expected, routine, ‘normal’ and most importantly *voluntary* (Bartky, 1998).

Bartky (1998) argues that women’s disciplined bodies are subjected to three main categories of control: size and configuration, gesture, postures and movements and lastly, ornamented surfaces. Our bodies are disciplined through diet and exercise to achieve unrealistic ideals more akin to a prepubescent girl than a woman. Although some may dispute this representation, as they strive for a more muscular and ‘curvy’ body appears to be rising, these curves must still be appointed on a slim frame and narrow waist, which only acts to make these ideals even more unachievable. Women’s gestures, postures and movements are continuously governed and restricted through disciplinary power; the feminine body is to be small, narrow, weak or fragile, which can be seen in men and women’s usual sitting posture in public- men occupy as much space as possible, appearing as tall and broad as their bodies will allow, whereas women assume a closed, small space, crossing their legs in a manner that conceals and restricts their bodies. Dress, such as stiletto heels or tight jeans and skirts further limit women’s movements, embedded in and constructed through current ‘fashion’. Ussher (1991) likens these Western practices of femininity to those of Chinese foot binding, arguing that both create an erotic feminine body that appeals to men’s desires, while objectifying and confining the women themselves. Women are also socialised to avert their gazes downward when confronted by another’s gaze and are trained to smile more, often insulted or questioned if they do not. They must depict modesty and grace, both important feminine qualities, while at the same time maintaining a level of eroticism to men (constantly negotiating the boundaries of ‘enough’ and ‘*too* much’) (Bartky, 1998). Lastly, Bartky says, women must display ornamented surfaces, from soft, supple, smooth, hairless skin to the extensive skincare routines and makeup masterpieces. Their faces must be altered to fit a male-driven ideal and, supported by dominating biomedical advances and a rising consumerism; women come to view their natural faces and bodies as deficient or ugly and in need of ‘fixing’. For many women, the thought of leaving their ‘private’ space without having appropriately ‘presented’ themselves is met with intense shame and fear. Therefore, women and young girls as neoliberal subjects consume these interventions and their time is consumed with acquiring the necessary

knowledge, mastery and preparation necessary to achieve this 'presentation'. These practices of femininity place undue pressure on women and girls, which not only increases their consumerism but creates deep-rooted insecurities, since these narrow goals for sexiness, beauty and perfection are classist, racist, ageist and unobtainable for most women (Lamb & Peterson, 2012). In a world of rising consumerism and commodification, it is inevitable that there has been an increase in body modification through plastic surgeries and reconstruction. Ultimately, these patriarchal standards are internalised by women, whose identities become tightly entwined with these practices in which they are invested, leading to their own self-oppression (Bartky, 1998).

These practices of femininity sustain and reproduce women's subordinate position within gender relations; each practice of femininity aims to benefit men- to attract, satisfy or maintain a partner (Dowling, 2013). Trapped within Foucault's panoptican prison, women are subjected to a continuous gaze, thus becoming disciplined self-monitors and policers. As stated by Bartky (1998), women live their bodies "as seen by another" (p. 34), with Holland and colleagues (1998) making a similar argument that every woman lives with a 'male-in-the-head' which measures and regulates their behaviour, beliefs and worth. However, while women consume themselves with these feminine practices as well as their own imperfections and inadequacies, they remain powerless; with no time to think about or question their subordinate position to men this is ultimately reinforced and reproduced (Ussher, 1991). In the words of Ussher (1991):

The images define us. The images contain us. And perhaps the images drive us mad. (p. 268)

That Which Contains Us

Not only does our obsession with these ideals and practices that uphold patriarchy prevent our emancipation, but there are severe social sanctions if we deviate from our prescribed gender performance. Butler (1988) says doing gender is a matter of survival, to get by in a world structured so tightly around normative scripts. Drawing on the example of 'cross-dressing', Butler (1988) illustrates how when within the confines of theatre this is met with laughter, applause and amusement; however, outside of a theatrical performance it is unthinkable and therefore suffers punitive and marginalising responses. This clearly highlights the contradiction between the performative and

unstable nature of gender alongside society's treatment of gender as stable, discrete and polarised (Butler, 1988). Schippers (2007) discusses four femininities that contaminate the masculinity-femininity binary: the feminine object (the lesbian), the authority (the bitch), the physically violent (the 'badass') and the taking charge/not being compliant (the bitch, cock-tease and slut). When adopting attributes reserved for masculine identities, women are either stigmatised and labelled, seen as *undesirable* (since to deviate is to become desexualised), or are reconstructed as an object of masculine desire (e.g. in the case of the lesbian) (Schippers, 2007). Likewise, the man who embodies 'feminine' characteristics faces negative social sanctions and stigmatisation (e.g. the 'fag', 'pussy' or 'wimp').

However, Schippers (2007) argues that rather than seen as problematic masculinities they, are instead constructed as feminine, since the abnormal, subordinate, deficit and problematic exist only for the feminine. This ultimately preserves masculinity's superiority and authority, reproducing unequal power relations. Though our identity is seen as a private endeavour, when it does not match our prescribed gendered position it becomes a collective, public and political concern, which can be seen in the stigmatisation received by a boy who likes 'girl's things' and therefore earns the title of the sissy (Davies, 1990). While performing one's gender 'well' is met with reassurance, women do not receive the same status or power as men and are often ridiculed for these practices (e.g. such as their time spent getting ready), thus keeping women within their subordinate positions and maintaining hegemonic authority (Bartky, 1998; Butler, 2009). Schippers (2007) describes these sociocultural understandings of masculine and feminine as "cultural insurance for male dominance" (p. 96).

The Commodified Body

The rise of capitalism, consumerism and individualistic values has placed the female body under further regulation and oppression (Baer, 2016). Rather than working towards social change, some movements of feminism have assumed neoliberal values of personal responsibility, choice and empowerment, where bodies become commodities, constructed as key sites of improvement and control (Baer, 2016; Gill, 2007).

Goldman (1992) argues we have reached 'commodity feminism'. With growing digital and social media influence, the body increasingly becomes a site of self-representation and surveillance. Not only is an image of the idealised feminine body

disseminated widely, which becomes understood as a site of identity, status and empowerment, but women are continually reminded of their own deficiencies (Baer, 2016). To achieve good citizenship, women must take responsibility for their shortcomings and strive to display their bodies in a (feminine) way that will gain them status, achieved as they modify their bodies through consumer 'choices' (Baer, 2016).

Gill (2008) highlights the illusory quality of such control, empowerment and choice offered to women through her examination of how women are represented in advertising. She draws attention to the shifts in representations of women moving from passive objects to active, independent, sexually powerful subjects. Gill (2008) asserts that in a postfeminist neoliberal era, feminine activities, particularly those which 'flaunt' women's sexualities, such as wearing stiletto heels, become assertions of empowerment. Drawing on this example, Gill (2008) argues that the continual prioritisation for women to display themselves as sexual objects for the male gaze, regardless of the painful deformations or restricted movements that accompany wearing stilettos, remains. Women who do not embody this feminine ideal, or subscribe to the extensive practices and consumerism required to achieve good citizenship, are not only deemed 'unfeminine', or as 'not taking care of themselves', but they are constructed as choosing *not* to embrace the sexual 'empowerment' that women have so generously been afforded (Gill, 2008). Thus, Gill (2008) argues, neoliberal values simply mask ongoing gendered social power relations. Likewise, McRobbie (2009) argues that a neoliberal society has resulted in the 'undoing of feminism', with feminism deemed unnecessary and irrelevant since gender equality is understood as already achieved in a world of free agency and choice. It is assumed, therefore, that women are freely able to liberate themselves if they so desire and, just like all individuals, may achieve success through hard work (Baer, 2016). However, have women reached a position of liberation? Or have they simply been regulated in new ways? As Baer (2016) contends, individual 'choice' and 'empowerment' remains a façade.

Behind Closed Doors

It is inevitable that disciplinary power and its dominant discourses infiltrate our sexual relations, since our intimate relationships are one of the key sites in which gendered social power relations are acted out. Informed by gendered positions reproduced through an expected script of heteronormativity, a double standard develops, through

which men are expected and encouraged to be active, persistent and powerful within heterosexual relationships, however women are to be passive, receptive and responsive to men's desire (Hird & Jackson, 2001). All aspects of the sexual script are constituted through this double standard, from who makes the first moves, to what sexual activities are engaged in and the ability to have a sexual voice or 'say no' (Gavey, 2005; Gilfoyle, Wilson & Brown, 1992). While men's active sex drives and desires are socially accepted and encouraged, women's sexuality is silenced through relations of masculine domination and feminine subordination (Jackson & Cram, 2003). Sexuality is always masculine, autonomous, goal-driven and rational and therefore, as Potts (2002) says, a woman discovers that when it comes to love, dating and sex, she "must camouflage any knowledge she has of her own desires and pleasures, producing a masquerade of receptivity and submission to her partner" (p. 60). The feminine sexual subject becomes the emotional object dependent on *his* sexual desire (Jackson & Scott, 1997).

While boys enter the sexual space with pressure to display their masculinity through heterosexual sex with an increasing number of women, displaying one's sexuality presents a degree of risk for girls (Farvid & Braun, 2013; Hird & Jackson, 2001). The double standard becomes clearest when we reflect on the labels of the 'slut', 'whore', 'easy' or 'loose' woman. Hird and Jackson's (2001) study reflects the binary of 'slut' versus 'angel' and 'wuss' versus 'stud' present in adolescents' talk. While boys were encouraged to express their sexuality, girls faced more complex pressures. When negotiating their sexual experiences, young women made efforts to maintain their 'angel' position, being careful not to be named 'the slut'. However, if they avoided sexual experiences *too* much, they were also at risk of being labelled 'frigid' or 'uptight'. Men however earned themselves the title of 'stud' for sexual prowess, their sexual agency encouraged by the risk of being called a 'wuss' (Hird & Jackson, 2001). Although some have argued the use of the term 'male slut' or 'man-whore' is reducing the divide in the double standard (Flood, 2013), this derogatory term continues to reflect and uphold inherent hegemony. The term 'man slut' is rarely used in comparison to the judgments placed on women and fails to carry the same negative status. It also upholds the idea that to stray from the 'normal', 'desired' or 'appropriate' is to embody a feminine space, since the term 'slut' has historically been linked to women's sexuality. Therefore, there remains no direct equivalent term to judge and/or punish men's heterosexual relations or sexuality (Flood, 2013).

The double standard ultimately leaves women in a gate-keeping role. They are expected to excite, attract or indulge men's desires and simultaneously maintain their position as an 'angel', which could be so easily be replaced by the position of the 'cock-tease' (Hird & Jackson, 2001). These issues are supported by other researchers, such as Costa and colleagues (2009), who found young women confined their sexual expressions to specific situations or conditions deemed 'safe'. Here we can see how the already self-policing woman enters the sexual world, monitoring both her own behaviour and that of other young women. Women in Dowling's (2013) study indicated they often felt greater judgment and pressure from other women over men, highlighting the internalisation of disciplinary power and self-oppression. Regulated by gendered rules and the social sanctions that keep gender in place, young women find themselves trapped in no-win situations, their sexuality under full submission to disciplinary power.

Through poststructuralist theory we may begin to understand 'truth' and reality as socially, historically, and culturally constructed. As we understand knowledge and discourse to be closely entwined with power, we may begin to examine how dominant discourses are both produced and reproduced in and through gendered social power relations. The following chapter therefore examines the conditions of possibility for women's sexually desiring subjectivities.

Chapter 3

Silent Voices

A Sexual Script

A heteronormative sexual script governs and reconstructs what is considered 'normal' sexual encounters; thus it is both informed by and reproduces gendered positions and performativity. This script reconstitutes men's active dominance and women's passive submission, expanding men's ability to exert their sexual agency (their behaviour viewed as impressive, a conquest and natural act), while restricting women's sexuality to catering to/satisfying men's desires, drives and needs. Since masculinity is equated with achievement, strength, dominance, independence and unemotionality, it follows that in the bedroom they are the initiators, persistent chasers, prioritising the physical over the emotional. In contrast, women are expected to embody femininity - the passive, emotional, submissive, dependent and nurturing counterpart, whose status is defined in relation to a (man) partner (Connell, 1996; Connell & Messerschmidt, 2005; Gavey, 2005; Hird & Jackson, 2001; Jackson & Scott, 1997; Messerschmidt, 2012; Potts, 2002; Walker, 1997). The woman manages the emotions and relationship, preserving her modesty while catering to the male sexual desire; she is *acted on* rather than *acting* (Butler, 2009; McNay, 1992). Anything that challenges these positions, such as women's open or active sexual expression outside the confines of 'trapping men into relationships', is judged negatively and receives the ultimate punishment - the label of the 'whore'. The dominance of a gendered sexual script therefore maintains women's self-oppression, as they become trapped in practices of femininity that cater to the male sex drive, whilst negotiating a prevailing double standard (Hird & Jackson, 2001).

The Big Three

Early research, particularly in the 1990s and 2000s, has focused on the discourses that inform and maintain the dominance of a heteronormative script, by talking to men and women about their sexualities and sexual experiences. Hollway (2001) named three of these influential discourses 'the male sex drive', 'the have/hold discourse' and 'permissive discourse'. The male sex drive constructs men as always seeking and

desiring sex since they possess a naturally occurring, uncontrollable and non-negotiable biological drive, with this discourse legitimised through biological essentialism and teachings of science and evolution. Constructing the male sex drive as biologically driven not only acquits men of responsibility for any bad behaviour but places great pressure on both men and women to fulfil these ‘uncontrollable’ needs.

A have/hold discourse, informed by traditional ideals, constructs a binary between purity/the virgin and promiscuity/the whore- a binary which allows the male sex drive to endure whilst placing a gate-keeping role and responsibility on women who must fulfil both roles. Upholding the sexual double standard, women are to be ‘whores’ in the bedroom but still reflect a pure, virginal position in public to avoid negative judgment, social sanctions and humiliation- a consequence evaded by men.

The permissive discourse, emerging from sexual liberation movements, has the potential to create space for one-night stands and sex without commitment, deeming this acceptable for men and women and therefore offering apparent ‘equality’. However, this exists alongside a pervasive have/hold discourse that women must contend with; thus Hollway (2001) argues that the permissive discourse acts as a disguise for a male-centred script.

These three discourses together operate to discipline women’s sexual desire within a position of receptivity to male desire. While later research has sought to problematize gendered social power relations and open space for women’s sexual desire *outside* of a dominant sexual script, the sexual double standard persists, both produced and reproduced through the interrelationship of the discourses outlined by Hollway (2001). A pervasive double standard continues to limit women’s sexual agency and reproduces adherence to a ‘logical’ sexual script that ultimately serves men’s interests.

‘Normal Sex’

Researchers have focused on the logical sequence of a heteronormative sexual script, which prioritises coitus and orgasm. They argue coitus has become a disciplined goal and purpose of sexual encounters, prioritised through biological, psychological and religious discourses, as the ‘natural’ or ‘normal’ way of expressing sexuality (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005; Gavey, Braun & McPhillips, 1999; Jackson & Cram, 2003; McPhillips, Braun & Gavey, 2001; Potts, 2000). Likewise, orgasms,

particularly those achieved through coitus, are constructed as a peak or assumed endpoint/goal to sexual experiences (Braun, Gavey & McPhillips, 2003; Potts, 2000; 2002). The construction of orgasms as a desired outcome is not only supported by a discourse of science, including traditional models of sexual response, but humanistic models of self-transcendence, both of which uphold the idea of sex and orgasm as good for one's health (Potts, 2000). However, gendered power relations mean men's orgasms are privileged, with male orgasm becoming the sole focus of sexual encounters and women's inability to orgasm framed as a result of her *own* deficit (Potts, 2000).

Since the ability to have intercourse or achieve orgasm comes to define individuals as 'normal', worthwhile and sexually competent human beings, those who do not fulfil this idealised position come to be perceived as *dysfunctional* and not 'whole' (Potts, 2000). Consequently, and to avoid the risk of failure, women fake orgasms in order to appeal to men's desires, preserve men's 'sexpertise', avoid hurting men's feelings and maintain a 'stable' relationship, thus avoiding the position of 'deficit' (Fahs, 2014; Muehlenhard & Shippee, 2010; Potts, 2000). For women, the expression of orgasm has become an act of performativity over the manifestation of their own satisfaction, becoming a part of emotional labour within a relationship and a way of 'speeding up' a sexual encounter (Fahs, 2011; Frith, 2015; Muehlenhard & Shippee, 2010; Nicolson & Burr, 2003; Thomas et al., 2017). Researchers have continued to gather evidence which supports a prevailing coital and orgasm imperative, which ultimately reproduces gendered positions and a dominant sexual script which prioritises men's desires and pleasures as well as continuing to frame women through their deficit (e.g. Braun, et al., 2003; Gavey, 1992; Hird & Jackson, 2001; McPhillips et al., 2001; Potts, 2000).

These findings have been taken further by some researchers who argue an invisible contract is drawn between individuals when they enter heterosexual encounters (Braun et al., 2003; Gilfoyle et al., 1992). A dominant heteronormative script upholds a logical sequence of events from 'other' sexual acts (which may cumulate in a woman's orgasm), followed by coitus and inevitably a man's orgasm. Gilfoyle and colleagues (1992) have defined a 'pseudo-reciprocal gift' discourse through which women give themselves to men who in return give them orgasms. However, Braun and colleagues (2003) as well as Gilfoyle and colleagues (1992) argue that although this discourse of reciprocity has the potential to open up new possibilities for a heterosexual sexual

script, it does so within the confines of heteronormativity and other dominant discourses at play. They argue that heterosexual discourses continue to reflect disciplined femininity in that women remain in passive positions, 'offering' themselves to men and following *his* desires - their bodies an object for men's pleasure. Women's pleasures remain dependent on an active man's performance and 'sexpertise', with men earning positive identities for these 'skills', while women remain in a position of no self-determination or voice of desire (Gilfoyle et al., 1992; Tiefer, 2004). While there are no positive identities earned for *women* who satisfy their men, since this is 'a given' and an expectation of women, there are detrimental identities granted to those who do not fulfil this obligation, such as the title 'slut', 'bitch' or the 'cocktease' (Braun et al., 2003). Men, on the other hand, are under little obligation to fulfil a woman's desires or pleasures, as informed by gendered positions which construct women as passive, drive-less beings who are concerned with love and relationships over sex, thus devaluing the female orgasm and constructing women as possessing inherent sexual deficits (Braun et al., 2003; Gilfoyle et al., 1992). Another aspect to this sexual script is the gendered position of female nurturance. Positioned as the carers and managers of emotions, women fear 'harming' their partner's feelings and feel obligated in 'paying back' their 'deserving' partner regardless of their own satisfaction (Braun et al., 2003). Fake orgasm becomes the enactment of feminine responsibility to validate or reward their partners' sexual performance, both biologically and emotionally (Potts, 2000).

Lacking Negotiation

The pressure of a heteronormative sexual script, means sexual encounters become less about negotiation, intersubjectivity and *experiencing* sexuality and more about *performativity* - enacting gendered positions and proving one's own 'normality'. A lack of sexual negotiation is further normalised and reproduced through biological essentialist views of men and women as inherently different. Believing they are from 'different worlds', both men and women subsequently draw on hegemonic discourses to inform their expectations, understandings and behaviour (Crawford et al., 1994). Crawford and colleagues found a lack of sexual negotiation between men and women, with hegemonic discourses being particularly influential over the sexually inexperienced (who relied heavily on societal and peer feedback). A common theme was the construction of women as objects whom lacked their own desire (e.g. labelled a

‘thing’). Their bodies were commodities to be exchanged and ‘handed over’ to others, while their decisions or desires were also conveyed by others. Lacking an active desiring voice within a heteronormative sexual script, women’s narratives contained themes of obligation and coercion. While some narratives portrayed instances of negotiation, through a reliance on the permissive discourse, it remained within the confines of other dominant discourses such as the coital imperative.

Holland and colleagues (1998) also emphasise a lack of heterosexual negotiation in sexual encounters; however they focussed their attention on young women’s lack of condom use, despite their desire for safe sex. They argue that gendered positions within a heteronormative script restrict women’s ability to practice safe sex as this negotiation occurs within “structurally unequal social relationships” (p. 6). Informed by the have/hold discourse and disciplined through the sexual double standard, the young women expressed that buying, carrying or asking for the use of condoms disrupted their reputation as the sexually innocent ‘angel’ and threatened to position them as the ‘slut’ (Hird & Jackson, 2001). From a position of feminine responsibility for men’s sexual pleasure, the women also talked about condoms interfering with men’s pleasure and suggesting that they viewed them as a risk, highlighting the prioritisation of men’s feelings and pleasures over women’s own desires and sexual health. Holland and colleagues (1998) found not only a silencing of women’s desires but absence of their own pleasures in their accounts.

The Fairy-Tale: Knight in Shining Armour

A discourse of romance further reinforces gendered performativity not just within sexual encounters but heterosexual relationships in general. Operating in unison with other dominant discourse, a discourse of romance upholds feminine and masculine positions as well as a heteronormative script in which women restrict their sexualities to within relationships, love and intimacy, and prioritise maintaining a partner as central to their feminine identities (Costa et al., 2009). However, like fairy tales, there is a darker side to this story. Further consumed by feminine practices and a submissive and passive position (driven by desires to be the princess or ‘damsel in distress’), women are left vulnerable to obligation, coercion and abuse; for example, the girl who has sex to *prove* her love (Jackson, 2001; Sieg, 2007a). Jackson (2001) focuses on the narratives of young women in abusive relationships, whom are largely informed by a discourse of

romance. With men entering their lives at difficult times, they were constructed within a fairy tale script as coming to their ‘rescue’. When men turned out not to be the princes they expected, a discourse of romance accounted for the contradiction by minimising, ignoring or justifying the abuse (women reporting it was ‘natural’ to encounter obstacles to ‘real love’ and believing that with their help the men would ‘change’). A discourse of romance, along with the male sex drive, normalised the men’s behaviours since they fitted with a tough masculine identity as well as fusing love and violence, with men understood as overcome by love or lust. Therefore women became trapped within their relationships, taking a nurturing position towards their partners and their active male sex drives. While some were able to take up the position of the heroine and eventually leave the relationship, others risked internalising this abuse, a dangerous consequence (Jackson, 2001; Lamb & Peterson, 2012).

Dangerous Consequences

Not only do dominant discourses informing a restrictive heterosexual script leave women vulnerable to violent or controlling relationships, but they normalise unwanted or coercive experiences, deeming women ‘unrapeable’ (Gavey, 1992; 2005). Women are *expected* to present a degree of resistance to sexual encounters in order to assert their ‘modesty’ and gate-keeping role; however their voice of desire is silenced and consent *assumed*, since a woman’s role is to remain receptive to men’s desires and pleasures. On the other hand, men’s persistence is seen as natural and uncontrollable, therefore overcoming any partner resistance proves their sexual prowess and masculinity. As these gendered positions construct sex as something men *do to* women, Gavey (2005) argues that the boundaries of consent, coercion and rape become blurred. On top of this, the stereotypical rape image (a violent attack from a stranger) creates a dichotomy of rape versus not rape, thus silencing other forms of unwanted or coerced sex, which fall within the confines of ‘normal’ heterosexual practice (Gavey, 1989; 1992; 2005; Hird & Jackson, 2001). Processes of disciplined heterosexuality ultimately builds what Gavey (2005) calls a ‘scaffolding of rape’ in which sexual assault becomes more likely and in which this assault is understood as ‘just sex’.

Gavey (1992; 2005) has discussed these issues extensively, highlighting how disciplinary power ensures men get what they want through technologies of heterosexual coercion permitted by a heteronormative script. She draws attention to

these technologies of coercion, which occur at a social and interpersonal level, identifying four main themes emerging in women's talk. These include: a desire to be 'normal', an inability to say no, a lack of choice and a position of nurturance or pragmatism (Gavey, 1992). Women's desire to be normal drove their adherence to a heteronormative sexual script, self-monitoring and obligation to 'follow through' with what was *expected*. They also talked about severe social sanctions if they did not conform (e.g. being labelled as 'frigid' or 'lacking'). With a sexual script that defines 'normal' sexuality, anything that falls outside of this script, including any woman that fails to maintain her feminine position, comes to be viewed as abnormal, dysfunctional or deficient, often requiring expert help. This can be seen through a comment made by one of Gavey's participants, who expressed fear that she was mentally ill due to having painful sex with her husband, which resulted in advice from her doctor that she was 'psychologically undone'. As can be seen in this comment, a discourse of normality is also upheld and enforced by those deemed 'professionals' or 'experts' who legitimise pathologisation through a powerful psy-discourse and dominant biomedical model. The women in Gavey's study also reported an inability to say no or refuse a man due to a lack of language from which to express their desires and fears this expression may threaten their relationship, endure negative social judgment or risk 'true' rape.

However even when women *do* provide a 'no' response, it is often not heard nor taken as a definitive answer (Gavey, 2005). Gavey (2005) talks about an 'unconscious rape wish' created by dominant discourses such as the male sex drive, teachings of evolution and the have/hold discourse, which uphold that while women present with resistance they desire to be overcome and have their sexualities unleashed by a man. It is from these beliefs that victim-blaming technologies are maintained. A lack of choice is another dominant theme in women's talk, particularly for women in a relationship, during which consent becomes void (Gavey, 1992). Gavey (2005) argues how consent is difficult for women in the position of the 'mistress' who sign a particular invisible contract (Braun et al., 2003; Gilfoyle et al., 1992). Hird and Jackson (2001) have also found that adolescent girls experience a lack of choice since their partners are constructed as hormone-driven boys whose actions remain beyond their control and often occur during a sexual 'black-out', as informed by developmental and biological discourses. A final theme found by Gavey's (1992) study was that women often drew

on a position of pragmatism or nurturance, in which they ‘gave in’ to sex to avoid conflict or continued pressure as well as manage their partner’s feelings.

A Change in Context

Over the past 50 years, since social movements advocated for women’s liberation and a sexual revolution, our social context appears to have changed. Sex is now more visible than ever, as we are now assumed to be ‘sexually liberated’ and this visibility is associated with the rise of digital media, including an increase in participation in online activity, cyber spaces and access to pornography. Attwood (2009) argues that the visibility of sex within Western culture has resulted in the commodification and tailoring of sex, which can be seen through the growth of the sex industry, including an increase in sex shops, marketing of sex toys and proliferation of ‘sexperts’. These industries are further supported by the Western value of individualism, which has resulted in neoliberal values of individual choice, self-responsibility and self-improvement. With agency, choice and freedom emphasised, so comes the postfeminist assumption that women have achieved equality with men, deeming feminism unnecessary and irrelevant (Gill, 2016).

A tension emerges, however, between this apparent sexual agency for women and the tighter restrictions placed on women’s bodies within this context, which can be seen within the beauty industry and hyper-sexualisation of femininity. Women have become further regulated by the beauty industry and a focus on aesthetics, driven by the commodification of bodies and neoliberal values of self-improvement, which perpetuate the idea of striving for an ideal femininity (Gill, 2016). However, the reproduction of traditional femininity (which reconstitutes women’s bodies as sexual objects for the male gaze), is sold to women with the promise of empowerment. This can be recognised in the status afforded to women who create makeup tutorials on YouTube and in the latest Lancôme advertisement which uses the slogan ‘makeup is my power’. Gill (2008) raises the question, if this is empowerment, why is the look young women strive to achieve so similar? With the commodification and tailoring of sex valuing *more* and *improved* sex, so femininity has become a performance of *hypersexuality*. Women are expected to be both desirable and desiring, perform numerous practices previously associated with the sex industry to satisfy their men as well as master efficient and long-lasting sex (Harvey & Gill, 2011; Jackson & Scott, 2007). Again,

while the position of the sex kitten is sold to women as empowerment, in that they are asserting their sexual liberation and agency, women find themselves further confined by gendered performativity and what Evans, Riley and Shankar (2010) call ‘technologies of sexiness’. Gill (2007; 2008; 2016) and others (e.g. Bay-Cheng & Eliseo-Arras, 2008, Burkett & Hamilton, 2012; McRobbie, 2009; Thomas et al., 2017) therefore argue that these shifts are reflections of *pseudo*-empowerment, as the illusion of liberation and agency masks further disciplined bodies.

Sex Culture and Pseudo-empowerment

Gill (2008) highlights her claim of pseudo-empowerment by examining the portrayals of women in the media, specifically looking at three constructions: the ‘midriff’, vengeful woman and ‘hot lesbian’. The ‘midriff’ represents the most significant shift in women’s portrayals in that this figure is a young, attractive, heterosexual woman who actively flaunts her sexual power, maintaining an ‘always up for it’ sexual position. Portrayed as active, desiring sexual subjects who *choose* to objectify themselves (drawing on a discourse of ‘girl power’), another layer of oppression is added since not only are women objectified, but they must now understand this as pleasurable and self-chosen.

Researchers, such as Gill (2008) and Amy-Chinn (2006), highlight how these representations are largely informed by pornography and an ideal feminine body, both of which prioritise men’s desires and admiration. The vengeful woman represents women as punishing men who have misbehaved, most often seen in car advertisements, in which a woman chooses her car over a partner. Gill (2008) argues this not only constructs men and women as opposites, driven by erotic attraction or hostility, but further portrays women’s powerlessness in that women’s only response to their inescapable subordination is revenge and ‘playing men at their own game’.

Lastly, Gill describes the portrayal of the ‘hot lesbian’ as the media’s attempt to avoid accusations of heterosexism while continuing to uphold the sexualisation and objectification of women’s bodies. The ‘hot lesbian’ is almost always a thin, attractive, ‘feminine’ woman, thus fulfilling the traditional ideals and maintaining her appeal to men. These figures are often seen embracing, kissing or being intimate, which reflects a pornographic theme appealing to men’s fantasies of women as sexual objects whose

purpose is to incite men's arousals/desires, a stark contrast to how gay men are represented in the media/advertising. However, this 'girl-on-girl action' is often portrayed in an experimental light, thus avoiding any true threat to heterosexuality (Gill, 2008).

Limited Agency

Same Old Script

Other researchers have returned to women's sexual encounters to explore whether a sexual script still informs these experiences. Findings suggest that disciplinary power and the double standard continues to govern women's sexualities, with results portraying the same dominant discourses that reproduce the heteronormative sexual script that prioritises men's desires and pleasures and uphold negative social sanctions for women who resist (Dowling, 2013; Kelly et al., 2017; Thomas et al., 2017). It is clear from these results that heterosexual sex remains an exercise of performativity over an experience of desire for women, who express awareness of the double standard and its authority over their sexual lives. However, this more recent research highlights that while disciplinary power maintains its control over women's sexual experiences, it does so in interaction with neoliberal norms. Women in Dowling's (2013) study talked about their sexual encounters as a 'game of numbers' in that they needed *enough* sexual partners to be seen as sexually experienced (and thus fulfilling the neoliberal position of the sexually 'savvy' liberated woman) however not *too much* (which continued to be governed by the have/hold binary and condemnation of the 'slut'). Postfeminist and neoliberal assumptions appear to place new performativity pressures on women, who must assert their sexual 'agency', fulfil their individual responsibility for self-improvement and self-mastery, and avoid being labelled abnormal or deficit. A tension between women's attempts to assert themselves as liberated and empowered sexual agents and the restriction of freedom through dominant discourses that reproduce the double standard can be seen in women's accounts of their experiences of casual sex, condom use, faking orgasms and their choices to be single.

In a postfeminist era, engaging in casual sex becomes one way in which women may 'assert' their sexual choice and liberation. This has resulted in a growing number of studies which continue to identify a tension between women's positive constructions of

casual sex and their experiences of continued restriction and regulation by traditional discourses and the double standard (Dowling, 2013; Farvid, 2010; Farvid & Braun, 2016; Farvid, Braun & Rowney, 2016; Hird & Jackson, 2001; Jackson & Cram, 2003; Sieg, 2007b). Many women construct casual sex within a permissive discourse as a 'fun' activity that allows them to feel sexually 'free', provides a 'thrill' or 'ego boost', or relieve 'natural urges'. They also draw on neoliberal values to position themselves as responsible for satisfying their own needs, avoiding negative or unwanted situations and working towards 'good' sex.

However, at the same time these experiences continued to be informed by the male sex drive (which often resulted in feelings of disappointment, regret, frustration or degradation) and largely centred on men's desires and pleasures. Sieg (2007b) found that many of the women formed their preference for casual sex that satisfied physical urges after previous negative, painful or problematic experiences, raising the question of whether their engagement in casual sex was based on desire or was a reflection of adaptive or compromising behaviour. Women who engaged in casual sex were also still subject to judgment based the have/hold binary, which condemned women who engaged in casual sex as 'sluts' or as looking for a connection. This fear of condemnation has therefore resulted in silence around casual sexual encounters for many women, who constantly monitor and regulate both their behaviours and disclosures (Cooper & Gordon, 2015; Farvid & Braun, 2016; Farvid et al., 2016).

Other results, which reflect the continued prioritisation of men's desires and pleasures, along with a lack of women's legitimate voice of agency, focus on women's contraceptive use and their faking of orgasms. Like the women in Holland and colleagues (1998) study, women continue to express a sense of powerlessness and lack of choice over their contraceptive practices, which are instead governed by fears of rejection and the negative sanctions of a have/hold binary, with condoms seen as signalling promiscuity (Cooper & Gordon, 2015; Kelly et al., 2017). Women also talked about not wanting to disrupt or create barriers to a 'natural, spontaneous' sexual script that ultimately focused on men's sexual pleasure and desire or choice (Cooper & Gordon, 2015; Kelly et al., 2017).

A finding that differed from Holland and colleagues (1998) study, was that the women in Cooper and Gordon's (2015) study often blamed alcohol for their sexual decision-

making, which likely reflects the influence of neoliberal norms that hold individuals responsible and therefore reproduces women as to blame for unwanted sexual encounters or negative consequences. Results around women faking orgasms also largely reflected past findings in that women wished to avoid hurting men's feelings or framing them as 'bad lovers' as well as avoid being seen themselves as 'abnormal' (Jackson & Scott, 2007; Fahs, 2011; 2014; Frith, 2015; Muehlenhard & Shippee, 2010). However, Jackson and Scott (2007) argue that faking orgasms has become further disciplined for women, who must now perform like a porn star in the bedroom. Just as girls learn to 'throw like a girl' so Jackson and Scott (2007) argue they come to "fake it like a woman" (p. 18), as informed by images and performances within the media.

It is assumed that in a postfeminist era, women have gained the 'freedom' of choice. However, Lahad (2014) asks, does each choice gain equal acceptance and legitimacy? And is it possible to make the wrong choice? Studies on women who choose to stay single highlight how our choices are not as 'free' as we think (Bay-Cheng & Goodkind, 2016; Budgeon, 2016; Lahad, 2014). They argue we have a cultural fixation on single women, who become marginalised, stereotyped and stigmatised, from a source of humour (e.g. the crazy cat lady), to gaining our sympathy/pity (e.g. the lonely spinster) or being framed as pathological (e.g. the workaholic or mentally unstable woman) (Budgeon, 2016). This is especially true for women who are deemed an age in which their 'biological clock is ticking', informed by a developmental and biological discourse that reproduces the motherhood mandate (Budgeon, 2016). Through neoliberal norms, women are blamed for how they 'got themselves in this position', are seen to have 'misused' their 'free choice' (often framed as naïve or lacking knowledge to make the 'right decision') or having 'failed' at femininity, condemned as too 'picky' or emotionally deficient (Budgeon, 2016; Lahad, 2014).

Bay-Cheng and Goodkind (2016) attempted to expand on the research by asking women themselves how they felt about being single. They found women's social location produced at least three types of responses. The affluent undergraduates took a *self-enhancing* perspective, expressing that singlism allowed them to be free, independent and carefree, and able to pursue their own ambitions and interests. The low income women not in college drew on a *self-preserving/protective* perspective, equating singlism with evading conflict or risk (e.g. infidelity) as well as resource demands (e.g.

being able to concentrate solely on their children) while providing time to remediate deficits and mistakes (i.e. getting their life ‘on track’). The low-income undergraduates sat somewhere in between, acknowledging both risks and life goals, reporting they were waiting for the right circumstance, time or person- taking a *self-advancement* perspective. Of note here is that while all of these women described being single as advantageous, none talked about it as a pleasurable experience, leading Bay-Cheng and Goodkind (2016) to question whether women were unable to express negative/ambivalent feelings since this would contradict their position of ‘free’ choice and agency. All of these findings highlight that while women attempt to assert their ‘free choice’ and newfound empowerment, in reality it remains unachievable. The ongoing regulation of women through the heteronormative script and the negative social sanctions experienced if they resist reproduces a neoliberal subject who is to blame for their individual deficits. What women appear to possess then, is a pseudo-empowerment, in that behind this “façade of choice” (Gavey, 2012, p. 722) women’s sexualities remain constrained (Bay-Cheng & Eliseo-Arras, 2008; Gill, 2008; McRobbie, 2009).

Filling Our Shelves (and Our Heads)

With a change in context, including the visibility of sex and rise of a technologically mediated society (Rice & Watson, 2016), research has turned its attention to media outlets and the internet to explore this apparent sexual ‘agency’ further. Magazines are a key source of socio-cultural messages that inform young women about gender, sex and sexuality, with 70% of girls aged 13-17years being avid or regular readers (Currie, 2001). Although these magazines can be seen as sexually liberal and offering agency to young women, it has been argued that they represent another reflection of pseudo-empowerment, instead upholding a dominant heteronormative script that position women as wanting/needing to ‘catch and keep’ a man (as informed by the have/hold discourse) and reproducing sex centred on men’s desires and pleasures. Those who have studied popular women’s magazines (e.g. Boynton, 2009; Currie, 2001; Farvid & Braun, 2006) have found women’s own arousal or desires, masturbation or topics such as self-esteem, communication and ambition are rarely discussed. Instead key themes include the ‘mastering of sex’ or physical appearance, obtaining or retaining a boyfriend, pleasing men (who are constructed as having a great *need* for sex), avoidance

of pregnancy or STD's and how to communicate in a way that supports and reassures partners (a position of female nurturance).

Jackson (2005) specifically examined the write-in sections of popular magazines and found that responses from 'agony aunts' tended to *undo* or *undermine* any attempts for women/girls to 'do' desire. Expressions of ambivalence or concern around having sex elicited both a psychological and romantic discourse from agony aunts, who talked about sex as something 'special' you wait for. Reliance on a romantic discourse not only silenced a legal discourse (the writer being under legal age for sex) but the possibility of having sex to meet *sexual desires*. A discourse of risk was also used to construct sex as dangerous, placing responsibility on the girl and largely implying she not have sex. Letters that articulated desire towards the same gender were undermined in that agony aunts drew on an adolescent/biological discourse, attributing these feelings to 'haywire' and 'transient' hormones, a 'biological blip'. The term lesbian was avoided, with the aunts warning against labelling oneself - advice *not* offered to girls who expressed heterosexual desire.

Lastly, masturbation topics were also responded to within an adolescent/biological discourse, attributing this transient behaviour to 'hormones' and assuming heterosexuality, with the words vagina and clitoris avoided. These responses clearly continue to silence, problematise and reproduce taboo around women's desires (particularly for the same-sex), masturbation and genitalia; in comparison to the copious amounts of information on heterosexual intercourse (Jackson, 2005). Boynton (2009) also draws attention to the lack of 'problem pages' in men's magazines and how, when they are included, the focus is on simple mechanical issues such as penis size or how to maintain an erection. Responses to these problems are provided by non-threatening advisors, such as the 'girl next door', who mock the reader or provide their own stories over focusing on the problem. Men's problem pages ultimately uphold the idea that men do not talk seriously about sex and do not experience sexual problems – therefore locating sexual deficit in women's bodies.

A Digital Age: Safe Spaces?

Sexualities have now entered a digital age, with the fast-growing digital and social media industries. Widespread debate has questioned whether technology offers safe

spaces for sexual exploration, agency and empowerment, or whether these spaces perpetuates the vulnerability of young people and reproduction of heteronormativity (Bray, 2008; Burkett, 2015; Gill, 2008; Harris, 2005; Hasinoff, 2012; Muise, 2011; Ringrose, Harvey, Gill & Livingstone, 2013). To explore these arguments, research has focused on online blogs (e.g. Harris, 2005; Muise, 2011) and sexting or cybersex, including the exchange of sexual images (e.g. Burkett, 2015; Ferguson, 2011; Hasinoff, 2012; Rice and Watson, 2016; Ringrose et al., 2013). Some argue that these technologies create spaces in which women/girls may explore, express and assert their subjective desire, feelings and bodies with an anonymity that allows them to evade dominant discourses and scripts (Harris, 2005; Muise, 2011; Renold & Ringrose, 2011; 2013). Others argue that digital spaces allow young people to extend periods of self-exploration, practice negotiating sexual consent or boundaries and address previously silent or taboo topics, while avoiding the risk of STDs or pregnancy (Ferguson, 2011; Muise, 2011; Rice & Watson, 2016). Lastly, the argument has been made that the digital space offers marginalised girls/women who do not fit 'ideals' a place to negotiate their active sexual subjectivities not just their potential risk (Rice & Watson, 2016).

Engagement in these digital spaces does not necessarily afford women agency, as the space is constituted through heteronormative practices and inequities. Agency continues to be regulated by hegemony and misogyny, seen in online threats, comments, 'slut shaming' and revenge or humiliation porn (Gill, 2016; Ringrose et al., 2013). Digital spaces reproduce women's bodies as a commodity for social exchange or advancement (Burkett, 2015; Erchull & Liss, 2013). Therefore, digital spaces can further silence women's desire and create avenues for unwanted contact and coercion. Participation in activities such as the exchange of images, the watching of porn, or re-enactment of pornographic scenes reproduce a sexual script in which these activities are *expected*, leaving women subject to negative social sanctions if they do not embody an 'always up for it' sexually 'liberated' position (Burkett, 2015; Ringrose et al., 2013; Wilson-Kovacs, 2009). However, the same negative sanctions do not apply to men/boys due to a seemingly unshiftable double standard, with Ringrose et al. (2013) noting that while boys were not expected to send images, girls talked about needing a *reason not* to send photos. When things went wrong during such exchanges (for example when images were distributed to others without consent), young women drew on neoliberal norms to locate responsibility on themselves (the sender) as 'freely

choosing' sexual subjects to engage in the activity (Hasinoff, 2012; Ringrose et al., 2013). Young women therefore continually monitored their sexual decisions and enacted feminine sexuality to avoid negative consequences.

A Worse Fate

Just (Bad) Sex

The illusory nature of sexual agency offered to women is evident in the continued occurrence of unwanted and coercive heterosexual sexual encounters, which are upheld by the same coercive techniques found in earlier research (Allen, 2003; Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gavey, 1992; Gavey, 2005; Hird and Jackson, 2001; Jeffrey & Barata, 2016; Morgan & Zurbriggen, 2007; Thomas et al., 2017). However, more recent studies also highlight the influence of postfeminist assumptions and neoliberal norms that reproduce the same unwanted sexual encounters, with women are coerced into feminine responsibility as actively choosing subjects. Women's sexual agency is limited through a lack of an authorial voice over the meaning of the encounter (Cahill, 2016).

The expectation that women flaunt their sexualities, as an assertion of their 'liberation', along with the neoliberal norm of self-responsibility produces a new level of victim blaming. Women are blamed for unwanted sexual encounters and any forms of harassment or sexual violence are justified, since women play up their sexualities and are therefore, 'asking for it' (Bay-Cheng & Eliseo-Arras, 2008; Hlavka, 2014). Since it is assumed through neoliberal values that women have a free agentic *choice*, any coercive and unwanted encounters as well as those which prioritise men's desires and pleasures are seen as either desired by the woman or a result of her own deficiencies (e.g. her lack of assertiveness or communication skills) (Bay-Cheng & Eliseo-Arras, 2008; Jeffrey & Barata, 2016). Neoliberal values are internalised by women who maintain they made an active choice and they construct their partners' desires as their own desires and/or engage in self-blame (Allen, 2003; Burkett & Hamilton, 2012). This process disciplines women's sexuality and contributes to a growing victim blaming approach which advocates women need to 'take care' of their own safety, resulting in the blaming of rape victims - for example by telling them to address their 'drinking habits' (Fine & McClelland, 2006). In their study, Coy, Kelly, Vera-Gray, Garner and

Kanyeredzi (2016) found that when young people considered scenarios on the sexual coercion and rape of women, the meaning of whether consent should have been given rather than sought depended on the women's sexual attractiveness.

The postfeminist position offered to women, who are assumed to be sexually 'liberated' within a neoliberal society, is an 'always up for it' sexual subject (*just like a man*), a modern symbol of empowerment in Western culture (Attwood, 2009; Gill, 2008). However, the 'always up for it' feminine subject can also symbolise a hypersexuality, and in the performance of *more* and *better* sex, feminine sexuality becomes commodified; newer, better, improved. As a freely choosing (hyper)sexual subject, the legitimacy to say 'no' to sex becomes unsayable. Nor is there space for women to change their minds or renegotiate consent without a 'legitimate reason', as they are responsible for meeting their obligation for satisfying men's sexual desire (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gill, 2008; Harvey & Gill, 2011; Jackson & Scott, 2007). It seems women experience the same pressures of obligation as seen in early studies; however now they are expected to engage in *more* unwanted encounters in an effort to remain the 'up for anything' sex kitten and avoid being positioned as 'frigid' or the 'prude' (Gavey, 1992; Hird & Jackson, 2001).

Antevska and Gavey (2015) found that the image of the up for it sexually available women was normalised in young men talk about watching pornography. They found young men normalised gender power relations of domination and subordination as desirable and understood violence as "background" or seemingly ordinary. Antevska and Gavey therefore argue that although pornography may provide an avenue for sexual arousal and pleasure, it also reproduces a heteronormative sexual script and violence against women, disrupting a binary between pleasure and danger, and reproducing it as ordinary.

Women's use of pornography is complex. While some women separated themselves from pornography (which they viewed as objectifying, unrealistic and male-centred), others watched or re-enacted pornography scenes in their sexual encounters, taking up a position of nurturing the relationship, and meeting the requirement of being a 'porn star in the bedroom'. Many of the women expressed feeling turned on by porn and also feeling guilty for exceeding the boundaries of feminine 'angel' and for embodying the pleasures of the objectification and domination of women (again disrupting a binary

between pleasure and danger). The women in Wilson Kovaks (2009) study however, separated pornography from erotica (which many preferred), describing erotica as less explicit, slower, suggestive and contextual as well as enabling them to make decisions about what to read or fantasise about. Dowling's (2013) study found that women enjoyed 'the journey' of pleasurable erotic sex when it had no ulterior motive.

A common act represented through pornography is that of heterosexual anal sex. Researchers argue that heterosexual anal sex is but one manifestation of sexual objectification, coercion and violence to constitute sexually desiring postfeminist subjects (Fahs & Gonzalez, 2014; Kaestle & Halpern, 2007; Štulhofer and Ajduković, 2011). Fahs and Gonzalez (2014) identified five themes in the talk of women who had engaged in heterosexual anal sex: (1) initial reluctance or resistance followed by 'giving in' to men's demands and requests, (2) trying anal sex then stopping due to pain, lack of enjoyment or realisation it did not match their fantasies, (3) overtly violent encounters (4) anal sex being viewed as 'normal' sexual practice leading to increased pressure for both men and women to try it, in order to evade negative social sanctions (particularly for women) and (5) accounts of pleasure linked to sensations, the eroticism of pain and feeling as though they 'fit in'. These narratives portray a continuum of coercion and sexual violence when it comes to heterosexual anal sex, highlighting a continued missing discourse of women's desire within heterosexual encounters.

The always up for it sexual subject is both object of and subjected to men's desire, and is also responsible for her pleasure. Women, therefore, may frame men's dominance and persistence as attractive, (re)constructing unwanted experiences as desired or 'hot' (Dowling, 2013; Jeffrey & Barata, 2016). Men, on the other hand, are often not held responsible for unwanted sex, with coercive sex understood as normative.

Women, therefore, remain 'unrapeable' (Gavey, 2005), with unwanted experiences constructed as 'just sex'. Research has shown women tend to minimise coercive or violent encounters because their experiences are not 'real' sexual violations, and because postfeminist agency requires personal responsibility for what is understood as 'just (bad) sex', a '(bad) choice' and therefore simply a 'learning opportunity' (Bay-Cheng & Eliseo-Arras, 2008; Hlavka, 2014; Morgan & Zurbriggen, 2007; Thomas et al., 2017). While postfeminist sensibilities *appear* to work in opposition to traditional scripts, it seems they interact with disciplinary power to blur boundaries of consent and

uphold the normalisation and acceptability of coercive and violent sexual practises (Bay-Cheng & Eliseo-Arras, 2008; Thomas et al., 2017). Burkett and Hamilton (2012) therefore argue that the ‘just say no’ approach to sexual consent continues to be problematic, since this assumes women are empowered enough to be able to ‘say no’ and have this regarded as a legitimate answer. Women’s lack of a legitimate voice within sexual encounters can be seen in their reports of using non-verbal methods of expression (e.g. body language) or faking orgasm to influence or end sexual encounters (Burkett & Hamilton, 2012; Thomas et al., 2017). Women’s employment of physical ‘hints’ and performances over verbal expressions of sexual desire further highlights women’s limited sexual agency within a still-functioning heteronormative sexual script. However, neoliberal norms mean any attempts to resolve these issues of consent remain restricted as structural inequalities between the genders are masked by a façade of ‘free choice’ (Gavey, 2012; Hlavka, 2014).

Broken Bodies

As we have been funnelled into the confines of ‘normal’ and ‘good’ sex (Tyler, 2004) so a discourse of healthisation (Tiefer, 2004) and increase in biomedical dominance has further legitimised its authority over our sexualities. Therefore, those who do not fulfil this ‘normal’ script are framed within a biological reductionist perspective, their individual bodies constructed as faulty, deficient or disordered. Neoliberal norms of self-responsibility place further blame and responsibility on the individual, which in interaction with a discourse of healthisation, drives individuals to seek sexperts and engage in sexwork (including the use of pharmaceuticals). In particular, a ‘lack’ or ‘loss’ of desire has been defined as a problem to be ‘fixed’ through psychological or pharmaceutical intervention. However, to ‘lose’ desire implies there is a standard measure of ‘normal’ desire one must feel, which raises the question - what is this standard based on? Standards of normality are ultimately assumed from a prevailing heteronormative script that informs us (especially women) that we must always be ‘up for it’ and engage in frequent sexual contact in order to enjoy and assert our sexual empowerment as well as be seen as normal, functional, healthy and self-improving human beings. Our understandings of a ‘loss’ of desire not only reproduces a heteronormative script but reinstates a biologically essentialist view of the female body

as deficient (since 'normal' desire is based on male-as-standard), thus strengthening hegemonic structures.

The construction of women's bodies as deficient and disordered is reflected in women's talk around a 'loss' of desire (Hinchliff et al., 2009) and research focusing on women experiencing aging, cancer or menopause (e.g. Hinchliff & Gott, 2008; Ussher, Perz, Gilbert, Wong & Hobbs, 2013a; Ussher et al., 2013b; Ussher, Perz & Parton, 2015). Women interviewed by Hinchliff and colleagues (2009), who reported a 'loss' of desire as their primary concern, talked about both their inadequacies and 'otherness'. They separated themselves from both media representations and other women, who they constructed as having a 'normal' sexual encounters, reporting feelings of isolation, 'missing out' and using self-labels such as 'abnormal', 'freak' or 'odd'. They therefore felt a strong fear of judgment, which influenced their disclosure to others. They also positioned themselves as 'not proper wives' reporting both guilt and fear they may lose their relationships as a result of their 'problem'. Since being sexually active is tightly entwined with health and femininity, this 'loss' of desire affected how they felt about their bodies, which they felt 'let down' by. Lastly, many of the women mourned and felt disappointed by this 'loss', indicating that they felt there was 'no end result'. Informed by a heteronormative sexual script these women understand themselves as having 'failed' at both 'normality' and femininity, with blame ultimately directed at their disordered or broken bodies. Despite these results, there were also women who were accepting of changes in their desire, instead drawing on a discourse of pleasure to position their *own* sexual satisfaction as important.

The idea of a failing sexual body is very much evident in dominant views around aging, menopause and cancer. Older adulthood and menopausal stages are constructed within biomedical understandings as a time of asexuality and sexual atrophy as well as a 'loss' of womanhood (including desire), which requires hormonal intervention. These biomedical understandings are reflected in older women's constructions of themselves as 'failures', their expressions of feeling less 'attractive', 'feminine' or 'desirable' and their reports that the absence of fertility defined them as 'old' (Hinchliff & Gott, 2008). However, research has also shown that older women rely on postfeminist assumptions and positionings to disrupt this biomedical discourse (Hinchliff & Gott, 2008; Ussher et al., 2015). Women in these studies constructed frequent sex as vital to individual and

relational wellbeing, described themselves as ‘sexually liberated’ (which they compared to older, more reserved women) and expressed acceptance around changes in their body, which elicited renewed confidence or connection to their bodies.

These findings clearly highlight the influence of a heteronormative sexual script on women’s understandings of their sexualities and aging. While neoliberal norms appear to disrupt a biomedical discourse of asexuality, the question is, does this place more pressure on older women to live up to these new expectations? Similarly, cancer patients are often treated as asexual or disinterested in sex (particularly those who were older or not in a relationship), with researchers identifying a silence in this area (Ussher et al., 20013a; Usher et al., 2013b). Those who experience cancer must often renegotiate their sexualities and sexual expression, most importantly negotiating a pervasive coital imperative. Ussher and colleagues (2013a) found that many of their participants disrupted a coital imperative after cancer by redefining ‘sex’ as not limited to coitus and exploring other non-coital pleasures and acts of intimacy. This was described as a positive change by participants, many of which compared this to their younger pre-coital experiences. However, others continued to attempt coitus, which was largely unsuccessful or a negative experience, with men being more likely to rely on sexual aids (e.g. Viagra, pumps, implants and injections) in order to uphold the coital imperative. Ussher and colleagues (2013a) highlights in these accounts the centrality of a dominant sexual script, in which the erect penis and coitus takes centre stage, identifying a ‘sex as life’ discourse in which individuals position themselves as disordered and in need of biomedical assistance. Experiencing cancer clearly presents a challenge to a heteronormative sexual script, which can result in increased disordering of individuals and pressure to conform or allow opportunities to disrupt this script.

‘I’ll Work on it’: A Prescription of Sexwork

Pressure to keep up with a heteronormative sexual script, inside a neoliberal society which also values self-improvement and responsibility for one’s ‘failures’ or deficits, drives individuals to engage in sexwork to achieve ‘happy’ and ‘successful’ heterosexuality (Cacchioni, 2007; Gupta & Cacchioni, 2013). Of course this pressure is more heavily placed women, since their affective embodiment is produced through deficiency or ‘other’ inside a male-as-standard script. Cacchioni (2007) identified three types of sexwork: discipline work (e.g. conforming to a heterosexual script, mastering

skills or training the mind), performance work (e.g. faking orgasms/pleasure) or avoidance work (e.g. pretending to be asleep or menstruating). Despite most of the women interviewed by Cacchioni (2007) reporting they engaged in sexwork (particularly performance work), some resisted this idea, instead using 'sexual lifestyle changes' to cope with sexual concerns, which involved privileging a no-goal approach to sex and prioritising non-sexual aspects of their relationship. When comparing these women, Cacchioni identified two determinants that increased women's obligation to engage in sexwork to be financial dependence on a partner and a history of coercion and/or abuse. Cacchioni (2007) therefore brings our attention to Jackson's (1999) argument that a sexual revolution in the bedroom is unable to take place until there is a revolution in the division of labour between genders and an end to men's violence towards women.

The importance of sexwork within a neoliberal capitalist society has contributed to the growing economy of sex. 'Expert' advice and merchandise is sold to women as helping them achieve sexual empowerment, remedy their 'problems' and master great sex. Martin (2016) highlights the tension between women's sexual subjectivity and objectivity and entwinement of postfeminism and consumerism by examining popular 'erotic boutiques' (such as the famous 'Ann Summers'). These shops differ from traditional sex shops in that they draw on postfeminist ideals, appealing to women consumers and locating themselves within retail locations. Martin (2016) argues that the sex toys and lingerie sold by 'boutiques', while advertised as empowering or fashionable, connect women's pleasure with aesthetics, consumerism and self-objectification (thus reproducing a further disciplined body). She argues that the books and classes available in these stores not only commodify sex and uphold adherence to a sexual script (largely focusing on sexual techniques that ensure men's pleasure) but reproduce the authority of sexpert knowledge. Cacchioni (2007) argues that 'sexperts' are more likely to advocate disciplined sexwork, upholding a 'practise makes perfect' approach, which can be seen throughout magazines, television programmes, and countless sex manuals (Cacchioni, 2007; Gupta & Cacchioni, 2013; Harvey & Gill, 2011).

Gupta and Cacchioni (2013) examined popular, contemporary American sex manuals, arguing they reproduce gender and sexual norms that place undue pressure on

individuals to prove their 'normality' through their sexual performance. Harvey and Gill (2011) examined a TV series including 'sexperts' who offer advice to couples on how to improve their sex lives. Again, the advice is clearly gendered, with advice for women focusing on developing new techniques, offering reassurance to their men and managing their own desire. When women possessed a higher level of desire, they were to take control of this 'excessive' desire and when possessing a lower level of desire, they were to engage in ongoing sexwork to solve their individual 'problem'. However, when men possessed the lower desire, advice centred on women's need to control their desire and to act with caution so to not hurt their partner's feelings. Harvey and Gill (2011) highlight how these sexperts maintain a dominant script that prioritises men's desires and pleasures while confining women's sexualities as responsible for meeting men's desires.

Professional sex therapists are also entwined within this growing economy of sex in that they also cater to societal needs to 'fix' individual and relational 'failings', 'deficits' and 'disorders'. Whilst these professionals may be driven by a client-centred approach, their mere existence implies that there is a 'normal' sexuality to strive for and a subsequent position of 'abnormality' or 'dysfunction'. The classification of sex therapists also reproduces power over sexual knowledge with professionals seen as holding the key to great sex and the solution to all sexual 'problems'. In terms of desire, these 'experts' are ultimately seen as possessing the answer on how to 'get' desire.

Guerin (2008) analysed sex therapist literature as well as interviewing sex therapists within New Zealand. She found that both literature and the talk of sex therapists reproduced a heteronormative sexual script as informed by dominant discourses. Guerin (2008) identified an 'anything goes as long as its consented' rule within therapists' talk, which reflects their attempts to take up a neoliberal position and avoid anti-sex criticism. However, Guerin draws attention to how the reproduction of neoliberal norms raises issues around consent, since the idea of 'free choice' masks structural inequalities that complicate the process of consent (e.g. Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Gavey 2005; 2012, Thomas et al., 2017). She argues that a 'client-centred' approach also implies individuals are free to resist dominant discourses, which is contradicted by research findings (e.g. Bay-Cheng &

Eliseo-Arras, 2008; Dowling, 2013; Kelly et al., 2017; Thomas et al., 2017). The coital imperative was evident in the treatment of vaginismus in that coitus was treated as an indicator of success, with vaginal desensitisation emphasised even when coitus was framed as optional. In terms of desire, low(er) sexual desire continued to be framed as a woman's problem within sex therapy literature, with evidence of a 'more sex is better' discourse. Guerin argues that desire discrepancies are frequently framed within a discourse of compromise, which ultimately ignores power differentials and requires that the low desire partner increase their frequency of sex (thus reproducing the idea of low desire as a 'problem'). Overall Guerin found that sex therapy tended to conflate love with sex and perpetuate biologically essentialist ideas of difference between the genders (e.g. women want intimacy and men want sex). She therefore argues that therapists tend to work with women's *willingness* to engage in sex over their desire, reproducing a heteronormative sexual script in which frequent sex indicates success, normality and a functional or healthy individual/relationship.

Of course, sex therapists are simply reproducing the latest sexual 'knowledge', which continues to be informed by dominant discourses. They are also constrained in disrupting dominant discourses in that their clients express a desire to be 'normal' and are seeking better sex, based on their own desire, sense of obligation, pressure from partners or concerns around relationship breakdown should sex be too infrequent. Guerin (2008) concludes that while critical discourses are not entirely absent in sex therapy, these continue to be marginalised within the discipline. A question remaining is, does this trend continue? And what discourses inform the talk of sex therapists now almost 10 years on?

A Missing Discourse of Desire

Fine (1988) drew our attention to a 'missing discourse of desire' after reflecting on how sexual education perpetuates a silencing of women's sexual desire. Researchers who focus on issues of sex and gender have continued to draw similar conclusions, with Fine and McClelland (2006) arguing that a discourse of women's desire is 'still missing after all these years'. As we have moved into a postfeminist era, in which neoliberal norms are valued, so sex and 'desire' have become highly visible and talked about topics, coming to symbolise free choice and empowerment. However, research suggests that despite women's efforts to 'do' desire, these efforts are confined by dominant

discourses that reproduce gendered performativity and prioritise men's desires and pleasures, thus silencing women's (Bay-Cheng & Eliseo-Arras, 2008; Dormer & Davies, 2001; Dowling, 2013; Fahs & Gonzalez, 2014; Gavey, 2012; Jackson & Scott, 2007; Kelly et al., 2017; Sieg, 2007b; Thomas et al., 2017). A postfeminist era therefore still appears to be more about looking desirable or performing desire over feeling it (Gill, 2008; 2009; 2016).

A Silent Body

Women's missing voice in the meaning of desire begins with the silencing of their bodies. The vagina remains a taboo topic and has historically been represented as inferior, absent/lacking, a passive receptacle, sexually inadequate, disgusting, vulnerable/abused and dangerous (Braun, 1999; Braun & Wilkinson, 2001). A consequence of this includes women lacking awareness their own genitals (Braun & Wilkinson, 2001). Davies (1990) argues that women are also disciplined to conceal their sexual organs (for example by sitting cross-legged) and learn from a young age they are lacking (for example the girl who discovers she is unable to urinate in the same way as her brother). The differential treatment of men and women's genitals can be seen in responses to men and women 'streakers' (nude-runners). While this is met with humour or admiration for men, women receive negative responses of disgust or shame with this act coming to symbolise their position as the 'slut'. A sense of shame or deficiency associated with female genitalia can be seen in the range of products aimed at cleansing or altering the smell of the vagina, the blame placed on vaginas for unreliable orgasms and the increase in vaginal modification, from bikini waxes to an increase in genital cosmetic surgeries (Bay-Cheng & Fava, 2011; Braun & Kitzinger, 2001; Liao & Creighton, 2011). Braun (2005) argues that women's openness and enjoyment of cunnilingus were reduced by concerns around their vagina's appearance, highlighting how negative social constructions of the vagina interfere with women's experiences of pleasure. Others draw attention to the slang used around female genitalia, which has mostly derogatory connotations (Bay-Cheng and Fava, 2011; Braun & Kitzinger, 2001; Braun & Wilkinson, 2001). Lastly, the silencing of women's bodies and sexual pleasure is reflected in a lack of discussion or depiction of cunnilingus not only in the media and sex education but also within everyday sex talk (Bay-Cheng & Fava, 2011; Farvid & Braun, 2006). When cunnilingus is portrayed, it is framed in the

context of men's sexual interests, such as pandering to the male ego or as a 'warm-up' to coitus (Bay-Cheng & Fava, 2011; Farvid & Braun, 2006).

This silencing of women's (deficient) bodies and concealment of their sites of pleasure acts to reproduce a disciplined body from which women distance and disconnect themselves (Holland et al., 1998; Lamb, 2010). As women come to see themselves and their bodies as *objects* of desire rather than *desiring*, they distance themselves from their own needs, desires and pleasures (Tolman, 2002b). Women, rather than occupying their bodies, simply gaze upon it; separating their minds from their bodies, they become disembodied and desexualised (Costa et al., 2009; Tolman, 2002b). While busy monitoring what is happening on the outside of their bodies, Tolman (2002b) argues, they become unaware of what is or isn't happening inside of them.

Struggling for Words

Studies have found men to be more forthcoming than women in talking about sex and desire, with women rarely talking about desire and often struggling for words (Dowling, 2013; Gavey et al., 1999, Gilfoyle et al., 1992; Kelly et al 2017; Montemurro, Bartasavich & Wintermute, 2015). Since men are expected to be dominant and active sexual agents, talking about sex becomes a means of demonstrating their masculinity or prowess (Montemurro et al., 2015; Murnen, 2000). Women, on the other hand, are expected to embody a passive feminine position, their sexualities remaining a private matter (Montemurro et al., 2015; Murnen, 2000). They therefore negotiate sharing 'too much', which risks condemnation through the have/hold binary. When women *do* talk about sex and sexual desire, their accounts reflect gender performativity. Since women's sexualities are restricted inside monogamous, heterosexual relationships (as informed by the have/hold discourse) women find it difficult to talk about desire *outside* of a partner and focus on talking about sexual *relationships* over sexual acts (Costa et al., 2009; Dowling, 2013; Montemurro et al., 2015). Montemurro and colleagues (2015) also found that talking about sex occurred in limited contexts based on gendered norms such as when expressing care and friendship or seeking reassurance of one's own normality (e.g. based frequency of sex). Talking about sex in these circumstances was deemed acceptable since it fostered relationship building and regulated one's behaviour to in terms of upholding femininity and normality.

Teaching through Silence

Many researchers focus on messages youth receive through sex education. Women's sexual desire, pleasure, and satisfaction, all integral parts of women's sexual experience, are largely missing from sexual education agendas (Cohen, Byers & Sears, 2012; Fine, 1988; Fine & McClelland, 2006; Oliver, Van der Meulen, Larkin, Flicker & Toronto Teen Survey Research Team 2013; Tolman, 2002a). Instead, curriculums employ 'just say no' approaches and advise abstinence, as informed by a discourse of risk and protection as well as a biological and clinical focus (Dowling, 2013; Edwards, 2016; Fine & McClelland, 2006; Holland et al., 1998; Oliver et al., 2013). A risk prevention approach to sex education, including warnings around an active male sex drive, ultimately positions girls within a gate-keeping role and further silences women's desire and pleasure.

Boys and girls clearly receive very different messages within sex education and are often separated for these teachings, thus reinforcing gender difference (Tolman et al., 2003). Boys receive messages on erections and ejaculations, which construct men as sexual agents and afford visibility to both their genitals and sexual pleasure. However, girls receive teachings on reproduction and menstruation, with little mention of an active desire or sites of pleasure such as the clitoris (Bay-Cheng, 2003; Dowling, 2013). These differential messages reproduce not only an active-passive binary between men and women but biologically essentialist views including men do not have sex for intimacy and women do not have sex for pleasure (Higgins & Hirsch, 2008). Women report receiving similar gendered messages at home, including warnings of the male sex drive and avoiding the position of the 'slut', which also results in increased surveillance and control (e.g. being placed on the pill or having one's whereabouts monitored) (Dowling, 2013; Edwards, 2016; Holland et al., 1998). Schalet (2011) argues that a focus on risk and further regulation of sexualities results in young people being more likely to hide their sexualities at home.

Despite these findings, Oliver and colleagues (2013) report that youth rank sexual pleasure as one of the top three topics they want to learn about. Since a discourse of desire and pleasure remains missing in formal sex education, youth ultimately turn to peers and the media (Edwards, 2016). However, peer talk reflects gendered messages in that young men reproduce masculine talk of competition and display, while young

women reproduce talk on relationships and sexual reputation, further reproducing and regulating a feminine position (Holland et al., 1998; Montemurro et al., 2015). On top of this, researchers raise concerns around the media and societal messages on sex which reproduce women as passive sexual objects for the male gaze, channelling women's desires into the narrow confines of attracting, maintaining and satisfying men's desires and pleasures (Boynton, 2009; Currie, 2001; Evans et al., 2010; Farvid & Braun, 2006; Holland et al., 1998; Gill, 2007; 2008; 2016; McRobbie, 2009). Concerns around the dominant sexual scripts which inform our young people has led some researchers (e.g. Fine & McClelland, 2006; Oliver et al., 2013; Tolman, 2012) to discuss where health and sex education should be implemented in order to create sex-positive messages and construct women as sexual agents possessing active desires and pleasures.

A Developmental Discourse

Contributing to a silencing of women's desire within sex education is a developmental discourse. A developmental discourse constructs children as asexual beings, with sexuality constructed as something that begins in puberty when hormones 'take over' (Costa et al., 2009; Lamb, 2004). It is therefore not until puberty or adolescence that one's sexuality gains acceptance or permission, meaning any childhood experiences result in significant negative feelings or social sanctions and judgments. The construction of childhood sexual feelings as illegitimate or abnormal can be seen in women's accounts in which these experiences elicit feelings of guilt and labels such as 'weird' and 'bizarre' (Costa et al., 2009; Lamb, 2004). In particular, any same-sex experiences were constructed as 'play' over expressions of sexuality, with Lamb (2004) arguing that this construction allowed women to evade negative condemnation for disrupting an asexual view of childhood or for gaining enjoyment from same-sex encounters. One way women dealt with this fear of judgment was to place themselves within romantic heterosexual scenarios (where one friend played the 'boy'), thus upholding a heteronormative script and avoid being positioned as 'other'. Research highlights how the term 'lesbian' is used by both boys and girls to police and limit girls' sexuality, asserting control over female friendships and limiting any passion or desire experienced (Hey, 1997; Lamb, 2004).

Adolescence, on the other hand, has been constructed through a discourse of risk, danger and biology, a time when individuals begin having sex due to uncontrollable

hormones but they remain mentally unsure and immature (McClelland & Tolman, 2014). However, there has been an increasing interest in viewing sexuality as a normal developmental experience which begins earlier than adolescence, with readiness for sex being a complex process and adolescents of both genders having multiple needs for not just sex but for intimacy, security and companionships (Allen, 2004; Lamb & Peterson, 2012; McClelland & Tolman, 2014; Tolman & McClelland, 2011).

Researchers indicate that adolescents are more vulnerable to dominant discourses due to adolescence being a site where gender identities are formed alongside intense peer and societal pressures (e.g. Costa et al., 2009; Gavey, 1992; McPhillips et al., 2001; Morgan & Zurbriggen, 2007; Tolman, Striepe & Harmon, 2003). With limited sex education or alternative sexual scripts, adolescents draw on dominant discourses to fit in and establish their 'appropriate' roles, priorities, goals and desires. Tolman and colleagues (2003) therefore argue that through adolescence girls become dissociated from their own feelings, hungers, needs and desires and instead become absorbed by disciplinary power. A developmental discourse interacts with other dominant discourses to further regulate young women's behaviour; for example while a permissive and developmental discourse encourages young girls to engage in experimentation, a discourse of risk and the have/hold binary restricts them within a gate-keeping role (Jackson & Cram, 2003).

Studies have found that many women describe that with age, they have become more reflective and critical of sexual experiences, were less 'gullible' or tolerant of unenjoyable or unwanted situations and felt more able to challenge the moulds of femininity, including an increased ability to assert their desires (Braun et al., 2003; Dormer & Davies, 2001; Dowling, 2013; Gavey, 1992; McPhillips et al., 2001; Piran, 2016; Sieg, 2007).

'First Times': A Game of Gain and Loss

Another example of how a developmental discourse interacts with other dominant discourses can be seen in studies that examine early experiences of sex. While a developmental discourse fuels interpersonal pressure for young men and women to be sexually active (since they are now deemed an age where this is expected), young women must also contend with a discourse of danger and manage the have/hold binary, which is reflected in women's accounts around pressure to have sex as well as fears of

what this might mean (e.g. Dowling, 2013). Holland, Ramazanoglu, Sharpe and Thomson (2010) focus on young men and women's 'first times' of intercourse, which are constructed very differently for each gender. They argue that for boys, the experience of intercourse is a *gain* - an empowering moment that confirms their agency and identity. Men's recollections were mostly positive and they reported anxieties only in relation to their performance (e.g. keeping an erection), which only appeared to receive negative judgment from *male* peers. First times allowed boys to establish their masculinity as 'men', which included overcoming female resistance.

Girls' experiences however, were much more complex. Lacking the discursive resources related to pleasure, achievement or performance, their accounts portrayed ambivalence, contradiction and *loss*. Since sex education and a dominant sexual script contains no legitimate voice of women's desires or pleasures, young women experience confusion, frustration, disgust and disappointment following early sexual encounters that do not live up to their expectations or ideals of love, romance or 'earth moving' (Dowling, 2013; Holland et al., 2010; Sieg, 2007b). To account for these disappointments, the young women in Dowling's (2013) study drew on a developmental discourse as well as a neoliberal requirement for self-improvement to frame sex as a learning opportunity and something that will improve with practice. Sex was also constructed as a 'natural' step during the progression of relationship and in establishing 'first loves' (Holland et al., 2010). Since a heteronormative sexual script outlines a logical progression of sexual encounters that is expected, any sense of agency for girls remains limited, becoming a question of 'when' over 'if'. Holland and colleagues (2010) highlight the asymmetry present in these experiences in that a young man *gains* his manhood through the *loss* of a woman's virginity, another reflection of the unequal power structures between men and women's sexualities.

The Great Divide: Desire and Equality versus Actuality

Two gaps identified by researchers and labelled by Sieg (2007a) are the want-get gap and the assumed versus experienced equalities gap. The want-get gap is reflected within research of 'first times' in which young women's sexual experiences do not match their expectations or ideals (Dowling, 2013; Holland et al., 2010; Sieg, 2007b). However, research has shown that women also express feelings of disappointment and a lack of true reciprocity in their later-in-life heterosexual encounters (Dormer & Davies,

2001; Dowling, 2013; Sieg, 2007a). In order to resolve this divide between women's desires and actual experiences, many accept this difference, limit their future expectations or separate their sexual from emotional or affectionate needs (which they obtain through relationships with family and children) (Sieg, 2007a; 2007b). Women in Dormer and Davies' (2001) study talked about having two selves- a 'good', 'correct' self (who was the unfree, yearning, family woman who upheld appropriate femininity) and the 'troubled' self (who was their true, real, desiring and agentic self).

However, these women reported rarely acting from their second self whom they yearned for, describing these desires as an 'ache' or 'empty space' as well as 'silly', 'too much to ask' and something to be 'kept in check'. The women in Dowling's (2013) study also separated desire (related to a relationship) from lust, which they construct as 'naughty', 'dirty' or a phenomenon left in adolescence. It can be argued that by separating the self in two or separating desire from lust, these women account for the dissonance created between desires permitted through a heteronormative sexual script and their unfulfilled desires. The women in Dowling's (2013) study also distinguished between life desires (which were strived for) and sexual desires (which were not always realised, often only imagined), which further highlights the oppression and silencing of women's desire. In particular, these women talked about a gap between their desires for 'enjoying the journey', or small acts outside of coitus and orgasm, and the reality of a strict and assumed sexual script that governed their experiences. The women justified this conflict through dominant discourses, in particular the male sex drive, which positioned them as nurturers of men's uncontrollable needs.

A further gap identified by Sieg (2007a) was the assumed versus experienced equalities gap. Sieg (2007a), like others (e.g. Allen, 2003; Dowling, 2013; Gavey, 1992, 2005; Holland et al., 1998; Morgan & Zurbriggen, 2007), found that while women constructed themselves as free, unrestricted and uninfluenced by sexual pressure or coercion, many recalled unwanted sexual experiences. This again returns to the idea of pseudoempowerment for women, as a cultural climate of 'girl power', free choice and assumed sexual freedom that masks ongoing disciplinary power (Bay-Cheng & Eliseo-Arras, 2008; Douglas, 2010; Gill, 2007; 2008; 2016; Levy, 2005).

Managed Not Missing

Brown-Bowers, Gurevich, Vasilosky, Cosma and Matti (2015) contend that young women's desire is not *absent* but instead is channelled in specific ways, mediated by complex cultural imperatives, in particular a healthisation of sex (Tiefer, 2004). They identify three constructions through which women manage their desires: (1) sex as relationship hygiene, (2) sex as exercise-esque and (3) sex as economy exchange. Firstly, sex is constructed as essential to a healthy relationship, with a 'dose of sex' seen to cure or remedy any problems. Sex was also compared to going to the gym in that it had inherent health benefits, and therefore providing your partner with sex was similar to giving them a 'good breakfast' (an interaction of healthisation with the male sex drive/female nurturance binary).

Secondly, women drew on discourses of body discipline, self-surveillance and self-improvement, as sex became part of wellbeing regime similar to dieting or exercise. Brown-Bowers and colleagues argue that neoliberal performance-driven slogans, such as 'you'll be glad you did it after', were influential here, emphasising self-care, responsibility and improvement. Sex therefore became a matter of *need* for the body over a want or desire. Further to this, a discourse of fitness and athletic performance was used to make sense of experiences such as being sore the next day, which was seen as a sign of a good 'sex workout'.

Lastly, women constructed their bodies, desires and sex as commodities, products or assets fit for trade. Sex was used to obtain psychological or material goods (e.g. intimacy or expensive gifts) which drew on a discourse of reciprocity as well as the neoliberal values of responsibility and self-advancement. However, while these women constructed the acts they engaged in as desirable and powerful, they also expressed these were problematic and shameful, which raises the issue of pseudo-empowerment for women (Bay-Cheng & Eliseo-Arras, 2008; Gill, 2007; 2008; 2016).

Creating Change: What's Next?

In moving forward, we must open spaces in which to deconstruct the gender binary and a heteronormative sexual script. Both Lamb (2010) and Potts (2000) argue it is not enough to simply reverse privileges (i.e. privileging women over men) but we must address the binary between woman and man that maintains biologically essentialist

views. Challenging a gendered script would involve bringing critique to common sense understandings and knowledge that produce relations of domination and subordination, with Gavey (2005) arguing we must challenge concepts such as masculinity and femininity and teach fluid ways for children to be boys or girls. One way this is achieved is through altering the representation of women and girls within the media and popular movies. By constructing women as individuals who desire more than love and attracting men, who possess an active sexuality not limited to a partner (i.e. man), who embody the heroine of the story and who portray minority groups, we legitimise alternative positions for young women to take up or assign to other women. While efforts have been made towards disrupting gendered scripts, as seen in the newly released Disney movies 'Frozen' and 'Moana', we still have a long way to go. Men continue to be positioned as main active characters who save the day, vastly outweighing women, who are largely represented as damsels in distress who are infatuated or distracted by love.

The assumed 'logicalness' of a sexual script should also be deconstructed, opening spaces for sexual experiences which are driven by mutual exploration and reciprocity over 'logical conclusions'. Two important aspects to this deconstruction would include examining the influence of pornography and the prevailing male sex drive discourse. A public critique of pornography is vital, including how pornography reproduces a heteronormative script as well as violence against women, with this framed as a public concern to be addressed. The deconstruction of a prevailing male sex drive is also fundamental in moving forward. This would include not only the critique of current evolutionary and biological teachings but the redefinition of 'man' and 'woman' within public representations. Men should be represented as valuing more than just sexual pleasure, with sex and sexual satisfaction constructed as a want or desire over a *need*. If women are constructed as equally active sexual agents then sex may be understood as a negotiation between two active beings over the domination of women by an active male sex drive.

In a postfeminist neoliberal society it is important we remain critical of women's assumed 'empowerment' and raise consciousness around the limits to women's sense of agency, including the façade of free choice. Lamb and Peterson (2012) highlight the important in acknowledging that what is empowerment at one level may be disempowering on another; for example, the girl who acts out pornographic scenes in

self-exploration versus the girl who acts them out to please a partner. Deconstructing the idea of achieved ‘empowerment’ would include a critique of capitalism, including consumer-profit interactions, and restrictions placed on ‘free choice’ due to ongoing power relations. In examining unequal power structures, we may redefine women’s ‘loss’ or ‘lack’ of desire as resistance to a heteronormative script over ‘dysfunction’. Continuing the work Tiefer and colleagues began, we must critique DSM diagnoses of sexual dysfunction, particularly the classification of ‘desire’ disorders and how these maintain disciplinary power. Drew (2003) argues that when power relations are examined and voices of resistance heard, we may release women from the subordinate positions in which they are confined

Critiques of an overarching heteronormativity may be introduced within schools, sex education and the media (including magazines and online spaces), all of which reach a vast number of young people. Intervening through these avenues would not only provide young people with the tools to deconstruct a heteronormative script but provide alternative discourses and ways of being for them to draw on. Most importantly, raising these conversations would open up a space in which women’s active desire may be acknowledged and talked about. As Davies (1990) states, women’s desires must be spoken into existence, with Sieg (2007) suggesting that the permissive discourse, alongside a reciprocal pleasure discourse, may open up these spaces. Part of creating space for women’s desire would involve reconstructing women’s bodies from silent deficient bodies to active desiring bodies that contain sites of pleasure. Putting names to these sites (especially the clitoris) and discussing their potential in experiencing pleasure would give women increased awareness of their bodies, which would be framed in a more positive and pleasurable light. By acknowledging women’s potential for desire and pleasure, we disrupt the pathological framing of women’s inability to experience orgasm or desire, increase opportunities for pleasure *outside* of coitus and disrupt the asexuality of young people, instead viewing sexuality as a developmental process.

Overall, by framing women as active and *desiring* sexual agents we legitimise their voices and therefore foster mutual exploration, reciprocal pleasure and sexual negotiation. Instead of focusing on what sex should *look* like, we must open spaces to talk about how sex might *feel* (Thomas et al., 2017). Fine and McClelland (2006) advocate that we need to establish a ‘thick desire’ for women, which spans all of their

desires, from intellectual to sexual. By supporting thick desire through research, education, policies, services and societal ideologies, the gap between women's desires and possibility has the potential to narrow (Allen, 2004; Fine & McClelland, 2006; Gavey, 2005; Lamb, 2010; Lamb & Peterson, 2012).

My research contributes towards legitimising women's desire by providing a space in which women's desire may be talked about. I am interested in how young women talk about desire and its possibilities, since these are the women negotiating their sexualities within our neoliberal context. However I am also interested in how we understand sexual or desire 'problems' and how these 'problems' are then addressed by 'experts', through exploring how women seeking sex therapy and sex therapists talk about desire. My aim is to examine not only any dominant discourses or scripts relied on to inform talk on desire but any points of resistance and redefinition that allow for new narratives or possibilities of being.

Chapter 4

Methodology

Discourse has been described as a ‘corpus’ or ‘system’ of statements which construct an object (Arribas-Ayllon & Walkerdine, 2008; Parker, 1992). In a feminist Foucaultian discourse analysis this refers to any form of talk or text as well as any set of rules, knowledge or social practices which define that which is possible and (re)produce social meaning. Discourse authorises what can be said, by whom, where and when, meaning it both constrains and enables certain talk, writings, practises or understandings (Willig, 2008). Through these regulatory effects, discourses exert power and thus (re)create the meanings and practices they construct (Burr, 2003; Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984). Not only does discourse set gendered conditions of possibility but it also constructs gendered conditions of being (Gavey, 2011); individual’s take up subject positions made available by discourses which determine their experience/subjectivities (Willig, 2008). Subject positions locate the self morally, inform certain talk and actions and offer a place from which to view the world (Davies & Harré, 1990; Willig, 2000). Foucault (1972) argues that subject positions are determined in relation to the construction of other objects, therefore feminist approaches view feminine and masculine positions as tightly entwined. Van Langenhove and Harré (1999) describe positioning as comprised of a triad: a script that is acted out, positions (each part being performed) and actions (the meaning of which is established by the other two parts of the triad).

Discourse and meaning concerning gendered social power relations is embedded within our sociocultural history and therefore characterised by change, ruptures and discontinuities as it is constantly constructed and reproduced (Gavey, 1989). Multiple discourses also exist, which may change and be called upon at different times and in different situations, accounting for the inconsistencies and contradictions present in people’s talk and actions. However, these discourses vary in their authority, with some more powerful than others (Gavey, 2005; Holland et al., 1998). Foucault (1972) argues that much of what is understood, spoken or practiced is therefore product of discursive ‘re-circulation’. Dominant discourses, such as a discourse of science, are those that have based themselves on the natural, scientific or common sense (Hook, 2001). These discourses are most available and relied on as we view them as unquestionable, natural

or 'true' as opposed to 'constructed' (Gavey, 2011). It follows that knowledge is socially constructed and tightly entwined with power, since dominant discourses inform these 'truths' (Willig, 2008). A circle of reinforcement is present in those in power (e.g. scientists and biomedical institutions) regulate what counts as truth through dominant discourses (e.g. a discourse of science and biology) that maintain their position of power by justifying access to material advantages and reproducing their 'expert' position (Gavey, 1989; Willig, 2008). Power, therefore, is not explicitly enforced but reproduced *through* us, as we draw on dominant discourses (disguised as truth, knowledge and rationality) to inform our sense-making and practices (Arribas-Ayllon & Walkerdine, 2008). Although counter-discourses and repositioning may exist, which allow for points of resistance and change, they remain less available within social power relations. As Hook (2001) and Gavey (2011) state, discourses both enable and limit *both* empowered and disempowered subject positions, meaning we are both more and less free than we think.

A feminist discursive methodology locates language as embedded within discourse and laden with assumptions about and investments in gendered power relations (Potts, 2000). Viewing language as constructive, it cannot exist independently of one's experience and multiple, contradictory social realities may compete for meaning. It follows that no single truth exists, meaning complexity and contradiction is accepted as part of a world with multiple and flexible meanings as knowledge and truth is continually socially, historically, politically and culturally constructed (Gavey, 1989). A feminist Foucaultian discourse analysis therefore aims to examine the goal or function of language and discourse over seeking objective truth or meaning (Gavey, 1989).

A feminist discourse analysis involves three dimensions, put forward by Arribas-Ayllon and Walkerdine (2008): historical inquiry, examination of power mechanisms and functions, and exploration of subjectivities. This form of analysis focuses on both the detail of language as well as acknowledging the wider sociocultural context and history (Gavey, 1989). Emphasis lies in examining power-knowledge structures and how these processes affect individual and interpersonal experiences (McNay, 1992; Parker, 1992; Wetherell, 1998). Since a feminist discourse analysis does not constrain or limit individual responses and acknowledges the complex interplay between discourse,

knowledge and gendered power relations, I chose to use this analysis for my research. Sexual encounters and relationships are important sites for power differentials to be acted out and reproduced, and desire can be both a producer and product of these power relations. I therefore aim to identify the discourses women and sex therapists draw on when talking about desire, how they position themselves, other women and sexual partners, how gendered power differentials are reproduced and also any points of resistance or repositioning that may be present. In examining women's desire and its relation to heteronormative scripts and subject positions it is not my intention to compare differing sexual identities nor classify any sexual identity outside of heterosexual as 'other'.

Method

This project is comprised of three discrete but interrelated studies that involve semi-structured interviews with young women (Study One), women seeking sex therapy (Study Two) and sex therapists (Study Three).

Safety issues

The current project was reviewed and approved by the Massey University Human Ethics Committee. Safety issues I considered for this research were both personal and participant safety, in particular the potential disclosure of current or past sexual abuse/harm. I addressed these concerns by informing my primary supervisor of the dates, times and locations of each interview. I also notified supervisors via text message when I would be beginning and ending each interview and remained contactable by cell phone at all times. In terms of participant safety, I have ensured confidentiality and respect for privacy through the use of pseudonyms, password protection of transcripts and omission of identifying information. Although the focus of this research is not on *negative* experiences, I was aware that negative or distressing experiences may be shared and therefore the participants were fully informed of the purpose of the research and were assured (both in my information sheets and during the beginning of each interview) that if any negative disclosures did occur, I would help them seek appropriate support available in the community if needed. To avoid further ethical issues, the information sheet for Study Two (women seeking sex therapy) was available through the Sex Therapy New Zealand (STNZ) website, meaning women who

were interested in participating contacted me *directly* rather than through a therapist they might be seeing.

Participants

Study One included young women between the ages of 21 and 25. The participants consisted of nine New Zealand-European women, one of whom had spent her childhood and some of her adolescent years in England. Six of the women had full-time jobs within the community (five of whom had completed tertiary education), one was a full-time student and two worked for the New Zealand Defence Force. While sexual orientation was not a criterion for participation, all of the women identified as heterosexual.

Study Two included women of any age who were currently seeking sex therapy. Although a number of women made contact expressing interest in the study, only two women chose to participate. One of these women indicated she had not yet engaged with sex therapy, however she was actively contemplating whether it would be a helpful. While she had not yet engaged in sex therapy, she had engaged briefly with a counsellor and psychologist in the past (though this was not related to sexual issues). The second woman had been engaged in sex therapy for an estimated time of 18 months.

Study Three included sex therapists currently working in the field. These therapists could be of any gender and qualification, the only criterion being that they were *currently* working as a sex therapist. Due to recruitment methods, all of the therapists had completed training with the Sex Therapy New Zealand (STNZ). STNZ is a specialised organisation in New Zealand for those seeking help with intimacy and sexuality concerns. First founded by clinical psychologist Robyn Salisbury and later restructured, with four of the existing team members becoming shareholding directors, the organisation is made up of therapists from a range of disciplines; however, all have completed specialised training through the organisation. The participants consisted of one man and four women, who had a variety of training backgrounds (including a registered psychologist, a psychotherapist, a counsellor and two clinical psychologists). Their years of experience ranged between eight and 27 years, and experience specific to sex therapy, ranging between six and 20 years.

Recruitment

Participants for Study One were recruited through snowball sampling. This technique results in purposeful sampling and is used widely in qualitative research within the social sciences (Polkinghorne, 2005). Snowball sampling allows researchers to reach an increasing number of participants through contact with an initial participant.

Recruitment involved notifying friends and family of my research as well as its nature and purpose, and requesting that they pass this information on, along with information sheets (see Appendix A), to anyone they knew who may be interested in participating. The participants in this study were therefore those who volunteered by contacting me directly due to interest in the study.

Participants for Study Two were recruited through an information sheet, which was accessible through a link on the Sex Therapy New Zealand website (see Appendix A). The participants in this study contacted me directly if they were interested in volunteering to be a part of this study.

Lastly, participants for Study Three were recruited through already established contacts within the Sex Therapy New Zealand organisation, which included the circulation of an information sheet to other sex therapists via email (see Appendix A). Anyone interested in volunteering for the study also contacted me directly.

Interviews

I chose to conduct single one-on-one interviews as this ensured confidentiality and safe disclosure of information. These interviews occurred face-to face, which allowed me to establish rapport with each participant and offered a safe place in which they could share detailed accounts, stories or viewpoints. It also ensured that if any distressing information was shared, I was able to work collaboratively with the participant in directing them to appropriate services. Interviews ranged from one to two hours and took place where the participant felt was comfortable and private. The time and place of each interview was negotiated with participants and involved me travelling to locations throughout the North Island.

Each interview was semi-structured in that a list of potential questions and topics were used as starting points/prompts to initiate or elicit talk (see Appendix C). However, I

endeavoured to keep the interviews flexible and conversational, not only to create a comfortable, trusting and open environment, but also to encourage participants to talk about the experiences or understandings *they* wished to share. The list of potential questions were available for each interview in the form of a printed sheet. As each study involved a different group of people, this list included both similar sets of questions as well as questions relevant to each group. Most women preferred me to lead the conversation towards the beginning of the interview; however they chose to take their own direction later as rapport was built. Throughout these interviews, I played an active role in conversations to foster rapport and elicit sharing; therefore it is important to acknowledge my own influence in negotiating any issues and experiences raised by these women.

Upon arrival at the interview, I first addressed any questions or concerns regarding the information sheet participants had received. I also reminded each participant that they may refuse to answer any question and may request the recorder be turned off at any point during the interview. Each participant then signed an Informed Consent Form (see Appendix B). I digitally recorded each interview and then transcribed these verbatim, with the inclusion of repetitions and pauses. Dots [. . .] were used to signal a pause or the removal of identifying or irrelevant information. Confidentiality was ensured through the use of pseudonyms and the elimination of identifying information on all transcribed material as well as the deletion of audio recordings after I had transcribed them. Audio recordings, signed forms and transcriptions were kept confidential at all times; they were password protected and locked in folders and secure places that only I had access to.

Once interviews were transcribed, each transcript was delivered to participants, via email, post or hand delivery (as requested by each participant), for personal review. Each participant was given the opportunity to read the transcript, make any changes they wished to make, and discuss any issues further with me. For cases in which negative or distressing information was shared, I remained present during transcript review and discussed appropriate support services available if needed. A Release of Transcript Form (see Appendix D), was also sent/given to each participant, along with a stamped addressed envelope, so this form and final transcripts could be returned.

Transcription

As I transcribed interviews I kept notes on discourses, scripts or positions that emerged within the transcripts. For example, in Study One a discourse of experimentation was evident in the young women's talk, as informed by neoliberal norms (such as self-improvement) and an 'always up for it' sexual position that constructed engaging in experimental sex as a symbol of one's sexual empowerment or agency. I also noted any points of contradiction, conflict or resistance. For example, in Study Three the sex therapists disrupted a dominant biological approach to sex but relied on a discourse of intimacy and pleasure.

Once I had gained familiarity with each transcript through careful reading, I began systematically reading each interview, keeping notes and compiling my thoughts and reflections. I reflected on the socio-political context in which these participants lived, including the functions of specific discourses and subject positions. I also reflected on my own location, as a young woman (22-24 years of age during interviews) and as a researcher completing a Doctorate of Clinical Psychology at Massey University. I have a strong interest in issues for women, particularly involving their sexual experiences, which is reflected in my current and previous (Honours) research. I was born in Bristol, England where I spent my childhood and some of my adolescent years before immigrating to New Zealand at age 13. My final high school years were completed in Rotorua, New Zealand before I moved to Palmerston North for tertiary studies and where I continue to reside. Given this context, I identify as both English and New Zealand-European.

Method of Analysis

Willig (2008) sets out six stages that provides a framework for conducting a Foucaultian discourse analysis: (1) discursive constructions, (2) discourses, (3) action orientation, (4) positionings, (5) practice and (6) subjectivity. Discursive constructions must first be identified by examining the shared meanings present (i.e. the sexual script). For example, this may reveal the prioritisation of men's desires and pleasures during sexual encounters. Secondly, differences in constructions must be identified and each construction placed within wider discourses (e.g. the specific discourses that inform the sexual script). Multiple discourses may uphold the prioritisation of men's desires and

pleasure including the male sex drive and have/hold discourse. Thirdly, the influence of these discourses must be examined (i.e. what these constructions are achieving and how they function alongside other discourses). For example, the male sex drive discourse constructs men's sex drives as natural and uncontrollable while the have/hold discourse constructs women's sexualities inside responding to men and their active drives, interacting with other discourses such as the coital imperative. Constructing an active-passive binary between men and women, dominant discourses reproduce unequal gender relations, including the prioritisation of men's desires and pleasures and silencing of women's. Next, subject positions available and accessible are identified (those taken up or placed on individuals and others). The male sex drive and have/hold discourse create active sexual positions for men, while restricting women within passive gate-keeping positions in which they must negotiate the positions of the 'virgin'/'angel' and the 'whore'. After this, the implications of these constructions and subject positions are examined (i.e. what is enabled and constrained). For example, women's talk around their sexual encounters may reflect obligation, a lack of choice and missing expressions of their own desires and expectations of pleasure. Lastly, individual experience that results from the taking up of certain subject positions are examined (i.e. one's thoughts and feelings). For example, women may feel disappointed or used following sexual encounters. This analysis also identifies resistance to dominant discourses as well as any contradictions or tensions in the participants' talk. For example, women may draw on a discourse of reciprocity to assert their right to sexual pleasure during an encounter.

The following three chapters present my findings from interviews with young women (Chapter 5), women seeking sex therapy (Chapter 6) and sex therapists (Chapter 7). All of the analysis chapters address how participants both resisted and reproduced a heteronormative sexual script; however each group of participants differed through the subject positions available to them, with these subject positions either constraining or enabling certain subjectivities.

Chapter 5

Searching for Voices: Young Women

Expecting Judgment

Self-disciplined into presenting themselves as the ‘right kind of woman’, the young women’s talk reflected efforts to negotiate an appropriately feminine sexual identity. As we talked about desire, it was clear that self-discipline operated not only through discourses of traditional femininity but through postfeminist assumptions and expectations. While the women adhered to discourses of ‘proper’ femininity, which required them to take up a sexually passive, receptive and responsive position to men (Hird & Jackson, 2001), they also continually attempted to present themselves as the ‘sexually savvy sex kitten’, taking up a position as a sexually assertive subject that Gill’s (2008) argues is the figure of the midriff. Drawing on the postfeminist assumptions that women have achieved sexual ‘liberation’ and ‘agency’, the shift from the objectification of women’s bodies to sexual subjectification is understood as empowering. Women’s sexual freedom and empowerment is constituted as the hypersexual, sexually knowledgeable and experienced figure of woman who is ‘up for anything’ (Gill, 2008; 2009; 2016). The young women were clearly invested in maintaining a midriff position, regulating their talk according to these postfeminist sensibilities; however, at the same time they negotiated a prevailing double standard, which condemns women’s active expression of their sexualities.

Since meaning is constructed intersubjectively, as we interact with others and co-construct shared meanings about ourselves, others and the world (Crawford et al., 1994), it is important I acknowledge my own position within these interviews. I am another self-policing woman, disciplined through technologies of femininity, as well as a psychology student and researcher, disciplined through a dominant Western institution that reproduces technologies of normalisation. Positioned as an interviewer and another self-disciplined woman, the young women feared getting things ‘wrong’ during interviews. Not only was I seen as upholding rules of femininity but I was also positioned as someone who held the ‘truth’ or ‘knowledge’ over ‘normative’ sexuality. During the interviews, I therefore became another enforcer of a faceless disciplinary power, with the young women anticipating negative social sanctions if they got things

‘wrong’ (Bartky, 1988; Gavey, 1992). Throughout the interviews, the women were conscious of what they talked about, eager to give the ‘correct’ answer and worried they may share stories or use terms that may ‘not be allowed’:

Michelle: I’m probably totally on the wrong track.

Anna: I’m sorry I’m really bad at this [laughs].

Anna: ... is it ok to say clit?

The women also regularly commented that they were ‘not good’ at talking about their sexualities and desire, leading them to seek reassurance or apologise for not providing ‘good enough’ responses, which were often expressed with uncertainty and ambivalence. In particular, when talking about their sexual experiences and interactions, the women worried I may judge them for being either ‘too’ sexually active or for not being ‘exciting’ enough in the bedroom. Self-disciplined through a double standard and postfeminist values, the young women’s talk remained confined by fears of transgressing feminine expectations and standards. They therefore negotiated being sexually ‘exciting’ enough, in order to maintain a neoliberal midriff position, whilst not displaying ‘too much’ active sexuality that would position them as the ‘slut’ (Gill, 2008; 2009; 2016; Hollway, 2001). As the women negotiated the positions of the ‘savvy sex kitten’ and the ‘slut’, I was positioned as the watchtower and the condemner, the enforcer of disciplinary power (Bartky, 1998; Foucault, 1977):

Michelle: Well a couple of times I’ve thought “oh my god she’s gonna think I sound like a slut”. Like to myself.

Claudia: Oh... I feel like a really boring person, sexually.

As the interviews progressed, contradictions and inconsistencies occurred in the women’s talk as they drew on multiple discourses allowing for multiple competing subjectivities (Hollway, 2001; Gavey, 1989). This can be seen in the following excerpt, in which Michelle ‘takes back’ an earlier comment. While Michelle first talks about her practices of ‘dirty talking’ during sex, she later realises that talking during sex is a practice that contradicts her passive feminine position and risks her being positioned as ‘too’ sexually active and thus undesirable as a woman. She therefore polices her talk by later stating she is not a ‘talker’, to avoid the negative social sanctions she anticipates

from me, whom she positions as ‘expert’ in the ‘rules’ of sexuality as well as another self-policing woman:

Michelle: No no I mean like, I guess you could call it dirty talk, I dunno. I do. Sometimes. Like I might say... Nah I'm not a talker.

Due to women’s apprehension and anticipation of negative social sanctions, a discursive space needed to be opened in which women could share their experiences without fears of getting things ‘wrong’, and in which they may speak their desire into existence (Davies, 1990). A conversational approach to interviews, including my own self-disclosure, helped open these spaces. The use of self-disclosure established a connection or common ground between myself and the women (Montemurro et al., 2015), constructing myself as another (non-expert) woman negotiating her own sexuality and normalising the connection between our experiences, which established a space in which women’s stories were accepted and protected:

Harmony: ... just because, you sharing as well makes it more of a conversation and makes it easier to...

Many of the women explicitly *asked* me to share my own experiences which, when provided, led to further sharing or elaboration. At times, women appeared to be ‘testing the waters’ through their own question-asking. This again highlights how women negotiated their positions intersubjectively, my own talk both permitting and confining certain constructions, narratives and positions:

Michelle: Have you ever faked? Like faked an orgasm?

Interviewer: Yeah I have.

Michelle: I have too. I felt bad doing it but at the same time I, again, it was with that guy that was my worst and I just wanted to get it done so I could leave.

My active participation in creating shared meaning can be seen in the following excerpt. Michelle understood the assertion of her *own* desires as “cocky” and “selfish”; however to conceptualise her partner’s behaviour in this way was unthinkable. Informed by a heteronormative script, her partner’s assertion of his desires is deemed acceptable and

expected, based on his masculine position and a dominant male sex drive discourse. However her own assertion of desire contradicted her gendered position as a passive receptacle to men's advances. While Michelle first positioned herself and her partner within dominant discourses, my discussion with her opened up a space in which she could redefine her partner's behaviour. It was in this intersubjective space that Michelle began to disrupt her understandings of men's entitlement to ask for what they want, instead constructing her partner's behaviour as also selfish. In this respect, we created a new shared meaning, which disrupted men's dominant gendered position:

Interviewer: What makes you think it's cocky?

Michelle: I dunno... Maybe just the way I say it... when I sort of am hearing myself talking, it sounds a bit like that. But, I dunno what it sounds like for you.

Interviewer: But then do you think it's cocky of them to get that stuff and not give?

Michelle: Yeah... But that's when I think it's selfish again, like. I think I'm being selfish for wanting, for telling them what to do, because I want it to be good. But then I guess in that respect, that you just said, it's yeah, selfish for them as well... I guess it works in both ways, yeah.

Opening Discursive Spaces

At the beginning of interviews, all of the women reported that it was difficult to talk about sex and desire. Similar to other studies (e.g. Dowling, 2013; Gavey et al., 1999; Gilfoyle et al., 1992; Kelly et al 2017; Montemurro et al., 2015), they initially struggled for words, choosing to refer to the prompt sheet provided and expressing their discomfort with open discussions. The women's initial difficulties talking about sex and desire are reflective of a lack of discursive space and language through which women may talk about their sexualities, particularly their desire. Within dominant discourses, women are afforded no position from which they may actively express their sexualities, as this contradicts passive feminine positions. However, as we engaged in unstructured conversations and self-disclosures, a space was opened up in which the women began to share their own stories and understandings enthusiastically without fear of negative social sanctions. Over the course of the interviews, each woman

therefore appeared to develop a legitimate sexual voice within this space that had previously been unspoken:

Claudia: ... Ummm, these are hard questions!... Yeah it's hurting my brain.

Anna: ... I guess so yeah. Man you're really making me think...

Harmony: That's the thing when I looked at the questions I thought I don't know how to answer some of those things. But then... yeah as I kept talking, it's things I hadn't realised before.

For many, the interview appeared to be one of few spaces in which they could articulate their experiences, which brought a sense of relief:

Harmony: I'm so glad we discussed this! Because I was like, fuck, like this is really odd. Well not odd but, I was just like what does this mean?

Many of the women referred to the interview as a 'safe' space, in which their experiences may be spoken into existence and sexual voices acknowledged, which was contrasted to other spaces, in which women felt greater pressures to police themselves according to heteronormative expectations. The women constantly monitored their talk in order to uphold their feminine positions and avoid negative social sanctions, highlighting their positions as self-disciplined bodies:

Harmony: When you introduce a situation like this, where it is safe to talk about stuff like this, it's surprising what you get out of it. As opposed to just a general talking with friends, you know like, will this push it over the line? Like how open are we being?

While women talked about having a limited number of 'safe' spaces in which they may talk about sex, they compared this to men, who could openly talk about sex and desire in most contexts. Since a sexual script positions men as dominant and active sexual agents, they are afforded a legitimate sexual voice through which they may talk about sex, with the act of talking about sex confirming their sexual prowess and thus masculine positions. In contrast, women are expected to embody a passive feminine position, meaning any active expression of their sexuality risks condemnation and negative social sanctions (Montemurro et al., 2015; Murnen, 2000). However, the

women interviewed understood women's reluctance to talk about sex as due to their own deficits, such as being 'shy' and 'unconfident'. Operating in a neoliberal society, which assumes gender equality has been achieved and requires women 'flaunt' their sexualities as a sign of their empowerment, disciplinary power places responsibility primarily on women themselves – their silence resulting from their own inadequacies. Often the young women separated themselves from 'other women' who found talking about sex difficult; this comparison reflected their own efforts to maintain a neoliberal midriff position (Gill, 2008; 2009; 2016):

Lucy: ... Some girls are quite shy about it I think, and they aren't as open about talking about sex or they're picky with who they talk about it with and maybe only have a few good friends that they talk about sex with or like their sexual encounters, whereas guys will talk about sex with anyone. They don't care.

After interviews ended, many of the women continued to share their experiences, with conversations lasting for some time after the recorder was turned off. While this may be due to women feeling more comfortable once the recorder was turned off, I would argue that this is reflective of a (usually limited) discursive space being opened up in which women may actively talk about their experiences before returning to the silent world of women's sexualities. Participating in this research also appeared to open discursive spaces within the women's everyday lives. One woman talked about how sharing her participation with work colleagues led to further sharing and discussions around sex, with other women also desiring a space to talk about their sexualities:

Anna: ... I was telling the girls at work that I was doing this and [Sue] was like oh does she talk to older people?... I'm sure she'd be interested in talking.

Shameful Bodies

Evident throughout the interviews was a silence and sense of shame around women's sexualities, in particular their bodies. Historically the female body has been constructed as taboo, shameful, dirty, ugly and deficient or disordered, understood as lacking in comparison to men's bodies (Braun, 1999; Braun & Wilkinson, 2001; Davies, 1990; Ussher, 1991). Operating alongside these negative constructions of the female body is a

cultural image of the 'ideal' or 'perfect' feminine body, which adds to women's feelings of inadequacy and shame, as they understand their bodies as having 'failed' to meet this standard. As the female body is positioned as 'lacking' and 'failing', so it becomes a site of control (Bartky, 1998).

Understanding their bodies as inadequate and shameful, the young women were self-disciplined into hiding or concealing bodies, not just physically but also within their own talk. The women struggled to talk about their bodies, anxiously laughing and avoiding terms such as 'sex', 'clitoris' or 'vagina'. When referring to their genitalia, the women used hints, pointing or looking to their genital area and using comments such as "you know"; supporting the assertion that women's genitalia remains a taboo and unspeakable topic (Braun, 1999; Braun & Wilkinson, 2001; Davies, 1990). The young women's difficulties speaking about their genitalia reflects how women are disciplined to conceal their sexual organs, further restricting their sexualities and reproducing the idea that the female body is defective in some way (Davies, 1990). An inability to talk about their own sexual bodies differed from how the young women talked about men's genitalia, which they could easily label, refer to and describe. Men's sexualities and sexual bodies have long been treated as the 'standard' in understanding sex, and dominant discourses position men's sexualities as active, powerful and legitimate (Hollway, 2001; Irvine, 2005; Tiefer, 1991, 2002a). Dominant discourses therefore permitted young women's talk of men's bodies, unlike their own, which remained 'lacking' in legitimacy and therefore a language:

Interviewer: Is it like a feeling in your body? In your head or?

Anna: Yeah, I guess you feel it down there...

Interviewer: In your vagina?

Anna: Yeah [laughs].

Interviewer: [Laughs]. Everywhere, or in certain places?

Claudia: [Laughs and points to genital area]. The camera can't see that.

The women also struggled for words and were reluctant to talk about their own physical feelings of arousal, desire and pleasure. As women's bodies are constructed as

defective and shameful, the only position offered to women within a sexual script is one of passivity and receptivity, lacking a discourse through which to understand their own experiences of pleasure or desire. Missing a discourse of women's desire and pleasure, a heteronormative sexual script restricts women's abilities to talk about their own experiences, further silencing their sexualities and sexual bodies (Fine, 1988; Fine & McClelland, 2006):

Maisie: ... arousal is more like you know, you get that whole, tingly. You do know! You have a vagina!

One woman talked about feeling pleasure when she was "touched in the right places"; however these places were at first unspeakable. While she was eventually able to identify a place being her clitoris, she followed this response with the question: "...is it ok to say clit?" Throughout interviews, the young women were more likely to refer to their vagina than their clitoris. The clitoris is not only the primary site of women's sexual pleasure but remains separate to receiving and/or pleasuring a man. Allowing for sexual desire and pleasure *outside* of a man, the clitoris has therefore historically been constructed as shameful, illegitimate, irrelevant, dangerous and indicative of disorder, constructions which justify the clitoris as a site of control (Angel, 2010; Ussher, 1993). Control asserted over the clitoris through disciplinary power can be seen through the ongoing circumcision of women, including cosmetic surgery, as well as a silence around the clitoris in talk around sex and desire. The silencing of the clitoris was also evident in women's lack of knowledge around their bodily anatomy, in particular their sexual organs:

Harmony: I didn't even know where a clitoris was. I didn't know your clitoris was that bit there.

A lack of awareness and the negative constructions of women's sexual bodies resulted in feelings of confusion, uncertainty, shame and guilt when normal physical changes occurred:

Amber: ... the first time I squirted, I actually thought I peed myself... And then my friend the other day, she'll be like 25 or 26 and she squirted for the first time ever and she said she thought she peed the bed. She goes...

“how have I not known about this, my whole life...?” She said she freaked out...

Amber: Yeah and there’s nothing more embarrassing than a fanny fart as well. When it’s like... you’re like oh my god, it’s like... that was just the air that you pushed in there. But you still feel so guilty... they don’t tell you about those bits. No one warns you about fanny farts...

This second excerpt highlights how women are taught to view their bodies as defective, with natural occurrences framed as something women should conceal or else take the blame for their own ‘dysfunction’ (Davies, 1990). It also relates to how women have internalised the negative sociocultural constructions of the vagina as inadequate, deficient and disgusting (Braun & Wilkinson, 2001). Understanding their bodies as defective and something to be ashamed of, the young women engaged in constant self-monitoring, controlling their experiences of pleasure so to avoid judgement, shame or blame. Preoccupied with monitoring their bodies from an outside ‘male-gaze’, the women became disembodied from their own experiences of pleasure (Tolman, 2002b):

Amber: ... with the squirting thing... I won’t do it when I know that I can if I don’t really know the guy and I don’t know... if they’ve ever seen it before or how they’ll react to it. Or if they’ll be grossed out...

A lack of bodily knowledge and associated shame was also seen in women’s talk around urinary tract infections. While neoliberal values emphasis self-responsibility for one’s health, women’s ability to seek support, and therefore take up a neoliberal position, was restricted by the negative constructions of their body. Women appeared trapped inside a moral tension between their desire for advice or support and their internalised stigma around their bodies:

Amber: When I was in high school I got a bladder infection, but no one ever talked about it so I didn’t know what it was, but I was pissing blood, and I was in the bathroom and I was crying because I thought I had like cancer or something like really wrong with me and my Mum’s outside the door, she’s like “why are you crying?” And I like, didn’t wanna tell her... it’s just the thing, like you don’t know and it’s embarrassing and you don’t wanna ask.

These excerpts highlight not only a gap in sexual education concerning women's bodies, as found by others such as Bay-Cheng (2003) and Dowling (2013), but how the negative constructions of women's bodies interferes with women's abilities to understand their bodies and experience pleasure.

Since women's bodies are unspeakable and perceived negatively, behaviours such as masturbation and receiving oral sex were constructed as "dirty", "weird", shameful or something to hide. Negative constructions of the female body, alongside a heteronormative sexual script, which positions women as passive receptacles with no discourse of their own desire or pleasure, means masturbation for women is unthinkable. Lacking a discourse of their own desire or legitimate sexual body and risking negative social sanctions if they portrayed themselves as active sexual beings, the young women rarely talked about their own masturbation. Women who engaged in masturbation were constructed as "weird", or 'dysfunctional', in contrast to men, for whom masturbation was a natural and expected enactment of sex. Not only was masturbation a taboo topic but it was deemed unnecessary for women, reproducing women's positions as passive undesiring beings whose sexualities exist only in relation to a male partner (Gavey, 2005; Hird & Jackson, 2001; Jackson & Scott, 1997; Potts, 2002; Walker, 1997):

Michelle: I always thought... men masturbate but it's not ok for women to do it... maybe because I think maybe women didn't talk about it as much. So it was seen as like, yeah men do it, that's cool. Women do it, that's weird... and I guess before I started masturbating myself, um, I didn't really know that women did it.

Likewise, women constructed receiving oral sex as "gross", "dirty" or "embarrassing", with one woman struggling to even talk about it:

Claudia: I feel gross saying this.

As found by Braun (2005), the women were limited in their enjoyment of oral sex due to the negative perceptions they had of their genitals, which is supported by comments that their vaginas were "ugly". Some women talked about 'fearing' oral sex, with many viewing their genital region as unattractive and a site that men should avoid, unless engaging in coitus. Overall, it was clear that the women had internalised negative

constructions of their female bodies and the idea of an ‘ideal’ feminine body that they did not measure up to (Bay-Cheng & Fava, 2011; Braun & Kitzinger, 2001; Liao & Creighton, 2011). They therefore engaged in the concealment of their genitals, unless being receptive to satisfying men’s pleasures (Davies, 1990):

Claudia: Coz when I was younger I used to do it more. I’ve grown this like fear for it... Just, I don’t want your head down there...

Amber: ... like I don’t like the idea of them just like looking really close in that general area. I would hate that... Yeah I don’t like to expose anymore down there than I have to.

Early Learning: A Mechanical Milestone

A biological understanding of sex, including an emphasis on risk and reproduction, dominated the women’s accounts of sex education, similar to previous findings (e.g. Dowling, 2013; Edwards, 2016; Fine & McClelland, 2006; Holland et al., 1998; Oliver et al., 2013). Emphasising the biological functions and risks of sex, early education reproduced biologically meaningful bodies and a mechanical approach to sex. The young women talked about sex education as focusing on an erect penis (or banana) and the physical act of intercourse, which ultimately reproduced the coital imperative, increased the visibility of men’s bodies and reinforced the idea that sexual encounters were about satisfying men’s ‘natural’ needs and desires. It was clear that early sex education lacked a discourse of *women’s* desire, pleasure or satisfaction and instead focused on messages around risk and being ‘safe’. Sex therefore became about *control* for women, positioning them as moral gatekeepers (Cohen et al., 2012; Fine, 1988; Fine & McClelland, 2006; Oliver et al., 2013; Tolman, 2002a):

Lily: I was taught absolutely nothing growing up about sexual desire. Or sex. Or, anything... at school with sex ed. and stuff, they’d show us videos of like childbirth and chuck fake penises at us and get us to put condoms on... so yeah, I wasn’t really aware of anything...

Lucy: How to put a condom on a banana [laughs] ... that’s sort of really the only thing I remember from it...

Also informed by a discourse of risk and protection, the young women's parents focused on increasing surveillance and contraceptive control over addressing the experience of desire for their daughters. Emphasising sexual control, parents reproduced the idea of a powerful male sex drive as well as women's positions as sexual gatekeepers (Dowling, 2013; Edwards, 2016; Holland et al., 1998). As parents policed their daughters' behaviour, they became further enforcers of a disciplinary power, restricting young women's sexualities and experiences of desire within a heteronormative sexual script. Even when parents drew on a discourse of romance, women's desire remained absent from their advice:

Amber: ... I don't think my Mum or whatever talked about desire, they were more like, we're gonna put you on the pill...

Maisie: ... Mum always, when she talked about it she always made it sound like a romantic thing.

Interviewer: ... What about desire? Did she ever talk about desire with you?

Maisie: Nooo. I don't think so... I don't think many people talk about that really, it's sort of like an unknown topic sort of you don't really know. I guess that's why sort of a lot of young girls are confused about some of their desires aye? Coz it's not really talked about... like when you first like start feeling sexual desire towards like people, like you're suddenly like, should I be feeling like this?... it definitely should be talked about more. I think it is though. Nowadays, being talked about more... I think school, like sexual education is a lot better these days, like kids are actually being told about... their feelings and their desires and stuff around puberty, like what to expect... So I think it is getting better.

Some of the women talked about sex education as having improved, as informed by the neoliberal assumption that we have achieved sexual liberation, agency and empowerment (Gill, 2009; 2016). However, the women's own accounts of the messages they received through sex education and feelings of confusion when first engaging in sexual encounters, contradicts this assumption, highlighting a gap between women's assumed and experienced equalities (Sieg, 2007a).

Receiving a mechanical and biologically based sex education, the young women were left to negotiate their desire within sexual encounters or through media representations (including pornography). However, the risk in relying on encounters with peers and media representations is that this leaves young people vulnerable to a dominant sexual script, which positions women as passive objects for the male gaze and defines their desire in relation to a partner and satisfying men's desires and pleasures (Boynton, 2009; Currie, 2001; Evans et al., 2010; Farvid & Braun, 2006; Holland et al., 1998; McRobbie, 2009; Tolman et al., 2003). Likewise, pornography normalises men's dominance and women's submissiveness, which reproduces a heteronormative sexual script and active-passive binary as well as violence against women, blurring the boundaries between pleasure and danger (Antevska & Gavey, 2015; Burkett, 2015; Ringrose et al., 2013; Wilson-Kovacs, 2009):

Interviewer: So where did you learn stuff from? Coz you obviously eventually figured out why people have sex, or why you have sex.

Lily: [Laughs]. I dunno, I guess, I got with a boyfriend and... We just started having sex. I don't really remember.

Amber: ... we were at a mates place... and they had sky, so we put a porno on... I learnt so many things from that. Just in terms of things you'd never seen or never thought of... it wasn't like a hard out porno or anything, just one of those cheesy ones with a storyline or something. But for both of us it was a bit of an eye-opener...

Most of the women talked about sex education as 'failing' them in that it did not address desire, echoing Oliver and colleagues' (2013) findings that young people want to learn about sexual pleasure. However, one woman disagreed, instead constructing sex as a private and personal experience. In this case, Lucy drew on a heteronormative script in which women are expected to be sexually passive, preserving their sexual 'modesty' and therefore feminine identity, by keeping sex a private matter (Bartky, 1998; Montemurro et al., 2015; Murnen, 2000):

Lucy: ... like safe sex is definitely a good one to teach but I think like a lot of things learnt about sex are sort of learned on your own as you get older

and from your sexual experience and it's more a personal thing that you learn yourself I think...

Given the mechanical and biologically based messages young women received through sex education, it is not surprising that the women understood their 'first times' (having intercourse) as mechanical milestones they were to fulfil at a certain age. Engaging in sexual intercourse was constructed as a step towards gaining social acceptance and evading negative sanctions afforded to those who were still a 'virgin'. Coitus was therefore a skill or milestone to meet, something to get 'over and done with', driven by social and peer pressure over desire. Similar to earlier research (e.g. Holland et al., 2010), these 'first times' were constructed as a 'loss' for women and as a logical 'step' in growing up, with no mention of desire, pleasure, achievement or satisfaction. Since a heteronormative sexual script positions women as passive receptacles to men's desires and pleasures, unlike men, there is no gain for women in having sexual intercourse for the first time:

Michelle: I was probably the last one to lose my virginity... it was almost like a race. To see who could sleep with more people.

Lucy: ... I had waited longer than most of my friends and I just wanted to get it over and done with... see what everyone else was talking about... Just to be part of a group that has... And you're sick of always being that person like oh have you lost your virginity? No. When like everyone else has.

Amber: ... I didn't have that much... desire to have sex when I first did... It was just like ohhh I want to have a turn, see what it's like kind of thing... It was really... awkward and... kind of planned... I wouldn't say that was desire... sort of get that first experience out of the way. And over and done with... it's funny actually, after the first time I had sex, I don't think I had sex again for like a whole year...

However, one woman disrupted a discourse of loss, instead describing her 'first time' as a positive 'learning experience' that involved mutual exploration. This alternative narrative was made possible as both Anna and her partner were virgins and in a committed relationship. Positioning each other as equally 'inexperienced' desiring sexual beings, a space was opened up in which sexual negotiation could occur:

Anna: ... with me and [John], we were both virgins and we were both very like new to things... and it was good... because we were both much more comfortable... we both didn't know what we were doing with each other and we didn't feel like the other person was more knowledgeable or had more experience... We felt more comfortable to say things like I don't know what to do here kind of thing... And I think that's why it worked. Because we both worked it out together... You're just kind of learning.

While some women chose not engage in intercourse as a teenager or early adult, they understood themselves as having not met an important social or developmental 'goal' or 'expectation'. Drawing on a developmental discourse, which constructs sex as an assumed goal for adolescents who are driven by 'uncontrollable hormones' (McClelland & Tolman, 2014), the young women who chose not to engage in coitus questioned their choice and therefore their own 'normality':

Olivia: ... There was so many times I could've had sex. And I actually don't know why I didn't. But there was obviously something that made me not want to do it... But at the same time... I was like whyyy when there's been about 6 or 7 options, that I could've had sex with, didn't I take them?... the morning after and you roll over like, ohhh that didn't happen last night and you're like, why didn't it?

Keeping to the Script

A Good Performance

When talking about later sexual experiences, the young women constructed sex as a site of gendered *performativity* over a place of sexual negotiation, desire and pleasure. A heteronormative sexual script positions men as active sexual beings with powerful and uncontrollable sex drives, while positioning women as passive receptacles whose desires exist only in relation to a man. It follows that heterosexual encounters prioritise men's desires and pleasures, with women's roles being to appeal to or satisfy these desires. As the young women talked about their sexual experiences, they clearly drew on the dominant discourses that reproduce a heteronormative sexual script and gendered positions. Drawing on the have/hold discourse, many of the women talked about the importance of 'making a good impression' at the beginning of relationships in order to

secure a sexual partner, reproducing the idea that a woman's role is to 'catch and keep' a man (Hollway, 2001). To have a man 'come back for more' confirmed women's femininity, therefore it was important to give a 'good performance' during sexual encounters. As bodies disciplined in satisfying men's every desire, the young women regulated their sexualities through a constant 'male-in-the-head' (Holland et al., 1998). They talked about being preoccupied with what men might be thinking about them, whether they 'lived up' to men's expectations and how they compared to other women:

Michelle: ... you kind of want to make a good impression as well... leave them with a good impression of you so they'll come back again... I just always thought that I needed to make them happy and I didn't really think, well actually they need to do it to me.

Amber: ... Sometimes I get paranoid that guys are comparing me, against like other girls... I hate the thought that they're gonna you know go and talk to their friends and be like ohhh nah she wasn't as good as so and so or like... she sucked compared to them.

Olivia: ... I felt like I had to be a little bit tipsy to do it... because in my own head I maybe hyped this sex up to be really great and I was worried that it wouldn't be or like I... couldn't follow through.

Giving a 'good performance' ultimately meant the prioritisation of men's desires and pleasures regardless of the women's own desires. The women justified the prioritisation of men's desires through a prevailing male sex drive discourse that constructs men as having natural, powerful and uncontrollable sex drives, which are easily aroused (Hollway, 2001). If women did not fulfil their appropriately feminine positions as passive receptacles to men's active desires, they risked men looking elsewhere to satisfy these 'needs' and 'prove' their masculinity. The idea that sex was a 'need' for men, meant they were acquitted of responsibility for bad behaviour, leaving women to take up positions of receptivity or nurturance, through which they must remain understanding of and receptive to any sexual advances in order to 'keep' their man:

Maisie: ... but obviously coz you just touch a boys thigh and they're aroused [laughs].

Harmony: ... he said it himself he'd use sex as validation... when he wasn't sure about where we stood with each other... he used other girls to get validation. That he was still 'the man'... there was a phase in our relationship where it honestly felt as though like, the sex was quite brutal like he almost wasn't even looking at me, all he was interested in was him finishing... it eventually came up... he needed validation... it actually really annoys me how much um, weight is put on sex in a relationship...

However, at times, the male sex drive was disrupted through a discourse of intimacy and individuality. The women not only talked about individual differences between men and their sex drives but how increased intimacy for some men meant that maintaining the relationship was more important than satisfying their sex drives:

Maisie: ... everyone thinks that males have more sexual desire than females and that kind of stuff, but I don't think that's true. I think it just depends on the person... surely some males won't have that much sexual desire, other males have heaps, some females don't have that much sexual desire, others have heaps like. It's got nothing to do with genders in my mind, it's got to do with the individual people.

Harmony: ... that was the hard thing... to explain... the reason I can't be with you anymore is I am not turned on... he would be like it doesn't bother me I'd rather be with you and not have sex than you know kind of thing.

While there were points of disruption to the male sex drive, the women continued to construct men and women as inherently different, as informed by a dominant biological discourse. To account for the contradictions in their talk, many of the women separated men's desire from their arousal. A biological discourse supported the idea of an uncontrollable male sex drive due to biologically essentialist differences; however, a man's desire was constructed as an individual experience that differed between persons:

Maisie: ... but I guess in my mind I do picture guys getting way more aroused than girls... I see desire as more of an equal thing. But arousal, I don't know why but I just think girls get it, find it harder to get aroused...

Lily: ... obviously for guys to get off, I do definitely think that it's way easier for them, it's just so much different for them... I think the act of sex for a single guy in town is just the act of sex, like I don't necessarily think that that would be their sexual desire, like they've got things in their head that they want and they desire. But I don't necessarily think that what they're taking home and doing is gonna fulfil that, they're just getting off. If that makes sense.

Operating alongside the expectation that women satisfy men's needs was the coital imperative. Engaging in coitus was constructed as the easiest way of sexually satisfying a man and was therefore talked about as a 'logical conclusion' for sexual encounters (McPhillips et al., 2001), particularly once women reached an age at which coitus was expected. Their talk therefore upheld and reproduced coitus as the 'natural' or 'normal' way of having sex (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005; Gavey, Braun & McPhillips, 1999; Jackson & Cram, 2003; McPhillips, Braun & Gavey, 2001; Potts, 2000). With coitus constructed as the goal of sexual encounters, other sexual acts were deemed as 'foreplay', a 'warm up' or 'substitute' when coitus was unable to take place:

Claudia: Dunno guess it's just the top of the chain, all the other things below build up to that..

Claudia: ... when you're 13 you just wanna kiss a guy and that's all you think about, you don't think any further and I guess as you get older it sort of moves forward a bit, like when I was 14-15, you know, bit more touching or whatever, and then next step... and it's like actually it goes just from kissing to sex because you're older....

A discourse of romance and intimacy was relied on alongside the coital imperative, as intercourse was constructed as the ultimate act of 'togetherness'. The interaction of these two discourses can be seen in one woman's discussion of lesbian sex:

Anna: ... I don't understand how lesbians can be lesbians coz they're both not getting the sexual feeling. Like one's probably getting their sexual tension relieved and then the other's not. But it depends on what toys and stuff they use... coz you know how they call it making love, it's like you're getting your emotions out, having sex with this person. And I just

don't understand how lesbians can portray their emotions when only one of them is receiving the attention.

Interviewer: So you're meaning because they can't have sex?

Anna: Yeah they can't just have normal sex.

Interviewer: Intercourse?

Anna: Yeah.

The inherent heterosexism within a heteronormative sexual script can be seen in Anna's understandings of penetrative intercourse as 'normal' sex and the ultimate act of intimacy. Relying on dominant discourses to inform her understandings of 'normative sex', Anna positions lesbian couples as 'deviant' or 'abnormal', as they are unable to fulfil this script. For Anna, it is unthinkable to be intimate and/or sexual without a phallus and she therefore assumes lesbians use 'toys and stuff' to account for their 'deficiency' (i.e. lack of penis). Positioning lesbian couples as 'deviant' and 'lacking', Anna upholds and reproduces the idea that women are dependent on a penis, and hence a man, to be sexually satisfied. The possibility of having sexual and/or intimate interactions *outside* of coitus was explored further with Anna; however, her talk continued to reproduce coitus as an end 'goal' and 'natural' act of connecting or being intimate. The centrality of the penis in sexual encounters and women's dependence on an active man for pleasure can be seen in Anna's comparison of gay men to lesbians. Gay men are not afforded the same abnormal position as lesbian women as they can still engage in penetrative sex. Throughout Anna's talk, women remain in a position of deficit and dependence, objects of disciplinary power:

Interviewer: But what about other things?

Anna: Yeah I just feel like sex is a way of releasing your emotions, you know. Like when you're in a relationship with someone... so I just don't understand how like lesbians or even gay people, oh I suppose guys do though.

Interviewer: What about 69 position?

Anna: Yeah true... I suppose there's lots of things lesbians do that only one person's getting the... [stimulation] ... And then the other's not. It's very interesting how they can have such a connection to each other.

Interviewer: But you say there's lots of things... But they do everything the same... the only difference is that they don't have penis in vagina action... So it's technically only one thing different.

Anna: ... I suppose. I feel like, coz I don't mind doing things outside of sexual intercourse, but I feel like sexual intercourse is definitely something I prefer because you're both getting that connection together. You're both getting the feeling.

Interviewer: When you say you're both getting it. Is it because you're both getting the stimulation, or is it the actual penis in vagina connection. Coz remember how I said before, you have the 69 position, where you're both getting stimulated.

Anna: Yeah.

Interviewer: So what's the difference between a 69 position when you're both being stimulated and intercourse?

Anna: I feel like with sex, you're like connected in a different way like, your faces and kissing and that body connection... Intimate yeah... I just don't understand how they can have that sexual connection without...

Achieving orgasm (especially through coitus) was constructed as a 'peak' or desired 'goal' of sexual encounters, reproducing findings by Braun and colleagues (2003) and Potts (2000; 2002). As informed by traditional models of sex and humanistic ideas around self-transcendence, orgasms are understood as a symbol of individual and relational health, wellbeing and 'normality' (Potts, 2000). The young women therefore constructed orgasms as measures of 'good' or 'successful' sex:

Interviewer: Would you say that you fulfil your sexual desires?

Lucy: ... if he makes me orgasm then yes, guess so [laughs]... obviously having an orgasm is the ultimate point of sex....

Harmony: ... wasn't getting me off so what a waste of time really, you know.

When orgasms symbolise sexual 'normality', to *not* orgasm during an encounter becomes a sign something is 'wrong' (Potts, 2000). As disciplinary power means men are under no obligation to provide women orgasms, the women understood their own 'lack' of orgasm as due to their individual 'deficits' or 'dysfunctions'. Many of the women attributed their lack of orgasm to their 'difficulties getting off' or being 'in a funny way', understanding themselves to have a physical or mental deficit. As the women blamed themselves for not having achieved orgasm, they reproduced the biologically essentialist view that women are lacking or 'deficit' in some way, sexually passive and emotionally unstable (Braun, et al., 2003; Gavey, 1992; Hird & Jackson, 2001; McPhillips et al., 2001; Potts, 2000):

Olivia: ... I know I'm, it's hard to get me off, like.

Anna: ... Coz you know how guys are like have you orgasmed yet or please orgasm, like they want you to. And you can't... Coz sometimes I can't if I'm in a funny way or I can't concentrate on it or something, I can't orgasm...

However, the orgasm imperative was also resisted within women's accounts of sex being pleasurable or fulfilling *without* orgasm, similar to findings by Kelly and colleagues (2017). In these instances, the women drew on a discourse of intimacy, reporting they had sex for other reasons such as closeness, intimacy and connection:

Maisie: ... sometimes it is... just to be close to [Ben], be connected to him like that. I think sometimes it doesn't matter that I don't get off...

Lucy: ... at the same time, like, there's been times when I haven't orgasmed but it's been great sex... because of, I was in a relationship at the time, the emotional connection there.

Evident in all of the women's accounts was the unequal status afforded to men and women's orgasms and pleasure. For a man to not orgasm during a sexual encounter was unthinkable for the women. As found by Braun and colleagues (2003), it was inconceivable to be in a sexual encounter in which the man did not 'finish', reproducing

a sexual script in which men's desire and pleasures are prioritised and therefore signalling the end of a sexual encounter:

Olivia: ... when you're having sex with a guy... obviously, they cum... I've never been in a situation where they haven't...

Amber: ... But it's like at what point do you just call it and be like, alright this clearly isn't gonna happen, so we're just gonna stop like. Where do you stop it? That's what's awkward.

Similarly, when it came to acts outside of coitus, men were talked about as having no problems asking for or expecting pleasure, while this remained unspeakable for women. Many of the women could not recall a time in which they had asked men to pleasure them outside of coitus, which they compared to men who both expected and demanded these acts. Positioned as active sexual agents with uncontrollable sexual needs, men are afforded space from which to both *expect* and ask for satisfaction within the bedroom; however, confined within a passive gate-keeping position, women continue to be lacking a discourse of their own desire and therefore any active sexual voice. Informed by gendered positions that construct women as passive, drive-less sexual beings who are concerned with love and relationships over sex, men are under no obligation to pleasure women nor value the female orgasm, in comparison to women who encounter negative social sanctions for not satisfying men (Braun et al., 2003; Gilfoyle et al., 1992):

Amber: They don't care... guys generally won't go down on you in a one-night stand... But... I think most guys would expect head but they won't give it... It's oh we've come home, right, you give me a gobbie and then we'll have sex. It's like whaaaat about meee. Where do I fit in in this equation?

Some of the women drew on the notion of neoliberal equality to construct satisfying their partner's desires as their *own* desires. Informed by assumptions that women are sexually 'liberated' and possess a 'free choice', these women constructed themselves as sexually 'empowered' through their ability to satisfy and pleasure men, positioning themselves again as the 'savvy sex kitten' who 'flaunts' her sexuality and sexual 'skills' as an assertion of her empowerment (Allen, 2003; Burkett & Hamilton, 2012; Gill, 2008). However, this 'choice' remains limited, as women talked about the pressures of

performativity during sex, with their experiences of ‘empowerment’ or ‘achievement’ continuing to centre on satisfying men’s desires and pleasures over their own. Since the women remain confined by gendered performances, their reported ‘empowerment’ remains a form of pseudoempowerment (Bay-Cheng & Eliseo-Arras, 2008; Gill, 2007; 2008):

Michelle: ... it makes me get off more as well knowing that the person I’m doing it with is enjoying it... I could tell that he was liking it. And that got me off more... He is enjoying it. And I’m doing that. I’m the one making him enjoy that. Yeah that would, that was good for me. A good confidence boost I guess.

Likewise, while a discourse of reciprocity appeared to offer women a sense of agency, it also drew invisible contracts (Gilfoyle et al., 1992). The women talked about feeling obligated to ‘give back’ to any partner that provided them with sexual enjoyment, an obligation not placed on men. Therefore, while a discourse of reciprocity created a space in which women may assert their desires, this space remains confined by an overarching heteronormative sexual script that prioritises men’s desires and pleasures:

Harmony: ... I like being on top, to like initiate. And then, once I’ve finished, I like being on my back and then him finishing on top... So like usually like I’ll finish first and be like ok your turn and roll over.

Michelle: I would always try and fulfil the guys... always go down on him or kiss him or whatever... at the start I was like I would do it to him absolutely but he doesn’t have to do it to me, like I don’t really need to you know, go off or whatever... But now I’m just like, well, you know I want to get off as well so I’ll do you and then you do me [laughs]. So it’s fair, it’s equal kind of thing...

The Age of Experimentation

Evident throughout the young women’s talk was the commodification of sex through a discourse of ‘experimentation’. As sex has moved from a private to public sphere, it has been engulfed by Western values of consumerism. The idea that we are now sexually ‘liberated’ and ‘free’ to ‘flaunt’ our sexualities has allowed for the

commodification and tailoring of sex, with companies profiting from sexual merchandise that appeals to the idea of sexual ‘empowerment’ and ‘mastery’ (Attwood, 2009; Gill 2008; 2009; 2016). Postfeminist assumptions of sexual ‘liberation’, ‘choice’ and self-responsibility or improvement have upheld the idea of ‘sexwork’ as important for individual and relational wellbeing (Cacchioni, 2007), supporting a rising pornography, ‘sexpert’ and sex toy industry. Within this context, BDSM culture (bondage, domination/submission, sadism and masochism) has become a profitable sphere, leading to the success of the ‘Fifty Shades of Grey’ trilogy, which romanticises and eroticises sexual practices that resemble BDSM. As the commodification and taylorisation of sex values *more* and *improved* sex, so femininity becomes a performance of *hypersexuality*, and women are expected to both desire and perform sexual practices previously associated with the sex industry - not only to satisfy their men but to prove their newfound feminine position of ‘empowerment’ (Gill 2008, 2009, 2016; Harvey & Gill, 2011; Jackson & Scott, 2007).

One way the young women attempted to take up a *hypersexual* feminine position, was through their talk on sexual ‘experimentation’. The women continually talked about the importance of sexual experimentation, which was constructed as necessary, “fun”, “kinky” and “adventurous”. Sexual experimentation (including “risky” sexual experiences) was understood as vital to ‘mastering’ sex and maintaining a ‘healthy’ sex life and/or relationship. With pressure on the women to take up a postfeminist midriff position (which requires women to flaunt’ their sexualities and remain ‘always up for it’ sex-wise), sexual experimentation became one way of ‘proving’ or asserting their sexual empowerment and efforts at ‘sexwork’ as well as maintaining their position as the ‘sexually savvy sex kitten’. The young women continually drew on messages such as ‘you won’t know unless you try it’, ‘how can you say you don’t like something if you’ve never tried’ and ‘you need to try new things to keep your sex life alive, especially in long-term relationships’ – ideas expressed by almost all of the women:

Lily: ... since I’ve gotten older it’s definitely been more about... experimenting with different things and stuff like that...

Claudia: ... I guess you don’t know till you try... as you get older they say you know gotta experiment, try new things to keep yourselves interested in each other or whatever.

Some of the women also talked about periods of promiscuity as a positive, desired and *necessary* experience, describing their promiscuous years as a time of ‘finding themselves’. Again, these periods of promiscuity appeared to portray women’s efforts to take up the sexually ‘liberated’ midriff position, with their engagement in numerous casual sexual encounters proving their neoliberal ‘empowerment’. Relying on neoliberal assumptions of sexual ‘freedom’, ‘choice’ and ‘agency’ the women maintained that they made an active and ‘free’ choice to engage in periods of promiscuity and experimentation, driven by their own desire for self-improvement:

Lily: That’s when I sort of figured out who I was and what I wanted sexually... I was like woooooow this whole world’s out here like [laughs]... and then I sort of found myself... I just think that you need to not be tied down to anything and have fun and figure out what you want out of life and have those times when you’re just written off drunk... and mucking around with no consequences... I learnt a lot. Like I’m so different now, even like naïve things like the games that guys play and like how to play the game and stuff like that, like I’m so much more aware of what’s going on now, then I was then.

Olivia: And I think because I’m really competitive I still want to be the best that I can be.

Informed by a rising consumerism and the commodification of sex, the women also constructed the use sex toys and other sexual aides as the answer to creating an adventurous sex life, ‘mastering’ sex and maintaining their neoliberal midriff position (Gill, 2008; 2009; 2016):

Maisie: I don’t know about sex toys. I’ve never really, I’ve never had one. I’ve been quite, I dunno, not very adventurous in my sex life.

Interviewer: Define adventurous.

Maisie: Like, people using like dildos and stuff in their sex, like I’ve never done that kind of stuff.

Michelle: Maybe a bit more I guess, like bondage type stuff. That just intrigues me. Yeah I’d probably lean towards that. But then again I would only say

that to someone who I felt comfortable saying that to. Who I know wouldn't shut me down.

However, the dangers in women's attempts to take up a neoliberal midriff position through sexual 'experimentation' is that women further lose their ability to refuse sexual advances from men or have a legitimate 'no'. Since women are expected to be 'up for anything' and assumed to have made the 'free choice' of engaging in sexual acts, they are further confined by invisible contracts in which they must 'follow-through' and satisfy men's desires (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gill, 2008; Harvey & Gill, 2011; Jackson & Scott, 2007).

The young women talked about engaging in sexual encounters that were unwanted, many of which occurred under the influence of alcohol. They talked about the performativity of these encounters, which included prioritising men's desires and pleasures over their own, suggesting they continued to lack a legitimate voice for their own desire. While they talked about the importance of promiscuity, they also shared stories of being used as a sexual object by men during casual sexual encounters, meaning their periods of promiscuity were transitional phases they eventually left behind. Women's engagement in sexual 'experimentation' and periods of 'promiscuity' therefore appeared to reflect women's efforts to take up the prescribed 'sex kitten' position offered to them in a neoliberal society, which although constructed as a symbol of 'empowerment' for women, concealed ongoing power imbalances (Gavey, 2012; Gill, 2008; 2009; 2016).

Not only did women contend with unwanted and undesired sexual encounters, but they negotiated the negative social sanctions of not fulfilling neoliberal expectations or displaying 'too much' sexual expression. A have/hold binary and double standard continued to operate alongside neoliberal pressures, which left women regulating their behaviour in order to avoid the positions of the 'prude' or the 'slut' (Gavey, 1992; Hird & Jackson, 2001; Hollway, 2001). The women constantly self-policed according to the double standard, which imposed negative social sanctions to those who were not the 'right kind of woman'. To have a 'boring' sex life was constructed as a terrible fate:

Claudia: ... Oh... I feel like a really boring person, sexually.

Interviewer: Define boring?

Claudia: I don't know I don't really have like crazy fantasies.

Interviewer: Is that how you'd define exciting?

Claudia: Well I don't know, something risky...

Likewise, the women were careful not to display 'too much' active sexual expression, to avoid the position of the 'slut' or 'deviant' woman. They separated themselves from practises that might be considered 'deviant' (for example sadomasochism) and other women whom were afforded the 'slut' position:

Lucy: ... Like I've got a cousin and she's all into like whips and chains and handcuffs and stuff...

Interviewer: What about you, what are you into?

Lucy: Well, not whips and chains [laughs] ... No, not pain [laughs]. Ummm.. Well the guy I'm sleeping with at the moment, we have a few toys.

Claudia: I've got a friend in [city] who's a bit of a slut, she finds lots of guys on Tinder.

Maisie: ... I think for some girls, not for me personally, obviously coz I've only slept with [number of people]. But I reckon for some girls who just go around having sex with everyone, surely they don't have that much sexual desire? Or maybe they've got more.

Overall an 'always up for it' position was constructed as desirable, as long as it remained within the confines of a heteronormative script, in which women maintained their appropriately feminine position as passive receptacles who prioritised men's desires and pleasures.

Locked In: Invisible Contracts

While the women maintained that they made a 'free choice' in remaining 'up for anything' and engaging in sexual encounters, this 'choice' was disciplined in and through a heteronormative sexual script. Neoliberal expectations of hypersexuality further reduce women's abilities to refuse sexual advances, change their minds or have a

legitimate 'no', since they are expected to be 'always up for it' and seen as responsible for 'freely choosing' to engage (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gill, 2008; Harvey & Gill, 2011; Jackson & Scott, 2007). With men positioned as active sexual beings with uncontrollable sexual 'needs' and women obligated to fulfil and prioritise these needs, as well as 'prove' their neoliberal 'empowerment', a heteronormative script permits technologies of heterosexual coercion which ensure men get what they want (Gavey, 1992; 2005).

The young women told numerous stories of coercive, unwanted and undesired sexual experiences, during which they felt obligated to engage in sexual encounters or had no voice from which to stop the encounter. However, they understood these experiences as normal, common heterosexual experiences or 'just (bad) sex' (Gavey, 2005). While a heteronormative sexual script allowed for coercive sex, it simultaneously denied it through the neoliberal value of 'free choice'. Positioned within neoliberal norms which assume women have a 'free' agentic choice over their 'liberated' sexualities, women attributed unwanted and coercive encounters to their own 'poor choices' or individual deficits, reproducing the idea that they were 'asking for it'.

The young women's accounts mirrored Gavey's (1992; 2005) findings in that a heteronormative script enabled heterosexual coercion and women became locked into 'invisible contracts' in which they must satisfy men's desires and pleasures regardless of their own desires. As found by Gavey (1992), the women talked about a desire to be normal, an inability to say no, a lack of choice and a position of pragmatism. However, the young women's experiences were further restricted through their positions within a neoliberal discourse, which required they be the 'sexually savvy sex kitten' who are 'always up for it' and 'up for anything'. Feeling obligated to satisfy an active male sex drive and maintain their neoliberal position, the women felt they could not say 'no' to sex, especially during the beginning phases of a relationship, when partners did not live together or were separated by distance and when the man they encountered was a 'nice guy'. Refusing their partner's advances or failing to maintain their neoliberal 'up for anything' position risked negative social sanctions such as relationship conflict/breakdown and being positioned as 'abnormal'. Engaging in unwanted sexual encounters therefore became a way of managing the relationship and women's own 'normality'. As sex has been commodified through neoliberal norms, women's bodies, desires and sex have come to be understood as capital or products for social exchange

(Brown-Bowers, 2015). Drawing on a discourse of reciprocity alongside neoliberal norms, Anna constructs her body and sex as a commodity to exchange or ‘pay back’ a ‘nice guy’:

Maisie: ... especially early on in our relationship. I felt like [Ben] would've wanted to have sex with me sort of every night you know? So yeah, I did do that... we'd start having sex... and I wouldn't feel that aroused. But I did it anyway coz I thought oh but [Ben] will wanna have sex...

Harmony: ... there was this expectation, like he wouldn't leave until he got sex... And if I didn't, there was something wrong. Like if I didn't have sex with him there was something wrong, with us. Yeah and there always had to be a reason, he's always search for a reason and like quiz me and question me and then I'd feel like shit about myself... he would see it like, he would see him coming to visit me and us not having sex and him going home as a wasted trip.

Anna: ... he really liked me, so he like took me on dates and stuff... but I just was not attracted to him... like it was really sweet what he did for me... So I suppose that's a good example... it was expected, so I didn't have the desire to have sex with them but it was expected kind of thing... We had sex once and then after that... I didn't want to but it was kind of like oh I have to...

Many of the women talked about the ‘guilt trip’ they were subjected to if they were not receptive to their partner’s desires or did not maintain their positions as ‘up for anything’. A discourse of romance was frequently used as a coercive tool, as men required women to ‘prove’ their love through sex (Jackson, 2001). The women therefore felt an immense amount of guilt and shame for not ‘fulfilling’ their roles as girlfriends, which included satisfying their men’s active sex drives. In the following excerpt, Harmony understands herself as ‘terrible person’ and questions her own ‘normality’ having not upheld her receptive feminine position. Masturbation is understood as unnecessary if a women fulfils her feminine ‘duties’ as a girlfriend:

Harmony: ... I was staying with him and I'd fallen asleep and in the middle of the night, he was still awake and I was like what are you doing still awake

and he was like nothing, I'm just gonna go have a cold shower and I was like why? And he was like coz I'm so turned on. And I was like ok, so now I feel guilty for... like, it's like it's my fault that he can't sleep and if he was to go have a shower, all I could think was he was in the shower like wanking... coz I hadn't slept with him... And I'd feel like a terrible girlfriend, like terrible human for making my boyfriend play with himself instead of. I'm like what the fuck, is it just you or do normal people have these problems like?

As the women lacked a discourse of their own desire within a heteronormative script which required them to remain 'up for anything', they were in no position to change their minds or stop sex once it had begun. The young women often talked about feeling obligated to 'follow through' with sexual encounters, as they were perceived as having engaged in the 'first step' towards coitus. With no legitimate voice from which to stop sexual activity, the women resorted to making things as bearable as possible:

Amber: ... he was a biig guy... 120 kilos or something... And he was just like thrashing away... couldn't walk for days afterwards. But, the worst thing was, when he was doing that, his balls were like hitting my bum and I really needed to poo... and I was like oh my god, I'm gonna explode... like what shall I do?... It was so bad, I was like "we need to change position". He like looks real confused, like, let's change it up. But I actually thought I was just gonna poo myself.

Informed by gendered positions in which women are passive gatekeepers, any resistance displayed by the young women was understood as an effort to preserve their sexual 'modesty', something to be overcome by an active man (Gavey, 2005). Through this gendered script, along with the postfeminist positioning of woman as 'always up for it', women's consent was often assumed. A common story told by the young women, was that once they had consented to sex, any future consent or negotiation became void. Women's prior engagement in a sexual act ultimately became another technology of coercion in overcoming their resistance:

Harmony: ... the first time me and [Sam] had sex... he like started trying it on and I said no I don't feel comfortable doing it, coz I was like 15... was just not in my comfort zone. And um, he was like what? But you did it with

Kaine?... he said you had sex with Kaine so why don't you wanna have sex with me?... And yeah so I did because I felt like I had to.

Anna: ... and even like expecting to give a guy a blowjob and stuff... when you start doing it once, they expect you to do it every time [laughs].

For some of the women, this meant they did not always act on their desires, for fears they would lose their right to renegotiate later consent:

Harmony: ... there's been times where I've been super turned on but then not wanted to tell [Sam] because then if I stop being turned on or something I'm like fuck I've already told him he's gonna try... that fear of... telling him and him trying to like start it up... and then me being like oh nah I'm good. And then having to like painfully go through it anyway.

Even when women asserted their right to 'say no' at the beginning of an encounter, their explicit 'no' was not regarded as a definitive answer. Women's resistance was again understood as something to be expected and overcome, reproducing the idea that women desire to be dominated by men (Gavey, 2005). The following excerpt illustrates how Amber's 'no' was not taken as a definitive answer. While Amber was able to assert her right to say no and not engage in sexual relations, many of the women told stories of sexual encounters going ahead regardless, though these experiences were not regarded as 'rape' as they constituted 'normal' heterosexual practice:

Amber: ... he'd asked if he could stay and I'm like I'm not gonna have sex with you and he's like yeah that's fine. So he came to stay and he just kept trying to pull the moves and I was like you know what just get out. Told him to leave. I was like you need to leave... But. Yeah it could be pretty awkward I think, in other situations... especially if you feel like you've brought them away from town or something like that and that they think they're gonna get something and then you're like oh actually just kidding, you're not.

Women required a 'legitimate reason' to refuse sex or change their minds, as found by Dowling (2013). The young women talked about using 'excuses' or 'white lies' to justify why they could not engage in sex. However, these 'excuses' were still only limited to situations which women deem 'bad enough' to legitimise their refusal.

The young women also talked about faking orgasms in order to speed up unwanted encounters, reproducing previous findings (e.g. Fahs, 2011; Frith, 2015; Muehlenhard & Shippee, 2010; Nicolson & Burr, 2003; Thomas, Stelzl & LaFrance, 2017). Women's orgasms have become disciplined acts of performativity, which confirm men's expertise, appeal to their desires and manage heterosexual relationships and encounters (Fahs, 2014; Muehlenhard & Shippee, 2010; Potts, 2000). By learning to 'fake it like a woman', the young women were able to assert some sense of agency over their sexual encounters (Jackson & Scott, 2007; Potts, 2000):

Lily: ... if it was really really bad sex then... There's been times where I've been like I'm too drunk or whatever, even if it's not true, and then I'll roll over and go to sleep. Like if it's just so bad.

Michelle: Have you ever faked? Like faked an orgasm?

Interviewer: Yeah I have.

Michelle: I have too. I felt bad doing it but at the same time... it was with that guy that was my worst and I just wanted to get it done so I could leave. And so I faked.

Regarded as 'normal' heterosexual practice or 'just sex', the women made sense of their unwanted, undesired and unpleasurable experiences through dominant discourses.

Drawing on a discourse of sex as relationship hygiene and sex as exercise-esque, the women normalised their initial reluctance and reproduced the idea that 'pushing through' had individual and relational benefits (Brown-Bowers et al., 2015). Sex was compared to the gym in that it while it was initially difficult, unwanted or undesired, it was vital to maintaining individual or relationship 'health' and wellbeing:

Claudia: ... but I guess I have to get myself psyched up for it. Oh you know, doing it for him kind of thing and then once you're into it you're not so bad, like going to the gym [laughs].

The women also drew on neoliberal values of 'free choice' and self-responsibility to construct these experiences as resulting from their own actions or deficiencies, for example having 'lead him on' or due to their own a lack of assertiveness. Neoliberal values ultimately silence any coercive techniques employed within heterosexual power

imbalances through the assumption that women have free agency and choice, reproducing a victim blaming approach (Allen, 2003; Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Hlavka, 2014; Jeffrey & Barata, 2016). While neoliberal values *appear* to work towards individual ‘freedom’ and self-determination, they continue to build a ‘scaffolding of rape’ (Gavey, 2005), holding women responsible for unwanted sexual encounters and blurring the boundaries of consent, coercion and rape:

Olivia: ... *I didn't want to lead him on... But I probably did end up leading him on a little bit but.*

Anna: ... *I guess because I'm not very good at saying no [laughs].*

Questions of Normality

A discourse of ‘normality’ permeated throughout the young women’s talk. The women continually negotiated and questioned their own normality based on an overarching heteronormative script that emphasised *hypersexuality*. As Western culture has become increasingly sexualised, so *hypersexuality* has become an expectation and symbol of ‘normative’ sexual functioning. The expectation that women be ‘always up for it’ is further legitimised through dominant models of sex and understandings of ‘function’ versus ‘dysfunction’ or ‘disorder’. The *absence* of sexual desire has come to be seen as ‘abnormal’ or a ‘problem’, attributed to individual ‘dysfunction’ or ‘deficits’ and to be fixed through biomedical ‘solutions’ or ‘sexwork’, as informed by a dominant biological and psy-discourse (Cacchioni, 2007; Guerin, 2008; Rose, 1996; 1999). Drawing on these normative standards, which define ‘ideal’ sex and desire, the young women often talked about feeling as though they did not ‘measure up’:

Maisie: ... *I just feel like maybe I desire sex a lot less than other girls, but I mean that's never concerned me... I definitely feel like... other girls... get way more aroused than me... sometimes I get aroused really easily. But sometimes it can take a lot for me to get aroused, like a lot of... oral sex [laughs]. Or something like that. For me to actually get aroused. And I'm just like, I don't know if that's normal...*

The women continually monitored their sexualities according to normative sexual standards, which they positioned other women as achieving, questioning their own ‘normality’ when they perceived themselves as ‘failing’ to uphold a neoliberal feminine

position. While Maisie talked about experiencing arousal and desire for oral sex, a heteronormative script requires she be always ready and ‘up for’ receiving *coitus*, causing her to question her own normality when unable to fulfil this receptive feminine position. If the young women did not desire sex (intercourse) as much as their partners, they understood themselves as ‘deficient’ or ‘inadequate’, as informed by a pervasive disciplinary power which disciplines women into receptive positions from which they must reciprocate their partner’s standards of desire:

Interviewer: Would you say you fulfil your sexual desires?

Harmony: No.

Interviewer: How so?

Harmony: Like, maybe not, maybe physically I do because I don’t seem to have an overly, like a crazy sexual desire... But like, mentally I feel like an inadequacy. Like I’m not, almost like a, because I’m not up to [Sam]’s quota that I’m an inadequate female almost...

As men’s desires and pleasures are prioritised through a heteronormative sexual script, so their desire becomes the ‘standard’ that women must meet. Harmony understands herself as having ‘failed’ as a woman when she is unable to measure up to her partner’s level of desire and therefore fulfil his ‘needs’. Experiencing a change in her sexual desire after her partner was unfaithful, she continued to construct herself as ‘lacking’ or having ‘lost’ desire due to a ‘dysfunction’ in herself. She talked about this as a problem in her ‘head’, reproducing the idea that women are inherently deficient, unstable, irrational and ‘emotional’. A psy-discourse upheld Harmony’s understandings of herself as ‘disordered’, with Harmony drawing on psychological language and understandings to make sense of her experiences:

Harmony: Like once we start foreplay. I thought I’d get turned on and start enjoying it... But like... I dunno if it’s that I can’t switch my brain off or... especially after the times [Lee] cheated on me... I had huge issues before me and [Lee] broke up because I would either get turned on and then, suddenly feel turned off and be like fuck no I can’t do this. Or um, not really get turned on at all... like I think I’ve started to realise, what’s

the word, psychosomatic, like, in my head as opposed to being a physical thing, yeah... Was just like a mental block.

While Harmony attempted to redefine her experiences at times during our discussions, she was unable to deconstruct the understandings of herself as ‘deficient’. A pervasive disciplinary power means women continue to understand themselves as ‘deficit’ or ‘lacking’ in their constant strive for the feminine ideal:

Harmony: ... that's the thing is that actually, I think that Sam has an excessive desire... But I definitely like, do feel, like I do have a slight lack of desire. Like I do feel inadequate sometimes.

Following the breakdown of her relationship, Harmony talked about actively pursuing sexual interactions in an effort to ‘prove’ her ‘normality’. This resonates with the young women’s efforts in fulfilling a period of ‘promiscuity’, in order to position themselves as the sexually ‘liberated’ postfeminist woman who is ‘always up for it’. Harmony feels a sense of pride in her ability to embody this neoliberal position:

Harmony: ... I think almost that had a little bit to do with it... you know just proving that I did have a sexual drive kind of. Yeah it was almost like a, I felt proud of myself for doing it, which is weird but.

Under pressure to fulfil a heteronormative sexual script, within a neoliberal society which values self-responsibility and improvement, those who are deemed to have a sexual ‘dysfunction’ or ‘deficit’ are expected to seek biological ‘solutions’ or engage in ongoing ‘sexwork’ (Cacchioni, 2007; Gupta & Cacchioni, 2013; Jackson & Scott, 2007). Positioned as responsible for the management of relationships and as inherently ‘deficit’, it is women who must take responsibility for any sexual ‘deficiencies’ or ‘failures’. The young women frequently talked about being responsible for ‘fixing’ their sexual ‘problems’ through either biological interventions or ‘sexwork’. Informed by a dominant biological and psy-discourse they talked about consulting their doctors to discuss medication effects and solutions as well as emphasising the importance of ‘working at it’:

Harmony: ... in terms of desire, like I have mentioned to the doctor several times about my libido, being concerned about it...

Maisie: I think it sometimes takes a bit of work for me like I don't think I'm as easily aroused as other girls... But I dunno, I guess if you work at it it's not that hard.

Talking About Desire

Unspoken Desire

The information sheet provided primed each woman that interviews would involve talking about desire. While the women were willing (and some even eager) to talk about their sexual desire, they remained restricted by dominant discourses that lacked a space for women's desire and disciplined them into appropriately feminine positions. Within a heteronormative sexual script men are positioned as active sexual agents whose desires and pleasures are prioritised. Women, on the other hand, are afforded a passive position of receptivity, their desires understood as non-existent, irrelevant or unimportant. Informed by this gendered sexual script, women have no language or discourse through which to understand, legitimise or talk about their own desire (Dowling, 2013; Fine, 1989; Fine & McClelland, 2006; Gavey et al., 1999, Gilfoyle et al., 1992; Kelly et al 2017; Montemurro, Bartasavich & Wintermute, 2015). Despite moving into a neoliberal era that emphasises women's sexual 'freedom' and 'empowerment', women's desire continues to be an act of gendered performativity in that they are expected to embody *men's* desires (Gill, 2008; 2009; 2016; Harvey & Gill, 2011; Jackson & Scott, 2007). When talking about desire, the women therefore negotiated an appropriately feminine position. They first struggled for words, having never before encountered a space in which their desire was talked about. While they commented that sex was talked about frequently, they struggled to talk about desire. A discourse of women's desire *outside* of performing for the opposite sex continues to be missing in a heteronormative script, meaning women have no language through which to understand and talk about their desire (Dowling, 2013; Gavey, 1999; Kelly et al 2017). The women also appeared to negotiate a passive feminine position through which talking about desire risked negative social sanctions afforded to women who expressed 'too much' sexuality:

Harmony: ... Hang on, it's like one of those funny, hard to define words... I don't know I feel like it almost has like a taboo connotation.

Interviewer: ... Do you think talking about sexual desire is easy?

Anna: Umm, no, it wasn't as easy as I thought it would be... talking about sex is easy, but sexual desire is tricky because it was hard to decipher what it actually was.

Desire was therefore talked about as something that was rarely verbalised and was restricted to women's thoughts:

Lucy: Umm, I've never actually really talked about my desires so... yeah takes a little bit to actually think about what you actually like and what you're going to say to someone else, instead of just thinking about it in your head yourself I guess.

Struggling to find words, the women largely drew on dominant discourses to talk about desire. Some women drew on a dominant biological discourse, alongside a 'logical' sexual script, to construct desire as a biological 'urge' or 'need' which was fulfilled or 'relieved' through coitus and orgasm. Coitus was an assumed 'end goal' and deemed the 'normal' way of satisfying sexual desire (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005; Gavey, Braun & McPhillips, 1999; Jackson & Cram, 2003; McPhillips, Braun & Gavey, 2001; Potts, 2000). However, in prioritising coitus, the women reproduced their positions as passive receptacles to men's desires and pleasures, as coitus continued to centre on the erect penis and men's orgasm:

Anna: ... coz I more see it as sexual desire leading to sex [intercourse]...

Most of the women drew on a have/hold discourse to construct their desire in relation to a partner (i.e. a man). Positioned as passive receptacles to men's desires, the women constructed their desire as dependent on a man, reproducing the idea that women are dependent, relationship-oriented sexual beings whose sexualities must be awakened by a man:

Michelle: ... like what you search for in a partner to fulfil your needs... someone I guess, who can fulfil you sexually...

Lucy: ... it's kind of hard to like say what your desires... it's sort of easier when you meet that right person who you know and you can just work around each other to what each other likes.

One woman in particular took up a neoliberal position when talking about her desire. Olivia talks about her desire as related to ‘flaunting’ her sexuality to men through flirting or sexting. While she understands this as ‘empowerment’, her desire continues to centre on men and gaining their admiration. As Olivia confirms her femininity through men’s admiration, she reproduces her body as an object that performs for the male-gaze (Gill, 2008):

Olivia: ... sometimes a sexual desire is just a desire for you to feel attractive. Like, when I text the guys up in [city]... you’re having a bit of fun with it... But it’s like the thought behind that. Like what are they doing when I’m telling them this stuff or texting them this stuff kind of thing... I think also it makes you feel good. Like. Hell, I’m flirting with a guy in history, yeah damn right I’m flirting with a guy in history, like. It makes you, oh and like he’s flirting back, hell yes! Like it makes you feel good... It makes you feel wanted...

While the women initially talked about their desire as related to a man, which most often lead to coitus, they later renegotiated this sexual script, drawing on their own experiences of desire. They resisted the coital imperative through their talk on desire for non-coital activities and acts of intimacy. In particular, a coital imperative was negotiated when the women talked about their *first* experiences of desire. Many of the women separated their first experiences of desire from their first experiences of intercourse. While their first time having intercourse was constructed as a mechanical act that followed a sexual script, their first experiences of desire were related to non-coital activities and sexual feelings, despite a desire not to go ‘all the way’. While they disrupted a coital imperative through their desire for non-coital acts, these acts continued to be understood as ‘logical’ steps towards coitus, which was continually understood as a ‘logical goal’ to sexual encounters. This can be seen in the following excerpts, in which Harmony constructs her engagement in non-coital activities as a substitute for coitus due to her age, and how Anna comments that she didn’t want to do ‘it’, positioning coitus as the expected ‘goal’:

Anna: ... when I was about 16, and this guy... took interest in me... it was quite cute... I remember talking to him and...he wanted my number... I went to bed and then he came to my room and was calling out my name and...

we like started hooking up and stuff and I had never had anyone touch me on my vagina... he tried to, and I remember feeling that sexual desire, but not actually wanting it because it wasn't something that I had really come across before I guess. Like I didn't mind him kissing me... like he kissed my neck... I probably hadn't had anyone kiss my neck either, and I love my neck being kissed [laughs]. Um yeah, so I remember having that feeling but not wanting it.

Harmony: ... was when me and [Kaine] were first like together and experimenting and stuff. And we wanted to have sex and then we're like hang on, could we cope, if I got pregnant kind of thing, and if we couldn't cope with that then we weren't ready to have sex. Being that we were like 14, fair enough. Um, and so then we were like well how about we just like try everything else first and then do it... that was the first experience of sexual desire... We were upstairs... at his house and... we were just like hooking up and... basically started like dry humping each other because we were so turned... then I just remember us both being like, I like came and I assumed he'd finished or whatever, and we both were like what was that? Like we didn't know what it was.

Other women were unsure if their first experiences of desire 'counted' as they did not involve coitus or a man. Confined by a dominant sexual script that positions women as passive receptacles to men, the women questioned the legitimacy of these experiences and whether they 'counted' as desire:

Claudia: ... when I had a boyfriend when I was 14... I guess. Or, does liking boys count as sexual desire?

Maisie: ... Sexual desire doesn't have to involve another person aye? Does it? ...

Interviewer: Just what you think. Everybody will probably define sexual desire in a different way. So just what's your first memory of feeling sexual desire?

Maisie: ... I guess it would've been, sexual desire does that count as masturbating? I dunno. Or is that sexual arousal? So confused! I guess I can't even remember the first time I masturbated, it was probably

like I was, 13... I guess that counts as sexual desire... I was like I'm not really that interested in having sex but I still felt that desire...

While one of the women clearly talked about masturbation as her first experience of desire, she drew on a heteronormative sexual script to construct her experience as 'deviant' and illegitimate. Michelle's experience of desire in relation to pornography and masturbation disrupts a heteronormative sexual script in that she experiences desire *outside* of a man. Her experience also contradicts her passive feminine position in that she *actively* watches pornography, experiences desire and satisfies herself through masturbation. Informed by the negative social sanctions afforded to women who express an active sexuality outside of a man, Michelle refers to her experience as "really bad". She also constructs her experience as 'experimental', which acts to illegitimise her experience therefore maintaining her appropriately feminine position (Costa et al., 2009; Lamb, 2004; Yost & McCarthy, 2012):

Michelle: ... my first experience is probably masturbation... I had a couple of friends who, I dunno like, this is really bad, I was young, I was going through an experimental phase. A couple of friends and I...got stoned and watched porn... I still took quite a bit of it in and so I kind of wanted to try that, I wanna see what that feels like. Um, and so I went home and got busy [laughs], tried it, and I really liked it. And so it kind of just sort of stemmed from there.

Desire or Arousal?

As the young women talked about desire, they co-articulated two discourses of arousal and desire. Drawing on a dominant biological discourse, they constructed arousal as a mechanical process that included physiological sensations and changes within the body (primarily the genitals). They talked about pleasure as located within the body, experienced through physiological responses, which lead to sex and ultimately coitus. Constrained by a dominant biological discourse, the women separated any emotional or relational experience from the body, instead locating this in their mind (and referring to this as desire). Located outside of a biological discourse, the women struggled to talk about desire, which they reduced to a cognitive or emotional experience of wanting something. Throughout the women's talk, pleasure in the body was separated into the

physical and the mental, reproducing a mind-body dualism that has informed dominant models of sex (e.g. Masters & Johnson, 1966; Kaplan, 1979):

Maisie: Desire is just the thought of it right. It's just you thinking... I wanna be with him [laughs]. But the arousal is actually the physical aspect of it, actually being aroused... Sort of the arousal is the more physical ooh, tingly [laughs] ... But, I think the desire comes from the more emotional and heart-felt things for me anyway... once I'm sexually aroused that means definite, I really want intercourse with him but I think sexual desire can sometimes mean just being with him, like cuddling in bed...

Claudia: ... I feel like yeah desire is like around here [points to head] and arousal is around here [points to lower body]. Like a bit more intense and serious and like actually going maybe, possibly going forward with actually doing something sexual. Desire's just sort of like... ohhh that's nice... Sexual arousal, probably a bit more intense, like when you're actually, DTF (Down To Fuck) [laughs]...

However, while the women attempted to separate arousal and desire in their talk, these experiences were not so easily separable; they continually separated the two experiences, yet also brought them together. Through our conversations around their own experiences of desire, some of the women began talking about arousal and desire as interconnected and overlapping:

Olivia: ... You can have desires that make you aroused, does that make sense? It's like you have desire and then it moves into arousal.

Interviewer: ... Can you have arousal without desire?

Olivia: [Pause]. Yes. Ohhhh. I dunno. But I always think you'd be a little desired first. Because I think desire is more about the thought of it... It's like the... cause and effect. If that makes sense. So the sexual desire, is the cause of why it's happening, but the effect is that you're aroused, but the effect can be different.

Some of the women therefore contradicted their earlier talk on arousal and desire as separate and instead talked about them as inseparable:

Maisie: ... oh I dunno! It's such a fine line!... I feel like desire and arousal are so similar, it's hard... to tell the difference... I don't know how you'd separate desire and arousal like in a person, like what's going wrong like I don't know how you'd... distinguish between the two because they're so similar.

One woman talked about desire as being more than just a desire for sex or for another person. It is in Anna's excerpt that the beginnings of a 'thick desire' for women can be seen (Fine & McClelland, 2006). While heteronormativity restricts women's desire into the confines of 'catching and keeping' a man and fulfilling a 'normative' sexual script, the notion of thick desire encompasses all conditions of possibility for women. Anna disrupts women's gendered desire, which focuses on being sexually and relationally receptive to men, and instead positions herself as an active and independent subject with multiple desires:

Anna: ... A feeling that you get when.. of something that you want. Yeah. Coz really it's not always sexual desires, there's a lot of different things as well. Desire to do things in life and stuff like that.

A Declining Desire

Constructed as an inevitable fate, was that once in long-term relationships women would 'lose' their desire and sex would become mundane. While in the beginning of relationships, and when single, women are expected to take up a postfeminist position in which they must remain 'always up for it' (sex-wise) in order to 'catch and keep' a man, this position is no longer deemed acceptable once a relationship has been secured. In the neoliberal economy of exchange, once in a relationship, women are positioned through a have/hold discourse, responsible for sexually rewarding men's commitment to the relationship. The have/hold discourse operates to discipline feminine (docile) subjects into heterosex (Butler, 2009; Hollway, 2001; McNay, 1992). From a passive feminine position, women must not display more desire than their partner, as their partner's desire becomes the sexual standard. Women's desire and pleasure therefore becomes subjugated. To express active or 'excessive' desire would risk insulting men's expertise, and render women 'unfeminine' (and thus undesirable). As the young women talked about their expectations that they will 'lose' desire for sex within long-

term relationships, they began constituting their sexual subjectivities through a feminine obligation to sexual passivity. In the following excerpt, Olivia talks about her future self as likely not having as much sex as she would *like*, and the meaning of the normality of ‘lack’ was questioned:

Olivia: ... coz obviously if you're with the same person for like years, it's not gonna be the same, you're not gonna wanna have sex. Like I'd hope I'd have sex at least two or three times a week but some weeks it's probably not gonna happen... But then, so I wonder like when you're older. So you're either very open about the fact that you're not having as much sex or you become more reserved about the fact and embarrassed about it maybe.

As sex therapy is understood as fixing a ‘deficit’, the women talked about an expectation that with age and long-term relationships they would engage in sex therapy. Positioning their future selves within a pseudo-reciprocal relationship, the women normalised engagement in sex therapy as good neoliberal sexual subjects who are open to self-improvement. However, the young women understood themselves as having not yet taken up this position, therefore deeming sex therapy as irrelevant to their current context:

Olivia: ... I think young women probably don't feel the need to. Like I know, I wouldn't particularly want to go to sex therapy because I feel I'm only 23. Like, unless I had a real problem where I'm like damn it I just want sex all the time... But like... I still figure I've got years to sort that out. Like maybe if I got to say 35 and I was like ohhh you know, then that would be different but... it's like I'm not in a rush for those things.

Fatal Attractions

While many of the young women talked about feeling ‘turned on’ by the physical attractiveness of another person, they interpreted these feelings through dominant discourses. Positioned within a have/hold discourse, women are expected to prioritise relationships over sex (Braun et al., 2003; Costa et al., 2009; Dowling, 2013; Montemurro et al., 2015). Informed that they should prioritise and therefore desire relational factors and qualities, the young women understood their desire for physical

attraction as ‘wrong’ and that it reflected negatively on negatively on them. As a desire for physical attraction contradicted their disciplined passive and relational feminine sexual subjectivities, they constructed the affective embodiment of desire as “selfish”, “mean”, “vain” and “terrible”:

Harmony: ... so much of me being turned on is about their body... Which sounds like a shallow thing I suppose in a way... Yeah like if I was just looking for sex with someone I wouldn't, probably this sounds terrible, I wouldn't waste my time with, an average body coz I'm like oh yeah I wanna get turned on, you know like?

Claudia: ... god I sound like a vain person.

The women therefore returned to a heteronormative sexual script to inform their talk on what they found desirable in a partner. A heteronormative sexual script reproduces an active-passive binary between men and women, who are expected to uphold their appropriately masculine and feminine positions. Men are to uphold qualities of achievement, strength, dominance, independence and unemotionality, meaning that sexually they are initiators or chasers, who prioritise physical pleasure over anything relational. Women, on the other hand, are to maintain a submissive, passive and dependent feminine position, becoming the nurturers of, and responsible for, relationships (Connell, 1996; Connell & Messerschmidt, 2005; Gavey, 2005; Hird & Jackson, 2001; Jackson & Scott, 1997; Messerschmidt, 2012; Potts, 2002; Walker, 1997). Informed by these gendered positions, the women talked about desiring an active, dominating man or ‘alpha-male’ who ‘took the lead’ in the relationship and the bedroom:

Olivia: ... Like I think I personally need someone who will put me in my place because I'm quite a bossy person. And they had the confidence to do that, whereas maybe [Gareth] didn't, he was a little bit of a pushover.

Amber: ... I guess guys who are kind of like pussies as well... you know, if you get back and you're gonna have sex and they're just like... men don't have to dominate but they should at least, sort of... try to a little bit to start, you know, you don't want to be the one having to take the lead like right from the start... there's nothing worse than bringing home a guy

and it's like they're just a bit of a wuss [laughs]... guys that are good at sport as well. Like, sort of... the more physical sort of alpha male type guys rather than like the, you know the retards that can't catch and stuff like that. Not retards, that's really mean, but...

If men did not take up their appropriately masculine position, they were constructed as the 'other' of masculinity, and positioned through feminine deficit - a "pushover", "retard", "pussy" or "wuss". The women's excerpts highlight the severe social sanctions encountered if one deviates from their prescribed gender and how feminine qualities continue to be framed as 'abnormal', 'deficit' or 'problematic', even when performed by men (Butler, 1988; Schippers, 2007). As negative and undesirable qualities continue to be framed through the 'feminine', hegemonic structures are upheld and reproduced, in which the masculine is granted superiority and authority (Schippers, 2007). If men did not fulfil their masculine roles, women were obligated take up a position of female nurturance in order to affirm men of their masculinity:

Amber: ... Like if someone's not... confident in themselves then you're like ohhh why aren't they confident, like, why, now I have to put effort into making them feel better, yeah.

Since a heteronormative sexual script constructs women's sexualities as dependent on a man, any experiences of desire that disrupt this script are understood as 'abnormal' or 'deviant' and therefore 'unfeminine' and 'undesirable'. One woman talked about experiencing sexual desire in relation to other women; however prior to this interview these desires were unspeakable. Harmony had never before shared her same-sex desires, due to fears of negative social sanctions afforded to those who disrupt a heteronormative script. To experience same-sex desires, *outside* of performing for men and their desires, is afforded a position of 'abnormality' or 'deviancy', which can be seen how Harmony refers to her desires as "odd", having internalised a heteronormative script. She was therefore relieved to have a space in which she may speak these desires into existence (Davies, 1990):

Harmony: ... I'm on Instagram and somehow got linked to this fucking dirty page and I'm like ok how did I get there. There was like guy's pics, felt nothing. Then I saw like girls tits and I felt fucking turned on. I was like

oh my goooood [god]... I'm so glad we discussed this! Because I was like, fuck, like this is really odd...

However, to act on her same-sex desire Harmony would need to do so within the confines of 'normative' sexuality. She therefore talked about the possibility of engaging in a same-sex sexual encounter whilst drunk, as part of a three-some or with another heterosexual woman. Sexual encounters that occur when drunk are understood through an 'anything goes' rule and are therefore deemed socially acceptable (Yost & McCarthy, 2012). A drinking culture constructs same-sex experiences as resulting from the effects of alcohol over one's own desires and they therefore present no threat to heteronormativity. Same-sex encounters that occur within a three-some are also normalised through the protection of heteronormativity, due to a man's presence. Any same-sex encounter that occurs within a threesome is understood as a performance for the male-gaze, thus continuing to prioritise men's desires and pleasures (Gill, 2008; Holland et al., 1998; Yost & McCarthy, 2012). Within these encounters, women take up a neoliberal 'up for anything' position, while maintaining the standards of femininity.

Harmony's requirement that any same-sex encounters involve another heterosexual woman allows these experiences to be understood as 'experimentation' and legitimated through heteronormativity (Yost & McCarthy, 2010). Desiring an encounter with a heterosexual woman also confirms Harmony's position within an active 'up for anything' position as she appeals to men's desires in the performance of her own same-sex desire. To have a same-sex experience with someone who identifies as a 'lesbian' is a risk. Drawing on the figure of the lesbian woman as 'abnormal', 'unfeminine' and therefore 'undesirable', women's desire is disciplined through the potentially negative sanctions of disrupting heteronormativity (Hey, 1997; Lamb, 2004):

Harmony: I know like I'm totally interested in being a little bit drunk and just trying it [laughs].

Harmony: That's why we need to find a guy to have a threesome with... I can say without a doubt that if there was a girl that was not a lesbian but was genuinely interested and had mean tits and hot body. I would. I've thought about this a lot. I actually would... If I knew that they weren't a lesbian, I could totally do it. But. If they were a lesbian, I don't think I

could because I'd feel like I was leading them on. And it would be less experimenting and more like they're actually looking to get off. I dunno why. That's my one mental block...

Despite the limits to women's active sexual subjectivities, the interviews did open up a space in which women could resist their positioning in heterosexuality. Both Harmony and Anna talk about desire as being more gender fluid:

Harmony: That's why I agree with Nicole from Shortland Street, I know this is stupid. But she falls in love with the person, not the gender. I totally understand that.

Anna: Because I've got like [Harriet], she's gone from being in a serious relationship with a guy... and then she fell in love with a girl... She says that sex is so much better with her and I reckon it's because of the emotional side of it with her, why that is... Because I think if her and [Sandra] ever broke up, I don't know that [Harriet] would ever get with another girl... so it's definitely the person, not the gender.

Comparing the Best to Worst

One of the prompt questions asked was 'what is the best sex you've had? And why?' Almost all of the women chose to talk about their experiences of 'best sex' as including their *own* experience of sexual pleasure, which they located in the body. Affective embodiment recognises the intimate connection of bodies and discursive resources that enable women agency within sexual and intimate relationships. Here sexual desire can be understood through women's pleasure within intimate relations when there is a connection between bodies, prior to 'real sex'. Relationship intimacy rather than one-night stands enabled desiring subjectivities:

Claudia: Think we were just both sooo in the mood... we were getting hot and heavy in the spa... Just real sufficient build up really...

Lucy: ... you definitely have to have foreplay, some people aren't into that but I think you definitely have to have foreplay so everyone can get all heated up and ready to go [laughs]..

Michelle: ... I think foreplay is really important... I don't really like sex without it, to be honest... I think foreplay is important because it, it gives you a chance to explore each other and sort of, each other's limits I guess. Sometimes I think foreplay can actually be better than sex... that's the main thing that gets you in the mood. Gets you, warmed up...

Amber: ... we did lots of different positions and stuff and just lots of stuff that felt really good. And it wasn't like rushed. Like you know how with one-night stands often it's just like guys are just there to you know, do their bit and cum. Like that's all their worried about. Whereas he was like actually interested in like, me enjoying it as well. And like, put the effort in. Like foreplay is a big turn on for me as well, like guys who actually take the time to look after you first...

The women also talked about their 'best sex' as involving non-physical activities such as flirting and a connection or intimacy with the other person. These stories suggest that intimacy that is not limited to sexual intercourse enables embodied desire:

Lucy: ... I liked him, I liked his personality and stuff... And he was just cool to be with, we were really comfortable around each other. So I think you have better sex when you're comfortable with somebody... I think just like if you are closer like friendship wise then I think it makes it more intimate, I think. Yeah like, with your emotions and stuff makes it better.

Olivia: ... I like the lead up to it... Like on Saturday night I liked it that we were talking all the way till 2o'clock and then he turned up and we had sex. I like the lead up, it's not even like foreplay, it's just like the flirting.

One of the women talked about her 'best sex' as including three separate sexual encounters: drunk sex, negotiated relational sex, and sexpertise. Gill (2007) has argued postfeminist consumer culture has produced the conditions for socially desirable drinking among women where women are positioned as active sexually desiring subjects. Where the sexual encounter is negotiated within a relationship, women are able to take up a position of sexually active desiring subject with access to pleasure. Lastly, best sex that was constituted as 'feminine' awakening by a male sexpert, reproduced a position of a passive sexual desire:

Olivia: ... There's different levels ok. So if you talk about, I don't know I couldn't pick. There's a top three... [1] it was just really great drunken sex. And it was just fun... he obviously knew what he wanted to do but I had in my head what I wanted to do and it was like a game between it, like who got their way kind of thing... [2] and then sex with Matthew is pretty good but that's just because if he's not doing something how I like it, I can tell him and then that makes it better... [3] I think he was better at it. Like he knew... more what to do than the others maybe, without me having to ask... Like when he went down on me he knew how to do it and he was great and I didn't have to give any direction and I was quite happy... it's like he read my mind and could do it already. Which made that really good because it was refreshing not to have to ask, not to have to say something...

When asked about the 'worst sex' they had experienced, the women made no reference to pleasure or desire, and the 'failure' was instead constituted through the mechanics of sex. A heteronormative sexual script understands women's lack of sexual pleasure as irrelevant and unproblematic as women are positioned as passive, drive-less sexual beings, whose roles are to remain receptive to and prioritise *men's* sexual desire (Braun et al., 2003; Gilfoyle et al., 1992). Positioned as passive receptacles, the young women have no space through which to talk about their own *lack* of sexual pleasure and they therefore return to the mechanics of sex:

Claudia: Ummm. [Laughs] ... The one that couldn't keep it up. That guy. Didn't last very long and didn't result to anything so that would be the worst.

Lucy: ... Probably the first time I had sex, I had no idea what I was doing... It was terrible [laughs].

Missing the Fire

All of the young women differentiated single sex from relationship sex in their talk, similar to previous studies (e.g. Dowling, 2013; Hird & Jackson, 2001; Jackson & Cram, 2003; Sieg, 2007b). Their differentiation of single sex from relationship sex again co-articulated two discourses that separated physical pleasure from emotional pleasure. When single, the women talked about having 'sex for sex'. They constructed

single sex as being a purely physical act driven by physical sensations of arousal, their goal being to receive physical pleasure (i.e. orgasm).

However, single sex was related to a degree of risk for the young women. Firstly, similar to findings by Farvid and Braun (2016), the women talked about casual sex as a game of 'hit and miss' in that it could be disappointing or unfulfilling and fail to provide them with sexual pleasure. Within a heteronormative sexual script, men are under no obligation to satisfy women's desires and pleasures. Therefore, women risked being objects of men's desire rather than actively desiring subjects (Butler, 2009; McNay, 1992). As objects of men's desire, the women talked about the risks of coercive and unwanted encounters, or even rape, within casual sex encounters. As post-feminist active sexually desiring subjects, they constructed themselves as responsible for their risk, including the risk of shame and condemnation:

Lily: ... Whereas when I'm single it's more like, I just wanna go and have sex with someone, you know. Doesn't have to be like that closeness.

Amber: Alllll one-night stands... the guys who are just like no foreplay, they just go straight in there and two minutes later they're finished. And you're just... what just happened. Like, was I even a part of that, like. Just yeah, when there's like no, sort of build-up, and there's no fun into it, you know, they don't talk to you or, they just like do their thing and they're done... you might randomly strike gold and get some really good sex out of it. But a lot of the time you're like drunk and they're drunk too and it's just sort of average...

Lucy: ... like you feel dirty when you take someone home or you stay at theirs and you don't even know them. Um it's a little bit risky... Like you don't know if it's safe, or what's gonna happen like you don't know who's house you're going to...

Meaningful sex was constituted through connection and intimacy to produce desire. Unlike single sex, women's desire for intimacy exceeded sex:

Lily: ... I think it depends on whether I'm in a relationship or whether I'm single. Umm, like if I'm in a relationship obviously desire is being with

that person, being close to that person and, like showing that person that you care about them and them doing the same about you....

Harmony: ... So in terms, if I was thinking just in terms of sex I would just be thinking of body... If I'm looking for a relationship then I would be looking for intellectual and like nice human.

While single/casual sex opens up space for an active sexual object/subject, it did not offer women a position of a desiring sexual subject as intimacy in casual encounters is understood as undesirable:

Anna: ... with one night stands, like normally cuddling and stuff wouldn't happen coz I feel like that's too affectionate for a one night stand. And so, when he cuddled me I was like oh this is weird kind of thing and then the next night that we hung out, he grabbed my hand and was holding my hand. And that to me I was just like woah this isn't normal why is he holding me hand, like...

As the women negotiated two competing discourses of casual and relationship sex, they constructed desire as both physical and relational pleasures:

Lily: ... yeah I think like the feelings and the emotions that come with like the kissing and then the.. It's kind of like a fire or whatever you know? And you don't get that when you like bring someone home.

Establishing a Sexual Voice

Positioning themselves within a neoliberal discourse, the young women emphasised the importance of talking about sex and communicating their desires. As women are assumed to have achieved sexual 'liberation' and 'equality' within a neoliberal society, they are expected to openly talk about sex, as the enactment of 'empowerment' (Gill, 2008; 2009; 2016). Emphasising agency, choice and freedom, a neoliberal society also deems individuals responsible for their own sexualities and for mastering 'good sex' through continuous 'sexwork' (Cacchioni, 2007). The women therefore adopted a postfeminist position when talking about the importance of being open about sex and communicating one's own desires, presenting themselves as the 'sexually savvy' neoliberal woman who actively participates in 'sexwork'. However, at the same time,

desire is bound to women's gendered performance in the intimate space of a relationship:

Michelle: I would need to be able to have that kind of relationship to be able to tell them if it wasn't you know. Fulfilling my desires, sexually... I think both people play their part, otherwise, it wouldn't really work to be honest. It would just sort of end up in masturbating again, by yourself. You need two people to make it work... My point of view, if you're both not pulling your weight then it's not gonna work.

While the young women emphasised the importance of communicating their desires, their efforts to establish a sexual voice (and therefore take up an 'empowered' postfeminist position) were constrained by unequal gendered positions within the heteronormative script (Gavey, 2012; Moran, 2017). It is therefore not considered 'normative' heterosexual practice for women to talk during sex or assert their desires, therefore limiting space for articulating their desire (Burkett & Hamilton, 2012; Crawford et al., 1994; Gavey, 2005; Hird & Jackson, 2001; Thomas et al., 2017). As women's voices of desire are silenced during sexual encounters, the young women resorted to non-verbal 'hints' or movements to move sexual encounters towards their own desires and pleasures:

Lily: ... I've never sat anyone down and been like heyyy, what you're doing sucks but [laughs]. I have like, changed what I'm doing or like mixed things up a little bit while we're actually doing it. To make it better.

Olivia: And you do the whole moving the hand or moving something, you try to give them the hints but he just didn't get it.

If the young women chose to verbally express their desires, this not only risked disrupting a sexual script, but also threatened to position men as 'not good enough' in terms of their sexual performance and sexpertise. Therefore while the women talked about the importance of talking during sex and expressing their desires, they restricted themselves to non-verbal 'hints' to avoid the consequences of threatening men's sexual power, including condemnation through the double standard. However, drawing on the neoliberal assumption that we have achieved gender 'equality', the women constructed men as open to fulfilling women's desires, and at the same time rendered women

responsible for their own silence (Baker, 2010). The women therefore understood their own and other women's difficulties in asking for what they want as personal failure:

Lily: ... I mean if it's not that what else would it be? Confidence is a big thing for a lot of things in life and I think sexually as well... guys are seen to be they're all out to get themselves off or whatever. But um, in actual fact they're quite open to knowing what gets you off but I think that girls think they don't wanna know that or something.

What emerged in their talk was that any efforts women made to fulfil their desires or sexual pleasures were constructed as 'unfeminine' and 'undesirable'. Women who took up a position as a sexually desiring subject understood their position as non-feminine understanding their desire as selfish, cocky or annoying:

Maisie: ... I don't even think about [Ben] when I'm doing it, I literally just think about the feeling [pause]. Is that selfish? [Laughs].

Interviewer: What do you think builds up that confidence to be able to say that?

Michelle: ... I guess, part of it is selfishness. Like, I want it to feel good for me, I'm not there to waste my time, I guess, with it not feeling good for me too. Like, I guess maybe coz I make an effort to make it feel good for them... pretty much, it's probably me being selfish, yeah, wanting a good experience for myself, before them, I guess maybe... You don't just sort of settle, well I don't settle for second best. I know that probably sounds really, like cocky, or whatever, but. Yeah, I want it to feel good for me too so I can, have a good night, or have a good time.

Therefore, despite neoliberal assumptions of sexual 'equality' and 'freedom', women do not occupy 'freely' chosen positions and instead continue to be disciplined through hegemonic power. However, despite contending with multiple competing discourses that constrained their desire, there were spaces in which women successfully negotiated their own desires. One such social space where the young women were able to take up an active 'up for it' position was accessed through commodity feminism; the promise of power for the anything goes girl (Watts, Linke, Murray & Barker, 2015). One woman talked about 'putting men straight' in terms of what women desired or found pleasurable while privy to 'boys talk' within a social drinking context. As the men

around her talked about what they *did* to women, Amber took up an ‘empowered’ speaking position to improve men’s ‘sexpertise’:

Amber: ... I was a bit drunk and we were talking... with the boys and we were having this big conversation and they were talking about like fingering girls or something and I was like “you know what, guys are fucking shit at that” and they were like “what” and I was like “all they do is get their two fingers and do this. No one fucking wants that. If you want that, you’ll have sex coz then you can have a penis in there and it’s bigger”. It’s like you shouldn’t be doing that any of that during [sex]. And they were like “what”, and I was like “yeah there’s this thing called the clit and that’s what you should be looking for”. And they’re all like “oh but” and I was like “oh my god, you’re all one of them!” And like you could see like the realisation on all their faces they were like hmmm. What is this thing she talks of?

Despite taking up a ‘sexually savvy’ neoliberal position when educating her male friends on women’s clitoral pleasures while drinking, Amber’s ability to assert these desires within intimate relationships (both casual and committed) was constrained. To negotiate sexual pleasure as a sexually active subject within a relationship required careful management of masculine sexpertise, constructing her lack of pleasure as her deficit. In this sense, women’s inability to experience pleasure is maintained by ongoing unequal gendered relations:

Amber: ... I’ll just be like, do you want me to show you and like take their hand and show them and be like this is what you need to do. I’ll be like don’t worry it’s just me, I’m really hard to get there. And just try make them feel like it’s not them... I’m just real impatient and heaps of guys are just really incompetent... when it comes to, like the sex bit is fine, but when it comes to the actual like stimulating a female, a lot of them are really rubbish at it. So it’s just like oh I’m just gonna point you in the right direction... I wouldn’t be like, mean about it or anything like that. You just sort of phrase it in ways... um, like try and empower them, like oh it feels really good when you do X or whatever or. So they’re like ooooh I should do more of that...

Negotiating the intersubjective space within heterosexual relationships, the women variously took responsibility for negotiating men's sexual desires and at the same time resisted their positioning as sexually passive objects. However, while the women contested the space afforded within the parameters of relationship reciprocity, negotiation was dependent on their partner 'taking the lead', as informed by unequal gendered positions in which women must remain receptive to men's desires. They talked about the importance of men initiating sexual conversations around desire or sexual activities, which then gave them space to talk about their desires or initiate sexual interactions:

Michelle: ... I guess if it's someone who I've slept with a few times and I've been comfortable with them enough to, if they asked, is there anything you wanna try, I'd be like, well actually. Yeah, let's try this. I guess because I've built that relationship up with them, so I feel I can say it.

Harmony: ... so I definitely initiated that night but he had initiated it before then. So it was safe, like I knew that he was gonna say yes.

The young women continually monitored their expressions of desire to ensure they remained within the confines of appropriate femininity. The following excerpt illustrates how Olivia engages in ongoing self-surveillance in order to avoid the possible consequences of showing 'too much' desire. To express more or 'excessive' desire in relation to their partner would risk negative social sanctions such as being considered 'needy' (Bartky, 1998; Hird & Jackson, 2001). Olivia negotiates the position of the 'needy' woman by regulating her expressions of desire:

Olivia: But I think if it got to the stage where I kept asking for it and he's never asking for it, I would want to stop it.

Interviewer: Yeah... How come?

Olivia: ... I feel like I'm being needy and I don't want to feel like that, and that takes the excitement, that takes what I want from sex out of it... I know it's not true, but then I think I would just feel that it's me that wanted it, and I wouldn't want him to pitying me and giving me pity sex because I wanted it.

Some of the women talked about their engagement in sex toy parties and sexting as opening up spaces in which they could begin expressing and asserting their desires. Attending a sex toy party positioned women as the ‘sexually savvy sex kitten’ who engages in sexual ‘experimentation’ and is ‘up for anything’. During sex toy parties, women’s talk around sex was permitted, and even expected, as this was understood as empowered hypersexuality (i.e. being ‘up for’ talking about sex and ‘up for anything’ within the bedroom). While the women’s performances of hypersexuality were understood as their driven by their ‘free choice’ in asserting their ‘empowerment’, permissiveness and *desire*, this performance continued to focus on attracting and appealing to men’s desires, reproducing a heteronormative script. However, within this space, women were also able to begin talking about their desires with their sexual partners:

Anna: ... if we hadn't had a sex party it wouldn't have been brought up... I think he said to me, are there any dildos or vibrators turned up on your doorstep yet? ... And I was like well actually, and then he said something and I said well how do you know I didn't get one and then we like started talking about it and yeah... just joking about it and stuff and I think that's kind of what broke it, so then when having sex it was kind of comfortable coz you'd already talked about sex already kind of.

Similarly, women took up the position of the ‘sexually savvy sex kitten’ when engaging in sexting. While the women continually managed upholding a neoliberal feminine performance, they also talked about sexting as opening up spaces in which they could talk about what they found desirable and pleasurable. For some women, sexting provided anonymity that allowed them to evade more severe negative sanctions of not fulfilling a heteronormative script (Harris, 2005; Muise, 2011; Renold & Ringrose, 2011; 2013). Sexting allowed the women to take up a neoliberal midriff position, which included ‘flaunting’ their sexualities and asserting their desires without the risks of coercion, as the space enabled them to negotiate sexual boundaries (what they were and were not willing to do) prior to a sexual encounter. In this respect, sexting offered a ‘safe’ space in which women could assert their desires without fear of negative social sanctions (Ferguson, 2011; Muise, 2011; Rice & Watson, 2016).

The women's experiences of sexting tended to focus on the *performance* and tailoring of sex, where expectations were set for future sexual encounters. Positioned within a neoliberal discourse, women take up a position as 'always up for it' and 'up for anything', having already made the 'free decision' to engage in the encounter (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gill, 2008; Harvey & Gill, 2011; Jackson & Scott, 2007):

Olivia: ... he was just somebody at the end of the phone, he wasn't like a real life person... Yeah so I'd already told him a whole lot of things before I met... I don't share a lot but I will share like well I really enjoy head. Because then if I ever did meet them, I would want them to feel comfortable that they know what I want, I know what they want kind of thing.

Olivia: ... it wasn't like I'm gonna stick my finger in your bum kind of. Like I've had that before like, he'd already asked me what I'd thought about that... And he also knew what I liked so... It's like you've already set kind of boundaries but not kind of boundaries if that makes sense... I'd already told him what I liked and he's already told me what he liked so I already kind of knew. Which kind of takes the pressure off because when you get to having sex I already know what he wants me to do and he already knows what I like... You kind of just get straight down to business...

The young women continually regulated their assertion and expression of desire according to standards of femininity, raising the question of whether women can become sexually desiring 'free' agents. Throughout the interviews, the young women's talk on desire continued to reproduce a disciplined *performance* of desire, which ultimately centred on men's desires and pleasures. Since women's sexual desire has become another practice of femininity controlled by a faceless and pervasive disciplinary power, neoliberal values of 'free choice' and sexual 'freedom' remain a façade that disguises ongoing hegemonic heterosexual norms of domination and subordination (Bartky, 1998; Gavey, 2012; Gill, 2008).

Chapter 6

Not So 'Abnormal': Women Seeking Sex Therapy

As the women seeking sex therapy shared their narratives with me, I became aware of their precarious positions as sexually desiring subjects. Informed by a pervasive heteronormativity that constitutes a 'failed' femininity, the women understood themselves as deficit in some way, due to their inability to fulfil obligatory gender positions. Their affective embodiment of failure was evident throughout their talk, as they continually understood their experiences through their own 'lack' or 'deficit'. From positions of lacking, their desire was continually constituted as dysfunctional, meaning the women further policed their own sexualities and understood their sexual experiences as confirmation of their individual need for 'expert' help.

Feeling Different

The women interviewed continually compared their sexual subjectivities to standards of normality and embodied their failure as disordered femininity and dysfunctional sexuality. Both Tanya and Krystal were self-policing women who regulated their sexual experiences through a heteronormative script. The women understood themselves as having 'failed' at 'normal' sex and appropriate womanhood. While they constructed other woman as 'normal' and as getting sexuality 'right', they understood their own sexualities as 'different', 'abnormal' and 'fucked up'. Embedded in dominant discourses that normalise feminine desire (Hinchliff et al., 2009), the women positioned themselves outside normal femininity and not only took responsibility for their failure, but also sought 'treatment' for their disordered and/or dysfunctional sexuality. 'Sexpert' help reproduces the idea that there is a 'right' way of doing sex and succeeding at femininity, allowing sex therapy to become another pathway of disciplinary control over those who do not adhere to a specific script (Bartky, 1998; Gavey, 1992; Guerin, 2008).

As sex therapy is embedded in the neoliberal commodification of women's sexuality, both Tanya and Krystal understood sex therapy through the normal/abnormal binary, where 'experts' hold the knowledge of the boundaries of normality and the legitimacy to locate and fix deficit. Krystal, for example, was seeking knowledge of the

boundaries between normal and abnormal sexuality, and Tanya took up a position as an abnormal 'non-desiring' subject. Positioned as 'experts' in the rules of sexuality, sex therapists are seen to hold the key to mastering sex and 'fixing' any individual or relational 'deficits'.

While Tanya and Krystal were similar to the young women in Study One in that they regulated their sexualities through 'normative' sexual standards, their access to an active sexuality afforded to young women becomes less accessible as they are expected to have progressed developmentally into their rightful position within the have/hold discourse (Butler, 2009; Hollway, 2001; McNay, 1992), their sexualities regulated through the norms of heterosex.

Without access to an active sexuality, sexual empowerment becomes meaningful through seeking to improve their deficit. Krystal questions her own normality in relation to her use of pornography and cyber-sexting which, while acceptable within postfeminist sexuality, become understood as a dysfunctional for Krystal as this contradicts her position as the passive and receptive partner. Positioning herself as sexually 'deviant' Krystal talked about seeking sex therapy as a way of confirming the rules of 'normality' to take up an 'empowered' position of 'normal' feminine sexual subject:

Tanya: ... So I would consider that my identity and sexuality stuff from a teenager was quite abnormal, but you don't really have anything to compare it to. Apart from what your friends talk about and that kind of thing... So the way that I would describe my sexuality is fucked up. It's fucked up.

Krystal: ... After a while I started to think, well is it worth me finding someone to speak to? Specifically about, any sexual issues. So I started to think about things like, um, the internet use. And internet use for things like chat or porn. Um, and stuff like that, and was that problematic. How would I know if my use was a problem, how did I know if my use was the same as everyone else's?

When talking about the 'abnormality' of her sexuality, Tanya referred to her early sexual experiences, which did not reflect a heteronormative script. Early sexual

experiences for Tanya involved solo sex and sexual interactions with her female friends, encounters that contradict young women's positions as objects of men's desire (Jackson & Cram, 2003). Women are expected to be brought into their sexualities by an active man during adolescence, a time when sex is *expected* and a 'logical' developmental step or milestone to meet (Costa et al., 2009; Lamb, 2004). Women's masturbation is not located in heterosex, and therefore outside normalising discourses it is rendered taboo, or unspeakable (Yuxin & Ho Sik Ying, 2009). While young women's same-sex encounters are constructed as experimentation (Costa et al., 2009; Lamb, 2004) they struggle to make sense of their sexual subjectivities. In Tanya's attempts to locate a sexual identity, the dominance of heterosexuality enabled her to locate herself as other. She also does not define her sexuality until she has engaged in a *heterosexual* encounter, reproducing the idea that women's sexualities must be awakened by a man (Tyler, 2009):

Tanya: Yeah so, it made, it was like there was too many options so I just had no option, I just chose nothing. So I considered that I may have been asexual for a while. And, um, but also had quite significant ummm like childhood and young teen, or actually all through my teens and early 20s of like, solo sexual experiences. You know and experimentation. But nothing partnered, until very late.

Interviewer: What's late?

Tanya: Like 17, and that was with girlfriends. Like friends, you know and experimentation. And no heterosexual encounters until I was 21. And then it was only then that I thought I actually, probably that I'm bisexual, but more on a spectrum, closer to heterosexual but very much bi...

The Self-Policing Client

While both of the women self-policed their sexualities according to a heteronormative script, this was particularly evident in Tanya's understanding of risky sexual subjectivities. To take up a position outside heterosexuality, was to risk social sanctions. Access to therapy therefore opened up a safe space through which to 'test the waters' of the possible risks of disclosure. Tanya talked about engaging in 'dangerous' and 'risky' sexual encounters, such as meeting up with men she did not know while in a

committed relationship with her partner, which she chose at first not to share with her sex therapist. Engaging in 'risky' casual sex contradicts Tanya's position within a have/hold discourse which requires she confine her sexuality to her monogamous relationship. To act on her own sexual desires *outside* of the confines of receptivity to her partner would risk her legitimate sexuality (Bartky, 1998; Hird & Jackson, 2001; Hollway, 2001). Positioned as holding authority over normality, therapists are held responsible for maintaining the rules of socially sanctioned sexuality. Since women have limited spaces in which to actively talk about their sexualities, Tanya talked about feeling relieved when a space was opened up in which she could begin sharing her experiences:

Tanya: ... it took me a while to even broach any subjects... before even the initial meet and greet I said uhhh how are you with alternative sexuality. And she said ohhh yeah you know, but it's more about the relationship... So it took me, I was still engaging in dangerous behaviour at that point. So it took me maybe even two months to even bring up... why I was really there...

Interviewer: So how did it feel when you finally told [Penny]?

Tanya: Ummm... it was a relief... coz I didn't really realise what I was doing but I was sussing her out to see if, how she would react. I was really scared of her telling me off, of her umm, of feeling humiliated and that I was a bad person and, ummm, that I was a cheater, even though technically I was a cheater. And that she wouldn't want to see me anymore, as a client. And none of that happened.

Interviewer: How did she react?

Tanya: Umm, in her usual very calm way, I didn't even see her pupils dilate or anything, just like ok, and how does this feel to tell me this and so, you know. Very much putting all her training into use that day.

As therapists are upholders of normality, and expected to be 'neutral' and emotionless observers, Tanya continued to self-police her sexuality and sharing of sexual experiences according to a normative sexual script. Positioning the therapist as upholding the standards of femininity required, Tanya continues managing potential

risks and regulating her behaviour according to a disciplinary gaze. Not wanting to become the object of dominant discourses of heteronormativity within therapy, Tanya both took up and resisted a position of client in need of fixing, as she sought 'expertise' on normality:

Tanya: ... It's very strange. You know, this very conservative woman, well she looks it, she's obviously not. Very conservative, very old school kind of looking, you know tweed blazers and that kind of shit...

Interviewer: [Laughs].

Tanya: Like that sweet soft voice... and then you know I'm saying all this stuff to her. And I do, I wonder, I actually say to her, what do you think of me? She's goes "why do you, why are you asking what I think of you? Why does it matter what I think of you?" "I just don't want you to think I'm bad or anything like that". "Why does it matter if I think you're bad"? And I'm like, just answer the question! Please don't therapy me!

Neutralising the Negative: Stories of Unwanted and Unenjoyable Sex

Throughout the interviews, both of the women talked about experiencing unwanted and unenjoyable sexual experiences. Regulated through the heteronormative script, the women talked about 'following through' with these encounters, constituting unwanted sex, or 'just sex' (Gavey, 2005), as normal heterosexual practice. Similar to the young women in Study One, Tanya and Krystal drew on the male sex-drive discourse where their feminine sexualities were limited through their subordinate positions, responsible for men's sexual pleasure to manage potential risk and within the have/hold discourse as caretakers of the relationship. These discourses work in unison to reproduce the gender binary through which men take up active, dominant and agentic sexual positions, and women's sexual agency is subjugated. Through the relationship of domination and subordination, women are reproduced as objects of men's desire to be *acted on* rather than *acting*, the boundaries of consent, coercion and rape becoming blurred (Gavey, 1992; 2005). Heterosexual coercion is deemed 'normal' heterosexual practice through a sexual script in which women's resistance is *expected* (as they uphold their 'modest' gate-keeping roles) and men's persistence in overcoming woman's resistance is legitimated. The process of normalising discourses of feminine sexuality both

determined the women's corporeality and the affective embodiment of the dichotomy between rape and just bad sex. In the following excerpt, 'bad sex' neutralised the meaning of rape and bad sex became meaningful through the affective embodiment of feminine responsibility to manage risk:

Tanya: ... I was so lucky to not, you know, I put myself in very risky situations and I never had bad, I mean emotionally they were bad after the fact. But I never had bad experiences. I had some neutral experiences when I was like oh man, and then I had some really great experiences too.

Tanya's sexual performance is thoroughly embedded in the hegemony of male sex drive discourse, and the negotiation of safety can be precarious. In the exchange of sex for commitment, the have/hold discourse may offer a position of sexual agency for women, however this position too is precarious. The exchange of sex for peace is ultimately an effect of heterosexual coercion:

Tanya: ... You know, so if I could keep things good at home by taking care of [Aaron]'s sexual needs then well I'll do that coz it makes it more peaceful for me, even though I get nothing out of it, unless I get a happy household.

Despite the lack of discursive resources for women to talk about their own desires outside the inevitability of the coital imperative, Tanya resists coercive sex by taking up an active sexual position for her own self-pleasure:

Tanya: ... And I even kick [Aaron] out sometimes, I kick him out to go sleep in with [Tyson] because I'm like "darling I can't sleep, can you get out?" and he's like "yes ok". Coz if he's in there, I mean I can masturbate with him in there, but he distracts me. And then he might get aroused and then it turns into sex, and that's not what I'm wanting.

The idea that women must 'follow through' with sexual encounters, despite their own lack of desire was evident in the women's talk on casual sex. Neoliberal norms appeared to operate alongside a traditional sexual script in permitting coercive and unwanted casual sexual encounters. The burden of responsibility for the always up for it postfeminist subject, has rendered women as responsible, again, for men's coercive control over their sexualities. The neoliberal valuing of 'free choice' produces a new

level of victim blaming, in that women are seen as responsible for unwanted, unpleasurable and coercive encounters, having ‘freely’ chosen to engage in the encounter or having ‘asked for it’ through the ‘playing up’ of their sexualities (Bay-Cheng & Eliseo-Arras, 2008; Hlavka, 2014). In the following excerpt, Tanya draws on the notion of ‘free choice’ to manage the affective meaning of pain and consent. Having ‘freely’ ‘consented’ the encounter, Tanya must ‘follow through’ with the experience despite her lack of desire and physical pain, locating the problem in her own deficit:

Tanya: ... It was physically, I was hurt. It was consensual, definitely consensual, but it was not positive... you know we had sex with each other, it wasn't like he just had sex with me, um, but it was as if I was ... you know he's been having sex for years and it was, that he was very experienced, and obviously physically I was not. And so I was in quite a lot of pain afterwards, like significant amount of pain.

When talking about their casual sexual encounters, the women often talked about enjoying the initial stages of organising the encounter; however, once sex was underway, this was often unenjoyable or undesirable. The women’s stories resonated with findings from the research of Dowling (2013), Farvid (2010) and Farvid and Braun (2016), wherein women constructed the lead up to casual sex as ‘fun’ and ‘exciting’, however many felt disappointed, objectified and ‘degraded’ as sexual encounters centred on satisfying a man’s desires and pleasures. Krystal and Tanya talked about the organising and lead-up to casual sexual encounters as positive, enjoyable and ‘exciting’ experiences as they were able to take up a postfeminist position of ‘flaunting’ their sexualities and presenting themselves as ‘always up for it’ as a symbol of their sexual ‘empowerment’ (Gill, 2008). However once sex began, the hegemony of the male sex drive discourse reproduced intercourse as an inevitable obligation:

Tanya: ... the actual setting up of these dates and the initial part of it was all good. And then I'd find myself, like right after the initial part when it gets to, and I'd be like what the fuck am I doing here. I'm not even enjoying this... it's exciting to start with... the, I'm gonna meet you here... all the setting up was very exciting. And even the, initially it's

exciting, and then, it's like, this is not even about me, I just happen to be the tool you're using to masturbate with.

Krystal talked specifically about the rules of engagement in the exchange for her sexual safety. The internalisation of normative heterosexuality produced the affective embodiment of fear. In the following excerpt, Krystal talks about being coerced into a sexual encounter through the threat that she would be abandoned in an unknown location or risk conflict, violence and rape, meaning following through becomes her own responsibility. Her engagement in the encounter was an effort to manage her own safety, or as she referred to the encounter, a matter of 'survival':

Krystal: ... we had coffee... and we got on really well, and we went for a drive and he drove to somewhere and I didn't know where the hell I was but there was nothing around and um, we were talking away and then he said oh "so, are you gonna give me a blowjob then or do you wanna walk home?" So I gave him a blowjob because I thought well what else am I meant to do, I don't actually know where the hell I am, if I rang someone, what is it I think I'm gonna say, can you please come and get me from... a dark place, there's water. I just didn't know where I was. Um so things like that that happen but shouldn't happen. And yet I don't, like I said, I just think in my head, it's easier to go through with it and make it out safely, than to say no and maybe create a really aggressive situation where I absolutely get in trouble. That's not advice I would give to another woman. But that's what goes on in my head... It is a survival thing, just get through it and then you'll be ok and you can get away. Don't fight it, because then you might not make it out.

As empowered sexual subjects, women are expected not only to be 'always up for it' (sex-wise) but to be 'up for anything'. Since the commodification and taylorisation of sex values *more* and *improved* sex, women are expected to be hypersexual- desiring and performing practices previously associated with the sex industry and pornography to satisfy their men and prove their sexual liberation (Gill 2008, 2009, 2016; Harvey & Gill, 2011; Jackson & Scott, 2007). One sexual practice women are increasingly expected to engage in is heterosexual anal sex. Within a neoliberal context, heterosexual anal sex has become incorporated into a heteronormative script as a

‘normative’ sexual practice or sexual ‘experimentation’ and the normalisation of anal sex, permits another coercive avenue through which men may pressure and coerce women (Fahs & Gonzalez, 2014; Kaestle & Halpern, 2007; Štulhofer & Ajduković, 2011).

Krystal talked about ongoing pressure from multiple partners to engage in anal sex, despite her resistance. In the following account, Krystal struggles to make sense on unwanted anal sex, where the encounter is normalised as an act of male sexual control and female submission, reproducing a heteronormal sexual script. As the object of *his* sexual pleasure, Krystal constructs her partner as detached from her experience, and a conflict between coercion and choice (Antevska & Gavey, 2015) was embodied as her deficit. Krystal talked about a lack of response from her sexual partner following the encounter that confirmed her feelings of abnormality. The following excerpt therefore highlights how neoliberal norms reproduce ‘unrapeable’ women and how, through these norms, anal sex becomes another avenue for sexual coercion and violence (Fahs & Gonzalez, 2014; Gavey, 2005; Kaestle & Halpern, 2007):

Krystal: ... [Derek], he broke up with me shortly after this particular incident... he often used to talk about anal sex. And I was like no I don't really want to do that, blah blah blah, but you know, we tried a few things, well he had tried a few things on me. And um, I was ok with that but I still didn't really think I wanted to actually go ahead and have um intercourse. Anally. And then one night, we were driving around. Annnd, he stopped at a playground, and it wasn't unusual for us to stop somewhere and have sex... I kind of thought ooh ok we're gonna have sex somewhere... we walked into the playground... And um. He took my pants off, and put my underwear in my mouth. Then he took his t-shirt off and he used that to tie my wrists together and tie me to a fencepost. And um... Then he just, had anal sex with me. Like no, there was no, what I mean is there was no foreplay, nothing. And it really really hurt... so I was trying to say stop and.. he didn't, he didn't stop. And I just remember crying while it went on. And then when he was finished, there were bathrooms there or something. He went to the bathroom and I just kind of pulled up my pants and he took me home. And I just

remember sitting in silence. And thinking, I don't really know what to make of that, I didn't know what to say. Like, had I just not enjoyed something that everyone else enjoys. Those were the kinds of things, I just didn't know.

Interviewer: Well it wasn't consensual for one.

Krystal: Yeah. That wasn't the first thing in my head though. The first thing in my head was, it had hurt, I didn't like it, he didn't stop when I said, when I was making some kind of noise that I obviously didn't like it. And then I just thought, he doesn't seem to be that bothered. Sooo, is this just all in my head. You know, do I have a problem with this, but everyone else in the world's fine, and he certainly seems to be fine about it.

Throughout the interviews, Krystal and Tanya understood unwanted sexual encounters as resulting from their own 'problems', 'abnormality' or 'deficits'. The lack of sexual pleasure experienced in 'bad sex' encounters became their responsibility and therefore positioned them as in need of improvement, locating sex therapy as the solution to their individual problems:

Tanya: ... coz I've always been a people-pleaser, actually until very recently.

Krystal: But the very last counselling session... that one was gonna be talking about, how, I felt that there was a problem in an inability to say no to people. Even when I don't wanna do something, because I think it's easier to go through with it than it is to risk um, maybe angering them or, I don't know, or getting belittled perhaps, or something like that.

Interviewer: And so now you've been looking into sex therapy?

Krystal: Well I've been wondering if that's something that I should be looking at. Ummm I wondered if that would kind of help me to understand myself better and to avoid being in situations sexually where I agree to things that I don't want to do.

A History of Abuse

Both of the women told stories of abuse within their families and stories of their own sexual abuse as children. The meaning of consent and abuse in Tanya's account was contested. While understanding the moral trajectory that childhood sexual encounters are abusive, she understood her own abuse as positive and consensual. To take up such a position, Tanya reproduces the idea that there is something 'wrong' with her sexuality or that she is 'abnormal'. Since sex therapists are understood as holding the 'truth' of 'normative' sex and key to 'fixing' sexual 'failings', 'deficits' and 'disorders' (Gupta & Cacchioni, 2013), Tanya seeks sex therapy to make sense of her experiences:

Tanya: Yeah and actually the first person that I admitted, like I disclosed a childhood sexual encounter, which I don't consider abusive but legally it would have been abusive. With my um, so I was nine and my stepbrother was 16... But ever since that, like I almost had a hyper-sexuality, you know, it was, um, you know I was very conscious of, like in a word off, in a page of texts I would see the word sex. It would just jump out at me... Well since I was about, well even younger, so around about that nine years old. I know that that legally couldn't have been a consensual um, encounter. But in my nine-year-old mind it was a consensual encounter, it was reasonably positive. But I know that, you know, it was illegal and it was, I was, it would certainly be control issues and um, you know, the age gap was inappropriate, I mean if it had been a nine and 10-year-old it would have been a completely different thing, so. And that has not been, that has not, you know I haven't disclosed to anyone in my family, that's only in the therapeutic situation...

While Tanya understood her sexual abuse as consensual, she also understood that it was unspeakable. Therefore somewhere in the space between consensual and unspeakable was Tanya's desire for a sexual relationship where her healthy sexuality could be 'awakened'. In the following excerpt, Tanya draws on the 'sleeping beauty' myth, in which men hold the 'key' to awakening women's 'true' sexualities and showing them the 'right' way, reproducing women's normative sexuality as dependent on a man:

Tanya: ... I was very inexperienced as far as sex goes... I mean far more experienced now, but you know I thought if I just found the right lover,

then that would heal me, my sexuality. If I just found the right person, experienced with lots of women, they'd find, they'd unlock the key to my sexuality. All these kind of fantasies about that... so that's why I'd go for older guys, I'd go for, um, yeah more mature more...

Krystal also contested two separate discourses when talking about the sexual encounters she experienced as a child, which involved sexual contact with a younger male family member. Krystal herself did not understand these encounters as abusive, instead constructing them as experimental due to her 'inquisitiveness', 'curiosity' and desire to 'fit in'. When talking about these experiences, she actively separated her current self from her childhood/prepubescent self. As Brownlie (2001) argues, Krystal constructs her child-self as a 'being child', separate from an adult world, her adult-self remaining undefined by these past events. Prepubescent years were constructed as a time of experimentation and being 'inquisitive', normalised sexual practices of a postfeminist active sexuality. Krystal also understood her childhood sexual experiences through a need to 'fit in' socially and to be sexually knowledgeable, similar to how the young women talked about their 'first times' having intercourse. Framed in this way Krystal resists the position of the 'risky child', instead legitimating her experiences as childhood 'curiosity' and due to perceived 'peer pressure' (Brownlie, 2001; Lamb, 2004).

Krystal also expressed an ambivalent affect, not taking up a position as a child sex offender, and at the same time fearful that her sexual desire was 'wrong', 'risky' or 'dangerous'. Drawing on common-sense understandings of child sex abuse, Krystal questions whether she possesses an underlying invisible risk that is associated with childhood sex offenders (Brownlie, 2001). Brownlie (2001) argues that a dominant construction of child sex offenders as deviant is legitimised as a singular account, and therefore subject to the 'gaze' of psychological treatment. Krystal contests this singular account, and at the same time positions herself as potentially abnormal, as she seeks sex therapy to confirm the 'truth' of her earlier sexual experiences and 'fix' any sexual 'abnormality' in a process of development that affirms her as a self-regulating subject:

Krystal: ... Maybe it's that kind of being a little bit inquisitive, kind of inquisitiveness, curiosity. In my nature, that probably made me, well not made me, inspired me, moved me, to do what I did to him. And that stopped when I was 16.

Krystal: ... I don't know how to feel about what I did as a teenager. Because there's a part of me that thinks well I wasn't even an adult. And it stopped when I was 16, and it never happened again, you know, it's not like, I said to my cousin, I don't think I'm a paedophile. You know, I haven't done this, to anyone else and... Yeah it was someone known to me, I think it was, it was opportunistic, I was really curious about sexual things. And, I also felt left out compared to my girl cousins, who one, who'd obviously been getting molested from a young age. So she already knew about sexual things, and the other who just seemed to be sexually active. And I was completely left out. And I felt like I was the only one who wasn't experiencing or not really getting the same kind of knowing's as they were... I'm assuming those sorts of things probably contributed in some way as being drivers...

Krystal: ... I don't think I am, dangerous. I don't think I'm attracted to children. Um, in actual fact I've always had partners older than me and when I was with [Keith] and the kind of age play thing came out, it was me wanting to be the child-like character so, I don't know. I think I want to know if I'm dangerous, I think that's what it is... And should I be worried about myself... I just don't know if I need to worry about myself. If I need to be worried about my own behaviour or not, I don't know.

Krystal located sex therapy as a space for self-improvement, where her potentially dangerous sexual desire can be made meaningful. Heteronormativity assumes a masculine active sexual desire, therefore what is troubling in this account is that Krystal has no access to the discursive resources to understand her sexual encounter as problematic:

Krystal: ... And I guess he didn't seem, well he didn't appear to not like it maybe... is why I did it, I don't know. I'm assuming really, that if he said he didn't like it or didn't want me to do it, that I wouldn't have done it. But I don't know, coz that's not what happened so. I don't know, I can only kind of guess.

Krystal and Tanya also talked about being in abusive relationships with men when adults. Both women tended to minimise their vulnerability to sexual violence, where

masculine dominance was emphasised through the norms of heterosexuality. The women's sexual performance was embedded in the hegemony of male sex drive discourse, and their safety was precarious. Further to this sexual violence becomes socially sanctioned through the have/hold discourse, where women become responsible for men's behaviour in the sexual economy:

Krystal: ... sometimes... I wouldn't say often, but you know a couple of times though, sex with him got really violent, I felt... I don't think he ever did it sober. Was when he was drunk... And he, sober, great guy. You know, fun to be around, you know, a slight, a very dry sense of humour, um, but very... sociable, could be very charming, things like that. Umm, unfortunately, drunk, good guy, bad drunk.

Krystal: ... I think I was largely um, I just didn't stand up to him at all...

Both Krystal and Tanya also drew on a discourse of romance to understand their experiences of control and violence. Romantic love operates through the active-passive binary reproducing relations of dominant masculinity and subordinated femininity. The discourse of romantic love coerces women to take up passive, dependent subservient positions, as subjects who desire men 'take charge', 'save' them or 'sweep them off their feet' (Costa et al., 2009; Jackson, 2001). Men, on the other hand, are to embody tough masculine identities, meaning any dominating, possessive or controlling behaviour becomes understood as a desirable quality - a symbol of men overcome with lust or love (Jackson, 2001). Similar to the women in Jackson's (2001) study, Krystal and Tanya understood their partners' controlling or abusive behaviours as a symbol of their love:

Tanya: Also his controlling[ness] of me, um, I found that very endearing, because I'd never had anything, I'd never had really anyone who cared where I was all the time, or who I was hanging out with, I just thought that was his way of caring about me and showing love rather than it was a manipulation and a controlling thing. So you know hindsight is 20/20 but at the time I was just like sweet, someone wants to go out with me!

The meaning of love for Tanya, meant she needed to be sexually desirable. Embedded in a have/hold discourse, the women understood that sex symbolised love, and their

sexual encounters were embedded in a performance of normative heterosex. They therefore not only engaged in undesired sex to *prove* their love, but took their partners' refusal as a sign something was 'wrong' with the relationship:

Tanya: ... You know and I'll be like, if he says no I'd take it as a big rejection. Oh my good [god] he doesn't love me anymore...

Interviewer: ... I mean I can relate to that being at night time and being like oh we didn't have sex today, I wonder why.

Tanya: Yeah! What's wrong with him? What have I done? Oh my god!...

Krystal: [Talking about her relationship with a man who enjoyed BDSM] ... So I guess that's what made me feel... close to him. Because of the amount of physical closeness, the amount of sexual activity, the amount of physical things he was introducing me to, so I guess. It's almost like having a first love. But it's like a first, sexually.

Online Worlds: A Place to Escape

Both of the women talked about using online spaces to connect with others, express their sexualities and initiate or organise sexual encounters. Online spaces were particularly important for Tanya as they provided an escape from the confinements of her own life. Tanya constructed herself as 'trapped' within her intimate relationship and offline world. Informed by a have/hold discourse she took up a position of passive receptivity to her partner and his sexual 'needs', becoming the sexual caretaker of the relationship (Braun et al., 2003; Butler, 2009; Hird & Jackson, 2001; Hollway, 2001; Jackson & Scott, 1997; McNay, 1992). As a heteronormative sexual script positioned Tanya as a passive receptacle during sexual encounters, she found sex with her partner unsatisfying and had no voice from which to express her desires or talk about sex with her partner. To express an active voice of desire or active sexuality outside of her partner would contradict her appropriately feminine position and therefore risk negative social sanctions (Burkett & Hamilton, 2012; Crawford et al., 1994; Gavey, 2005; Hird & Jackson, 2001; Thomas et al., 2017). Outside of the bedroom Tanya felt further confined by her partner's controlling and abusive behaviour and the traditionally feminine roles and obligations expected of her, such as staying home with her child,

being a 'good' mother and managing the household. Engaging online was therefore an escape for Tanya, which opened up new possibilities for a sexually desiring subjectivity.

Online chatrooms and dating sites offered Tanya access to a postfeminist active desiring empowered sexuality. Gaining men's admiration ultimately confirmed Tanya's postfeminist position and 'success' at hypersexual femininity. Tanya therefore described her online world as 'therapeutic' in that it opened up an otherwise limited space, permitting her to assert her own sexuality and sexual voice *outside* of her relationship. In separating her feminine self into two worlds (both online and offline), Tanya appeared to negotiate contradictory positions within have/hold and neoliberal discourses. When online, Tanya could take up a hypersexual midriff position (Gill, 2008) and experience the pleasures of sex:

Tanya: ... so I started doing online... how it started was [Aaron] was working evenings... So in those evenings once [Tyson] was asleep, I was, had nothing, you know, I was trapped basically... there was an article or some kind of controversy about the [website X], which is an international, a dating website but for people who are already in relationships, so it's a cheating website. And I was curious about this, and just created a fake profile, which was, there were elements that were true but it was, you know it was a persona. So it was a bit of an escape... so was chatting to people all over the world, men mostly men, all around the world... it started out very much my intention was only ever online stuff, I was getting my ego boost, all these people wanted to talk to me and wanted to um, have encounters with me and all this kind of stuff and I was, got some fake self-esteem out of that... So for some of them yes, it was very um flirtatious and sexual connotations, some it progressed to overtly sexual. And then some were not sexual at all and it was a, almost a therapeutic type of situation... there are so many lonely people out there! Uhhh who just pretend everything's ok and then go online and do this. And I was one of them.

Tanya: ...And then there was this little secret part... And the way our life was structured, it was very easy to be isolated, um because I was working all

day and then trapped, basically trapped at home with a baby all night... I couldn't go out, I couldn't have a social life, I couldn't join a club, so it was restricted to online. And what fascinated me was sex... And because it had been so mysterious to me, coz I, I was very unsatisfied in our relationship, sexually unsatisfied...

Tanya constructed her online self as sexually 'confident' and 'exciting' active sexual subject. While online, Tanya appeared to evade the restrictions of a have/hold discourse, including negative social sanctions afforded to those who express 'too much' sexuality, which opened up a space in which she could explore, express and assert her own subjective desire (Harris, 2005; Muise, 2011; Renold & Ringrose, 2011; 2013):

Tanya: It was very exciting! And it was also this persona who I'd created, who this profile was about, that was her, and it wasn't actually me, but a little bit of me was quite envious of her, she could flirt with men, she could be very confident in these sexual situations. And I totally winged the whole thing, you know, just totally faked it till I made it. Um, coz that sooo wasn't me...

However, while taking up an active sexuality, she did so under a disciplinary gaze. The meaning of desire continued to appeal to *men's* desires and pleasures, with men's admiration confirming her 'success' in femininity. In the following excerpt Tanya talks about challenging herself to be 'up for anything', embodying a hypersexual feminine position that located her desire through the gaze of male desire:

Tanya: ... And that's some of the risky stuff that I do, would be around you know, fetish type stuff. Uhhh and I'd actually almost challenge myself to be more extreme. To be as extreme as possible and be as provocative as possible. Because, and men would comment to me like wow it's so cool to find a, well not exactly these words but, to find a woman who would, is willing to...

Interviewer: Try these things?

Tanya: Well not just try these things, but even talk about these things in, with herself in the context of it...

When Tanya organised to meet up with men she had talked to online, she understood her 'risk' to sexual objectification and violence:

Tanya: ... I was always afraid of being humiliated and being the butt of the joke...

Tanya: ... I would always vet people. And because it's very different... for a single woman, and when I say single I'm meaning a woman on her own, to go into those sexual encounters, it's so different than for a man going into those encounters. Um so, always meet in public first, socially first, so like for a coffee or um, a drink...

Within sexual encounters Tanya therefore remained a self-policing woman who must manage her own safety and appropriate femininity. While being online gave Tanya permission to take up a postfeminist position of asserting her sexual 'freedom', negotiating safe space for enacting sexual desire was more risky. The empowered position therefore becomes limited through ongoing disciplinary power.

Always Something Missing

Within their heterosexual relationships, both Krystal and Tanya were embedded in a heteronormative sexual script, which prioritises men's desires and pleasures and excludes their own. Confined within positions of receptivity, Tanya and Krystal talked about feeling unfulfilled and disappointed within their sexual relationships, longing for something that was always 'missing'. What appeared to be missing were Tanya and Krystal's *own* legitimate voices of desire.

Tanya often talked about feeling sexually 'unfulfilled' or feeling as though she 'missed out' on embodying the sexual pleasures of feminine desire outside the 'logical' sexual script that holds the coital imperative in place. Since Tanya's desires did not fall within the confines of an 'expected' sexual script of womanhood she understands her desires as immature and child-like (desires that 'should' have been left in childhood), thus illegitimising these experiences (Costa et al., 2009; Lamb, 2004).

Tanya's longing for the unmet desires of the '13, 14-year-old' inside of her resonates with findings from Dormer and Davies' (2001) study that found women split their sexual identities into a 'good' unfree, yearning woman (who upheld appropriate

femininity) and a 'troubled' woman (whom experienced the desires they yearned for). Like the women in Dowling's (2013) study, Tanya accounts for the dissonance between her own desires and those enabled in a heteronormative script, by locating feminine desire as legitimate only for adolescents until they learn that their desire is too much to ask for and something to be kept in check. Tanya therefore constructs her desires as immature and due to her own inability to 'grow up':

Tanya: ... I went straight from umm, like my first proper relationship was at 29 and we're already fully into adulthood, had jobs, had you know our own places already, there was none of that initial, and very quickly into sexual relations.

Interviewer: Kind of jump in the deep end?

Tanya: Yep, very much so, and um then, you know so even the dating and the flirting and all of that. I didn't have any of that. And I, there's a part of me, and it's probably the 13, 14-year-old inside me that really wants that, even when I see on TV you know, the, TV or movies or something, or even songs like music videos and stuff, there is a longing inside of me of ohhh I missed out on that...

Tanya's longing for desire can be understood through the competing discourses of feminine sexuality that limit the possibilities of a sexually desiring subject. The coexistence of the neoliberal norm of responsibility alongside the permissive discourse, position women as responsible for their own sexual pleasure. Embedded in the have/hold discourse, however, it is women's responsibility to sexually reward men through the rules of reciprocity, putting in the necessary 'sexwork' to achieve 'good sex' for their male partner to maintain an 'exciting' sex life (Gill, 2008; 2009; 2016; Cacchioni, 2007).

As Tanya negotiated her responsibility as a neoliberal subject within the confines of a heteronormative script, she also remained the sexual object for her partner's desires and pleasures. Tanya's body becomes an object that is *acted on* rather than an *acting*, with sexual encounters focused on what she will do 'for him' as well as what he can do 'to her'. Tanya is therefore positioned as a passive gate-keeper, responsible for rewarding his expertise and for his pleasures. Within gendered power relations of domination and

subordination, women are unable to take up a position of a sexually desiring subject. Confined by a restrictive heteronormative sexual script, Tanya's sexual encounters remain unnegotiable, with a missing discourse of her own desire:

Tanya: ... from the beginning, I became the sexual caretaker of our relationship... And I was like... well one thing, that I'm a very fast learner, I'm very, I mean I wanted to be doing this stuff so I was very enthusiastic, and then wanting to learn and catch up on all this knowledge I had missed out on. And then, so that set the tone for our whole relationship... so it was my responsibility to keep our sex life going. There was nothing in it about me, it was all about him, it was all about his needs, it was like a teenage, what I imagine the teenage girls, what their sex life is like. You know, it's all about him, it's all about what he can get away with. What I'll let him get away with. Yeah so, right off the bat it was very unsatisfying, it was not at all how I imagined it was gonna be and I was really disappointed, like he didn't wanna talk about it, coz it's embarrassing... he felt emasculated by that, he thought it was me criticising his sexual performance... And I was. But it's not about his penis. It wasn't about his penis, it was about his brain... And um, so anything new had to come from me, any ideas had to come from me. Anything different, anything exciting... nothing really where he had to put in any effort. Our whole sex life revolved around his penis, and what I would do to it, or what he could do with it to me. And I just was like [sighs], so disappointed.

Tanya understands her yearning for unmet desires as due to her own 'deficit', an abnormal sexual subject. She compared her desire to "fiction", constructing her desires as unrealistic and unachievable, similarly to how the women in Dormer and Davies' (2001) study constructed their desires as "silly". In effect, the missing discourse of feminine desire is rendered imaginary.

These excerpts resonate with Dowling's (2013) findings, in which young women talked about their sexual desires as desires that were often not realised and remained as thoughts. Not only does Tanya's excerpts highlight a want-get gap, between what women desire and what is achievable within a heteronormative script (Sieg, 2007a), but

how a heteronormative script illegitimises women's desires, leaving women to understand their desires as due to their own 'deficits' such as their sexual immaturity, naivety, or unrealistic expectations.

Tanya also understands her lack of fulfilment during sexual encounters as due to her own lack of 'assertiveness', again attributing blame to her own 'deficits'. Drawing on neoliberal norms of 'free choice', agency and gender equality, Tanya assumes she is both responsible and 'freely' able to assert her sexual desires. Heterosexual norms mask a pervasive disciplinary power which limits and silences women's voices of desire and their ability to fulfil their *own* desires during sexual encounters. Without access to the discursive resources to articulate their desires, women's desires are unimaginable:

Tanya: ... and also I'm more assertive, so it's not all on him, it wasn't all on him coz I didn't know how to ask for what I wanted, because I didn't know what I wanted, what I wanted was what was happening in all the books that I was reading, without really realising that that's fiction for a reason, it's fiction. It's somebody's imagination, it's not like a how-to manual...

A missing discourse of desire was also evidenced in Krystal's talk. She talked about her first sexual relationship as based on a 'physical' connection and frequent sex. Within this relationship, Krystal took up the position of a passive receptacle to her partner's sexual 'needs'. Drawing on a have/hold discourse, sex became a way of 'keeping' her sexual partner (Hollway, 2001), therefore when she refused to engage in certain sexual acts, the relationship ended. Informed by a sexual script that prioritised her partner's desires and pleasures, her resistance to being an object of his desire rendered her expendable.

Krystal also positioned herself as an 'up for anything' sexually 'liberated' postfeminist woman. Drawing on these feminine standards, Krystal understands herself as 'not good enough' or 'exciting' enough to hold her partner, and therefore takes responsibility for her failure as a sexual subject:

Krystal: Um, he decided to stop seeing me. Annd, I was really hurt, and really emotionally affected by it. He, started seeing someone who was twice... my age... she would do things that I wouldn't agree to. Basically. So I

felt like I wasn't good enough, do you know what I mean? Um, because I had refused to do things.

Interviewer: Mmm.

Krystal: Some things. And maybe he got sick of that, he got tired of that and he wanted you know, someone else to play with. So I felt kind of, really, disposed of, or something. If that's a way to put it.

Interviewer: Yeah yeah.

Krystal: Yeah, expendable. Just, I felt like I was, I felt like I was dumped, because I wouldn't give him what he wanted.

Interviewer: Yeah it was kind of like he wanted to replace...

Krystal: Yeah! So he went and got what he wanted from someone else.

While Krystal was able to resist her partner's sexual demands, she was also sanctioned for her lack. Krystal also described a relationship where lack took on a different meaning, and produced a tension in the normative sexual script. Where heteronormativity requires women to prioritise men's sexual pleasure, men's desire is the standard for sexual relations. For a woman to express *more* desire than her partner creates a tension within a discourse of pseudo-reciprocity, especially if men experience women's pleasure as a failure (Braun et al., 2003; Gilfoyle et al., 1992). To meet her obligation to nurture within the have/hold discourse, Krystal's desire for sexual pleasure is precarious:

Krystal: He had almost no sex drive. And, he had um, erectile dysfunction problems. And I found that really hard.

Interviewer: ... so what happened there, going from...

Krystal: ... I found during that time... I was really frustrated a lot and I think I watched a lot of porn, or read a lot of porn... a lot of the time... we wouldn't even try having sex... He would kind of half-heartedly, I shouldn't say half-heartedly but, he was sort of stimulated me when I asked him to. Um, but we sort of didn't have, well didn't attempt to have

sex as often as I wanted it. Because he'd just get frustrated you know when he would lose his erection and things like that. I didn't know how to comfort him, I would try to though, I would try to say you know don't worry about it, there's always another time and things like that. I never made a big deal out of it, but he did, he got really really frustrated with himself. Annd, so it was never a problem that kind of eased at all, it remained...

Similar to the young women in Study One, Krystal separated her physical from emotional pleasure to make sense of what was 'missing' within these relationships. Here, Krystal understands sexual desire as more than sex, reproducing the need for emotional connection for sex to be desired or even desirable:

Krystal: [Sighs]. That's really weird, because I think actually more of my desires were being fulfilled in that relationship, but physically I wasn't being fulfilled....

Interviewer: ... So would you say your desires were being fulfilled with that guy [Derek] was it?

Krystal: ... Yeah physically I felt really fulfilled, sexually. But nothing else. But I wanted emotional connection you know... because I really liked him, or at least I thought I did... quite frankly I may have just been turned on by him. Because I had such good sex with him. So it was easy for me to want to be with him... considering how some ways the relationship with [Derek] had felt at times, ummm it's no wonder I went for someone like [Keith] who was completely, just completely opposite...

Interviewer: ... Coz it sounds like, from your experiences, you were saying you either had one or the other.

Krystal: Yeah. There was always something missing.

Interviewer: Rather than a balance.

Krystal: That's right. The first one you know, the sex was great, there was no emotional on his part. No emotional connection. The second one, really

lovely guy, but the sexual side, well the physical sexual side, uhhh, was disappointing...

Through Krystal's account there emerges a marked split between sex and the rest of the relationship and her emotional and physical desire. In her first relationship, her desire is rendered unimaginable; however in a subsequent relationship, her desire is imaginable yet missing. What remains is the silencing and 'dysfunctioning' of her own desire, which lacks agency over any sexual encounters.

Understandings of Desire

Like the young women in Study One, when talking about desire, Tanya and Krystal located bodily pleasure as both physical and emotional. Physical pleasure was made meaningful through biological discourses of desire and bodily pleasures, and emotional pleasure as the affective embodiment of intimacy and desirability of a partner:

Interviewer: ... Where do you think desire fits into all of this?

Tanya: ... maybe when I'm ovulating, around about that time I would actually physically um. But a lot of it for me is emotional needs. So wanting to be wanted, wanting to be desired, wanting to feel attractive, to be sexy... I don't know, that's really hard for me to answer because how I say, you know, it's very fucked up. It's like um... uh, it's not an organic thing, I mean certainly I do notice in my cycle, my menstrual cycle, around ovulation cycle I certainly do notice it there, and that, and how I notice or how that manifests is that it's easier for me to...uhhh, like I have some sensation in my body. But often I don't have any sensation in my body. The reason that I have sex is because mentally I want to, or, I um yeah it's not because my body's horny...

As a biomedical discourse has secured its authority over sexual 'function' versus 'dysfunction', those who do not fulfil a normative sexual script are framed within a biologically reductionist perspective as having 'faulty', 'deficient', 'dysfunctional' or 'disordered' bodies (Durr, 2009; Goldhammer & McCabe, 2011; Irvine, 2005; Tyler, 2009; Tiefer, 2004; Wood, Koch & Mansfield, 2006). As a neoliberal sexual subject

Tanya understands herself as individually ‘disordered’ and therefore needing to be ‘fixed’ (Cacchioni, 2007; Tiefer, 2004).

Tanya understands herself as having ‘failed’ at a ‘normative’ sexual response and appropriate femininity, since she does not experience a consuming arousal, *hypersexuality* or physical pleasure during her sexual encounters. Having not fulfilled these ‘normative’ standards of sex and femininity, Tanya draws on biological understandings through which the desiring physical body is lost. In Hinchliff and colleagues’ (2009) study, the women also talked about having ‘lost’ desire, and expressed a sense of loss and mourning, ‘craving’ to ‘re-ignite’ their physical desire. By understanding her ‘lack’ of physical desire as due to her own ‘deficit’ or ‘dysfunctional’ body, Tanya reproduces the biologically essentialist views of the female body as deficient and upholds the idea that there is a certain amount of desire one must experience in a certain way. While attributing blame to her own ‘disordered’ body, Tanya silences the restrictions placed on her desire by a heteronormative script that prioritises her partner’s desires and ensures her loss:

Tanya: ... I can picture say as a, intermediate kid, so 11 or 12 years old, um, reading erotic fiction, you know very mild stuff when I think of it now. And being so aroused that it just consumes my whole body. And I, crave to feel like that again. Because I never get that aroused... that’s why I’m talking about with the reset button, if I could just reset or reboot.

Interviewer: Oh yeah!

Tanya: And um, get that back, because it’s all become very complicated now... because there is a part of me that grieves about umm, that I am so desensitised, mentally, and physically...

Under pressure to fulfil a heteronormative script and ‘normative’ sexuality, within a neoliberal society that values self-improvement and self-responsibility for one’s ‘failures’, Tanya understands ongoing ‘sexwork’ as the answer to ‘finding’ her physical desire (Cacchioni, 2007; Gupta & Cacchioni, 2013). Alongside neoliberal norms, a prevailing psy-discourse constructs individuals as capable of ‘freeing’ themselves from their own ‘dysfunctions’ and striving for self-realisation, upholding the idea that self and sexwork is vital to achieving sexual ‘fulfilment’ and ‘normative’ sexuality (Rose,

1996; 1999). Within a psy-discourse, sex therapists are positioned as ‘experts’ in the rules of ‘normative’ sexuality and therefore hold the ‘key’ to ‘normal’ and ‘successful’ sex. Informed by dominant discourses supporting the idea of ‘sexwork’, Tanya talked about attending sex therapy to access the resources that enable a sexually affectively embodied desiring subject:

Tanya: ... And that’s one of my goals... it’s kind of a theme, is to listen to my body more. So I actually, I write a diary of. So it’s around food that I eat, things that I ingest, like I take fish oil and all of that kind of stuff, and water and exercise, and how do I feel, like how do I actually feel to try and be in here...

In Krystal’s talk, sexual desire emerged and became meaningful through the interconnection of bodily pleasure (physical) and affective embodiment (feeling right). Here, sexual desire disrupts the coital imperative and exceeds the boundaries of the performance of heterosex:

Krystal: Yeah, I think it is a mental thing and that’s probably why when people, or when um, maybe when you’re really busy with work or something and you’re really stressed, that it effects your, like your sex drive. Either you might be completely uninterested or maybe you go the other direction, I don’t know. But I assume it’s because of whatever is going on in your head at the time... Yeah so I think it’s just a mental thing and that can have um... manifest itself physically... I don’t think its physical only, because the reason I don’t think its physical only is, you can maybe be doing something, you can be having sexual contact of some kind, with someone, but completely not really be getting turned on or anything by it. So, I think that, well it’s not just a matter of touching the right places, there’s something mental that has to happen first.

An Emerging Voice of Therapy

Tanya’s talk differed from Krystal’s in that she frequently drew on psychological language to understand her experiences. Having engaged in sex therapy for a significant period of time, Tanya reproduced ‘therapy language’, to bring meaning to our conversation. Discourses of sex and sexuality, which have been historically,

socially and culturally constructed through and legitimated in the psy-disciplines (i.e. psychiatry, psychotherapy, psychoanalysis and psychology), reproduce gendered social power relations, common sense assumptions and claims to ‘truth’ that separate normal from abnormal sex, and function from dysfunction. Experts are therefore embedded in institutional and disciplinary power relations that authorise their expertise. Sex therapists are positioned as holding the knowledge and the authority to define the ‘truth’ of ‘good sex’, and therefore identify and find the solution to sexual ‘problems’.

As we have entered a neoliberal era of rising consumerism and assumed sexual ‘liberation’, sex therapists are embedded within the commodification of sex, profiting from another’s ‘dysfunction’. As women enter sex therapy rooms in an effort to ‘master’ sex or ‘fix’ their own ‘dysfunctions’, sex therapy becomes another site of disciplinary control of feminine sexuality through its endorsement of ‘sexwork’ and the legitimising of a heteronormative script.

Tanya appeared to have adopted a psy-discourse as ‘truth’ when talking about her sexuality and sexual concerns. She frequently drew on psychological terms, diagnoses and theories to understand her experiences that fell outside of a heteronormative sexual script, for example describing her sexual behaviour as “addictive” or “compulsive”. Tanya’s engagement in frequent casual sexual encounters *outside* of her intimate relationship contradicted her traditionally feminine position within a have/hold discourse, from which she is obligated to monogamy. As Tanya’s active sexuality *outside* of her intimate relationship contradicts feminine commitment, she is understood as individually ‘disordered’ through a dominant psy-discourse, confirming her position as ‘wrong’, ‘abnormal’ or ‘dysfunctional’. As Tanya adopts an individually-focused psy-discourse as ‘truth’, she cannot access a position as a sexually desiring subject. The focus of therapy becomes an effort to restore and manage her normality, a position of lack within heteronormativity:

Tanya: ... I had trouble regulating, huge trust issues and abandonment stuff so there’s that side of it... and I’ve had lots of coping mechanisms, so depression in my late teens, bulimia in my early 20s, um, lots of different addictive behaviours. Compulsive kind of behaviours... And then... so one of my coping mechanisms for my relationship was I started to develop quite compulsive sexuality, sexual behaviours, and that’s why I

started seeing [Penny] who's my therapist. And she, and that was to figure out what the hell was this. Why was I doing this?... he did his own therapeutic self and I did my own therapeutic self and we're back together... and things are good... sexuality stuff is still there, but it's more, it's managed... yeah, so, um, there was a lot that I needed some help with, I couldn't figure it out myself.

Informed by a psy-discourse, Tanya constructed her therapist as a neutral observer who holds up the 'mirror' of 'truth'. Producers of knowledge who attend to the normal/abnormal binary located within dominant Western institutions that uphold and reproduce gendered meanings of sex and sexuality, sex therapists are also sexual beings negotiating their sexualities within the same available discourses. Therefore, therapists are not located outside the relations of power that legitimates the heteronormative script and the reproduction of dominant discourses within their *own* talk and understandings (Guerin, 2008).

Tanya clearly makes sense of her experiences within an intersubjective space, co-constructing shared meanings with her therapist. In the process of meaning making, Tanya takes up a position in psy-discourse as a subject of a deficit sexuality, and as the object of sexwork. In her talk, Tanya constitutes her sexually desiring self as a 'project' for which she is responsible for (Rose, 1996), drawing on a psy-discourse to become a 'normal' disciplined and commodified sexual subject. Guerin (2008) argues that the relationship between sexwork and sexpertise is embedded in ongoing disciplinary power and unequal gender relations, and therefore a desiring sexual subject remains elusive:

Tanya: ... that's one thing that [Penny] and I have really worked on, well I have worked on with her help. And all she really does is hold the mirror up to me. To go, this is what I heard you say, what do you reckon that's about? I mean in her very softly spoken, posh voice...

Tanya: So the way that I would describe my sexuality is fucked up... But I'm healing that, I mean google healing your sexuality, there's all kinds of workshops and all this kind of stuff... It's still very much in the healing phase right now. And I'm hoping by the time that I actually, you know, by the end of my life it has healed.

While Krystal had not engaged in sex therapy, she also reproduced the normal/abnormal and sexwork/sexpertise binaries. Having previously engaged in psychological therapy, psy-discourse dominated her sense making of the heteronormative script, and her position as sexually dysfunctional. In the following account, Krystal's sexual encounters were interpreted as her failure to control her sexual impulses, and her sexual pleasure was interpreted as a risk. The dominance of the have/hold discourse to both define disorder, and to discipline women's sexuality through the legitimacy of the heteronormative script is enacted, and produces a conflict for Krystal:

Krystal: ... she was the first person who said to me, because I was still using the internet dating sites, I was still just meeting up with people off there just to have sex, nothing else. And she was the first person who said to me I think you may have some impulse control problems... And I was like, I can control it, I just like it. You know, what's the difference? And um, she really tried to explain to me kind of when something is actually damaging, but you fail to see that because you're getting some kind of pleasure from it. Like, so, yeah, she tried to talk to me about that. And um, just said to me you know it may be, maybe physically what you want, but are you really getting what you really want from it? Are you left feeling kind of empty? Is it a case, you know, would it be so bad if you waited until you met someone who you're actually interested in and wanted to maybe have a relationship with or at least get to know... So yeah. All of these things then, have, I've been thinking about since I didn't have the last counselling session with the psychologist...

The Power of Storytelling

One key theme that emerged from both interviews was the need for Krystal and Tanya to tell their stories. While the young women in Study One initially struggled for words, choosing to refer to the prompt sheet provided and expressing uncomfortableness with open discussions, Tanya and Krystal actively engaged in open discussions from the beginning of the interviews, enthusiastically telling their stories and not once referring to the prompt sheet provided. Prior to the interviews, both women talked about never having shared their *complete* stories, not even to their therapists. The interviews were therefore one of few spaces in which they could speak their stories into existence. The

women possessed no space outside the heteronormative script, lacking the discursive resources through which to language their sexual desires *outside* of their sexual relationships and desire in relation to a male partner (Costa et al., 2009; Dowling, 2013; Montemurro et al., 2015).

Not only did Tanya and Krystal carefully negotiate a have/hold binary which condemned them for sharing ‘too much’ of their sexualities, but they have contended with the risk of negative social sanctions afforded to those who do not fulfil ‘normative’ sex. Having already come to view themselves as ‘abnormal’, the woman further limited the spaces in which they talked about their sexualities for fear of social condemnation. The interviews, therefore, opened up a usually limited discursive space in which they could share and make sense of their experiences. In speaking their experiences into existence, the women hoped to confirm their own ‘normality’ or ‘abnormality’ or begin to ‘heal’ their sexuality. While Tanya talked about the interview as being part of her self-reflective ‘healing’ process, having spoken her sexual story into existence, Krystal talked about the interview as enabling her to bring a narrative together:

Krystal: ... And I also didn't know if I just wanted to tell someone, because I never have... Umm. So this is the first time everything has been brought up together. And I don't know if that in itself will help me to mentally kind of order things... Because it's not in little bits that are separate anymore. There's one complete story that I'm really looking at.

Outside of the interviews Tanya and Krystal were self-policing women who carefully negotiated potential negative social sanctions for sharing ‘too much’ of their sexualities. Therefore, within interviews a ‘safe’ space needed to be created in which the women felt they could share their stories. Through a conversational approach to interviews, that included my own self-disclosure, a connection was established between myself and the women to produce a shared meaning of their stories. Like the young women in Study One, as I constructed myself as another (non-expert) woman negotiating her own sexuality and normalising the connection between our experiences, a discursive space was established in which the women’s stories were accepted and respected. For Tanya, telling her story in a safe place was enabling:

Interviewer: I'm really glad that you felt like you could tell me all this stuff.

Tanya: Well this is a safe space. And I guess it's safe for me too, so I guess if we had met somewhere else I possibly wouldn't. But I feel very secure in here...

Both women hoped that the sharing of their stories would be helpful in some way, whether this was personally or in terms of helping others. They therefore understood the sharing of their stories as sharing in meaning making:

Krystal: ... I think I, yeah, it's kind of nice to think that there might be something, there might be something useful that can come out of it.

Interviewer: Oh definitely! Without a doubt!

Krystal: I don't know if that's useful for me or just useful. You know. In terms of what it gets applied to in the future. Then that's fine, I'm ok with that.

Overall, it was evident throughout Tanya and Krystal's talk that their inability to fulfil a heteronormative sexual script confirmed their own position as 'abnormal' and need for sex therapy 'expertise'. They remained self-policing sexual subjects who drew on dominant discourses of heterosex to understand their own experiences, which limited their abilities to take up active sexual subjectivities. Throughout their talk, their own desire was continually silenced and/or reconstituted as 'dysfunctional'.

Chapter 7

A Tiresome Battle: Sex Therapists

Sex has historically been a key site of control over women's bodies. Institutional power has produced and reproduced dominant discourses that uphold a heteronormative sexual script. Within this script, discourses define what it means to be a man or woman, in and through gendered social power relations of dominant masculinity and subordinate femininity. Those who do not fulfil a heteronormative sexual script are therefore understood as undesirable, perverted, deviant or pathological. Subject to these technologies of normalisation, women (and sexual 'others') have become invested in maintaining their own 'normality' and have therefore become 'docile bodies' who monitor, regulate and police their own and others' sexualities, becoming both objects and agents of disciplinary power, including the psy-discourses. Since disciplinary power operates through existing gender relations, *men's* sexualities are understood as the sexual 'standard', positioning women as inherently 'deficient' through their difference. Just as women have become disciplined through the norms of the idealised feminine body (Bartky, 1998), so too has sexuality become a site of control of women's bodies and freedom of movement.

As dominant institutions have produced and reproduced sexual 'knowledge' of 'normative' sex and 'successful' heterosexuality, so too have they created the position of the 'expert', who authorises the heteronormative sexual script and confirms individual normality and abnormality. The commodification of sexuality through the criteria of normal and abnormal is embedded in the legitimacy of scientific and psychological 'discoveries' or 'advances', and the 'solution' to sexual 'problems' has been located in biomedical interventions (such as Viagra) or ongoing self/sexwork (Gupta & Cacchioni, 2013; Irvine, 2005).

Sex therapy provides a space for this self/sexwork, through the employment of an 'expert' who guides individuals towards self-actualisation and realising their 'true selves' (Guerin, 2008). Located within a dominant psy-discourse, sex therapy reproduces the normal/abnormal binary and understands the individual as an ongoing project of self-betterment (Guerin, 2008; Rose, 1996; 1999). However, while

positioning individuals as objects of a clinical gaze, heteronormative relations of domination and subordination regulate the meaning of dysfunction.

Current sex therapy continues to be both a product and producer of dominant discourses that constitute the heteronormative sexual script. Not only has there been a (re)medicalisation of sex in terms of placing a medical gaze on sexual bodies, including the categorisation of sexual ‘function’ and ‘dysfunction’, but sex therapy also participates in the commodification of sexuality (Gupta & Cacchioni, 2013; Irvine, 2005; Morgan, 1999; Tiefer, 2001). As neoliberal empowered subjects, hypersexuality has emerged as a response to the assumption of gender equality. Sexual desire therefore becomes a *performance* of one’s ‘empowerment’ and sexual ‘normality’, meaning an increasing number of women present in sex therapy rooms with a reported ‘lack’ or ‘loss’ of desire, or an excess (Durr, 2009; Hayfield & Clarke, 2012; Hinchliff et al., 2009).

Within a sexually ‘liberated’ society, sex has become increasingly visible in the public domain, leading to its commodification. Consumer culture has infiltrated our sex lives and the performance of sexual desire has been ‘exiled’ from the public sphere, sent ‘out to the marketplace’ and returned to technologies of heteronormativity (Fine & McClelland, 2006; Moran, 2017). An increasing number of pharmaceuticals and sexual merchandise, from ‘sexy’ lingerie to ‘how-to’ sex manuals, promise to improve, ignite or restore one’s sexual desire. Within this growing economy of sex, sex therapists ultimately “commodify talk and sex” (Banks, 1990, p.140), profiting from individual and couple ‘dysfunction’ and their efforts at ‘sexwork’ to achieve ‘good’ and ‘successful’ sex (Cacchioni, 2007; Harvey & Gill, 2011; Jackson & Scott, 2007). However, the existence of ‘sexperts’ and sex therapy continues to reproduce the idea that there is a ‘correct’ or ‘normal’ way of having sex and experiencing desire, upholding a heteronormative sexual script. Sex therapy therefore remains a site of disciplinary control through its management of those who do not fulfil a heteronormative script, with one of the goals to ‘successful’ therapy being increased or re-ignited sexual desire.

Considered ‘experts’ in ‘normative’ sex, I was interested in how sex therapists in New Zealand talked about desire. Throughout the following chapter, I examine how sex therapists both reproduce and resist heteronormative discourse. While the sex therapists

who participated in the current study identified themselves as belonging to a range of different training disciplines, the practice of sex therapy is embedded within psy-discourse, positioning them as ‘experts’ in sexuality who assist individuals in realising their sexual potential. The following analysis proved difficult, as while the sex therapists attempted to occupy a new space in resisting and deconstructing dominant discourses that constrained men and women’s sexualities, they were confined by their positions within a wider psy-discourse. Despite their efforts to produce new possibilities for sexually desiring subjectivities, the individualised ‘problem’ of therapy failed to attend to the regulation of the problem through heteronormative relations of domination and subordination.

Talking About Desire

A Complex Topic

The sex therapists constructed desire as ineffable. Just as the young women in Study One struggled for words when talking about sex and desire, the sex therapists’ talked about desire and sexuality as difficult to separate easily or put into words, with one therapist indicating that it was this ineffability that made sex problematic. An ineffable sexual desire suggests that we continue to lack a language through which to talk about sexual bodies and experiences, thus perpetuating the silencing of bodies and the missing discourse of desire (Braun, 1999; Braun & Wilkinson, 2001; Fine, 1988; Fine & McClelland, 2006). Even those deemed ‘experts’ on sex and sexuality struggle to access the discursive resources through which to articulate sexual desire, with the following excerpts highlighting how experts too struggled to constitute desire ‘neatly’. Desire appears to be elusive to definition, with the therapists suggesting that it is this lack of definition that is partially to blame for why their clients struggle to understand desire:

Interviewer: ... I guess the first question which I guess is the best one to start with, is how do you define desire?

Shelley: Well I know that, how I think about it, um, talk about it, or would define it is a little bit different. Everybody seems to have their own ways of talking about it. And clients, mix up arousal and desire, or horniness... that’s one of the things we have to talk about. Um, and there’s desire for

intimacy which is not the same as desire to fuck. Or for sex. Um, so someone can be high desire for um, sex, the intensity of sex and not be, have high desire for the other person. Or for being intimate with the other person. So I mean desire is just wanting.

Interviewer: Yeah. So there's different types of desire?

Shelley: Oh god yes. And the way people use the word. But yes, so I have people who have high desire for sex but they don't have a desire to be intimate when they're sexual. So um, and that's not the same as arousal either, or being horny... People want lots of things... I mean this is why people get in such a mess around all of this, it's such a complicated area...

As we continue to lack a language through which to talk about sexual bodies and experiences, the sex therapists listened to the multiple and complex ways desire is taken up in their work. What emerged in the therapists' talk were of the separation between physical and affective embodiment. By separating the physical and the felt/thought functions of bodies, desire was understood as having multiple meanings, often related to sexual encounters and connectedness:

June: ... I understand it to be intention and feelings of... physical and emotional, warmth, usually about someone else. That I want to display and share. That would be what I would describe desire as. The urge...the.. inclination. And it's a... cognitive as well as an emotional response. Because you feel it and then your thoughts build on it and grow on it.

Interviewer: It's hard to describe isn't it.

Harriet: Yes, because it's not an intellectual thing. It's an experience, it's a felt experience. And sexual desire is an experience; we can talk about how do you recognise that desire. So I could say well, people who feel sexy feel inclined to look after themselves or feel and have sexual thoughts, and sexual fantasies.

Ross: ... I think about sexual desire in at least two different ways... so we talk a lot about wanting... there's desire for sex... for sexual expression... and

then there's desire for another person, desire for a connection. Um, and I think often people are talking about desire, they're probably not clear in their own heads which one of those they're referring to... but I think, you know that's kind of, you know that's simplifying what is a complicated process.

Understanding sexual desire as a complex, multifaceted experience that is connected to self-pleasure and connection with the other, the sex therapists disrupted traditional femininity in that women were constructed as having multiple desires that exceed a partner. In this respect, the therapists reproduced the idea of a 'thick desire', raised by Fine and McClelland (2006), which acknowledges women's multiple and multi-dimensional desires. Throughout these discussions, all of the sex therapists disrupted the dominant idea that women's desire exists only in relation to another (i.e. a man), although the other still held its status as an endpoint:

Harriet: Sexual desire would be, that energy level, life energy focused on things that are sexual. And that could be feeling sexy, feeling attractive to oneself, feeling... with enough energy to look after oneself and to decide you know, from, what to wear to what to eat to what to exercise or how to look after oneself. And then that kind of expands to desire for another. So for, using that energy in connection with another.

While the idea of a *felt* desire emerged in some of the sex therapists talk, such a feeling was imbued with the social significance of the body. Here, a sexual subject is understood to enliven desire (for example through choosing what to eat, exercise or wear); however, this is constrained through the endpoint of desire being for the other, reproducing gendered relations of domination and submission, which are legitimised through naturalising the sexed body (Morgan, 2005).

The "Horniness" Model: Desire vs. Arousal

Like the young women in Study One, when talking about desire the sex therapists co-articulated two discourses of arousal and desire. The therapists drew on biomedical discourse when talking about arousal, referring to physical sensations and changes within the body. Arousal was constructed as a mechanical 'function' achieved through a 'sufficient' amount of the 'right' kind of 'stimuli'. Many of the sex therapists also

referred to a biological ‘failing’ sexual body that accompanied ageing, illness and disability. Purely physiological arousal is not always necessary to desire, although if arousal is missing, it may be a marker of disorder:

June: ... I could have sexual desire...but I might not be aroused by my husband. I might uhhh, be only able to arouse myself. So I understand them as two totally different things... I might have sexual desire, but he might be crap in bed and that doesn't arouse me... So here's where illness and aging and all of that stuff comes in. You can have desire, but you might not be able to get aroused because of the illness or disability or whatever...

Shelley: ... we know women can be very wet or very aroused and say that they're not feeling. You know, they put women in front of porn and then every physiological sign of arousal is there, but they're saying I'm very unhappy right now... So yeah, arousal, the psychological, relationship with arousal is very complex and varies for lots of people... there's no one statement to be said really about.. So arousal is a more, more primary physiologically based thing. But [it's] very complex...

The sex therapists contrasted their own understandings of desire and arousal with what they believed were their clients' understandings. They talked about the struggles their clients had in separating desire from arousal. What emerges, in how they understand their clients talk of desire, is the requirement for a replete bodily response to a physiological encounter. In this respect, the sex therapists understood clients as interpreting any bodily sensations as a sign they desired sex and as understanding themselves as ‘dysfunctional’ when they did not experience bodily sensations:

Shelley: And clients, mix up arousal and desire, or horniness... I think people talk about arousal, I think desire's a very sophisticated... desire is a psychologically sophisticated concept. Arousal's not, so most people talk about arousal...

Ross: ... you know you get notions like horniness. Which for me, you know, very much is an amalgam of those two terms. You know, so there's kind of some sort of innate, innate? You know kind of, not driven by external

events, but are kind of appetite for sex. Um and you know, a lot of people I think, a lot of clients I think are thinking that's what we have to have if we want to talk about sexual desire... Which I think is really unhelpful [laughs]... You know as a construct, it's just, it's like you know, I'm just gonna sit around and wait until desire kind of falls upon me. No. That doesn't make for a, you know, satisfactory sex life... Another reason why I don't like the horniness model of desire is because for those people... who, oh I guess the word that came to mind was sublimate other kind of desires. So particularly the sort of desire for tenderness or connection or you know reassurance or whatever. Into you know and I mean ok they'll get an erection, but actually what they want is to be held... so it's like horniness again is a poor um model for teasing out their desire, what their desire is about.

Sex therapists talked about their attempts to shift client understandings of desire to experiencing *felt* desire. The sex therapists therefore appear to split arousal and desire to help their clients understand desire as more than the physical sensations of the body.

Powerful Bodies

While almost all of the sex therapists separated arousal and desire, one sex therapist resisted this split. Gayle constructed desire and arousal as inseparable, arguing that when separated, women's access to bodily pleasure becomes inaccessible. To make room for women's felt desire, women's desire exceeds the meaning of desire for the other, and Gayle opens up a dialogue for women's self-pleasure and/or the anticipation of pleasure:

Gayle: ... I don't think I even distinguished between desire and arousal... See to me they glide into each other... in the old days, desire would be defined... a willingness to be sexual or a wanting to be sexual, but you see I can't distinguish that from... from an anticipation of pleasure.

Gayle: ... so I used to ask girls, what's the first time you felt pleasure down there outside of other triggers like, you may be sleeping or you may suddenly feel you know aroused down there but there's not obvious trigger around you. Some girls never experience it, particularly if they

go on the pill... there's so many young women whose mothers put them on the pill by 15, 16... Well that stops ovulation. See a lot of girls experience spontaneous desire and higher interest in being sexual either mid-month or pre-period...

Since there are limited discursive resources through which to talk about felt desire, Gayle brings her understandings of 'spontaneous desire' through a focus on the physical body, including the genitals. In constructing women's desire as a powerful biological force, located largely in the genitals, and affected by physical factors such as the pill and ovulation, Gayle attempts to legitimise women's felt desire through a body that is more than its sexual organs. Women's bodily pleasure therefore becomes the site of sexual intimacy:

Gayle: ... But then I know that people like [researcher] are saying we shouldn't be defining um sexual intimacy through only genital contact. It should be broader than that. Well once again I see that as downplaying the force of the female body to access pleasure. I mean yes sensuality is lovely and all the rest of it, but.

Gayle constructed women's spontaneous desire as a powerful feminine force that exceeds cultural meanings of desire for the heterosexual other. While she acknowledged relational desire as one aspect of women's *felt* desire, spontaneous desire is experienced as sexual pleasure. She argues that a woman who experiences pain during intercourse is not dysfunctional; rather she is problematically engaging in heterosex rather than engaging in felt desire. The following excerpts highlight how when women have no voice to express felt desire, or don't feel entitled to felt desire they have become entrapped in the norms of heterosex where they are obligated to desire coitus:

Gayle: ... Because the desire you feel spontaneously, is quite forceful, compared to.. the cultural stuff. And this is an individual impression... I think that women can experience desire and attraction with other, cultural cues, through relational cues, but there's still, one of the pathways is spontaneous desire...

Gayle: ... Coz one young woman... was right in the throes of I have to have a boyfriend therefore I have to have a vagina, and I'm gonna have penetrative sex... And of course she developed a pain syndrome. And so... you've got to have that physiological readiness, it can't just be the cultural force that constructs desire...

Gayle: ... the MRKH girls... And these ones, if their urethras in the right place, if it's placed on the anterior wall, can dilate a full-length vagina. But they've got to be ready to do it. And, what I've figured out is cultural desire is insufficient for them to dilate. If they've only got cultural desire to have a boyfriend they invariably end up with a hypertonic pelvis and sexual pain. Whereas if we get the readiness, like their spontaneous desire, as well as the cultural desire then they tend to dilate up very quickly...

Despite raising concerns that women's spontaneous desire is limited through the heteronormative sexual script, Gayle continues to construct the dilation of a vagina as an end achievement or goal, thus reproducing women's positions as sexual receptacles who must be ready to receive coitus and prioritising coitus as a sexual 'goal' (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005; Gavey et al., 1999; Jackson & Cram, 2003; McPhillips et al., 2001; Potts, 2000). Located within a psy-discourse, which requires therapists take a client-centred approach in following their client's desire, goals and story, sex therapists ultimately reproduce the same discourses as they seek to address sexual problems. A client-centred approach assumes women are able to position themselves *outside* of dominant discourses and gendered positions in striving for their 'goals', which allows for the reinstatement of a sexual script (Guerin, 2008). In the excerpts above, Gayle talks about working with women's 'readiness', which not only upholds the idea that therapy can assist clients in 'getting' spontaneous desire but reproduces the achievement of a 'proper' vaginal pleasure from 'successful' coitus as the end 'goal'. This client-centred approach ultimately reconstitutes a heteronormative sexual script and upholds the position of the 'expert', who assists women in achieving their 'true' desire and therefore fulfilling a 'normative' sexual script.

Gayle drew on dominant discourses to make sense of how women's felt desire is silenced. She resisted dominant understandings of a male sex drive, which constructs

sex as an uncontrollable ‘need’ or ‘necessity’ (Hollway, 2001), arguing that the experience of a felt desire was no excuse for sexual assault. However, the dangers in acknowledging a spontaneous desire for women risks sexual violence within gendered power relations. Constructing women as experiencing a forceful spontaneous desire risks positioning women as ‘always up for it’, meaning women become ‘unrapeable’ (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Dowling, 2013; Gavey, 1992; 2005; Gill, 2008; Harvey & Gill, 2011; Jackson & Scott, 2007). Despite reflecting on the dangerous interplay of women’s spontaneous desire within dominant discourses, Gayle continued to emphasise the importance of giving a voice to women’s felt desire and active sexual bodies. Without a discourse of their own spontaneous desire, Gayle argued that women would remain confined by a dominant sexual script and disciplined femininity, in which their sexualities existed only in relation to satisfying the other (i.e. a man):

Gayle: ... and talking about a forceful drive for sexuality does not mean that it’s an excuse for rape or sexual assault. I mean, you can experience a forceful desire and you don’t go out and assault someone... And I’m wondering... whether part of the worry about not talking about that forceful, spontaneous desire that women have, is silenced because we’re not allowed to speak of it in terms of men, because it was used as an excuse for them to rape women. I don’t know.

Gayle: ... The force of the female body. Don’t underplay it. And don’t take it away from young girls, coz it’s very pleasurable... The force of their own female sexual body... And often you know, they don’t come into being sexual with self, they come into being sexual in relationship to a boyfriend. Mm. And the force of their body gets silenced.

A Changing Desire

The sex therapists talked about desire as an experience that fluctuated and changed. They appeared to conflate desire and arousal when talking about a ‘loss’ or ‘lack’ of spontaneous desire that accompanied older age, illness and long-term relationships. As a discourse of healthisation has infiltrated our sexual lives, sex has mirrored physical ailments in terms of ‘function’ and ‘dysfunction’, with the idea that we should strive for

‘good’, ‘healthy’ and ‘normal’ sex (Gupta & Cacchioni, 2013; Tiefer, 2004; Tyler, 2004). This has allowed for the dominance of a biomedical model in understanding and defining ‘normal’ versus ‘dysfunctional’ sex. A dominant biomedical discourse understands older adulthood as a time of asexuality and sexual atrophy. For women in particular, the experience of menopause is understood as a time of ‘loss’ in which their bodies are seen as ‘failing’ in appropriate womanhood (Hinchliff & Gott, 2008; Ussher et al., 2015).

Likewise, illness and long-term relationships are understood through a biomedical perspective as resulting in sexual disinterest and a loss of biological drives (Ussher et al., 2013a; Ussher et al., 2013b). Drawing on biological understandings of arousal, the sex therapists talked about a ‘loss’ or ‘lack’ of spontaneous force, bodily sensations and “neuro-hormonal” responses resulting from cancer (and its treatment), menopause or long-term relationships. Understanding these life changes through a discourse of ‘loss’, therapists reduce women’s sexuality to reproduction and uphold the idea that women must experience a certain *amount* of desire, meaning when women do not fulfil this ‘normative’ sexual response, their bodies are understood as ‘faulty’, ‘deficit’ or ‘disordered’:

Gayle: ... And that happens with our young women who have treatment for cancer. And they go into um, premature um menopause. They go on HRT but it never gives them back that spontaneous force...

While the sex therapists drew on the biomedical idea of a ‘failing’ sexual body, they also constructed an inevitable shift that occurs once individuals enter long-term relationships. Once in a relationship individuals are expected to lose any permissive and hypersexual aspect to sex, including an overwhelming spontaneous desire, and instead take up positions within a have/hold discourse, in which they must prioritise their partner, the relationship and relational factors such as intimacy (Hollway, 2001). Of course, this is especially required for women, who cannot draw on an enduring male sex drive, which maintains men have uncontrollable sexual ‘needs’ that are biologically driven, leaving women in positions of passive receptivity (Costa et al., 2009; Hollway, 2001). However, in constructing this change as an inevitable fate for individuals in long-term relationships, the sex therapists do not allow space for relationships to

maintain *both* relational and spontaneous desire, therefore restricting women's *felt* desire.

Once in long-term relationships, sexual partners begin negotiating their sexual encounters and desires, including their likes and dislikes, within an intersubjective space (Crawford et al., 1994). Being unable to articulate this intersubjective space, the sex therapists instead drew on dominant discourses to understand this change in terms of have/hold expectations and a 'failing' sexual body or biological 'loss'. However, in doing so, the sex therapists reproduce these dominant discourses, requiring clients eventually 'lose' their spontaneous desire, conflating arousal and desire, and reinforcing the idea that women must take up positions within a confining have/hold discourse once in a relationship:

June: ... I also think that the desire changes in terms of the start of a relationship, versus the building and commitment phase of a relationship. So, it's not fireworks anymore... You understand that you're not gonna be aroused at the click of your fingers and, you have to make time to plan to have sexual experiences, it's not all spontaneous. So the desire is different in that it's more planned...

Ross: ... I mean primarily I'm working with people who are in long term relationships. So, you know, the neuro-hormonal kind of influences that really invite people into states of you know, frequent sexual arousal and things, they're gone. [Laughs]. You know, people have that typically you know, depending on who's research it is, maybe months, maybe a year if they're lucky... so a lot of people have that experience... and they think there's something wrong with them that they don't have it anymore...and I think there's a lot of cultural mythology around that... And I just think it causes so much unnecessary distress. Because people think there's something wrong with me or my relationship because this is getting harder, this is getting more difficult. You know, and it's kind of like no there's nothing wrong! There's nothing wrong with this picture! It is difficult. Nothing bad is happening here.

Neoliberal norms of self-responsibility and self-improvement, in interaction with a discourse of healthisation, inform those who ‘fail’ to uphold ‘normal’ or ‘healthy’ sexualities that they must engage in ‘sexwork’ in order to strive for ‘successful’ or ‘normal’ sex (Cacchioni, 2007; Gupta & Cacchioni, 2013). The sex therapists resisted a biomedical approach to ‘fixing’ a ‘loss’ of desire, instead constructing loss as an opportunity to shift clients sexual desire from an ‘arousal’ model of sex, to an intimacy based model of sex, through which sex was driven by a desire for connection and increased intimacy. They talked about their clients seeking ‘quick fixes’ for their ‘loss’ of spontaneous desire, as informed by a dominant biomedical discourse (Irvine, 2005).

While the sex therapists constructed desire as more than just physical, through their emphasis on intimacy-based sexwork, desire emerged as meaningful through bodily intimacy and resonates with romantic intimacy as a feminine desire in relation to the have/hold discourse. Loss of desire becomes marketed as grief, and women’s desire is limited to relationship intimacy. Sex within long-term relationships or following menopause and illness is therefore something to be managed, reinforcing women’s gendered performance in the intimate space of the relationship. There is no space for sex outside of the intimacy and maintaining a relationship, meaning women’s *felt* desire is constrained within the relational:

Gayle: And some women when they go through menopause, if they haven’t established a really deep emotional connection outside of performative sex with their partner... You know if your relationship has been based on performative and not intimate, they’re really lost if they’ve had that strong spontaneous desire just come in. And they come to the endocrinologist and they want testosterone and they want all sorts of things but my job then is to [laughs] get them to grieve. And to develop a differing intimate relationship with their partner, because they’re not gonna get that spontaneous force back again...

Ross: And it’s seeing that as an opportunity to shift away from this kind of.. my desire for sex is driven by my hormones, and onto my desire or sex with my partner is about the connection between us and the state of the relationship between us... the intimacy... we think it’s really important for people’s I guess sexual well-being that they make that shift.

Shelley: ... one of the ways I work with um, yeah, desire for sex, is that once you've been with someone for a long time unless you develop the intimacy, you don't have a bridge into being sexual with another person. Because horniness declines as you get used to the same person...

While most of the sex therapists reproduced the idea that spontaneous desire was inevitably 'lost' following illness or menopause and within older age and long-term relationships, this assumption was also disrupted at times. One of the sex therapists in particular talked about desire as also staying the same or even increasing with life changes:

Interviewer: Mm. And so do you think that sexual desire changes, over your lifespan?

Harriet: I think that's a valid comment for a fair amount of people. However, I see females in their mid-50s, who claim that it never changed for them. And they've always had very high sexual drive and they still do. But most of women that I've seen, with hormonal and general life changes, have experienced a change in their desire. And not always for the worst, I mean I've seen it can go up and down in circles... as much as we can disconnect from desire we can connect to desire again. But we need to be aware of, we need to learn, what are the things we need to connect to in order to connect to the sexual desire.

Harriet resisted the idea of a 'failing' sexual body, instead normalising the continual fluctuation of desire, which are constantly being negotiated. Ussher and colleagues (2005) argue that any changes in one's sexuality, experienced with life changes such as age or illness, occur within a cultural and relational context that includes gendered discourses of sex, aging, illness and relationships. They therefore argue that it is the *meaning* attributed to these changes that determines whether these changes are 'symptoms' of 'dysfunction' or accepted as a part of life. Resisting dominant discourses that constrain women's desire and construct a 'failing' sexual body, Harriet understands desire as a *felt* experience that is not limited to biological function.

Diagnosing Disorder or Difference?

A Pathologising DSM

During our discussions about sexual desire, the sex therapists did not mention the DSM. When I raised the topic of the DSM, many had not read its latest versions, did not use the manual in their work and talked about the manual as unhelpful or unnecessary. The sex therapists tended to view the DSM in a negative light, as they understood it to pathologise normal sexual behaviour and responses, including changes in desire. The DSM continues to base itself on a model of sex as universal, spontaneous, biologically-driven and goal-oriented (Durr, 2009; Goldhammer & McCabe, 2011; Tyler, 2009; Wood, Koch & Mansfield, 2006). Its broad criteria, while allowing for different variations of sexual expression, classifies any experiences that interfere with a heteronormative sexual script through symptoms of disorder.

The sex therapists also talked about the unhelpfulness of gendered diagnoses (which silenced other sexual desires) and the conflation of arousal and desire in the DSM-5. While there are broad criteria for a diagnosis of female interest/arousal disorder, the male desire disorder contains limited criteria that omits male pleasure, bodily sensations during sexual activity or the initiation of sexual activity with a partner. Any infrequency or lack of intensity in a man's sexual performance is therefore *not* pathologised, unless it interferes with the erection-penetration-ejaculation script (Duschinsky & Chachamu, 2013). These criteria uphold the prioritisation of men's desire and pleasure as the sexual 'standard' and reproduces the idea that women are objects of masculine desire. Women's desire is understood as 'complicated' and men's as a simplistic, biological and unitary sexuality (Duschinsky & Chachamu, 2013).

Since almost all of the sex therapists worked within a private psychological sphere, they operated *outside* the confines of the DSM. Some of the sex therapists reflected on how the DSM maintained its power and authority in defining 'normal' sexuality, in that for individuals to access support they must first understand themselves as 'disordered'. Reflecting on political and financial imperatives that maintained the DSM's 'gate-keeping' position, one sex therapist referred to the DSM as a "necessary evil".

However the DSM serves the political and socioeconomic interests of a selective group (i.e. biomedical and psy-'experts' as well as pharmaceutical companies), upholding

their power in the commodification of disordered sexualities. An active power-knowledge cycle ensures this selective group gains a significant amount of profit from individual ‘dysfunction’ and authority over sexual ‘knowledge’ (Hartley, 2006; Moynihan, 2003; Tiefer, 2001; Tiefer, 2002b; Tiefer, 2006). Working within a private sphere, the sex therapists interviewed positioned themselves as ‘free’ from the political imperative of the DSM, meaning they could disrupt a discourse of ‘abnormality’, instead constructing DSM criteria as reflective of ‘normal’ variations in sexual expression:

June: ... Can I just have a look at that, coz I haven't actually read the whole version. I read an article on the changes... [Pause]. No reduced initiation and typically [reading criteria], oh yes sorry I'm reading that incorrectly. Ok I can get my head around that. And what you said earlier, you see. I have this disorder now that I've read this. But it's because my husbands an ass.

Ross: Uhhh I have, I haven't even looked at DSM-5 I have to be honest... I don't use DSM criteria at all in my work. It's just not, people you know are paying me privately so I don't have to answer to any bureaucracy so... My initial response is it annoys me that it's female, it should just be sexual interest or arousal disorder. Um, already they're conflating interest and arousal, that's.. wonderful. Not... I mean I'm very mindful of all the politics that went on before... I mean I think the problem with DSM is that you know, it's an American book and they've got to have a diagnosis in order to claim to get treatment. In that case you've got to put all that stuff out, it's sufficiently broad that you can put anything in there. So if I see it as, if I look at it through the lens of this diagnostic category has been created to provide funding for people who are seeking help, it's great... Uhhh the trouble, the danger is that you create these broad diagnostic categories and they pathologise perfectly normal women... But I see that as a much broader issue than just in this section, this area... Yeah so I kind of just see these sorts of things as kind of a necessary evil.

While the sex therapists position themselves as outside the authority of the DSM, they do occupy positions within the growing economy of sex. Commodifying talk and sex, the sex therapists profit from individual and couple ‘dysfunction’ or efforts to achieve ‘good’ or ‘successful’ sex (Banks, 1990; Harvey & Gill, 2011; Jackson & Scott, 2007). Therefore, while the sex therapists attempt to disrupt a discourse of ‘abnormality’, their position as ‘experts’ within the practices of sex therapy continues to uphold the idea that there is a ‘correct’ or ‘normal’ way to experience sexuality and desire, with clients paying sex therapists to provide them with this ‘truth’.

One sex therapist talked about how the DSM reproduces normative assumptions around sexual desire. She talked about how the DSM assumes desire as a given and how a diagnosis of desire ‘disorder’ implies that it is ‘normal’ to have a *specific* amount of desire, which we experience in a *certain* way, thus reproducing a ‘normative’ sexual script. In the following excerpts, Harriet understands desire as a socially constructed ‘expectation’, disrupting the idea of a single ‘true’ reality and reflecting on how knowledge and truth is socially constructed. Her comments resonate with Drew’s (2003) argument, that when we define a lack of desire as a disease or dysfunction, we allow phallogocentric ideas on ‘right’, acceptable and appropriate women’s sexual response to prevail. Instead, Harriet argues that a ‘loss’ of desire is only a problem if it affects the relationship between two people.

However, in understanding desire in this way, Harriet assumes that relationships sit *outside* of a heteronormative sexual script and gendered positions where neoliberal subjects are free to resist them. Therefore, while Harriet attempts able to disrupt the idea that one must have desire, she is also constrained by her own position within a psychodiscipline, that maintains the gendered power relationships of heterosex, sexual desire, and its dysfunction:

Harriet: What do I think of the DSM? I don't think much of the DSM, I have to tell you... Again, to assess that there is a disorder is standing in a paradigm, it's assuming that the normal thing is to have desire. I have my questions around that... And I guess, there is an interesting book about called 'Perfectly Normal: Living and Loving with Low Libido'. They questioned why a woman is supposed to have sexual desire. Why are we assuming that something's wrong with you if you don't have

sexual desire? That's a paradigm, a belief. So I believe that having sexual desire is a good thing for you. But you may believe exactly the opposite. Not having sexual desire is only a problem if it affects the relationship, it is purely contextual.

Harriet: ... I would like to invite you to think about desire not as a given. Desire is not something that we are all supposed to have. I think that belief is a paradigm, it fits a belief system. And that, you can start challenging that, because if we don't, a woman who comes and says "I never felt any sexual desire, I never did, not when I was young, not when I was older. So what, do I fit DSM-5?" And if you never did, so what. Is that a disorder, is that a problem? Was it a problem for you? Yes, no? Do you want to change something, do you want to work on that? Yes, no? If yes, why? What else?

A Matter of Discrepancy

When talking about a 'lack' or 'loss' of desire, the sex therapists returned to separating arousal and desire, constructing desire as determined by relational factors. Instead of diagnosing 'disorder' the sex therapists talked about desire 'difficulties', which they framed as resulting from *relational* problems or individual difference, i.e. a discrepancy between partners. They talked about couples commonly blaming one partner as 'the problem', which was most often the partner with the 'lower' desire. The framing of a lower desiring partner as the 'problem' reflects neoliberal expectations of *hypersexuality*, which means those who fail to position themselves as 'always up for it' are understood as 'deficit' or 'dysfunctional' and therefore in need of 'fixing' by an expert. However, since men's desires are seen as the sexual 'standard' within a heteronormative script, it is most often the *woman* who is understood as 'deficit' when she fails to remain receptive to her partner's desire.

The sex therapists disrupted a discourse of individual 'dysfunction' throughout their talk. They talked about avoiding the term 'disorder', which they felt implied concerns were abnormal or uncommon, instead using words such as "issues" and "difficulties" to talk about their client concerns about their desire. While the sex therapists disrupted a discourse of individual dysfunction, they remained confined by a dominant psy-

discourse of complementary desires within a relationship, reproducing the gendered binary positions through which women are complementary to men's sex (Guerin, 2008).

Throughout their talk, most of the sex therapists talked in gender neutral terms. By framing desire discrepancies in gender neutral terms, the sex therapists assume clients can 'liberate' themselves from any desire 'difficulties' through ongoing sex and relational work, which silences a restrictive heteronormative sexual script that prioritises men's desires while silencing women's (Guerin, 2008). However, one sex therapist did acknowledge the influence of unequal gendered power relations that enable men's entitlement to pleasure, which means women who do not fulfil these pleasures are understood as a 'problem':

June: ... It's always, shouldn't say always, but there's usually always a problem in the relationship when desire isn't there. There's something going on, one of them doesn't feel heard, it'll be something that's not right, and when that's tended to then things get back on track. But then what if the person's a crap lover as well, why would you feel desire for them if they're crap in bed...

Ross: ... I'm thinking about the desire discrepant couple, which is pretty much everybody....

Shelley: ... I don't like to call them disorders because they're so common that they're normal... Yeah so I don't call them desire disorders, it's more desire issues... So someone can present with low desire for sex in one relationship and they can be high desire for sex, and for intimacy in another relationship. So, um, it's only a position in a system. High or low desire....

Shelley: ... well you've got that narrative of the male entitlement and that the low desire person is the problem. So an entitlement to their pleasure and to defining the person that doesn't want sex as a problem.

Desire problems were recognised as *relational* problems, and often emerged when intimacy was not present. Intimacy-based sexwork locates intimacy as the site to achieve 'great sex', but assumes sexual equality (Guerin, 2008). While women may

work on relational intimacy, a lack of gendered analysis cannot disrupt the pervasiveness of the heteronormative script and women's desire remains invisible:

Harriet: ... And she has this long list of things and he has this long list of things, and they don't have a clue about each other's needs and wants. They make the focus of their problems on other things. So the problem are these things, you know the dog, the children, whatever. And it's like no, the problem is here, the intimacy or the lack of...

Shelley: And so developing, having a desire for intimacy is crucial to maintaining and resolving sexual desire disorders, or issues later on... Desire for intimacy is the main thing that I work with people on, and it seems to solve a lot of problems, not just sexual... I mean I've also talked about if someone wants you to be open and vulnerable with your body and they can't be open and vulnerable with their words. That's a really common one. So vulnerability being essential to sexual intimacy...

The sex therapists' discussions of intimacy-based sexwork drew on a discourse of reciprocity and compromise in that partners were expected to reciprocate the satisfaction of their own desires with other acts of sex or intimacy. However, the dangers in employing discourses of reciprocity and compromise are raised by Guerin (2008) and others (e.g. Braun et al, 2003; Gilfoyle et al., 1992). Guerin and colleagues (2008) argue that although compromise and reciprocity may open up new possibilities for heterosexual encounters, they do so within the confines of heteronormativity and dominant discourses at play. Compromise and reciprocity are egalitarian strategies that assume equality between partners and downplay gendered power relations, which in turn leads to the perpetuation of these women's subjugation (Guerin, 2008). For example, from a position of female nurturance and sexual receptivity, women may experience increased pressure to 'pay back' any acts of intimacy with sex and feel locked into 'invisible contracts' in which they must satisfy men's desires regardless of their own desire:

Shelley: ... I look at it all together with people [begins drawing on whiteboard]. So I look at their level of intimacy or connection and I talk about gaze, talk, affectionate touch and sexual touch. So someone will say oh I want more of this [circles sexual touch] and you go ok alright, and the women

or man will have reasons around, the other person will say this is a bit tricky and you ask that same person, and they can't do that, or they can't do that or they can't do that [circles other three components]. So we say well let's balance this conversation up, ok I'm not gonna tell you to not want more sexual touch and sexual intimacy but it wouldn't be fair for you to say I demand more of this, when I really suck at that. So we're looking at developing, increasing the level of intimacy in all areas. So you've gotta look at it as a system...

Upholding a Professional Position

While the sex therapists took up a position of resistance against the DSM criteria for sexual dysfunction, they drew on psychological discourses to legitimate their own knowledge and practices, positioned through the psy-disciplines they represented (Guerin, 2008). Just as the women interviewed were disciplined into practices of femininity, the sex therapists were disciplined into upholding their professional 'expert' position through the reproduction of dominant psychological 'truths', that reproduce gendered power relations.

Shelley draws on the Crucible model for couple sexwork, which attempts to reduce the pathologisation of desire at an individual level, instead locating the problem in the emotional functioning of the relationship. However within the heteronormative script, women are responsible for the emotional functioning of the relationship, therefore locating sexual difficulties at an individual or relational level ultimately ignores broader gender social power relations (Guerin, 2008):

Shelley: My sex therapy model specialises in sexual desire disorders, so I don't know if you know about David Schnarch and Ruth Morehouse and the Crucible Model, but it's one of the most successful models around sexual desire issues for couples.

The therapists frequently referred to individual's 'sense of self' and level of 'security' or 'insecurity' when discussing sexual difficulties, which resonates with the idea that our identities are 'projects' to be worked on through psy-discourse (Rose, 1996; 1999). Sexwork as a performance of responsibility to the relationship, however, does not enable women a desiring sexual subjectivity within a heteronormative relationship of

domination and subordination. While a woman may develop a 'solid sense of self' or resolve her 'attachment issues', her ability to express, experience or assert her desire is constrained through disciplined femininity:

Shelley: ... I work with people's sense of self and how insecure they are, that's what I work with people with around their sexuality. So, and their intimacy. So you can only be as open and vulnerable as you can tolerate with another human being. And if you're insecure you protect and defend yourself. So everybody I see to some degree, that lens I use on everybody. So we call it different levels of differentiation. So they'll be more or less insecure, more or less defended.

Interviewer: ... And what do you think helps people develop a solid sense of self?

Harriet: ... That's the million dollar question. This is based on attachment theory. So if you had a secure attachment, you won't need help to develop a sense of self. If you had an insecure or disorganised attachment, or an ambivalent attachment, then there is a developmental task not completed yet. Neuroscience shows today that a good relationship can help to complete that developmental task, so it can be in a therapeutic relationship or it can be in a partner relationship...

A dominant psy-discourse, that upholds and reproduces gender as sexual difference through its research and practice, assumes differences in women's bodies is the site of treatment/intervention (Ussher, 1993). Gender-neutral language used by the therapists, rather than open spaces for the possibility of feminine desire, reproduced gendered social power relations. In the following accounts, the therapists individualised differences that were inclusive of multiple sexual subjectivities. However, since clients are not discursively located *outside* of a heteronormative sexual script (Guerin, 2008), without an examination of gender, women remain positioned as the problem. For example, Ross' argument that the exchange of sex is universal assumes that the meaning of sexual desire is the same:

Ross: And interestingly, where the woman is the higher desiring partner then um, it's you know, probably is likely for her to be using sex to get other

needs met. As it would be when the man's the higher desiring partner... Well I mean yeah, I would say it's universal actually [laughs].

Harriet: What did I learn? I learned to not generalise. I learned the amount of ways of being sexual that exist... I learned about how many difficulties people have around sex. I learned about sexual identities, and the many identities, and now we're talking more and more about fluid identities...

Shelley: ... Their particular package, would be very unique to that person. And you would get all different permutations of what we have been talking about with each person so it's very, very refined....

Sex therapists negotiated a dominant psy-discourse, drawing on biological and psychological theories and gender-neutral understandings that focused on an individual or individual-in-relationship level; yet at the same time, they negotiated gendered discourses that embedded women's bodies and bodily pleasures in the heteronormative script. Two of the sex therapists in particular, were passionate about changing the ongoing silencing of women's bodies and their under-entitlement to pleasure:

Gayle: ... I've never had a young woman in yet who knows what's inside... They usually, most of them know their clitoris. But they don't know what happens. And most New Zealand young men don't really know where they should be going when they are stimulating women and the vagina, they don't know the spots, they don't know the pressure, they don't know anything. They're not taught.

Shelley: ... there's a gender statement I would be willing to make. Which is, women's under-entitlement to be sexually pleased, which I also hope, I hope is changing. The youngest women I usually get coming here are about 25, 23 maybe. And I don't see enough change, women aren't expecting to experience sexual pleasure. For themselves... so while it looks out in society that that's changing a lot, I don't know in many bedrooms whether that's changing enough. So if you're not experiencing sexual pleasure you're less likely to desire a sex life or to be sexual with someone else...

Gayle talked about both the men and women lacking an awareness or knowledge of women's sexual bodies and bodily pleasures, which she attributed to a lack of education. Women's bodies remain a taboo subject as they have been constructed as passive and inadequate, disgusting, vulnerable or dangerous (Braun, 1999; Braun & Wilkinson, 2001; Davies, 1990). As the female body has become unspeakable, so both men and women lack awareness of women's bodies and their ability to experience pleasure. As Tolman (2002a) argues, women's bodies continue to be understood as *objects* of desire used for sexual interactions over *desiring* bodies governed by their own needs, desires and pleasures. It is therefore not surprising that a discourse of women's sexual desire, pleasure and satisfaction is still largely missing from sex education (Cohen et al., 2012; Fine, 1988; Fine & McClelland, 2006; Oliver et al., 2013; Tolman, 2002b). Possessing silenced bodies and lacking a discourse of their own desire, women do not expect to experience pleasure within sexual encounters.

Shelley talked about how women's under-entitlement to sexual pleasure operated to limit women's active desire. Within her excerpt, she appears to talk about the masking of a heteronormative sexual script within a neoliberal society. Emphasising sexual 'liberation' and gender 'equality', and even fluid sexual subjectivities, neoliberal norms create a façade of sexual 'freedom' and 'choice', which acts to conceal ongoing gender imbalances operating through the heteronormative sexual script (Baer, 2016; Bay-Cheng & Eliseo-Arras, 2008; Gill, 2008). Behind this façade of choice (Gavey, 2012), men's desires and pleasures are prioritised, leading to the silencing of women's (Dowling, 2013; Kelly et al., 2017; Thomas et al., 2017).

“Lambs to the Slaughter”

Passion-Killers: A Cultural Concern

While the therapists located sexual problems as individual/individual-in-relationships, they also located the problem embedded in everyday culture. All of the sex therapists talked about their clients as drawing on a heteronormative sexual script, which they understood as normalising everyday understandings of normal sex, and had become so dominant that it was unquestionable, common-sense or 'right' (Costa et al., 2009; Gavey, 2011). It was ordinary to hear the same discourses being taken up by clients to inform their sexual experiences.

The sex therapists talked about women of all ages and situations presenting with the same dominant discourses that prioritise men's desires and pleasures and held women responsible for managing the relationship. They also understood that women were in a constant process of self-surveillance to achieve the goals of heteronormative success, and took responsibility for any failure.

Those who sought sex therapy therefore appeared to be self-policing sexual beings who were both objects and agents of disciplinary power. The pervasiveness of a heteronormative sexual script left the sex therapists feeling frustrated and 'despondent' that women's desire continues to be silenced and/or constituted as dysfunctional. It is so commonly understood, that women who disrupted the script are considered exceptions:

Shelley: ... I'm a bit despondent about attitudes in New Zealand changing... Yeah I don't see it, I don't see it in my office. I honestly have 30-year-old women and they're telling me the same stuff that a 65-year-old woman is telling me and I'm like Jesus. Has much changed, you know. Not as much as people think it has. I mean I get to hear what people actually do in their bedrooms and I find it depressing how little has changed.

Gayle: [On women returning to sex after cancer] Well taking care of the relationship. Usually along with the idea of well he's been so good, he's been so patient and yeah. Just the same old. Same old stuff about um, prioritising his sexual needs and yeah what he defines as intimacy. And then you get the occasional brilliant one that would come in and the husband would indicate that you know, the sex would be whatever, sexual intimacy would be whatever...

June: ... a lot of them have that view that men want it all the time and you know that's normal and there's something wrong with them because they don't... And then comes up the issue that I often find, that... she doesn't like him masturbating either... She feels that it's her personal responsibility to fulfil him and if she can't do it then he can't do it by himself either...

Harriet: ... the clients who lack this desire feel that there's something wrong with them and that they're the only person in the world to have this problem. And everybody else is happily having sex all the time... and sometimes [they] are reluctant to talk about it for fear of being condemned.

Throughout the interviews, the sex therapists highlighted that men *too* were confined by (unhelpful) dominant discourses and a 'normative' sexual script. One sex therapist in particular, argued that dominant discourses constructed men's sexualities and experiences of desire as 'simple' and 'unquestionable'. Historically, masculinity has been exempted from scrutiny because of its privileged status (Mowat, Coombes & Busch, 2016). It is through the performance of gendered social power relations that heterosexuality operates. Where there is an embedded assumption of the unquestionable entitlement for men to have heterosexual (male sex drive discourse), men struggle to enact meaningful masculine performance of doing sex. The heterosexual script limits the possibility for men's desire *outside* of these masculine expectations.

Ross talked about men coming to understand themselves as 'dysfunctional' if they did not fulfil their masculine positions within a sexual script. In the following excerpts, he gives the example of men who are unable to achieve an erection during casual sexual encounters. Informed by a dominant sexual script, men are expected to easily achieve and maintain an erection during casual sex, given their uncontrollable sex drives and prioritisation of sex (and satisfying their sexual 'needs') over the establishment of any emotional connection. Therefore, men who are unable to experience desire or arousal during casual sexual encounters come to understand themselves as 'dysfunctional', seeking sex therapy in order to 'fix' this dysfunction. The following excerpts highlight not only a gap between gendered expectations and *actual* experiences but also the influence of dominant discourses on men's experiences of their own sexualities and performance of sexual 'normality':

Ross: I mean I have problems with some of the writing around desire and the way men's desire is characterised... Basson's model or whatever, say you know it's really simple for men, this linear thing for men you know and it's not like that for women, and I actually don't think it's like that for men either!... I was reading something not that long ago... but they were talking about how women... can have all sorts of reasons for

wanting sex and I thought... it's like they're challenging all the cultural discourse about women and they're just accepting these clichés about men's desire, with no critical analysis whatsoever!...

Ross: *... at least the stereotypes that women get stuck with are a lot more complicated at least you know... but the kind of implication of it's just so simple for men and men are always up for it you know... over the years I've had a few of these young guys come and see me and they've been worried about their... sexuality... basically they have had difficulty with erectile functioning in casual encounters. And they're worried... So if they're in a relationship that has some meaning to them they have no problem with their sexual functioning. But if it's meaningless sex, they can't get it up and they think there's something wrong with them. And I sort of think that's really sad, that that myth is so powerful...*

The sex therapists talked about negative social sanctions afforded to those who did not fulfil a heteronormative script. Those who did not uphold their appropriately gendered positions within the bedroom feared social condemnation. Understanding their sexualities as 'wrong' or 'abnormal' clients were restricted in their ability to talk about their experiences with others, instead seeking sex therapy to guide them back to 'normative' sex. Ross understands the heterosexual script as rendering women's excess desire as abnormal, meaning there is no position for an actively desiring feminine subject. Ross talked about standards of femininity that discipline sexual subjects, whom police not only their own sexual behaviour but also that of other women. He talked about women who experience *more* sexual desire than their male partners as having no voice as the boundaries of heterosexuality are monitored and socially sanctioned. The institutionalisation of socially dominant masculinities also legitimates the meaning of 'manliness' through the marginalisation of other forms of masculine sexuality. The sex therapists talked about men facing negative social sanctions for their failure to uphold the male sex drive discourse. In the relationships between dominant masculinity and subordinate femininity, they become 'other' to masculinity and the failure becomes deficit:

Ross: *... I mean there's all the cultural stuff around not just that it's acceptable but that it's expected of guys to be, very sexually focused... it's really*

interesting when you look at those couples where the woman is the higher desire partner for sex... I mean there's quite a lot of them!... But those people are silenced... the women can't talk to their women friends... because, you know, their experience is very different and just doesn't fit with the cultural norm, so they're silenced. And of course the, you know, and sometimes will have negative reactions, you know, from other women...

Interviewer: What kind of negative reactions?

Ross: Umm that, there's something wrong with them. And I think kind of a flavour of, they're letting the sisterhood down. Kind of, by being you know, seeing sex as a good thing. They're transgressing a cultural norm... And the guys of course are ashamed. You know, it's just not ok that you're not interested in sex, it's just you know, you're not a proper man...

Gayle: ... a lot of men over 50 can't maintain a hard erection anymore so a lot of men just quietly get on with it... coz they can't, if you look at masculinities and femininities they don't go down the pub and speak about this with their mates.

The therapists talked about dominant discourses of sex and gendered positions as restricting people's sexualities to a sexual *performance*, which lacked negotiation. With sexual experiences constructed as sites of gendered performativity and 'proving' one's sexual 'normality', there is no room for a voice of desire outside of the 'expected' script. Therefore, the sex therapists talked about their clients as rarely, if ever, negotiating their differing desires or pleasures, leading to unpleasurable, unsatisfying and painful sex.

They understood women's experiences of sexual pain as resulting from their engagement in unwanted and undesired sex that was driven by heterosexual coercion and obligation, due to gendered positions which required they remain passive receptacles to their partner's sexual 'needs' as well as managers of the relationship, their partner's feelings and their own 'normality'. Likewise, men were understood to be sexual 'experts' who knew what to do and who were required to perform physically by

maintaining an erection and knowing how to satisfy a woman, though the focus remained on his orgasm. Within this sexual script there is no intersubjective space through which to negotiate sexual desire or pleasure outside gendered power relations of domination and subordination. Since couples of all ages drew on a heterosexual script to inform their sexual practices, the sex therapists talked about most couples who came to see them as rarely talking about sex together and having no space in which they negotiated their sexual encounters:

Shelley: ... most couples I meet have not ever been able to and cannot. And that doesn't matter whether they're 23, 33, 43, 53, 63, 73, 83... I've seen all those age groups and most couples, they don't say, they don't talk about what sex they're gonna have before they have it, they don't talk in the middle of it. Even if it's just oh shall we change positions? And they don't have a wee review afterwards like oh that was great and I really liked that, or, they don't have a sense of developing their sex life.... I'm not sure that you've got an individual woman with an individual young man and sort of able to talk about sex in a way that they can co-create something where they both get sexual pleasure. I just don't think that's happening.

Gayle: ... and it's only when the lust stage in a relationship should move into intimacy, and they don't... negotiate the differences in sexual desire, then they start getting into the habit of having unaroused penetrative sex... I've never met a couple yet who've negotiated their differences. They come to me. I know they must exist. But I've never. But the ones that come to me with sexual pain, they've never never never. Um negotiated or identified. The women's usually just gone along with it more.

What was evident throughout the sex therapists talk, was that couples came to understand any undesirable, unsatisfying or painful sex as due to individual and/or relational 'deficits' and 'dysfunctions', which lead them to seek sex therapy. Thoroughly embedded in the heteronormative sexual script, when sexual desire did not fulfil gendered expectations, they engaged with therapy to meet their obligations as neoliberal subject, to fix their relationship. The therapist therefore were required to

disrupt the heteronormative binary toward an intersubjective space where sexual desire and pleasure can be negotiated. The sex therapists understood dominant discourses that produced heterosex as ‘desire-killers’ for both men and women:

Shelley: ... that whole myth of the woman’s job is to pant and get aroused and it’s the man’s job... this is the heterosexual... to know what buttons to push. And it’s just a highway to nowhere you know? And I’ve seen both male and female desire be slaughtered by that. Like one the girl’s not having any fun and B the boy’s, the young man’s thinking god I’ve got to know what to do. And it’s just a passion, desire killer... It’s just primitive, basic. It’s not good. So we get primitive sex lives out of primitive information and primitive understandings.

In emphasising sexual negotiation outside of dominant discourses, the sex therapists reproduced the assumption that men and women may liberate themselves from a heteronormative sexual script through the process of sex therapy and ongoing relational work (Guerin, 2008). However, the pervasiveness of a sexual script was evident in their later discussions, during which they talked about how dominant discourses of sex are continually upheld and reproduced through multiple operations of disciplinary power, such as the media, and educational systems. They talked about the media and sex education as key places young people learn about sex, arguing that cultural discourses reproduce gendered positions and a ‘normative’ sexual script that restrict young people’s sexualities and allow no space for sexual negotiation:

Harriet: ... Education and cultural context play a huge role in the way we see ourselves and our sexuality. I think today’s children are still not getting much of a sex education. I don’t think we have made much progress on that yet.

Interviewer: Mmm. So there’s not really any communication.

Gayle: Well where would they learn? Because they don’t teach it at schools do they.

June: ... I think media has a lot to do with it. You know, you’re supposed to be able to go all night and be ready at the click of fingers. Sooo not true.

Dominant discourses of sex were therefore deemed ‘inescapable’. The sex therapists recognised the heteronormative sexual script as culturally embedded and the location where change was necessary. However, they also understood that the faceless disciplinary power that governs sexuality was also embodied (Bartky, 1998).

Two of the sex therapists talked specifically about New Zealand’s cultural context, which they contrasted with more ‘pro-sex’ cultures. They constructed New Zealand culture as reproducing traditional conservative values, which restricted the places in which individuals may talk about sex and reproduced the silencing and control of affective embodiment. They contrasted this to other cultures in which sex was openly talked about and accepted as a part of life. Harriet talks a lack of space for individuals to experience *felt* desire within New Zealand’s sociocultural context. She understood New Zealand culture as reproducing the importance of *control* over any experience of overpowering emotion, which further reduces the spaces for women’s desire to be expressed, asserted or experienced.

While Shelley also talks about the importance of opening spaces in which we may talk about and experience desire, she brings her talk back to the body. Shelley attempts to open up a space in which to talk about sex and desire through a dominant biological discourse alongside a discourse of healthisation (Brown-Bowers et al., 2015; Tiefer, 2004). Shelley legitimises sex as another physical function of the body and health-promoting activity, and risks naturalising the function of sex as bodily desire.

Harriet: ... I think we have different things in different countries. What I see here... I see very little physical connection... There is little permission to express emotions, particularly when emotions are high... I think in that, way of controlling, or trying to control emotions, there’s a huge problem that affects everything, learning to be so controlled suppresses the possibility of experiencing this life force that I’ve been talking about...

Shelley: ... we’ve got a lot of attitude shifts, like compared to Denmark or Sweden or Holland, where pro-sex and a positive attitude.

Interviewer: What’s the difference? Like how are they pro-sex?

Shelley: Simple things like, well you see it when you go to the World Sex Congress and they’re doing all this how sex is really good for your

immune system, it's like it's a physical, you know it's like you eat, you drink, you fuck. It's like exercise, it's considered a natural normal part of life to maintain your wellbeing. But when you're actually in the country... like you can have quite a juicy sex scene on the TV and you can have a seven-year-old and like all the kids that age and the parents and no one's going ewww or making comments. It's like, yeah people are making love, it's a part of life. Therefore it's something that can be talked about more... it's a natural part of life that you can view together, you can talk about it a little bit, there's no embarrassment like you have in New Zealand, a cringe of embarrassment...

Understanding a heteronormative sexual script as a *cultural* concern, the sex therapists talk reflected a sense of frustration and hopelessness around making positive changes in people's sex lives. One sex therapist understood young people as “lambs to the slaughter” in terms of negotiating their sexualities within our current sociocultural context. She talked about young people as having limited to no access to less restrictive and more positive or helpful discourses about sex that allow space for desire, pleasure and sexual negotiation. Missing a discourse of women's desire and pleasure, Shelley talked about young women having no language from which to talk about, explore or assert their desires and pleasures (Fine, 1988; Fine & McClelland, 2006), meaning greater pressures fall on young men to take up the position of the active ‘sexpert’ who takes the lead in the bedroom:

Shelley: ... I think we really are letting all our young men and women down, we're not teaching them pro-sex, positive sex attitudes and that's effecting sexual desire for everybody... So we are making our women, our young women are still pretty ignorant about what they like and what they want and what their role is in making sure sexual interactions are really great for them. Now the other side is that puts it all on the guy... I mean I honestly think we're just lambs to the slaughter treating our young people so terribly. They have no language for it... it's just like seeing someone out in the car without a driving license as far as I'm concerned. I get really hot under the, I'm passionate about it I just think we've got to change it.

Regression over Transgression: Marching Backwards

When talking about sexual problems, the sex therapists reflected on neoliberal norms, assumptions and expectations that assume women have achieved sexual equality liberation and freedom and questioned how much space there really was for women to talk about and assert their sexualities and desire (Gill, 2008; 2009; 2016). While there is a position for women's active always up for it sexuality, the regulation of women's desire continues to regulate their sexual subjectivities.

While women's assertion of sexual desire is commodified through a discourse of 'empowerment', they appear to be further confined by performativity and 'technologies of sexiness' (Evans et al., 2010). Therefore, while space is opened up for women's desire within a neoliberal society; desire remains a gendered *performance* that upholds the same sexual script that prioritises men's desire and pleasures. Where women's desire is the enactment of men's desire rather than a felt experience, sex becomes less about negotiation and intersubjectivity, and more towards gendered performativity and the reinstatement of a dominant sexual script.

In the following excerpts, Ross negotiates neoliberal assumptions alongside his sense of things 'moving backwards' in terms of women's 'freedom' and 'equality'. While he struggles to find the words to negotiate this tension, his talk reflects an ongoing disciplinary power that confines women's sexualities and desire. However, Ross talks about disciplinary power as confining more than just *sexual* desire for women. His talk appears to draw on the idea of women's 'thick desire', which encompasses all conditions of possibility for women, from intellectual to sexual (Fine & McClelland, 2006). Ross appears to reflect on the façade of neoliberal norms of 'equality' and 'choice', instead understanding women to be further confined within traditional standards of femininity that lead them further away from experiencing a full, embodied 'thick desire'. He therefore understood ongoing unequal gender relations and a heteronormative sexual script as 'killing' desire for women, which contests the assumption that women were now able to claim their sexual desire. This contradiction highlights how women's assumed sexual 'freedom' operates as a form of pseudo-empowerment, where women's felt desire is also embedded in unequal gendered power relations:

Ross: I think there are two opposing sets of forces working, and I'm not sure what's kind of dominating, but I think that there is a sense that women are really being given permission to kind of claim their sexuality, and therefore sort of sexual desire, for themselves. I think that's true, but I also think... there is a real move towards... conservatism, towards more traditional kind of gender roles. Certainly what we're seeing, I mean in 20 years of practise I feel like I've been steadily marching back to the 1960s... In terms of gender roles.

Interviewer: How so?

Ross: It's getting away from desire. I think the... division of labour... notion that the breadwinner is somehow more important... some of the language and stuff around that that I hear now, I don't think you would've heard 20 years ago. You know, his money, is the one that usually just sends my ankles climbing... on the one hand I think there has been an ongoing sexual liberation for women and kind of claiming of their desire and sexual autonomy, at the same time I kind of feel like if they're getting into long term relationships, I feel like expectations are becoming increasingly conventional and, I mean that has a huge impact on women's desire in particular... Kills it dead [laughs].

Overall, the sex therapists understood the potential of the shifts that have occurred within a neoliberal society have not been realised. Firstly, the sex therapists talked about greater pressure placed on women to fulfil feminine expectations. Women who take up a sexually 'savvy' postfeminist position, from which they assert their sexual 'empowerment' are still negotiating traditionally feminine positions and a sexual double standard. The pervasiveness of gendered power relations that discipline women's sexual subjectivities increase expectations for the performativity of feminine sexuality:

June: ... Now there's probably more of a societal expectation for you to be perfect superwoman and why can't you have fantastic sex and do everything. So it's not really any better, coz there's bigger, in my opinion there's bigger expectations sexually...

That neoliberal norms ultimately reproduce the *performance* of sex, was recognised by the sex therapists as prioritising what people *do* over what they *desire*. One sex therapist in particular talked about the increased pressures on young women to engage in sexual acts such as blowjobs and anal sex (as sexually active subjects rather than as sexually desiring subjects). Embodying the position of the porn star within the bedroom, women are expected to engage in an increasing number of sexual performances that appeal to men's desires or pleasures. Since neoliberal norms value *more* and *improved* sex, acts such as heterosexual anal sex have been deemed 'normal' heterosexual practice (Fahs & Gonzalez, 2014; Kaestle & Halpern, 2007; Štulhofer and Ajduković, 2011).

Pornography has become highly accessible and normalised in the commodification of sex. However, pornography is both a product and producer of a heteronormative sexual script that governs sexual encounters. Pornography ultimately normalises men's dominance and women's engagement in sexual acts (including those more extreme or dangerous) as 'normal' heterosexual practice (Antevska & Gavey, 2015). Not only are these sexual acts and gendered positions normalised, but men and women are expected to find them appealing or desirable (Antevska & Gavey, 2015). However, as anal sex becomes normalised as part of a heteronormative sexual script, and women are pressured to maintain a neoliberal 'up for anything' position, so women feel less able to say no to these sexual encounters, which then become another avenue of coercive control (Fahs and Gonzalez, 2014; Kaestle & Halpern, 2007; Štulhofer and Ajduković, 2011):

Shelley: ... You get 18 year olds trying anal sex and you know, do blowjobs before you lose your virginity, I mean that stuffs changed but none of that's... positive... you know porn and all that stuff just means young people know about every sexual activity when they're 17 that I didn't know about until I was 37, and that doesn't mean anything, it just means that people are doing... and that's not good. And also there's a lot of pressure um, yeah, like just take anal sex... and now you've got you know young people with hardly any relationship thinking they need to bum fuck you know. And it's like, I don't think that's necessary... So to be honest you can see why nothing's changed because in the old days women knew nothing and had a lot of painful sex and now women are

told to do stuff and guys to do stuff that they're probably not ready for... And so that's why I'm not sure we've got anywhere. It's not about what you do.

Interviewer: Yeah, there's been shifts, but maybe not that right kind of shifts.

Shelley: Yeah I'm not sure it's getting us anywhere. That's my experience in my room. I think there is a little bit of a shift towards sexual pleasure for women, I think that has shifted, in vibrators... But I'm not sure it's as huge as everybody thinks it is.

The sex therapists talk suggests that while the pressures placed on women may have changed in form, they enforce the same heteronormative script in which women must *perform* over *feel* and *desire*. The sex therapists stated that while the *doing* or *act* of sex appears to be 'everywhere', the *why* or *feeling* behind sex was still missing (Fine, 1988; Fine & McClelland, 2006). While Shelley talked about there being some positive movements towards women's desire, through the introduction of vibrators as pleasure, she understood these movements as small. Shelley's talk therefore highlights the gap between women's assumed gender equalities and experienced inequalities (Sieg, 2007).

A Therapist's Task

Creating Space

All of the sex therapists talked about a lack of discursive resources through which to talk about sex and/or desire, which limited talk not only within sex therapy rooms but also between partners. Without alternative discourses, there is no room for sexual negotiation, which is understood as irrelevant or impossible and therefore unthinkable. Alongside a heteronormative sexual script, is the idea that sex is a private and intimate matter, which further restricts our abilities to talk about sex. Sex becomes a taboo subject, meaning both individuals and couples struggle to talk about their sex lives and share their sexual experiences or difficulties.

In the commodification of sex, the sex therapists were responsible for opening up a discursive space in which sex (and desire) could be talked about. Not only did a space need to be opened within sex therapy but also between partners who did not have the resources to disrupt the heteronormative script. When clients first entered sex therapy,

they were described as confined by a sexual script that deemed sex a taboo topic; therefore, the sex therapists talked about the importance of acknowledging this lack of discursive space and creating a 'safe' space in which people may begin to talk into the silence. One of the sex therapists commented that women *did* have things to say about sexual desire in a space where their active sexual voices were legitimised:

Harriet: ... And they have to talk about something that they usually don't talk between them. So they never talk about sex, they come here, sit with this stranger, and they are going to talk about something that they never talk about between them. It's like oh my god. So you kind of try to relax them, and sometimes it's not possible with people, you're just thinking oh my god you're going to explode, so tense here!... That's what makes the difference, getting to the point where people trust you enough to talk...

Ross: ... when you go deeper into that conversation with those women, they actually do have ideas about it, but only when you ask them. And you know give time to really listen to their answers and explore what's going on.

Some of the sex therapists talked about using humour to open up a space in which sex may be talked about. Others talked about their specific positions as sex therapists as opening this space. Harriet in particular found that her expertise in sex therapy rather than general therapy enables clients to voice their sexualities. Shelley suggested that when there was a breach of the have/hold discourse, for example an affair that breaks the requirement of reciprocity in heteronormative relationships, a space for negotiation is made possible:

Harriet: ... I try to use humour and if you look at sex therapists, they usually use humour a bit you know, when it's appropriate, because we are talking about sex. Sometimes humour makes people feel more relaxed and they can open up to their issues...

Harriet: ... It helps a lot that I'm a sex therapist... My clients that came before I was a sex therapist, sometimes found it easy, sometimes didn't. But when they found out that I was a sex therapist, they started talking about it. Also depends on the context, like the clients I've seen in

[organisation], because it's a place all about sex... they know they come to talk about sex. A sex therapy client knows they come to talk about sex.

Shelley: ... there's nothing like an affair to get couples with the right help talking about their sex life. Coz all of a sudden, you know, they'll be wanting to talk about what the person did with the other person and then they'll be thinking about you know is it because our sex wasn't good enough and so you've got an opportunity to start talking and so sometimes it's a painful way for couples to grow...

However, for some clients, while a space was opened up within sex therapy to talk about their sexual experiences, it remained unthinkable within their relationships. Since gendered positions do not permit an active sexual voice for women or the negotiation of sexual experiences between partners, couples remain confined by a heteronormative sexual script. Therefore, despite sex therapists' efforts at opening discursive spaces, couples' abilities to negotiate sex *outside* of the 'safe' space of therapy therefore remains limited by the pervasiveness of gendered practices of domination and subordination that discipline masculinity and femininity:

Harriet: ... And sometimes they still don't talk at home, they keep it all for the time of the session, which it makes an interesting session...

One important space the sex therapists talked about as needing to open up was a space for the expression of women's desire and pleasure. Within a heteronormative sexual script, a discourse of women's desire and pleasure continues to be missing (Bay-Cheng & Eliseo-Arras, 2008; Dormer & Davies, 2001; Dowling, 2013; Fahs & Gonzalez, 2014; Fine & McClelland, 2006; Gavey, 2012; Jackson & Scott, 2007; Kelly et al., 2017; Sieg, 2007b; Thomas et al., 2017). Talking with clients about embodying sexual pleasure had the potential to open space to talk about the missing discourse of feminine desire. The therapists talked about the domination of coital and orgasm imperative in clients understandings of the meaning of pleasure. June understood her position as therapist as key to disrupting the pleasure imperative as fixed to open spaces for women to explore other pleasures.

Throughout their talk, the sex therapists attempted to shift the constraints of a heteronormative sexual script that focused on *men's* desire and pleasure. Gayle did this

by bringing discussions of pleasure back to the basics of the female body and its ability to achieve physical pleasure. By arguing that women's experiences of physical pleasure should guide their engagement in sexual activities and experiences, Gayle attempted to give a voice to women's bodily experiences of pleasure that were distinct from pleasing men:

Shelley: ... I'll have people like ohhh we have this problem and we can't work out, and like I'll say let's just talk about you and sexual pleasure. And you know they have to be brave coz then they have to say how much sexual pleasure they're having. And then you turn to the other person and you say would you be wanting to have a lot of sex if that's how much pleasure you'd been getting?...

June: ... Do you believe that you, are you satisfied with your sexual life? That's probably the big opening question that I ask...

Interviewer: What kind of answers do you get to that?

June: Yes. [Laughs] ... And then you've gotta go, and how does that happen for you? How do you make that happen? Ohhh I always orgasm. And then you think well actually I was meaning more than that you know, it's not just about intercourse and orgasm. Intimacy and sexuality is massive! What else is there? So then I have to tease it out even more and say what I just said to you, in a much nicer way than what I just said to you. And get them to explore what else might be satisfying and meet desires for them that they're not doing, or could be doing. And they usually go oh yeahhh, but you can tell that all their really worried about it orgasming and intercourse. The holy grail of sexuality.

Gayle: ... Or what my young women did, providing oral bloody sex. You know, and there's no desire in that. And I always ask young women, when you're providing oral sex do you get aroused and I've only ever had one say yes. One. So they're introduced to sexuality through providing oral sex, I mean! And they don't get any pleasure themselves, so all my questions are around, does that give you pleasure? And if it's a no, well, why are you doing it?... Even asking the question of does that give you

pleasure, you're opening the lens up. I mean you're actually giving them expectations of oh that didn't give me pleasure and so you're beginning that critical thinking process. So what gives you pleasure?... So the pleasure drives the questions...

Overall, Gayle understood women's gendered positions as restricting their sexual desire and pleasure. She argued that while women remain preoccupied with upholding practices of femininity, such as managing the relationship or their partner's 'needs', they have no 'room' or 'headspace' for their *own* desire. In the following excerpt, Gayle understands women as self-disciplined bodies who, while preoccupied with managing a feminine identity, become disembodied from their experiences of desire (Tolman, 2002b):

Gayle: ... I check to see they're not overcrowded in their head because if they're overcrowded in their head with work or carrying the relationship, with other feminine tasks, they don't have the emotional room to bring desire back. So we often, we may spend six months just getting her headspace to start sexually daydreaming...

Once a space was opened up in which women were less confined by feminine performances of sex and desire, Gayle talked about using resources (such as books, videos and movies) to elicit women's felt desire. Through the use of resources, Gayle opens up a space in which women's may explore sexual pleasure *outside* of a partner, thus disrupting the idea that women's desire should only exist in relation to a man. However, Gayle was careful in choosing which resources she suggested to women. She talked about the unhelpfulness of the 'Fifty Shades of Grey' novel, which reproduces patriarchal discourses, unequal gender positions and dominant sexual scripts (e.g. Bonomi et al., 2013; Musser, 2015). Reproducing the *performance* of sex and objectification of women for men's desire or pleasure, Gayle referred to the book as 'performative porn'.

Instead, Gayle talked about her use of the Mills and Boon novels, which she argued focused on sexual intimacy over the performance of sexual acts. While her use of Mills and Boon books disrupted the idea that women must engage in sexually 'risky' acts in the name of a man's desire, these books draw on and reproduce a discourse of romance that ultimately upholds gendered performativity. Within a discourse of romance,

women maintain their appropriately passive feminine positions, locating their desires within discourses of love and intimacy. While a discourse of romance opens space for sexual intimacy and connection, it also reproduces the dominant narrative of heterosex, where women exchange sex for intimacy and connection:

Gayle: ... And some young women... don't sexually daydream or can't sexually daydream. And so you've got to find other ways of reigniting their interest in sexual. And that's when I use, I don't care, I use romantic movie. I won't use ummm, that book that's just come out, that horrible book, what's it called?

Interviewer: 50 Shades of Grey?

Gayle: Aww [sighs]... it's so clichéd isn't it!... It's so buying into the whole male idea of female sexuality and desire...I try to get to things like the vampire books or Mills and Boon. Coz Mills and Boon are still going. And every woman knows they're fantasy, they're not real life... But it doesn't have those, aww they're awful, that whole thing was objectifying, there was tying up and there was hitting in there wasn't there?... So it's performative porn isn't it. Yeah, that's what it is. It isn't sexual intimacy.

Gayle: [Referring to Mills and Boon novels] ... it's the romantic narrative. Of the chase, of the unavailability, of the impossibility. And then the idealised caring partner for life, loving partner for life...

Gayle also talked about her use of lesbian erotica in eliciting women's physical desire. Lesbian porn allowed for women to experience physical desire in relation to sex that occupied a space *outside* of a heteronormative sexual script and the dominance of men:

Gayle: ... I've read some lesbian literature, and some of their sexual scenes are quite erotic without being. And I have in the past used that for heterosexual couples as well.

A New Language

An important part of opening discursive spaces involved providing alternative discourses through which clients could talk about sex and desire. As can be seen in Shelley's comment below, the sex therapists talked about their clients as first struggling to talk about desire, having never before encountered a space or language through which they may speak their desires into existence (Davies, 1990). Lacking a space and language through which to talk about desire, sex therapist introduced new ways of talking about desire, using words such as 'affection', 'intimacy' and 'connection'. By introducing a new way of talking about desire, the sex therapists expanded the meaning of sex to disrupt the imperative of coitus. While the language of affection, intimacy and connection does not necessarily shift women's positioning in the have/hold discourse, it opens the possibility that bodily pleasure is more than sex. Pleasure may be embodied through the intimacy and connection afforded in and through the sexual encounter. Focusing on the language that can speak desire into sexual subjectivities enables clients to access multiple and more complex meanings of desire:

Shelley: ... they'll sit there like, they'll go, I'm just trying to find the words Shelley, because nobody's ever asked me. I'm like I know, we don't talk about this stuff!... You know and these are all new concepts for people, and then when they tease them out they start to make sense of things...

Ross: ... I have all sorts of linguistic rules I'll tell them, you know. So can I ask you please if you mean intercourse you use the word intercourse so I know what we're talking about coz you know... if I'm honest, it's probably more often how I shake people up, I just keep asking them do you mean this and do you mean that? Yeah I mean I think guys are more likely to use words around horny, that kind of language.

Shelley: ... I'm trying to explain stuff that's confusing to them and give them new definitions and new words and that becomes our new language and then... people um, feel they have a better understanding and a more sophisticated understanding and a less distressing understanding, coz a lot of the basic understandings, it's really simple- I'm hot for you, if I'm not maybe that means I don't love you anymore, you know they've got these very basic and quite scary. Or it's like I'm broken, like I can't get

turned on so I'm broken. So a lot of the very basic way they think is not really very helpful so I guess they get a more sophisticated analysis, understanding, more refined language, with a more hopeful, the way I talk to them makes more sense and it's more hopeful.

Gayle: ... So it's just, it just means you have to think outside the square of how women you know, do they want to be intimate, if they want to be intimate, how do they want to be intimate? What were their preferences?...

Prior to therapy, clients were constructed as understanding themselves as inherently 'disordered' or 'deficit' if they did not fulfil a heteronormative script. By introducing alternative discourses and the language to understand desire as exceeding bodily performance, the sex therapists expanded the meaning of desire and therefore deconstructed the idea that their clients' bodies were 'disordered' or 'deficient'. One of the sex therapists suggested that therapy meets the neoliberal criteria for 'freeing' clients from their deficit by normalising desire *outside* of a specific bodily response leading to coitus:

Ross: ... the thing is, if you start talking about desire for your partner or desire for connection with your partner, you're totally away from what's happening in your body. So it's very freeing. And I think people, women especially I think, find that really liberating. I should say low desire partners; they find that really liberating. Coz they feel like, they kind of feel like there's something wrong with them, they don't want sex more. And you get away from that.

Sexual 'Myths' and Alternative Ways of Being

When opening discursive spaces to understand the complexities of sex and desire, the sex therapists continually disrupted dominant discourses and attempted to construct alternative ways for becoming sexually desiring subjects. They referred to dominant discourses as 'sexual myths' and, similar to Baker (1992), understood these 'myths' as creating and maintaining their clients sexual 'problems'. The sex therapists talked about their clients feeling relieved when offered an alternative way of understandings their sexualities, desires and difficulties:

Ross: ... they can see that it's a way out of the logger-heads they're in, so they're kind of pretty eager for an alternative discourse that gives them a better feeling...

Part of deconstructing sexual 'myths' involved talking to clients about where these understandings were upheld and reproduced, including exploring the sociocultural scripts or representations embedded in social media. Examining the discourses reproduced within dominant cultural representations opened up a space in which the sex therapists could challenge commonly held assumptions. The sex therapists therefore talked about an important part of sex therapy being to challenge the idea of 'normative' sex and a dominant sexual script:

June: So many young guys that I've worked with... part of the work with them is unravelling that myth about what is real sexuality. What is real. And what is what they've learnt from magazines and movies.

Deconstructing 'normative' sex also involved normalising client's own sexual experiences. By normalising clients' experiences, therapists disrupted a discourse of 'dysfunction'. The sex therapists often drew on their authority as 'sexperts' to deconstruct clients' self-pathologising self-policing of feminine sexuality. Positioned as the holders of sexual 'truths' sex therapists used this authority to reassure clients that their experiences were not a 'disorder' or sign something was 'wrong' with them, and made sense given how 'myths' operate to regulate normality.

In the following excerpts, June talks about using her position of authority to dispel the myth of the vaginal orgasm. A manufacturing of men's pleasure within women's bodies, the myth of the vaginal orgasm upholds the prioritisation of coitus and therefore men's orgasm (Gavey, 2005; Hite, 1976; Irvine, 2005; Koedt, 1970). June located women's failure to orgasm in the myth of the vagina as a source of women's pleasure, and the assumption that erection, intercourse, orgasm is the meaningful sexual experience. Sexual desire is then able to be normalised in multiple and contesting ways:

June: So there is always that myth that you need to, dispel with young people I think, that you're supposed to be able to orgasm from intercourse. And just saying look it's actually ok if you only orgasm you know from your clitoris being stimulated, coz that's fairrrrrly typical. You know, there's a

small percentage of women that can actually cum from intercourse. Coz that, I find that that's a major hang-up for a lot of women...

Ross: ... people get some very funny ideas about you know, normal, and I mean I'm certainly not afraid to stand on my authority, my experience and go no look sorry I've seen how many thousands of couples, I can tell you [laughs], what's normal, it's not that, you're wrong. Yeah no myths, persist you know.

Ross: ... getting them away from a way of talking about it where somebody's desire is right and somebody's is wrong. Which is typically how people present if there is a problem around desire discrepancy. So shifting them away and to a model where your desire is normalised, you're allowed to be how you are and you're allowed to kind of view, have an interest in sex or want sex at a different rate, frequency to your partner and it doesn't have any huge meaning attached to it... different levels of kind of desire to engage in sex, are just seen as you know as unremarkable as differences in appetite for Japanese food.

In an effort to disrupt a dominant sexual script, some of the sex therapists separated a desire for sex from a desire for connection or intimacy. They drew on the neoliberal norm of self-responsibility to emphasise masturbation was both a possibility and a pleasure that was not necessarily located in heterosex. Since the neoliberal subject is expected to take personal responsibility for their desire for physical pleasure, this disrupts the idea that one partner (i.e. a woman) is responsible for satisfying the other's desire for sex. Ross talked about telling his clients to masturbate if experiencing a desire for sex, in an effort to reduce clients' need for sexual satisfaction to be achieved through coitus:

Ross: I mean I'll say things as blunt, if it's desire for sex, if you just wanna get your end away, go and have a wank. And it's kind of like, no that's not what I want, that's not what it's about!... So what do you want? And they start, and it's amazing how articulate, I mean not everybody, but you know men are supposedly not usually. How articulate they often are about wanting, and I mean obviously I am feeding them words like intimacy or connection you know, I don't always leave them floundering.

But it fascinates me how often they come up with language like that themselves, without me kind of putting it on the table.

June: When we are supposed to be responsible for our own sexual needs. We are supposed to take responsibility for ourselves... You should be able to masturbate if you need to.

Therapists also talked about deconstructing the prioritisation of sexual ‘experimentation’ as vital to mastering sex, informed by neoliberal norms that coerce women to be ‘always up for it’ and ‘up for anything’ (Gill, 2008). Instead, the therapists emphasised increased intimacy and self-growth as vital to maintaining sexual desire. In this respect, the therapists disrupted the goal of ‘mastering’ sex to be the *performance* of sex, and instead brought ‘good sex’ back to the intersubjective space of intimacy and connection with oneself and/or a partner:

Shelley: And so developing, having a desire for intimacy is crucial to maintaining and resolving sexual desire disorders, or issues later on.

Ross: ... because if you wanna maintain sexual desire, maintaining novelty is part of it, but it's not buying a new sex toy. You create novelty by growing as a person. And sharing, knowing yourself better and sharing yourself more deeply with your partner... it's a very intimate thing...

One sex therapist, who was particularly passionate the problems of silencing of women’s bodies and pleasures, talked about a significant part of the therapy she provided to be educating *both* men and women on the female anatomy and ability to achieve sexual pleasure. She used biological diagrams to legitimise the female body and open up a space to talk about women’s bodily desires and pleasures. Gayle took up a position of educator in therapy to legitimate women as sexually desiring subjects, actively seeking bodily pleasure, rather than object of men’s bodily pleasure. She hoped that in legitimising the female body as a *sexual* body, men and women would be able to disrupt practices that silence women’s own desires:

Gayle: ... I use Vivienne Cass's app, just to give them a basic education of um, female physiology... So she's looking at the clitoral horns and bulbs and fibres, all that sort of thing... full on education about women's sexual physiological response. I do that, coz men usually have only sort of

thought about sexual activity or desire, if you ask them what desire is, it will be an erect penis... So I do the Viv Cass app... And it just first of all, it starts the conversation off where I can start talking to men that women are different to them, they have a different physiological process. This is you know what happens to their vagina when they're aroused... you know, this is how their different, just from a physiological point of view and then you can build on that. And it means that also it orients them to the female body, whereas when they're being sexual they may be in their own body. And not actually thinking about their body touching another body and so when they've had this app, you've got it in their mind, they know that the female body is doing different things and so therefore they come out of themselves into another.

While Hare-Mustin (1994) has argued therapy rooms act as a 'mirror room', in that they simply reflect back dominant discourses to clients, the sex therapists interviewed in this study appeared to actively deconstruct dominant discourses within their therapy rooms and emphasised the importance of constructing alternative discourses for clients to become empowered and embodied desiring subjects.

In the following excerpt, Shelley talks about her job as a sex therapist being the bridge to new discursive spaces and understandings for her clients. The sex therapists were all interested in knowing the results of my research, arguing that it was important to know the discourses that clients draw on and how they position themselves *before* they come to therapy, so that they may better bridge the gap/silence in understanding sexual pleasures:

Shelley: I mean I hear it when women come in, in how they talk about it, but it was really good to hear lots and lots of it to kind of get my head back to where people are at, before they come into my room. So then I can bridge them better. So how their thinking and talking about arousal and desire and then where I know is a more helpful place. But you've got to remember where they are...

Many of the sex therapists talked about monitoring therapy and its progress based on their clients' resistance to a dominant sexual script and/or relied on alternative discourses to inform their understanding of their sexualities. The sex therapists talked

about successful therapy as leading to greater sexual negotiation between partners, including asking for what you want as well as being able to give a legitimate ‘no’ and have it accepted by a partner. Establishing a legitimate sexual voice was especially important for women, whose active voices of desire are still missing from dominant discourses (Fine, 1988; Fine & McClelland, 2006). Overall, the sex therapists appeared to all work towards opening an intersubjective space between sexual partners:

June: ... And it's about being able to say when you don't feel like it. Without getting your knickers in a knot. Either of you. And it's a really good chapter for young people to read if that's what they're worried about. Coz it's quite funny. It uses the example of something like no I don't feel like fish and chips for tea tonight. So, why do we make such a big deal out of, no I don't feel like being sexual tonight, but we do. We give it this massive meaning.

Interviewer: And at the end of therapy do you think they're still so focused on orgasming...?

June: No, no they're not. Sorry, coz that's the whole idea of it actually... You've got this bigger repertoire. Fantastic! You won't be so disappointed [laughs].

Shelley: Everybody's yeah and nobody's talking. That's the thing. Pleasure and talk, as a team. It's just, yeah. So yep so that's what I do all day long is get everyone to talk. Be a team and try and be less insecure and be brave with each other and.

Successful sex therapy was not focussed on the coital imperative. When discussing her work with women who had experienced cancer, Gayle was acutely aware that the measure of successful intervention was the achievement of coitus – the end ‘goal’ and symbol of ‘normality’ or ‘healthy’ sexual functioning, that privileges intercourse as ‘real’, ‘natural’ or ‘successful’ sex (Braun & Kitzinger, 2001; Braun & Wilkinson, 2005; Gavey, Braun & McPhillips, 1999; Jackson & Cram, 2003; McPhillips, Braun & Gavey, 2001; Potts, 2000). In constructing ‘successful intercourse’ as a ‘tick-box’ that signalled women had recovered or returned to ‘normal’, such measures reproduce a

heteronormative sexual script that measure women's wellbeing through their compliance to femininity:

Gayle: When I was working with the women in oncology, the consultants, one of the things that came into wellbeing was a tick they were back to sexual intercourse. That's how they measured normal sexual functioning... And of course a lot of the women after they'd had their operations didn't really wanna go back to using their vaginas to have intercourse. But it was the expectation, what the medical ward and their husbands expected, was a sign of them returning to wellbeing. If they ticked sexual intercourse...

Moving Forwards

Teaching Desire

As we talked about the unhelpfulness of a dominant sexual script that informed individuals' sexualities, both myself and the sex therapists talked about how to transform the heterosexual script. Almost all of the sex therapists raised their concerns around the inadequacy of current sex education, which many talked about as reproducing a heteronormative sexual script and perpetuating the silencing of feminine desire. Sex education continues to reproduce a biological discourse of sex that reinforces the riskiness of sex, and locates safe sex as women's responsibility (Dowling, 2013; Edwards, 2016; Fine & McClelland, 2006; Holland et al., 1998; Oliver et al., 2013). A focus on risk continues to uphold women's positions as moral gate-keepers, who must not only negotiate pregnancy and sexually transmitted diseases, but also active male sex drive.

A discourse of women's own sexual desire, pleasure and satisfaction therefore continues to be missing within sex education curriculums that reproduce a heteronormative sexual script (Cohen et al., 2012; Fine, 1988; Fine & McClelland, 2006; Oliver et al., 2013; Tolman, 2002a). When asked what they thought *should* be taught within sex education, the sex therapists first raised the importance of creating a discursive space in which sex and desire could be talked about. One sex therapist believed that this space should be opened up through talk on intimacy, relationships and values, highlighting that a focus

on *intimacy* should guide any teachings on sex, instead of focusing on the mechanics of sex:

June: [Talking about sex education] Yeah and I would like to see the concept of intimacy rather than sexuality talked about.

June: ... And that they should be taught about being good to one another, which I think they do teach. Values course, sometimes... And what makes good friendships. I think that's a good grounding, what's a good friendship, what's a healthy friendship. And how can we look after ourselves as well and be strong people. That's what should be taught at primary school and then you can get more into the, the detail of sexuality when they hit high school...

Instead of focusing on a discourse of risk and safety, which restricts women to gate-keeping roles and silences their experiences of desire, the therapists emphasised the importance of shifting to a more positive approach to sex, that was guided by intimacy and healthy relationships. Within this space, the therapists disrupt the normal/abnormal binary of heterosexuality and open up possibilities for feminine desire and access to pleasure where affective embodiment exceeds women's obligation to satisfy a male partner. By legitimising young women's voices of desire and pleasure, and sexual subjectivities, women may become less vulnerable to the heterosexual coercion authorised through sex education 'just say no' approaches that position women as passive objects of heterosex:

June: And they're not taught about what girls are gonna want to do to other girls either are they? So that's options not even on the table. Same-sex.

Harriet: I think we should be... educating our young people into what sex is and what is likely to happen to them. We should normalise the feelings, whatever you feel is normal, because we can feel attracted to another girl and then we can be attracted to a boy and get really confused. Society is by default straight... I think education needs to cover all the possibilities and be open minded about sexualities and ways of experiencing those sexualities...

Harriet: All the problematic things; but nobody talks about the nice things... I remember in [country] there was a sex therapist, this is like in the 80s, she wrote a book about masturbation for women. And it was such a boom, a best seller. This is what we need, an enabling education that opens doors, not closes it.

Gayle: ... Coz right now they're working on so girls won't be coerced too early into being heterosexual. Before, they're ready to be sexual. But they're not getting to the point, that you know, I think female should have ready access to pleasure. And that's silenced. We're so busy talking about how to prevent harm to them, that we're not actually doing a lot of talking about well you know, what gives you pleasure? You know. When do you feel desire? What's that desire like? When is it more intense? You know.

Gayle: ... The force of the female body. Don't underplay it. And don't take it away from young girls, coz it's very pleasurable... The force of their own female sexual body... And often you know, they don't come into being sexual with self, they come into being sexual in relationship to a boyfriend. Mm. And the force of their body gets silenced... Coz some young women have really forceful sexual bodies. And it's put into the whole thing of potential to harm isn't it.

Overall, the sex therapists advocated an active sexuality that enabled a legitimate voice of desire for women rather than a voice that manages their risky sexual bodies. Gayle in particular, reflected on the unequal status afforded to women's sexualities, and located responsibility for legitimating women's sexual desire in gendered relations of domination and subordination. Therefore, to transform the heterosexual script requires disrupting the institutionalisation of masculinity and femininity::

June: So maybe you just need to be really just to the point and talk about having a voice, talking about the wide array of sexual activities that are on offer... And having a voice and saying what's ok for you and what's not. And when would it be ok for you and when would it not, knowing that. And what might influence that... So what would be good conditions

for you in order to feel ok to be sexual with someone? Maybe just starting there.

Gayle: ... To try and get young men to see the women as having a legitimate separate preferences. Get them aware of another, yeah... And that's, to me, that's the crunch, getting young men, that's where I'd like to go... I think it lies working with parents and how they're bringing up their boys.

Another change the sex therapists hoped for within sex education was for desire to be understood as multiple and contradictory, and sex to be constructed as a “smorgasbord” of practices not limited to coitus:

Ross: ... Well I certainly think we should be taught there is a difference between a desire for sex, well no, I think we should be taught there's a difference between horniness, kind of you know having a state of kind of interest and or arousal in sex. A desire of being sexual. Um, a desire for being sexual with somebody. And a desire to kind of be sexual with a particular person. There's this sort of continuum... And the different things, you know, it's worth thinking about what do I want?... What do I want to do, in the, being the person I am in the situation I am what's important to me you know, thinking about that.

Just as the sex therapists talked about the importance of deconstructing sexual ‘myths’ in therapy, they argued all young people should be taught to be critical of sexual myths and gendered expectations. Ross argued that as long as a dominant heterosexual script is understood as unquestionable and ‘common-sense’, sexualities will continue to be restricted by standards of ‘normative’ sex, and produce sexual difficulties, unsatisfying sex and the idea of individual ‘dysfunction’:

Ross: ... and clearly I think we should be taught that, you know, yes men and women are different, but either gender, just kind of assuming that the stereotypes are, well I don't know actually, men do it to themselves, women do it to themselves too. It's kind of like we should be taught... there are stereotypes and that stereotypes are really unhelpful to you... They blind you. And I think that sort of critical discourse... I think younger people seem to be more discriminating about consumer

society... the kind of advertising and all that... kind of going, I can see what they're trying to do here... and... I don't feel like there's the same level of critical thinking about you know gender and sexuality. Gender roles and sexual stereotypes...

Thinking Globally

While all of the sex therapists were passionate about the need for change, transforming indisputable institutionalised discourses was understood as a difficult task:

Gayle: And I don't know how you'd get, you'd address that fear in a school. Because it's different, it's an educational setting, you're not getting that individual rapport and trust built up.

June: ... If I was tasked with the curriculum for this, I would be up all night! I would be up all night for years...

Understanding heteronormativity as culturally embedded, the institutionalisation of sex education is not the only site the therapists sought to transform. Many of the sex therapists talked about the requirement to attend to the social and cultural conditions that reproduce the performance of masculinities and femininities that discipline sexualities. Their engagement in this research reflected their desire to open up the conditions of possibility for new and alternative discourses that disrupt the hegemony of gendered social power relations that authorise heterosexuality:

Ross: Well hopefully there's more people like you talking about it and hopefully you know that discourse eventually finds its way into the wider public discourse, that's what I hope.

Shelley: ... Do a bit of media work when you do your results and have a bit of impact. That's why I think it's a really good topic that you're doing. It's really really important... Just make sure that it gets out, disseminated. I'd love to hear your results, anything I can learn from what you find, I would love to you know.

The hegemony of dominant masculinity and subordinate femininity permeates everyday practices of heteronormativity and restricts the conditions of possibility for institutional

change. Where gendered social power relations that legitimate sex and sexuality are produced and reproduced in families, communities, political, social and economic institutions, sexual subjectivities continue to be a gendered performance:

Shelley: ... So, now you can't do sex ed if the parents are against it. Which is the problem you see, because I think that um, sex ed is really good but it doesn't counteract if your Mum tells you it's dirty and your Dad you know, thinks sex is really bad and freaks you out about it and, you know I'll kill you if I ever see you with a boy, so it's more a gradual long-term shift that's got to occur. Um, we've kind of gone into contraception to counteract teenage pregnancy and um, that's just a tiny, and it doesn't address these broader issues of becoming pro-sex, that's more you know prevent this bad thing by using contraception. And they've made the morning after pill more accessible. But we haven't, you know I think you'd get a lot less teenage pregnancies if women wanted sexual pleasure and they didn't have sex unless they wanted it and you know, they weren't drinking and. So I think it's a global, you've got to change the whole of society's attitudes and I don't see any leadership in our society willing to do that... So until you have some real leadership, I can't see that changing...

Shelley: Yeah and I mean we still raise our young women to be very pleasing, we really do! And until that changes, yeah, it's really really prevalent, it's a hard one to shift. Well it's not um... [sighs]. It's not in men's interests to shift that one. I'm an old feminist and I think the power block is still there and it's still real and basically our daughters are how we change it, and it's not changing fast enough... So anything that you can do to improve [laughs], change attitudes and get this stuff rolling and talking about desire and the fact that um, yeah I think both men and women desire external validation too much, which is the core principle, so the model I use. So whether it's the guy, pull the chick, get the head job, fuck her good, nail her good whatever, do your thing. And they've got to do it right and I've got to be on top and I dunno whatever, gotta make her scream. Whatever the poor guys are going through, and then the girls it's you've got to be the most wanted by the guys, I've got to give

the right blowjob, I've got to be up for anything, know all this stuff. Um it's just hard to, it's horrible for people.

While sex therapists worked towards positive changes with clients, they battled a wider reproduction of dominant discourses and gendered positions *outside* of the therapy room. Restricted within a discipline that functions at an individual and relational level, the clinicians continually fought a tiresome battle, arguing that until the socio-political conditions that maintain the hegemony of gendered power relations are transformed, the possibility for multiple and fluid sexualities and sexual desiring subjectivities for women remain elusive.

Chapter 8

Conclusion

This research was driven by an absent voice of women's desire within young women's talk. The young women around me appeared to tell stories of heterosexual sexual encounters that lacked their own enjoyment or pleasure and often involved obligation, coercion and even rape, all of which were understood as 'normal' heterosexual practice (Gavey, 2005). Sex appeared to be about *men's* desires and pleasures, with women rarely talking about their *own* desires or fulfilment of sexual pleasure. Hearing these stories, I reflected on the sociocultural context in which our sexualities are embedded, along with consulting available literature. Within a neoliberal society, sex is increasingly visible as we are assumed to have achieved sexual 'liberation' and 'equality', leading to the success of sexual commodities such as 'Fifty Shades of Grey'. However, within this context, heteronormativity prevails, as women's bodies are further restricted and reproduced as objects for the male gaze (Gill, 2008; 2009; 2016). Women are disciplined into hypersexuality through the promise that this will allow them to assert their feminine 'empowerment' and 'free choice'. However, these neoliberal values act as a façade in masking a dominant sexual script and ongoing unequal power relations between men and women (Bay-Cheng & Eliseo-Arras, 2008; Douglas, 2010; Gavey, 2012; Gill, 2007; 2008; 2016; Levy, 2005). Studies continue to find that women are regulated through a pervasive disciplinary power that defines 'appropriate' femininity and constructs sex and desire as a gendered performance that ultimately prioritises *men's* desires and pleasures (Dowling, 2013; Farvid & Braun, 2016; Farvid et al., 2016; Kelly et al., 2017; Thomas et al., 2017). The erotica novel 'Fifty Shades of Grey' is ultimately a product and producer of this sociocultural context in that while it gains profit through appealing to women's newfound 'liberation' and desire, it continues to reproduce gendered positions and performances that centre on *his* pleasure (Bonomi et al., 2013; Musser, 2015; Tripodi, 2017).

Given the constraints that continue to act on women's bodies, desires and sexual experiences, this research sought to create a space in which women's desire could be talked about. This research included three separate but interrelated studies, which involved interviews with young women, women seeking sex therapy and sex therapists. Since dominant discourses and gendered positions are taken as 'right' or common sense

(Costa et al., 2009; Gavey, 2011), I was interested in how these discourses were reproduced through talk on women's desire. I was interested in how sexual standards of 'normality', including gendered expectations, obligations and rights or responsibilities, create certain conditions for women's sexual subjectivities. However, I was also interested in how these discourses and gendered positions were disrupted or resisted, since the multiplicity of discourses allows for contradiction and the taking up of new ways of being (Gavey, 1989). Overall, I wanted to know how women's desire was both enabled and constrained through the dominant discourses and gendered social power relations.

A feminist discourse analysis enabled me to acknowledge the complex interplay between language, discourse, gender and power. Sex has historically been a site of biopolitical and disciplinary control, meaning it has become regulated according to dominant discourses and an overarching sexual script that upholds and reproduces unequal gendered relations. A feminist discourse analysis therefore acknowledges how sexual subjectivities cannot exist outside the hegemony of gendered social power relations of domination and subordination (McNay, 1992; Parker, 1992; Wetherell, 1998). This methodology also acknowledges the intersubjective dimension to making sense of our experiences, requiring me to examine my own active participation in co-constructing shared meaning and the influence of my own positionings as a self-disciplined woman, researcher and psychology student (Crawford et al., 1994; Davies, 1990; Gavey, 1989; 2005). Dominant discourses and specific scripts identified within participants' talk were organised into three chapters, corresponding with each study: Chapter 5 (Searching for Voices: Young Women); Chapter 6 (Not so 'Abnormal: Women Seeking Sex Therapy); and Chapter 7 (A Tiresome Battle: Sex Therapists). While there were differences across each group of participants, in terms of the positions available to them, there were dominant narratives evident across all of the interviews.

What was emerged through the analyses was a lack of discursive space through which to talk about women's desire (Fine & McClelland, 2006). Even the sex therapists, whom are deemed 'experts' in the field of sexuality, struggled to access the discursive resources through which to articulate sexual desire 'neatly', with some indicating that it was this ineffability and lack of language that produced sexual difficulties. Informed by a dominant sexual script, the young women and women seeking therapy continually positioned themselves as passive receptacles to a dominating male sex drive, with no

voice from which to talk about or assert their own desire. The women struggled for words when talking about desire and constructed their own desires as illegitimate, deviant or unachievable, something to be controlled or regulated within the confines of heteronormativity. Gendered positions and a dominant sexual script continue to prioritise *men's* desires and pleasures, with women's desires regarded as irrelevant, non-existent or existing only in relation to a man (Butler, 2009; McNay, 1992).

Not only did women lack a discursive space through which to talk about their desire, but their bodies were understood as defective, inadequate and shameful. Historically the female body has been constructed negatively and a cultural image of the 'ideal' feminine body continues to reproduce unachievable standards that leave women in a constant state of 'failure' (Bartky, 1998). Missing an active sexual position within a heteronormative sexual script, and disciplined into viewing their bodies as 'lacking', the women understood their bodies as taboo and unspeakable - something to conceal both physically and discursively (Braun, 1999; Braun & Wilkinson, 2001; Davies, 1990). As the women understood their bodies as taboo or shameful, they upheld and reproduced the idea that the female body is defective in some way (Davies, 1990), meaning women's bodies remained under a veil of silence, unless appealing or remaining receptive to men's desires and pleasures. As the women internalised negative constructions of their female bodies, they engaged in constant self-surveillance, regulating their bodies according to standards of femininity. However as they monitored their bodies according to an outside 'male-gaze', they became disembodied from their *own* experiences of desire, arousal and pleasure (Tolman, 2002b). The sex therapists talked about similar discourses informing their clients' talk, in particular talking about women's under entitlement to receiving sexual pleasure. The sex therapists therefore talked about the importance of drawing on a discourse of *pleasure* during therapy, through which women may begin to understand or inform their sexual encounters. For one sex therapist this began with teaching *both* men and women about the female sexual anatomy, in order to legitimise and give a voice to women's *active* sexual bodies and abilities to experience physical pleasure (outside of men).

Women's sexual voices were continually restricted through their traditionally feminine positions as passive receptacles to the male sex drive. However, the women interviewed also resisted this script by positioning themselves as the sexually 'liberated' and 'empowered' postfeminist woman. Drawing on neoliberal values of sexual

'liberation' and 'free choice', the women positioned themselves as neoliberal subjects who possessed an active hypersexuality, which they flaunted as a sign of their sexual 'empowerment' or 'agency' (Gill, 2008; 2009; 2016). From this position, the women could resist a traditionally passive feminine position and instead assert their own active sexualities, which opened up discursive spaces for women to talk about sex and, in some cases, assert their sexual desire or pleasure. This was especially evident when the women talked about their engagement in sexting, online spaces and sex toy parties. Within these spaces women's sex talk was permitted, and even expected, as they took up the position of the sexually 'savvy' sex kitten. Online spaces were particularly important for the women seeking sex therapy, since they were at a life stage at which they were expected to have successfully taken up a position within the have/hold discourse. Confined by the feminine expectations of a have/hold binary, engaging online allowed these women to fulfil neoliberal norms without the risk of negative social sanctions.

As the young women and women seeking sex therapy appeared to assert their sexual 'agency' through neoliberal norms, it became apparent that these were not 'freely' chosen positions and instead reproduced disciplined bodies whose sexualities remained confined by hegemonic power. The women engaged in constant self-surveillance as they continually attempted to present themselves as the 'right kind of woman', negotiating the boundaries of 'enough' but not 'too much'. Their assertions of desire remained focused on attracting or appealing to men, which was understood as the goal in succeeding at neoliberal femininity. However, physical sexual encounters with men remained focused on *his* desire and pleasure, with no voice of women's legitimate desire outside of their obligation to appealing to *him*. While a postfeminist position promised the freedom of sexual 'choice' and 'agency', the women were oftentimes left in position of *less* choice in that their 'always up for it' position locked them into invisible contracts through which they were expected follow through with sexual acts, regardless of their own desires (Bay-Cheng & Eliseo-Arras, 2008; Burkett & Hamilton, 2012; Harvey & Gill, 2011; Jackson & Scott, 2007). Understood as having 'acted up' their sexualities and 'freely chosen' to engage in a sexual encounter, neoliberal norms upheld the idea that women were 'asking for it', reproducing women's self-blame for unwanted and abusive sexual encounters (Bay-Cheng & Eliseo-Arras, 2008; Hlavka, 2014). Now expected to engage in *more* sexual encounters, regardless of their own

desire, and held responsible for any unwanted or abusive encounters, women became further ‘unrapeable’ as neoliberal subjects (Gavey, 1992; 2005).

Throughout the participants’ talk it became apparent that women’s sexual encounters remained confined by a heteronormative sexual script. While the expectations within sexual encounters may have shifted, in that women are now expected to present themselves as hypersexual and ‘up for anything’, the *why* remains the same – to satisfy *men’s* desires and pleasures. Women’s desire therefore remains a gendered performance and their agency remains limited, as women’s bodies continue to be disciplined through hegemonic discourses. As Gavey (2012) argues, neoliberal values of freedom, choice and empowerment act as a façade, as they bring women’s bodies under further regulation and oppression (Baer, 2016).

Also maintaining the regulation of women’s bodies and their adherence to a dominant sexual script was the risk of being deemed ‘disordered’. Women who did not fulfil nor desire a ‘normative’ sexual script were understood as ‘abnormal’ or ‘deficit’ and therefore in need of ‘fixing’ through psy-discourse and the institutionalisation of the commodification of women’s sexuality (Angel, 2010; Gupta & Cacchioni, 2013; Irvine, 2005; Ussher, 1991; 1993). The women seeking sex therapy drew on these understandings as they positioned themselves as dysfunctional in some way. While they told similar stories to the young women, in terms of regulating their sexualities through ‘normative’ sexual standards, they more readily interpreted their experiences as a sign of their own abnormality. Expected to have successfully taken up their feminine position within a have/hold discourse, as passive receptacles to their partner’s ‘needs’ and as responsible for prioritising and managing the relationship, when the women ‘failed’ or transgressed these feminine expectations they interpreted their failure as a sign of their own ‘dysfunction’, ‘deviance’ or ‘deficit’. The women therefore sought ‘expert’ help, with sex therapists positioned as holding the ‘truth’ of ‘normative’ sex and capable of guiding the women to ‘normal’ sex and appropriate femininity – the ultimate goal. Sex therapy and the position of the ‘disordered’ therefore become another pathway of disciplinary control over women bodies (Bartky, 1998; Gavey, 1992; Guerin, 2008).

Interviews with sex therapists highlighted that ‘experts’ are not immune to dominant discourses. Despite recognising the unhelpfulness of these discourses, the sex therapists

encountered difficulties resisting dominant discourses. In particular the sex therapists continually negotiated a dominant biomedical and psy-discourse. Their reliance on client-centred approaches, and focus on ‘self-work’ assumes clients are able to sit *outside* of or are able to *liberate* themselves from dominant discourses if they put in enough work and are given the right tools or ‘knowledge’ (Guerin, 2008; Rose, 1996; 1999). The sex therapists drew on psychological gender-neutral theories, which not only reproduced the idea of individual or relational ‘deficits’ but silenced ongoing unequal power relations between men and women. The sex therapists could not escape drawing on biomedical and psy ‘knowledge’ to legitimise and uphold their own professional positions (as ‘experts’) and ‘expert’ psy-discipline.

Despite their reproduction of dominant discourses, there appeared to be a tension between sex therapists’ disciplined ‘knowledge’ and their own understandings of sexual difficulties. All of the sex therapists talked about the importance of disrupting dominant discourses within therapy, identifying a heteronormative sexual script as a *cultural* problem requiring wider cultural shifts. The sex therapists therefore appeared to engage in a tiresome battle, in that their efforts to disrupt heteronormativity were constrained by their own discipline and the ongoing lack of discursive resources through which to talk about desire outside of dominant discourses. Confined by their disciplines to an individual and relational level, the sex therapists were left feeling despondent about making the broader sociocultural and political changes they felt were needed in working towards women’s felt desire and pleasure. Not only did the sex therapists’ talk reflect the difficulties (for both themselves and their clients) in resisting dominant cultural understandings of sex, but they often reproduced certain discourses in order to disrupt more dominant (and more unhelpful) discourses, for example reproducing relational desire for women in order to get their clients to shift away from narrow biomedical understandings of ‘normative’ sexual functioning. Therefore while the sex therapists continually attempted to attend to gendered social power relations, they remained restricted by their own psy-discipline and a pervasive heteronormative sexual script.

Overall, these results highlight the challenges of resisting dominant discourses and heteronormativity. The participants talk, understandings and experiences of women’s desire were continually confined by a dominating hegemonic power that reproduced

itself through dominant discourses. While there were points of resistance identified in the participant's talk, sex was continually reconstituted through the feminine and the masculine, with women's desire remaining a gendered performance that served a men's interests. Reflecting on these findings, there continues to be a missing discourse of women desire (Fine & McClelland, 2006), with any assertions of women's desire being less about their own felt experience and more about being the 'right kind of woman'. Women who 'fail' at appropriate womanhood therefore continue to understand themselves as 'deficit' or 'disordered', leaving sex therapists to negotiate a pervasive heteronormative script, while confined with a discipline that reproduces the dominant discourses they struggled to disrupt.

Like my participants, I was not immune to an overarching disciplinary power. Throughout this research process I occupied multiple subject positions and negotiated a growing tension between my position as a clinical psychology student and position as a feminist researcher. When talking with the young women and women seeking sex therapy, I became another 'expert' who enforced 'normative' sexual standards. Trained in a dominant Western psy-discipline that reproduces technologies of normalisation, my position as a researcher meant the women continually feared getting things 'wrong'. My challenge was therefore to normalise the connection between our experiences to position myself as another woman negotiating her sexuality. However as another self-disciplined woman I was also seen as upholding standards of appropriate femininity, therefore my own self-disclosure was paramount to creating a 'safe' space in which women felt they could share their experiences and co-construct shared meanings.

I occupied a very different position and faced new challenges with the sex therapists. I found myself reluctant to question or critique their 'expertise', fearing my own opinion or experience might be 'wrong', as I positioned the sex therapists as the 'expert truth-knowers'. I also feared the sex therapists may feel uncomfortable with my analysis, which left me with feelings of discomfort given their passion for the potential of this research for change. My challenge was therefore to overcome my reluctance to critique those afforded an 'expert' position by reflecting on the aims of this research. As stated by Guerin (2008), my aim is not to critique individuals but to understand the limitations of available discourses, which sex therapists are also embedded in.

This research has also been a journey of negotiating two, often contradictory, positions. Throughout this process, I have felt a part of two worlds: firstly, training in a discipline that reproduces positivistic understandings through a Western and individualised institution; and secondly, striving to find my critical voice as a feminist researcher. I have therefore continually returned to my participant's stories as well as the purpose of this research, in order to resist the confines of dominant discourses and to find a way back to my voice. Having negotiated these two worlds, I am left questioning how we can bridge the gap between these two worlds, and how this research can inform those who strive to support women negotiating their sexualities and desires.

This research highlights how dominant discourses and heteronormativity prevails, therefore while we appear to have achieved idealistic neoliberal goals of sexual 'liberation' and 'free choice', we remain confined by disciplinary power and gendered performativity. This research therefore supports the argument that women's desire is still both missing and oppressed by ongoing hegemony (Fine & McClelland, 2006; Bay-Cheng & Eliseo-Arras, 2008; Gill, 2008; 2009; 2016). Reflecting on these findings, if we are to work towards an embodied 'thick' desire for women (Fine & McClelland, 2006), which encompasses all conditions of possibility, we must reflect on the constraints placed upon the female body and unequal social power relations that regulate expressions of desire or pleasure. Instead of perpetuating or silencing these constraints we must work against these by speaking the female body into existence, acknowledging women's desires and pleasures as more than a function of sex or existing in relation to a partner and promoting the acceptance and expression of women's desires *outside* the confines of 'appropriate femininity'. When encountering women who seek 'expert' help or interpret their inability to fulfil a sexual script as a sign of their own 'abnormality', we must resist the dominant discourse of individual 'dysfunction' and instead reflect upon the positions available to these women and the discourses informing their sexual relations.

So what does this mean for psychologists and other practitioners working alongside women? Ultimately, the personal is also political and as practitioners we are bound by a Code of Ethics that requires us to attend to social power relations. While it is inescapable that practitioners will be positioned as the 'expert truth-knower' and enforcer of 'normative' standards, as a professional it is our duty to reflect on this

privileged position. While clinicians may attempt to assume a 'neutral' position in the work that they do, this research challenges the notion of neutrality by bringing institutional gendered social power relations into view as a technology of power that regulates and controls women's sexuality. Women will therefore invariably present as self-policing clients, who regulate their own talk within this intersubjective space. While a psy-discipline may restrict clinicians' abilities to self-disclose, it is important for clinicians to acknowledge that unless they open discursive spaces for women to talk about sex, desire or pleasure, we become complicit with disordering femininity.

Even when these spaces are opened, women may lack the words or language through which to talk about their desire, therefore a key part the clinician's role would be to provide an alternative language or discourse through which women can understand or talk about their experiences. It is therefore important that clinicians continually reflect on the dominant discourses they reproduce and resist within their own talk and whether their own talk restricts or enables women's thick desire. For example, when meeting a woman who presents with difficulties reaching orgasm- are we compelled by a dominant discourse of 'dysfunction' to view this as inorgasmia? Or does this reflect the expectations placed on women through a heteronormative sexual script, which prioritises coitus and women's affirmation of male 'sexpertise'? Not only must we reflect on use of language and discourse, but that of our clients. For example, the woman who engages in an unwanted or undesired sexual encounter – what stops her labelling this as 'rape'? Does this woman have the discursive resources to talk about her experiences? Or has this experience been subsumed under the standards of 'normative' heterosexual practice, meaning the boundaries of consent have become blurred? Therefore, clinicians need to reflect on their understanding of heterosexuality and the inevitability of the coital imperative as a marker of successful sex.

Most importantly, this research suggests that clinicians can no longer ignore the influence of gender on sexuality, and the unequal power relations that authorise masculine and feminine rights, duties, obligations and desires. Clinicians must continually reflect on both their language and therapeutic 'techniques' employed, and whether these resist or allow for the reproduction of gendered performativity. For example, the use of negotiation assumes both parties occupy an equal position, which silences the ongoing power imbalances that allow for the reproduction of gendered

performativity (Braun et al, 2003; Gilfoyle et al., 1992; Guerin; 2008). It is important for clinicians to not assume that women are free to liberate themselves from dominant discourses that coerce them into unwanted sexual encounters. While clinicians may strive to disrupt and resist these discourses, a revolution in the bedroom is unable to take place until there is a revolution with regards to the ongoing oppression and regulation of women's bodies (Jackson, 1999).

Similar to previous research (e.g. Allen, 2004; Fine & McClelland, 2006; Gavey, 2005; Lamb, 2010; Lamb & Peterson, 2012), the current findings call for political action in terms of disrupting the reproduction of dominant discourses through sex education, media representations, research, services, policies and the law. Our ethical obligations require us to take responsibility for structural and political inequality, including the production of psychology knowledge. What dominant discourses do we reproduce, and what is both enabled and constrained by these discourses? Do we enforce or uphold standards of femininity and masculinity and how might we resist these? Do we have the space to talk about, assert and fulfil our own desires or are these expressions normalised through a dominant sexual script? Ultimately, we are both more and less free than we think, in that while discourse reproduces oppressive or disempowered subject positions, it also enables us to resist and disrupt these conditions of being (Gavey, 2011; Hook, 2001).

This research was not without its limitations. One of these limitations includes the homogeneity of the participants in each study, as a result of recruitment through a snowball sampling techniques and through the organisation Sex Therapy New Zealand (STNZ). All of the young women were aged 21-25 and identified as New Zealand European, with one young woman also identifying as British. Likewise, both of the women seeking sex therapy had come to understand themselves as 'disordered' or 'deficit' in some way and therefore were seeking or engaging in sex therapy. Finally, all of the sex therapists had completed training through the STNZ organisation, with an interest in working with sexuality. Despite these limitations, snowball sampling is an effective technique at providing a purposive sample or 'snapshot' of the effects of dominant discourse on a select group of people. Reflecting on the aims of the current study, these limitations were therefore not considered detrimental to the research objectives.

Throughout this research, it became evident that there continues to be many silenced voices when it comes to sexuality and gender. Future research could therefore extend to other cultural groups or ages as well as examining the talk of other ‘experts’ or couples who do not seek sex therapy, including how these groups negotiate (or fail to negotiate) sex and desire. Future research should also examine the talk of boys and men around sexual desire through similar study approaches. Since masculinity and femininity are intimately connected through relations of domination and subordination, it is important to understand how men talk about women’s desire as well as their own sexualities.

Several areas of limited research emerged when listening to the women seeking sex therapy talk. How we talk about childhood sexual experiences and abuse when the perpetrator is a woman, or when both perpetrator and victim are children, warrant future research for making sense of the discourses that produce abnormal sexualities.

It is my desire that this research has opened a discursive space for clinicians to challenge the hegemony of heteronormativity so that women’s desiring subjectivities can be brought into existence.

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Appendix A: Information Sheets



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKĒNGA TANGATA

Women's Experiences of Sexual Desire and Implications for Clinical Practice

INFORMATION SHEET

Researcher:

My name is Chelsea Dowling and I will be conducting this research, which will be supervised by Dr Leigh Coombes from the School of Psychology and Dr Kirsty Ross from the Psychology Clinic. I am undertaking this research project as a part of my Doctorate of Clinical Psychology training at Massey University. If you have any questions or concerns do not hesitate to contact us:

Chelsea Dowling: 027 337 7877
chelseadowling088@gmail.com

Leigh Coombes: School of Psychology, Massey University, Palmerston North
(06) 350 5799 ext 85075
l.coombes@massey.ac.nz

Research Project:

I am interested in looking at how women's sexual desire, factors affecting desire and sexual desire disorders are talked about and understood. Sexual desire is a topic that is both difficult to define and rarely talked about, which is reflected in the limited research in this area. I wish to talk to three different groups of people about women's sexual desire through three separate studies with young women, women seeking therapy and sex therapists. I will then identify themes in these understandings and experiences and discuss the implications they have for clinical practice.

Participants (young women):

Participants for study one of this research project are being recruited through snowball sampling methods. This means friends and friends-of-friends are asked if they wish to participate and information on the research project is passed on between friends/social networks. Participants for study one must be young women aged between 18 and 25 years.

Participation in this research is voluntary; if you wish to participate, please contact the researcher (Chelsea) directly via phone or email. No reimbursement/payment is offered for your participation.

What this study will involve:

I am interested in talking with you about how you understand and make sense of sexual desire and your experiences of it. I will travel to locations across the North Island to conduct the interviews which will be conducted in a place that you feel is private, convenient and comfortable (I will organise a time/location with you). Interviews may take up to an hour and a half, plus any travelling time, and I will be the only other person present in the interview. If you choose to share upsetting information/stories or bring up issues/topics that cause you discomfort, I will ensure you do not leave the interview in a distressed state. I will also provide you with contacts and information on counsellors or other relevant resources if necessary.

What my analysis will involve:

Interviews will be digitally recorded and later transcribed by myself (Chelsea). A copy of the transcript will be sent to you to make any changes you would like to make. Transcripts will be password protected and consent forms will be stored separately in a locked, secure location within the School of Psychology. Your name will be replaced by a pseudonym to keep your identity confidential on every document of the study and any identifying information will be excluded from the transcripts. The tape recording of your interview will be destroyed after I have transcribed it.

After I have completed all the interviews I will look to identify themes, the roles/positions young women place themselves and their sexual partners in and how desire, factors affecting desire and the idea of “correct” sex/sexuality is talked about/constructed. Information on the project and a summary of the findings will be available at the end of the research process.

Participants’ Rights:

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study (at any time up until your transcript has been finalised/analysis of the transcript has commenced);
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the audiotape to be turned off at any time during the interview.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/68. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.



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chelseadowling088@gmail.com

Leigh Coombes: School of Psychology, Massey University, Palmerston North
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l.coombes@massey.ac.nz

Research Project:

I am interested in looking at how women's sexual desire, factors affecting desire and sexual desire disorders are talked about and understood. Sexual desire is a topic that is both difficult to define and rarely talked about, which is reflected in the limited research in this area. I wish to talk to three different groups of people about women's sexual desire through three separate studies with young women, women seeking therapy and sex therapists. I will then identify themes in these understandings and experiences and discuss the implications this has for clinical practice.

Participants (women seeking sex therapy):

Participants for study two of this research project are being recruited through the circulation of this information sheet at sex therapy centres. Participants for study two must be women (of any age) who are seeking sex therapy.

Participation in this research is voluntary; if you wish to participate, please contact the researcher (Chelsea) directly via phone or email. No reimbursement/payment is offered for your participation.

What this study will involve:

I am interested in talking with you about what made you decide to seek sex therapy and what your experience of this has been like. I will travel to locations across the North Island to conduct the interviews which will be conducted in a place that you feel is private, convenient and comfortable (I will organise a time/location with you). Interviews may take up to an hour and a half, plus any travelling time, and I will be the only other person present in the interview. If you choose to share upsetting information/stories or bring up issues/topics that cause you discomfort, I will ensure you do not leave the interview in a distressed state. I will also provide you with contacts and information on counsellors or other relevant resources if necessary.

What my analysis will involve:

Interviews will be digitally recorded and later transcribed by myself (Chelsea). A copy of the transcript will be sent to you to make any changes you would like to make. Transcripts will be password protected and consent forms will be stored separately in a locked, secure location within the School of Psychology. Your name will be replaced by a pseudonym to keep your identity confidential on every document of the study and any identifying information will be excluded from the transcripts. The tape recording of your interview will be destroyed after I have transcribed it.

After I have completed all the interviews I will look to identify themes, the roles/positions women place themselves and their sexual partners in and how desire, factors affecting desire and the idea of “correct” sex/sexuality is talked about/constructed. Information on the project and a summary of the findings will be available at the end of the research process.

Participants’ Rights:

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study (at any time up until your transcript has been finalised/analysis of the transcript has commenced);
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the audiotape to be turned off at any time during the interview.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/68. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicssouthb@massey.ac.nz.



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INFORMATION SHEET

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Research Project:

I am interested in looking at how women's sexual desire, factors affecting desire and sexual desire disorders are talked about and understood. Sexual desire is a topic that is both difficult to define and rarely talked about, which is reflected in the limited research in this area. I wish to talk to three different groups of people about women's sexual desire through three separate studies with young women, women seeking therapy and sex therapists. I will then identify themes in these understandings and experiences and discuss the implications this has for clinical practice.

Participants (sex therapists):

Participants for study three of this research project are being recruited through the distribution of this information sheet, which will be circulated among sex therapists. Participants for study three must be sex therapists currently working in this field.

Participation in this research is voluntary; if you wish to participate, please contact the researcher (Chelsea) directly via phone or email. No reimbursement/payment is offered for your participation.

What this study will involve:

I am interested in talking with you about your understandings of sexual desire, what affects desire and sexual desire disorders, along with your experiences of working with concerns in these areas. I will travel to locations across the North Island to conduct the interviews which will be conducted in a place that you feel is private, convenient and comfortable (I will organise a time/location with you). Interviews may take up to an hour and a half, plus any travelling time, and I will be the only other person present in the interview.

What my analysis will involve:

Interviews will be digitally recorded and later transcribed by myself (Chelsea). A copy of the transcript will be sent to you to make any changes you would like to make. Transcripts will be password protected and consent forms will be stored separately in a locked, secure location within the School of Psychology. Your name will be replaced by a pseudonym to keep your identity confidential on every document of the study and any identifying information will be excluded from the transcripts. The tape recording of your interview will be destroyed after I have transcribed it.

After I have completed all of the interviews I will look to identify themes, how women and their partners are positioned and how desire, factors affecting desire and the idea of "correct" sex/sexuality is talked about/constructed. Information on the project and a summary of the findings will be available at the end of the research process.

Participants' Rights:

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study (at any time up until your transcript has been finalised/analysis of the transcript has commenced);
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the audiotape to be turned off at any time during the interview.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/68. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.

Appendix B: Consent Form



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PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name- printed: _____

Appendix C: List of Potential Topics and Questions

All Participants (Study One, Two and Three):

What do you understand as '*sexuality*'?

What do you think '*desire*' is?

Tell me about your desire? When do you experience sexual desire? Has it always been this way?

Tell me some memories/stories that involve your sexual desire?

What was your first experience or memory of sexual desire?

What was sexual desire before you'd had sexual experiences? After?

What kinds of things affect your desire?

What were you told/taught about sexual encounters and sexual desire? By who?

What do you think *should* be taught about desire? And by who?

How do we talk about desire? How do *you* talk about desire?

Do you communicate your desires? To who?

Do you think we have a language to talk about desire?

Do you think how women talk or think about desire has changed over time?

Do you think our desires are different now than in the past?

What are your views on *gender equality* when it comes to sexuality/sexual desire?

Do you think sexual desire is different when you're in a relationship vs. when you're not?

What *talk* occurs *during* sexual encounters? Before? After?

How do we determine what goes on in sexual encounters? How are sexual encounters initiated, sustained and terminated?

How would you describe your experiences of sexual encounters/sexual desire? Positive, negative or somewhere in between?

Have you had sexual encounters without desire?

Have you been involved in sex/sexual encounters when you haven't wanted to?

Have you ever felt like you haven't had a choice?

What are the similarities and/or differences between sexual desire, sexual arousal, pleasure and orgasm?

What is the 'best sex' you've had? Why?

Would you say you fulfil your desires?

How do you negotiate your desires?

Study One (Young Women):

Has anything ever concerned you when it came to your sexuality/sexual encounters?

Study Two (Women Seeking Therapy):

What concerns brought you to seek help/therapy? When did these become concerns?

How distressing are these concerns to you?

How have you found therapy?

What parts of therapy have you found useful? Not so useful?

What has changed from attending therapy?

Study Three (Sex Therapists):

What are your thoughts on sexual desire and what affects it?

What are your thoughts on what causes a low level of/lack of desire?

What are your thoughts on the diagnosis of Hypoactive Sexual Desire Disorder?

How does desire emerge through therapy?

How does therapy help/affect desire?

Appendix D: Release of Transcript Form



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AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: _____ Date: _____

Full Name- printed: _____