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**The Pleasure is all Mine: A qualitative study on  
Women's Personal Experiences and Perspectives of Masturbation**

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts

in Psychology

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## Preface

### *Where it breathes*

*“Self-love is a terrace in green and purple notes of sun  
after a bath, you forgot your body in:  
that sun in your pores begins to make new mulch.”*

Hansa Thapliyal (2018)

As I stand here listening to the mums at pickup time talking about how their son is at ‘that age’ and how they have started to find ‘used tissues’ around the room, I think back to other times I have heard conversations between males, that women do not have the privilege or the courage to have. Boys in the playground discuss girls’ anatomy and how they would use it to their pleasure. Men huddle around the BBQ at parties and talk about the “hot blonde at the supermarket” while their wives sit together sipping their drinks and politely talking about life. But what if...what if we could change the dialogue? What if women could talk about their bodies freely (boobs, vulvas, periods, masturbation) without it being considered ‘disgusting or promiscuous’, without it being ‘shamed’ or seen as ‘unnatural’? What if women would talk to their friends, cousins, sisters, aunties, mothers, and daughters about masturbation? What if we could reclaim our primary pleasure without fear or judgment? This study aims to highlight and educate about the damage caused by making something so natural such a taboo. This study investigates what lies beneath a woman’s silenced expedition of masturbation, which is a sexual person, at their own time, in their own ways with their own orgasms. No matter how long, fast, hard, slow, singular, or multiple they are.

## Abstract

Over the last few decades, female sexuality has gained increasing attention. Within the scope of female sexuality, masturbation is still largely invisible within the academic and public space. This thesis breaks through that silence and shines a light on all that is taboo with female masturbation. I argue why we should be putting women's masturbation at the forefront of sexual education and throughout society. By examining the discourses of female masturbation among seven women, I investigate what, how, and why women do and do not masturbate. Through semi-structured interviews, I capture the experiences of seven women's masturbation journeys from young to older, in and out of a relationship and through the many curve balls that life throws at them. An analysis of these women's interviews presented five themes: 1) the lack of education about female masturbation; 2) stigma and stereotypes associated with female masturbation; 3) aspects and phenomena that give way to increases and decreases in women's masturbation practices; 4) environments on a multiple layer scale which show the effect to female masturbation and finally; 5) women's thoughts and feelings about masturbation for themselves and society at large. Each of the five themes has an overarching issue that impacts them, including ideologies, social influences, and mental and physical health. All these broader factors are dynamic, constantly changing and evolving. I argue that the broader structures of society, such as neoliberalism, the patriarchy and government agencies, prohibit women from reaching the full extent of their sexual freedom by repressing and withholding vital information necessary to evolve women's sexual power. I also highlight the multiple health benefits (lower rates of unwanted sexual encounters and relationships, thereby reducing domestic violence, pregnancies, and STIs) of including a sex-positive dialogue within schools, at home and among friends.

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Thank you to my children, who are too young to understand but knew when I wasn't around because I was 'studying.' I'm sorry I've missed out on memories and playdates. I promise I'll make it up to you. Also, a thank you to my mother and father, who were my proofreaders repeatedly. Sorry for making you read about female masturbation from your daughter. That mustn't have been easy.

Shout out to my friends and extended family for understanding my lack of presence and focus, from not messaging back or answering phone calls to forgetting birthdays. Thank you for sticking it out.

Other thanks to my work supervisor Joanna Taylor and my colleagues for encouraging me and listening to all my newfound facts about the female body, sex positivity, menstruation, and masturbation. I understand that was hard for some of you, but I hope I've enlightened you all. Thank you for grounding me when it all became overwhelming.

Last but certainly not least, thank you to the participants of this study. You know who you are: a bunch of fantastic women who are perfectly imperfectly unique in their own ways. I

adore and admire every single one of you; you are strong and warriors; better than that, you are women!

## Glossary of Te Reo Māori Terms

Throughout this thesis, there are Te Reo Māori words used to describe traditional processes and happenings. This glossary provides definitions and translations, direct quotes from <https://maoridictionary.co.nz/> indicated by quotation marks. There will also be explanations from Te Ara Tika Guidelines for Māori research ethics (GMR) as some of these terms differ in how they are used within the GMR.

<b>Kai</b>	“Food, meal.”
<b>Karakia</b>	“to recite ritual chants, say grace, pray, recite a prayer, chant.”
<b>Koha</b>	“gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.”
<b>Kōrero</b>	“speech, narrative, story, news, account, discussion, conversation, discourse, statement, information.”
<b>Mahi</b>	“work, job, employment, trade (work), practice, occupation, activity, exercise, operation, function.”
<b>Mana</b>	Term – “prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place, or object. Mana goes hand in hand with tapu, one affecting the other. The more prestigious the event, person, or object, the more it is surrounded by tapu and mana. Mana is the enduring, indestructible power of the atua and is inherited at birth; the more senior the descent, the greater the mana. The authority of mana and tapu is inherited and delegated through the senior line from the atua as their human agent to act on revealed will. Since authority is a spiritual gift delegated by the atua, man remains the agent, never the source of mana.”

GMR – “In the context of this framework, mana relates to equity and distributive justice. Mana acts as a barometer of the quality of relationships by acknowledging issues of power and authority in relation to who has rights, roles and responsibilities when considering the risks, benefits, and outcomes of the project.”

**Manaakitanga**

Term – “hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.”

GMR – “In this context, it is associated with notions of cultural and social responsibility and respect for persons.”

**Tika**

Term - “truth, correctness, directness, justice, fairness, righteousness, right.”

GMR – “In the context of this framework, we relate it to the validity of the research proposal. The design of a research project is a critical determinant in whether the research is successful in achieving proposed outcomes, benefiting participants and communities, and bringing about positive transformative change.”

**Whakapapa**

Term - “genealogy, genealogical table, lineage, descent – reciting whakapapa was and is an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship, and status. It is central to all Māori institutions.”

GMR - “explains the genesis and purpose of any kaupapa (topic/purpose). In research, the development and maintenance of meaningful relationships between researcher and research participant form another axis of consideration for evaluating the ethical tenor of a research project and its associated activity.”

**Whanaungatanga**

“relationship, kinship, sense of family connection - a relationship through shared experiences and working together provides people with a sense of belonging. It develops because of kinship rights and obligations, which also strengthen each kin group member. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.”

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## Chapter 1 - Introduction

*“Sacrifice, sacrifice, sacrifice! That's the condition of the female. Women have been conditioned to sacrifice for centuries.”*

*(Betty Dodson, n.d.)*

‘Women do not masturbate,’ or so the myth goes. In Western Cultural Society, women are taught that masturbation is something that men do, and men are taught that it is their right to give sexual satisfaction to a woman (Klein & Conley, 2022). While masturbation has been debated for centuries, female masturbation has primarily been seen as harmful and taboo (Csako et al., 2022). Women are taught that their bodies are not their own and that we must dress, walk, talk, and listen exactly how a patriarchal society wants us to (Reiter, 2012). Anything outside is classified as weird, unhealthy, unnatural, slutty, butch, or unbeautiful. The ropes of a patriarchal society wrapped around our necks restrict us from talking about normal bodily functions in ways that positively enhance feel-good emotions and could educate us in a non-shameful way. Where are our voices? Where is our pleasure? Where is our normalisation of masturbation?

This study is about female masturbation, its past, present, and future and the silenced women behind that pleasure. This study highlights the power structures of society’s influences and systems of power embedded in beliefs, practices, and cultural norms rooted in history and present-day policies and procedures constraining female masturbation. I focus on the barriers, enablers, and benefits of female masturbation. There are multiple layers of need for this research, which cannot all be included in the scope of this study, but I will discuss the needs most relevant to this research. Firstly, with ten female masturbation studies for every 100 male masturbation studies, there is a lack of research specifically regarding female masturbation. Secondly, there is a lack of educational material on female masturbation for women to access. Therefore, the more knowledge becomes available, the

more women will embrace the normalities of their bodies. Thirdly, the evidence supports the proposition that the more women know about pleasure and connectedness with their intimate selves, the more likely they are to have physically and mentally healthier relationships with better outcomes. Fourthly, there is a need to understand and educate future generations of females to create a more positive relationship with masturbation. Finally, the need to push the boundaries of a patriarchal society so that women have as much right to power, knowledge, money, acceptance, happiness, and orgasms as men. This study incorporates seven women's journeys of masturbation and what it means to them, from growing up to raising their own, with many bits in between. We dig our nails into the nitty gritty of female masturbation. I created the cartoon (Figure 1) to illustrate some harmful discourses and stigma around masturbation.



Figure 1: Cartoon was created by me to portray the harm stigma can have on women's pleasure.

## **The History of Female Sexuality.**

Female sexuality, just like female masturbation, has been (and still is) on a journey throughout history, and the 18<sup>th</sup> century condemned female masturbation to be predominantly ridden by guilt and shame (Donaghy, 2020). Under the same disparaging scrutiny came women's bodies, sex drives, and sexuality. Sexuality includes sex, gender identities, sexual orientation, eroticism, and pleasure (World Health Organization, 2006). Sexuality is experienced and expressed through thoughts, fantasies, desires, beliefs, values, morals, and relationships (World Health Organization, 2006). Traditionally, to control female sexuality, cultural practices such as chastity belts and enforced modesty were employed to place restrictions on women's sexuality (Donaghy, 2020). A century later, academics warned of women seeking higher education and the consequences that could cause alleged outcomes such as depression, irritability, and infertility (Bullough, 2013). Henry Maudsley, the most distinguished psychiatrist in London during this time, spoke about the evils of women receiving education, stating that it would lower their energy and cause infertility problems, which inevitably would lead to the un-kept duties of a wife (Bullough, 2013). This belief circulated for years after, and women's access to education was not the only part to be cut. In a wave of widespread panic came the removal of parts of women's bodies, with the clitoris being the unfortunate leading candidate (Webber & Schonfeld, 2003). Professor of gynaecology Charles Meigs wrote extensively on the purity and modesty of women and that these "dear little ladies" were fit "only for love" (Studd & Schwenkhagen, 2009, p. 108). Something that became clear over these centuries was that women were not allowed to have sex or be sexual in any form. Movement in this area seemed to happen in the last half of the 19<sup>th</sup> century thanks to artists such as Edouard Manet, Gustave Courbet, and Lovis Corinth, who created incredible paintings displaying the sexuality and sex appeal of women that shocked and horrified in most countries (Studd & Schwenkhagen, 2009). Now, there are globally recognised masterpieces displaying such sex appeal and sexuality of females, such as *Le Déjeuner sur l'herbe*, *Le Sommeil*, and *Salome* (Studd & Schwenkhagen, 2009). Awareness was raised, and other professions began to dig deeper into female sexuality. Marie Stopes, a female doctor, authored a book titled 'Married Love' (1918), arguably one of 12 books that changed the world (Studd & Schwenkhagen, 2009). Kinsey et al. (1958) were the first to break the scientific silence by publishing 'sexual behaviour in the human

female'. It reportedly discussed orgasms, masturbation, pre-marital sex, and infidelity in marriage. Twenty years later, Fisher devoted a book to the female orgasm. This discussed differing aspects of female masturbation, such as the psychology, physiology, and fantasy of the event (Fisher, 1973). Next were Masters and Johnsons, who researched the physiology of sexual intercourse published as '*Human Sexual Response*' (Masters & Johnson, 1966). This research goes into depth about the female physiology of sexual response. This landmark piece of research informed many academics, doctors, women, and their partners about something that had been dismissed and shamed (Studd & Schwenkhagen, 2009).

Alongside the more positive attention, research and a focus subtly started subverting the learning about women's sexual functioning to a shift to women's sexual dysfunction. Research on women's sexual dysfunction has been known for overwhelmingly blaming women for their problems (Tiefer, 2002). Researchers were all too quick to try to reduce women's sexuality to medical and biological circumstances rather than looking closely at social aspects, for example, lack of desire, lack of confidence, body shaming, and relationship and communication problems (Tiefer, 2002).

Sexuality is a central part of life, and it changes continuously due to circumstances, situations, age, ability, mental health, partners, roles, and relationships (Rao & Nagaraj, 2015). For centuries, female sexuality has been researched, medicalised, scrutinised, shaped, and romanticised into statistics, theories, disorders, heterosexual norms, and Disney princesses. Overarching all is a societal influence. Society shapes many areas, such as our views, thoughts, morals, and beliefs. Therefore, culture determines how we receive information regarding sexuality through sites such as education, social media, and parenting (Garnham, 2020). This focus largely misses a large part of women's sexuality, pleasure, desires, fantasies, body confidence, safety, physiological, psychological, and empowerment. With dreams, urges, benefits, and pleasure missing from most information regarding female sexuality and masturbation, it is no wonder we are seeing high rates of female sexual disorders and dysfunction, shame and guilt regarding masturbation and gaps for orgasm achieving and perfecting between male and females (Hungry, 2016; Shafer, 2017; Wetzel et al., 2022).

## **The History of Female Masturbation.**

The earliest evidence of masturbation was from 4000 BC in Malta. The depictions were on rock faces and included females and males masturbating (Renfrew, 1986). The Sumerian religion believed masturbation enhanced sexual potency for both males and females (Denning, 1996). Their god, Enki, was thought to have created the Tigris and Euphrates Rivers by ejaculating into their empty riverbeds (Leick, 2013). Throughout history (ancient Egypt, ancient Greece, and ancient Rome), evidence that masturbation was a natural and promoted part of their culture is shown through carvings, statues, pottery, and poetry (Schmidt & Voss, 2005; Skinner, 2013). In ancient Greece, masturbation and regular sexual indulgences with the same and opposite sexes were encouraged (Ormand, 2008). Greek women were known to masturbate with artificial phalluses and rub each other's genitals, which was named tribad, which means to rub (Tasca et al., 2012). The Greeks encouraged this to avoid hysteria (Tasca et al., 2012). Hippocrates (fifth century BC) first used the word hysteria. He believed that the cause of hysteria lies in the movement of the uterus (Tasca et al., 2012). In the Greco-Roman world, some medical and scientific authorities believed that for women to stay sane from something known as 'wandering womb', masturbation was key (Tasca et al., 2012). Galen of Pergamum, the Dominant Medical Authority of the Roman empire, rejected the theory of wandering womb but acknowledged that women have a womb that desires to become pregnant (Faraone, 2011). It was thought when the womb does not fall pregnant, its important secretions build up within the body and spoil the blood of a woman, which, consequently, can cause hysteria (Tasca et al., 2012). To avoid these consequences, he would apply warm compresses to a woman's labia and then use his fingers to masturbate and release these secretions (Faraone, 2011). This explanation percolated throughout the medieval and early modern periods, creating the belief that "women could be cured by a good screwing" (Olson, 2014, p. 184).

While many countries throughout history (China, India, Japan, Italy) were seen to be sexually charged, masturbation was an area that was either welcomed or abolished (Bullough, 2013). Even if the sexual activity of a culture was loud, masturbation may have been silenced (Bullough, 2013). This was due to some cultures' belief that men's semen was sacred and should not be wasted outside their bodies unless procreating with a woman (Prakash et al., 2014). India, for example, was one of the first Asian countries to include

tantra in their sexual culture (Harper & Brown, 2002). In approximately 200AD, the Kamasutra was created as a handbook to live by in and out of the bedroom (Puri, 2017). Although the Kamasutra promoted promiscuous sexual intercourse, it frowned upon masturbation (Prakash et al., 2014). Whilst these cultures were living their lives in sexual awe, swinging from one new sexual awakening to another and debating the rights and wrongs of masturbation, later in history, masturbation hysteria came barrelling into England and soon swooping across Europe. Masturbation was first publicly documented in England by an anonymous author in 1764 (Donaghy, 2020). This article was titled "*Onania, or the heinous sin of self-pollution*". This reading cited passages from the Old Testament and was more concerned with the sin and harm of masturbation than medical knowledge (Donaghy, 2020). Later that century, another book was released which had a medical perspective. It still included the sinfulness of masturbation, but it went many steps further and included a list of unpleasant disabilities and disorders people would get if they masturbated (Donaghy, 2020). This had conditions such as blindness, loss of sensation, nervous system weakness, insomnia, exhaustion, neurasthenia, epilepsy, moral insanity, insanity, convulsions, melancholia, paralysis, comas, and death (Donaghy, 2020). Understandably, these rumours caused a wave of shame and worry around masturbation and were quickly adopted into religions such as Christianity and Catholicism (Hurteau, 1993). Later, scriptures and passages were produced containing the awful shameful and sinfulness brought upon an individual by such a horrific act (Hurteau, 1993).

Horrendous anti-masturbation surgical procedures were performed, anti-masturbation devices were created, medical books were written, and religious views were altered (Hurteau, 1993). Female disorders such as masturbation, hysteria, nymphomania, neurasthenia, and moral insanity were believed to be due to women listening to romantic music reading inappropriate novels and their wombs (Donaghy, 2020). In the second half of the 19<sup>th</sup> century, Charcot (a neurologist) emphasised his belief that women's mental illnesses came from the excitement of the external genitals. Therefore, the only way to stop these mental illnesses from occurring or manifesting was to remove women's ovaries, clitorises, and, in some cases, the womb (Bullough & Bullough, 2019). Since the clitoris seemed to cause moral decline, treatment of clitoral removal was undeniable. Surgeon Isaac Baker Brown performed many clitoridectomies and kept notes on each of these (Bullough &

Bullough, 2019). Baker Brown notes included this antidote where a woman brought in by her husband. This woman had tried to file for divorce, and Baker Brown had proceeded with the usual clitoridectomy and noted, “patient made a good recovery; she remained quiet, well and became in every respect a good wife” (Bullough & Bullough, 2019, p. 69). A book as late as the 19<sup>th</sup> century by Jean-Etienne Esquirol, a psychiatrist and physician-in-chief at the Salpêtrière Hospital in Paris, was still advocating that masturbation was the cause of insanity (Dos Santos, 2020). It was not until the late 1960s that masturbation was taken out of the DSM III and classified as normal in society, but the guilt, shame and stigma around masturbation is still alive today (Janes, 2014).

### **Contemporary Female Masturbation.**

One of the most influential people of the late 60s was the mother of masturbation, Betty Dodson. Betty became a massive hit in 1968 after she exhibited erotic art in New York City (Washington & Spencer, 2021). Betty authored books, created workshops, and held conferences on self-love and female masturbation (Washington & Spencer, 2021). One of her more famous quotes about masturbation caught the attention of many women worldwide: “The most consistent sex will be the love affair you have with yourself” (Dodson, 2015).

Fortunately, female masturbation is now seen and discussed much more in the media. Books, magazines, movies, TV shows, social media influencers and research articles now include more realistic representations of masturbation, which open spaces for women to talk and ask questions about the topic. These spaces provide women with a sex-positive context to learn that masturbation is healthy and normal (Smits, 2021). Websites such as ‘*omgyes.com*’ give women tips on diverse ways to pleasure themselves and open, friendly discussions from others about what has been helpful for them to enjoy masturbation. Social media influencers such as ‘*cliterally the best*’ post healthy sex-positive facts about many silenced subjects, such as in-depth information about various parts of the vulva, masturbation, safety with multiple sexual partners, polygamy, sexuality and differing gender terms, and information regarding transgender. TV shows such as sex education, ‘Sex in the City’, ‘Fleabag’, ‘Reign’, ‘Two Broke Girls’, etc., show realistic depictions of female

masturbation. Books such as 'Come as You Are', 'Buzz' and 'Sex for One' provide in-depth information about masturbation and how women can achieve pleasure.

There has been some research that has explored how to break the silence around masturbation, making their experiences sharable and making the unspeakable (due to the nature of some sexual topics like masturbation) a little more open in countries such as Hong Kong (Kimberly Wei-Yi & Chung, 2023). Kimberley Wei-Yi and Chung (2023) state that silence does not mean disinterest but can reflect silencing by dominant discourses that some forms of sex are considered disgusting. This move has also been reflected in masturbation being included as part of sexual health promotion. In fact, the World Health Organisation (1975) included the "right to sexual information and the right to pleasure" (p. 6) in sexual health definitions as early as 1975. Despite this, it is only in recent years that they have started pointing to the benefits of masturbation (discussed in Chapter 4) (Csako et al., 2022). However, despite this, much of the research tends to focus on sex education generally or looks at masturbation through the lens of health and risk, such as sexual knowledge of female adolescents with intellectual disabilities, which was explored by (Hemati Alamdarloo et al., 2023) or looking at the prevalence of masturbation (Herbenick et al., 2023) which misses the complexities of the topic.

Masturbation plays a big part in our sexual journey in life; for many of us, it is where thoughts about sex first started, yet there are limited conventional areas to learn about this. Until education systems and parents step up to the mark and become more comfortable with masturbation, young individuals everywhere will have to continue to rely on media outlets to gain that information (Foust et al., 2022). There is a frightening amount of incorrect information out there regarding female masturbation, and young people can land on questionable sites and be misguided into thinking female masturbation should look like it does in pornography or should be done the way someone else tells them to do it. This can leave women feeling conflicted and frustrated when it is not working or leading to the feeling of them not being normal (Foust et al., 2022). There are now a vast number of devices and techniques available for use to aid masturbation, but these are not without their own stigmas and rumours. This, again, can be unhelpful to women who are considering masturbation aids or sex toys for pleasure. Female masturbation has come a long way and is becoming more socially accepted thanks to the use of media, but still has a long way to go.

## **Research in New Zealand.**

There is plenty of research regarding the health risks of sexual activity and how to prevent unwanted STIs and pregnancy, but when it comes to women's sexual pleasure, the research is limited globally. The research so far indicates that sex-positive education, which includes masturbation, can reduce risk-related sexual behaviours (Hogarth & Ingham, 2009). Having open, positive conversations concerning masturbation and solo sex acts provides individuals with the power and knowledge to give themselves pleasure first (Hogarth & Ingham, 2009). When and if individuals are ready to incorporate others into their sexual journey, they will have built a foundation of knowledge to give and receive pleasure that feels most comfortable for them (Hogarth & Ingham, 2009).

There is limited research on Māori sexual health practices and even less on positive sexual health practices for Māori (Le Grice & Braun, 2018). The statistics for Māori indicate they have higher rates of sexual infections and unwanted pregnancies than non-Māori. One potential reason is that colonisation tended to eradicate traditions such as traditional education practices (Le Grice & Braun, 2018). In comparison to the dated biomedical health model, Māori health models put a greater emphasis on other areas, such as spiritual and mental health components, which are vital for all individuals. Using indigenous health models in areas such as mental health could be the key to facilitating and amending all aspects of an individual's health rather than just one area (Murray, 2003). Creating and defining Māori health models also produces opportunities for Māori to participate and lead the way into their own culture's intervention and success. While some Māori models, such as Te Whare Tapa Wha, could be applied to sexual health to create a more holistic approach to sexual health, there is still no inclusion of pleasure or focus on female sexual pleasure specifically. Research specifically concerning Māori women's sexual health, pleasure and masturbation is clearly needed but should be centred on Kaupapa Māori methodologies (Murray, 2003). There is the potential for the benefits of this understanding to impact things such as domestic violence, STIs, unwanted teenage pregnancies and much more (Murray, 2003).

There is one new study in New Zealand, specifically on female masturbation, which was a quantitative research article (Csako et al., 2022). This research gathered its information using a survey that included yes or no answers and a 9-point Likert scale and got responses

from 698 New Zealand women (Csako et al., 2022). These questions included frequency of masturbation, reasons for masturbation and sexual practices during masturbation (Csako et al., 2022). The results indicated a high prevalence rate of female masturbation in New Zealand, with 76.1% reporting masturbating at least once a month and only 5.4% saying they had never masturbated. The two most common reasons women reported masturbating were sexual pleasure and stress relief. When asked about practices during masturbation, most used clitoral stimulation, and most women achieved orgasm with masturbation (Csako et al., 2022). Interestingly, this research did highlight that most women were not using penetration to achieve orgasm, which supports other research that women orgasm more without penetration (e.g. Fahs & Swank, 2016). While Csako and colleagues (2022) identified the positive effects of masturbation, common masturbation practices in New Zealand women, and the differences between New Zealand women who masturbate frequently and less frequently, this area needs considerably more in-depth research. Also, it should be noted that less than 700 women did the survey, and there was no breakdown of results via ethnicity.

Women need to be able to tell their stories for us to see and hear where they missed out, where they are flourishing and what can help us as a nation move forward with this topic. This qualitative research on female masturbation within Aotearoa helps address this research gap. The objectives of this research were to talk with women about masturbation, including history, ways of pleasuring and the whys when not in a relationship, as well as discuss masturbation experiences within a relationship and during sex with partners.

## Chapter 2 - Barriers to female masturbation

**“It's all make believe, isn't it?”**

(Marilyn Monroe, n.d.)

### **The Educational Gap.**

Education is one of the main ways individuals learn about the world around us. From maths to art, science to pottery, institutions like schools, colleges and universities will provide people with the knowledge they need and want to know. There is a curriculum set out for each country with an emphasis on different areas of learning (Young, 2018). What areas are to be taught is dependent on what the government organisation deem important or necessary (Young, 2018). One area of interest is sex education. This usually falls under science and biology; in Aotearoa, New Zealand, it falls under physical education and health.

Sex education is not taught globally, and countries like India tried to bring this in for adolescents in 2007, but it was quickly removed later that same year (Ismail et al., 2015). There are ongoing debates about sexual education in India. This lack of information has directly been attributed to higher rates of risky sexual behaviour, unwanted teenage pregnancy and backstreet abortions causing death to females predominantly between the ages of 15-19 years (McManus & Dhar, 2008). In New Zealand, sex education was formally introduced in 2002, and updates to that curriculum occurred in 2015 and again in 2020 (Fitzpatrick et al., 2022). It is now called relationship and sexuality education (Fitzpatrick et al., 2022). In early primary years, children will learn about things such as friendships, families, consent in context (doctors, etc.), and respect for themselves and others (Garland-Levett, 2017). In later primary years, topics that will be covered are puberty, body development, human reproduction, relationships, risks, and issues online (Garland-Levett, 2017). Once at secondary school, topics that will be covered are relationships, contraception, managing health, cultural approaches to gender and sexuality, how to access resources to support health and well-being and the influence society has on gender and

sexuality (Fitzpatrick et al., 2022). The areas that will need to be covered are given to teachers to weave into their teaching plans as they please, but they must be included. How in-depth these topics are covered is at the discretion of the teacher. Even at a university level, courses often focus on the medical aspects of sex, such as human reproduction or gender. While courses such as 'human development' will have sexuality development, there is nothing about the pleasures of sex or positive sex influences (Cushman et al., 2015). This leaves a huge gap in our sexual education, especially among our girls who develop into sexually silenced women.

There are conflicting views on whose responsibility it is to educate children about sex and sexuality. While most parents agree it is their responsibility, some think it is the school's job or assume the other parent is responsible (Astle et al., 2022). Evans and colleagues (2020) found that parents think it is the school's job to educate their children about masturbation, but the schools stated that it is the parent's job to tutor children about masturbation (Evans et al., 2020). Van Niekerk's (2022) cross-sectional research across Europe and North America reported that 64.6% of participants stated they received insufficient sexual education and 85.2% stated that female masturbation was not covered. Still, almost 60% indicated they would like more coverage of masturbation, considering it as important as other aspects of sexual health. Astle et al. (2022) found that parents have good intentions about discussing birth control, consent, and anatomy but very little intention to discuss masturbation or pleasure. A survey done in America found that 59% of fathers and 52% of mothers had talked to their sons about masturbation (Evans et al., 2020). However, only 21% of fathers and 35% of mothers had talked to their daughters about masturbation (Evans et al., 2020). A qualitative analysis of children found that nearly all participants had not discussed masturbation with their parents (Ingham, 2005). This leaves a worrying gap in society about who is tutoring our children about masturbation and an even more worrying gap about female masturbation.

Consistent research points to the benefits of positive masturbation talks, including women who were sexually positive and took precautions when it came to sexual intercourse with others (Hogarth & Ingham, 2009). Hogarth and Ingham's study allotted women into three groups. The one group of women who had no masturbation talks with parents or friends had a more negative view of masturbation, had also had sex without condoms, unwanted

sex with people, and had negative sexual experiences in comparison to the other groups which did have masturbation talks (Hogarth & Ingham, 2009). Just including sex education for young people has been beneficial in many countries and has decreased sexual violence, STIs and unwanted pregnancies (Hidayati & Nurhafizah, 2022). Teaching our young women about masturbation could also help with poor outcomes regarding sexual health, such as unwanted relationships and relationship violence (Hogarth & Ingham, 2009).

There are multiple justifications for including pleasure in our educational and public health systems, yet we are still largely not including this in our schools. Teaching our younger generation of females tips on how to masturbate and that masturbation and self-pleasure are normal and acceptable has proved a valuable step in the sexual health sector (Hogarth & Ingham, 2009). Ingham (2005) argues that if we teach our children what we can do to our bodies by ourselves and what our bodies are capable of, then our young people will feel more relaxed and body confident, which may lead them to be less constrained to engage in sexual activities that they do not necessarily want or that they feel uncomfortable about (Kaestle & Allen, 2011). Such knowledge could also teach our females what causes them pleasure and what they like and do not like sexually (Kaestle & Allen, 2011). Then, when they enter sexual relations with others, they know their body and can confidently accept or reject what they like and dislike (Kaestle & Allen, 2011). If our young women can create pleasure for themselves, then they will be less dependent on others to provide it for them (Ingham, 2005).

### **The Sexual Double Standard and The Orgasm Gap.**

Sexual double standard (SDS) is a term used to describe different societal views, values and opinions about individuals' promiscuity and sexuality depending on their gender (Sagebin et al., 2013). When society decides that different sexual behaviours are appropriate for different genders, this impacts the way men and women are seen through a social lens by others (Crawford & Popp, 2003). Sexual behaviours such as multiple partners may be seen positively and commendable for men, whereas the same may be seen negatively or inexcusable for women (Crawford & Popp, 2003). The sexual double standard manifests itself in a complex way through social and psychological aspects of women's lives (Crawford & Popp, 2003). Throughout the daily lives of men and women, society puts a restricted expectation on their normalities regarding sexual agency and expression; for example, men

are expected to be driven by their sexual agency and power, and women are expected to suppress their sexual instincts to remain pure and innocent to avoid being seen as desirable to men (Sagebin et al., 2013). Women are expected to focus on the emotional part of relationships, while men are expected to focus on the physicality of relationships (Fahs & Swank, 2016). This disempowers women's sexual agency by reason of the way they view themselves and other women and by demeaning their feelings regarding entitlement to sexual pleasure and safety (Milhausen & Herold, 1999). This can impact women's confidence and active sexual choices and can force them to place the wants and pleasure of others over their own (Milhausen & Herold, 1999).

Gómez-Berrocal et al. (2022) found that the conceptualisation of SDS as a gender-based prejudice still exists today. This suggests that the SDS still influences the normative context of sexual behaviour. The product of SDS has been passed down from generations of gendered stereotypes and socially accepted norms. Although we now see many women making different choices over many aspects of their lives that reject old, gendered norms, many stereotypes still linger unknowingly and hold power over how women may feel and be perceived by others (Gómez-Berrocal et al., 2022). Women who do show sexual enthusiasm in environments such as pubs, bars and clubs can be perceived as desperate or easy, and women who show little to no sexual enthusiasm are accused of being virginal, frigid or a cock tease (Smits, 2021). This phenomenon became to be known as the 'Madonna-Whore complex' identified by Sigmund Freud in 1912 (Masa & Ross). This placed women into one of two contradictory categories, a saint (Madonna) or a whore, one could be loved and the other sexually desired, but never both (Masa & Ross).

Professor in psychology Laina Y. Bay-Cheng developed a continuum to reflect where women are seen currently (Bay-Cheng, 2015). This was named the 'virgin-slut continuum', and the model depicts how women are judged on their sexual activity and the level of agency that a woman has (See Figure 2 below) (Bay-Cheng, 2015). While Bay-Cheng's model gives this phenomenon more depth and a contemporary feel, a parallel argument could be that in today's society, women's sexuality should not be dragged into a box or negatively labelled within a gender-biased continuum. It should not matter if women are 'active or abstinent, agentic or non-agentic', and it is important that we stop trying to define women's sexuality

or forcing them into a category. We may even see a drop in women's sexual dysfunction if we were allowing individual women to set their own standards of sexuality and pleasure.

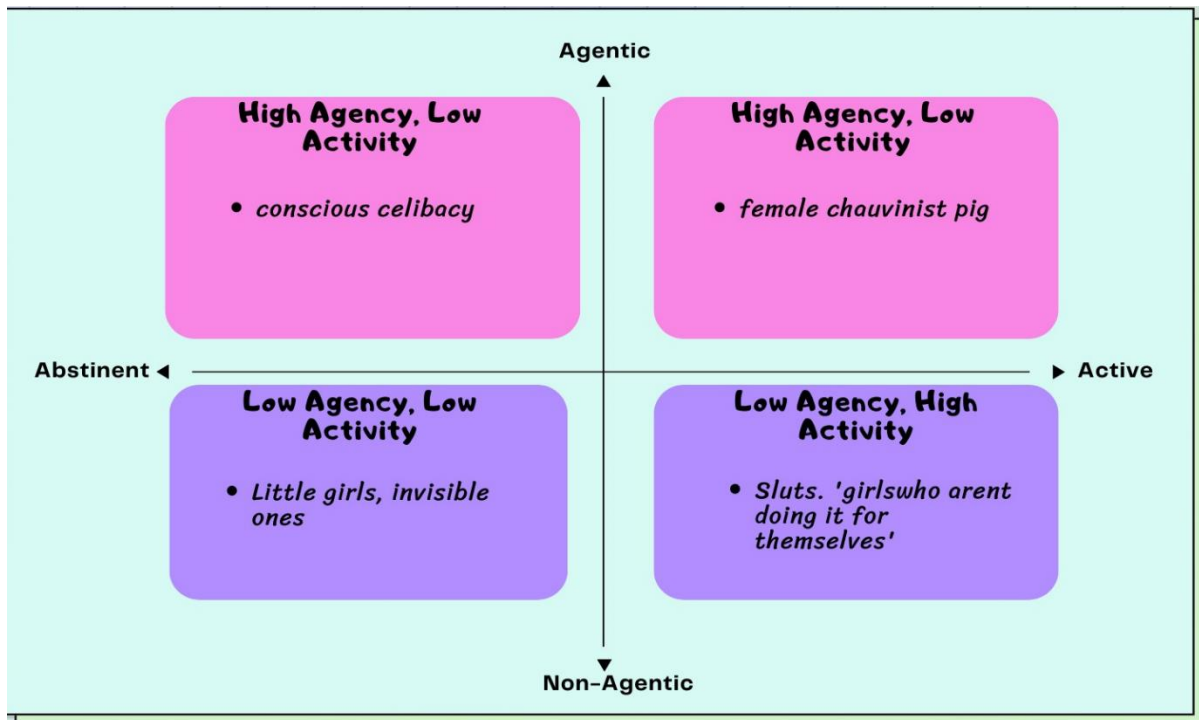


Figure 2: Redesigned using the Virgin-Slut continuum activity versus agency (Bay-Cheng, 2015).

The complex balancing act of 'staying in the lines' of what is accepted as normal sexual behaviour for women can be near impossible and forever changing as societal views evolve and adapt. The contradiction for women does not stop at sex; it is in every corner of women's lives; it is endless. Women should present themselves as desirable but not sexual, wear makeup but look natural, keep him satisfied but not be too easy, dress like a girl but not too girly, be fierce yet gentle, be selfless yet be selfish (Smits, 2021). Whatever part of the continuum a woman sits upon, it all ultimately comes back to which box a male's sexual desire puts them in. This means that other than how well women are perceived and accepted due to SDS, they must choose between refusing or consenting to men's sexual connotations of them, a lose-lose situation.

The orgasm gap is a social phenomenon referring to the disparity in orgasms between cis-gendered heterosexual men and women (Endendijk et al., 2020). Men claiming more orgasms than females, like the pay gap only stickier. Research has shown that, on average, it

takes women 14 minutes to reach orgasm with a man, whereas by herself, it takes eight minutes (Andrejek & Fetner, 2019). Another study has shown that men will orgasm 95% of the time when having intercourse with a woman, whereas women will orgasm only 64% of the time (Mahar et al., 2020). Women who identify as Lesbian will orgasm 86% of the time when having intercourse with their partner, with Bisexual women just short of that and heterosexual women coming in last among the pleasure race (Endendijk et al., 2020). What causes the orgasm gap has been discussed widely in academic circles, identifying a vast number of issues that make up the reasons behind the orgasm gap. These issues are numerous and include subjects such as anatomical differences between men's and women's bodies, sexual preferences, sexual positions, sexual attitudes, shame and guilt, gender roles, sexual scripts, sexual double standards, age, casual sex and relationship sex, the media, environmental, the list is almost endless (Smits, 2021).

The main theme of the orgasm gap is that women are not having the same number of orgasms as males. However, merely equalling the number of male orgasms while having sex the goal for women is counterproductive. By putting the male orgasm as the benchmark of normal, we are setting women up to fail. Women's orgasms are different in many ways from men's, such as the length of orgasm, the amount of time it takes to orgasm, and the connectedness behind the orgasm (Gusakova et al., 2020). If we take the male orgasm away as the goal and have a look at the self-orgasm gap (how often women orgasm when they masturbate), we would see that women will orgasm 92.4% of the time during masturbation, which shows a smaller gap with the figure for the male orgasm (Gusakova et al., 2020). When partnered sex is the determining factor within the orgasm gap, this can set the tone that women need a man to orgasm for it to be accepted. Every orgasm should matter regardless of whether it is partnered or alone, yet there are no studies exploring the 'self-orgasm gap' between masturbation and gender. There is some research looking at the frequency and ways of masturbation, such as the Van Niekerk (2022) study, which investigated the frequency of masturbation and highlighted the most popular 'modes' of masturbation; sex toys were the most popular (44%) followed closely by hands (42%). Many women have the capability for multiple orgasms, so if we ask the question of how many times did you orgasm compared to do you orgasm during partnered sex, that number may be different again. Asexual women have also stated they will orgasm during masturbation

77% of the time (Gusakova et al., 2020). So why is it that we are setting sexual intercourse as the standard of pleasure when, for women, masturbation leads to orgasms 92.4% of the time, whereas sexual intercourse with a male leads to orgasm only 60% of the time (Andrejek & Fetner, 2019).

### **The Emotional Carrier and Homemaker.**

While there are several studies indicating the pressures on women to conform to societal expectations of work, family, and mental health, there are limited studies on how these pressures are affecting women's sex lives. According to Flynn and Harris (2014), New Zealand has one of the highest rates of women who work and raise a family, yet there is minimal research has been done on Kiwi women and the effects this has on their sex lives. According to New Zealand government statistics, 66.54% of women work in the labour force, and 72.3% of those women are mothers to at least one child under the age of 18 years (Flynn & Harris, 2014).

Gender equity has made significant strides over the course of recent history. Women now have access to most areas that men do, for example, voting, education, traditionally male-orientated jobs and sports (Evertsson & Nyman, 2009). Feminist academics argue that women have societal pressure to pursue all these areas, as well as raising children and looking after their families (Fahs & Swank, 2016). Meanwhile, the man's job has changed only slightly, for example, having to change the odd nappy at night or make dinner occasionally (Del Boca et al., 2020). Sociologist Arlie Hochschild (1989) argued that women have two shifts; the first shift being an eight-hour working day outside the home, and the second shift being eight hours of domestic labour once they return home. As women continue to provide most of the domestic, childrearing and emotional labour in the household, this has left their sex lives at a contradictory crossroads (Hochschild & Machung, 2012). Fahs and Swank argue that women are left with a third shift, which is decided upon depending on women's other two shifts. This third shift is the pressure of emotional work, usually toward one's spouse; this can include physical affection and emotional affection (Fahs & Swank, 2016). This third shift is usually obligatory to support their romantic relationship demands (Fahs & Swank, 2016). Other studies providing evidence of women feeling like sex with their partner is a chore or something they just must do, feel guilty if

they do not, or use it as a bargaining chip to get their partner to do more housework (Van Anders et al., 2022).

With women being limited on emotional capacity, time, and space to themselves, expecting women to find the right mentality and effort required for anything sexual is paradoxical (Ellwood, 2007). The combination of these shifts, being a mum, homemaker, employee, or partner, can have a significant impact on women's sex drive, and that is not to mention other responsibilities of women such as being a daughter, sister, friend, auntie, etc. (Ellwood, 2007). This is why I was interested in talking with women about masturbation when they were single and when in relationships and across their lifetimes.

### **Stereotypes and Stigmas.**

According to many researchers, the definition of stigma is difficult to define. What is known about stigma is that it is a social phenomenon (Andersen et al., 2022). Andersen et al. (2022) suggest that this phenomenon includes criteria for something to be defined as stigma; the criteria include labelling, negative stereotyping, linguistic separation (target is commonly referred to by a name), and power symmetry. Stigma can be defined as a process or attribute that conveys negative stereotypes (Clair, 2018; Hutton et al., 2013).

Although stigma may be hard to define, the effects of stigma on an individual can last a long time and impact on many areas in their life (Andersen et al., 2022). Goffman (1959) and then Link and Phelan (2014) defined three types of stigmas that are relevant for masturbation: 1) Self-stigma, which refers to the negative attitudes, including internalised shame, that people may have about themselves, 2) Public stigma which involves the negative or discriminatory attitudes that others have, 3) Structural stigma, which is more systemic, involving policies of government and private organisations that intentionally or unintentionally limit opportunities for people.

One argument about Link and Phelan's three types of stigmas could be that these stigmas are not always separate from each other (Link & Phelan, 2014). All three of these types of stigmas have, to some degree, an overlap; for example, an individual's self-stigma could influence their public stigma, or the structural stigma could influence their self-stigma. If we take female masturbation and look at three common types of negative discourses that align with the three types of stigma categories, we could see how their entire view of

masturbation may be altered by all three of these types of stigmas. Below is a diagram (Figure 3) designed by me to demonstrate how these types of stigmas can impact women's connotations and views of masturbation.

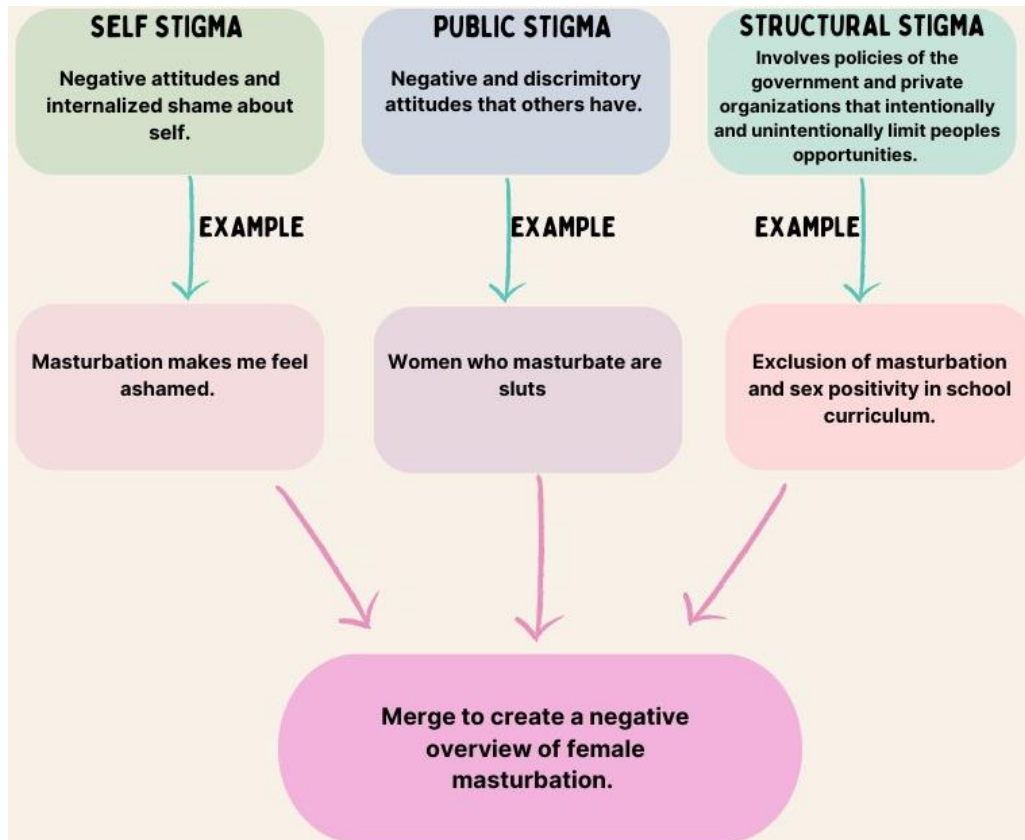


Figure 3: Stigma and masturbation for females.

With regards to masturbation and sexuality, it is the actions that violate social norms that can be deemed as stigma (Corrigan & Kousluk, 2014). For females within the sexual double standard and other gendered stereotypes and prejudice, masturbation can be seen as leading to guilt and shame (Hua et al., 2023). Masturbations' long history of being deemed as sinful and unhealthy has caused people to feel embarrassed to talk about it. The impacts of this drawn-out wrongful information have lasted today. However, there are many people who see past this misinformation, yet studies regarding masturbation still portray a feeling of guilt and shame from women before, during or after masturbation. So, what keeps this negative stigma alive regarding masturbation? Hogarth and Ingham (2009) focused on research regarding young girls' masturbation and health; while half of these participants were open to masturbation and had positive experiences with it, the other half struggled

with the idea of it, let alone the act itself. Comments came up such as, “Only slags do it”, “People who are ugly and cannot get boyfriends do it”, and “It's for old people in marriages” (Hogarth & Ingham, 2009, p. 561). These are some of the stigmas that surround female masturbation. Studies suggest that silence or neutral and negative conversations around sex and masturbation is one reason behind keeping the negative stigmas alive (Kaestle & Allen, 2011). Talking about masturbation through medical, neutral, or even a negative lens creates little wiggle room for pleasure and for pleasure to be seen as normal.

Language is also behind the stigma of masturbation. There are many sexual scripts that just emphasise male masturbation (Foust et al., 2022). While there are more scripts for men, often these scripts are negative regarding masturbation “wanker”, “tossler”, and “jack off” are just some put-downs people may use to insult others, defining masturbation as a bad thing and not positive or empowering. This instils the misconception that masturbation is not acceptable and that if I do it, I will be shamed for it. In addition, there are few female scripts and very little information, so female masturbation has no lexicon (Foust et al., 2022). We can give it funny meanings and slang words such as “checking your lettuce,” “flicking the bean,” “Jilin off,” “finger painting,” “buttering your muffin”, and my personal favourite, “scrolling the mouse.” The silence of no lexicon at all reflects stigma and silencing.

Adult toy stigma and stereotyping have other negative implications for masturbation. Herbenick et al. (2011) did research on beliefs about vibrators, and while many women were open to the idea of vibrators, there were some women and more men who believed vibrators were for lonely and desperate people. Another theme that came from the research was that women’s male partners may feel intimidated or threatened by the woman’s use of a vibrator (Herbenick et al., 2011). One book goes as far as stating that women who buy toys are stereotyped by society as sexually deviant, hypersexual or a nymphomaniac (Kammeyer, 2008). Meehan (2021) found that there were stereotypes about women who used sex toys, and these were largely determined by the pornography industry (Meehan, 2021). This then gives the illusion that women must receive pleasure in the same way, using oversized dildos in places that do not create pleasure or always use penetration to masturbate (Saul, 2006). This leads women to think that if they cannot orgasm in the same way, there is something wrong with them. This is despite many studies showing the best way for women to orgasm is through masturbation (Hua et al., 2023). This

stereotypical way to masturbate also can creates problems in other parts of women's sex lives, such as relationships with others.

### **Summary.**

Between the gaps in our knowledge and gaps in our orgasms, barriers for female masturbation are many at levels. Knowing about these barriers is just the first step in overcoming them. It is time for pushing for pleasure to be at the centre of sexual education conversations and highlighting the normality of the use of sex toys. It is also time for women to create time out from our first, second and third shifts and to focus on our bodies (Fahs & Swank, 2016). When a woman masturbates, she should experience her sexuality separately from the expectations of society, stigmas, partners, and children; she should feel at one with herself.

## Chapter 3 - Enablers of Female Masturbation

*“We cannot direct the wind, but we can adjust the sails.”*

*(Dolly Parton, n.d.)*

### **The Use of Sex Toys and/or Pornography.**

While the barriers to female masturbation seem endless, there are also many enablers which encourage and help women become comfortable with masturbation. The use of sex toys has been acknowledged for centuries, but it is only within the last 100 years that they have evolved and become popular (Lieberman, 2017). Sex toys come in all different shapes and sizes for different purposes, and their recent designs have the intention of awakening female sexuality and creating sexual independence for women (Lieberman, 2017).

Controverting the negative stigmas surrounding sex toys, sex toys are used widely across the world and have helped women in many aspects of their sex lives. As studies have shown, many women need clitoral stimulation to orgasm, and while not all sex toys are made with the clitoris in mind, many of them are now incorporating this approach to make the clitoris the centre of attention (Rowland, Kolba, et al., 2020). With the help of devices, female orgasms are easier and quicker to achieve. For most women, with time and privacy being a barrier to their orgasms, using a sex toy can help them get there faster and with less privacy needed. Sex toys can also help women explore other pleasures (anal, differing positions, assorted sizes) without feeling the pressures of a partner (Fahs & Swank, 2013). Contrary to solo orgasms and pleasure, there is joint pleasure or partnered pleasure. Sex toys can help partners reach orgasm together during sexual intimacy, with or without sexual intercourse (Lieberman, 2017). Toys can be used in foreplay, during sexual intercourse and after sexual intercourse to supplement a missing orgasm if required (Eaglin & Bardzell, 2011). By making sure women are also reaching orgasm during partnered sex, we are also closing that orgasm gap.

Aside from pleasure, there are also medical reasons for the use of sex toys and masturbation. One in ten women suffers from a form of sexual dysfunction, and forty-three per cent of women report having a sexual problem such as problems with arousal, orgasm, and pain with sex (Heiman, 2002). Using a sexual aid such as a vibrator or dildo can help women combat the effects of sexual dysfunction in their own time, space, and pace (Salim & Gualda, 2010). Post-birth, women worry about having sex with a partner again after the birth of a child, so using a device can assist them in knowing if they are ready to have sex with a partner or to use a device to achieve orgasm while waiting to be ready for sexual intercourse (Malacrida & Boulton, 2012). Post-birth, women may also have some concerns with their pelvic floor muscles; devices such as beads and eggs can help strengthen the pelvic floor, which can heighten sexual pleasure (Laan & van Lunsen, 2016).

Although pornography comes with its own stigma, nevertheless, for some women, pornography can be a huge help when aiding their orgasms. Many heterosexual women enjoy lesbian pornography, and it is an escape from reality and somewhat a fantasy (Træen & Daneback, 2013). In one study, women described it as sensual, slow, and seductive, something that they may not get with a male partner (Meehan, 2021). With gay and lesbian porn on the rise for its seductive ways, ethical and 'normal' porn is also on the rise due to its realistic nature and knowing that the porn stars in the video are being treated well and paid fairly (Ergen, 2018; Goldstein, 2020).

### **Female Masturbation changes.**

There are a few studies indicating that female masturbation changes over the course of the lifespan, particularly between adolescence to adulthood and then into late adulthood and then again into elderly adulthood (Avis et al., 2009; Burri & Carvalheira, 2019; Hogarth & Ingham, 2009). Overall, women state that while the amount they masturbate may decrease as they get older, their satisfaction with masturbation increases, indicating that masturbation satisfaction may not be defined by how much it happens but by how satisfying and comfortable women are with masturbation (Randolph Jr et al., 2015). While some of these changes are due to physiological changes in the body (hormones, sexual desire, vaginal changes), there are also life stage changes such as menstruation, giving birth, and menopause (Avis et al., 2009). There is also some evidence that these changes could be due to a lack of knowledge about female masturbation (Randolph Jr et al., 2015). More

knowledge about the normalisation of masturbation can lead women to positive changes in masturbation style, habits, confidence, and desire (Rowland, Kolba, et al., 2020). Women have also reported that their masturbation changes from one relationship to another, specifically when they feel more comfortable and safer with a partner (Rowland, Hevesi, et al., 2020).

### **Social influences.**

As discussed above, there are many factors that influence what is expected when it comes to masturbation. Other than morals, beliefs, and the knowledge of what is deemed acceptable by overseeing agencies, another influence that appears to have weight is social influence (Pinkerton et al., 2003). As young women separate from the family home and create new relationships, positive masturbation views and habits seem to develop (Pinkerton et al., 2003). Changes in context, the environment, the amount of knowledge and physical development can contribute to positive masturbation views. Another change that has a positive influence on masturbation for women is the people they are socialising with (Pinkerton et al., 2003). Social influence is defined as a phenomenon whereby an individual's opinions, beliefs, and behaviours can adapt, change, or evolve because of who they are interacting with (Andresen, 2015). Kelman (1958) theorised that there are three broad varieties of social influence: 1) compliance, 2) identification, and 3) internalisation. Compliance is where an individual appears to agree with others but keeps their opposing opinions private. Identification is where an individual is influenced by someone who is well-known, liked, and respected, such as social media influencers and celebrities. Internalisation is where an individual comes to agree with a belief or behaviour publicly and privately. Kelman argued that individuals will adjust their behaviour to meet the demands of their social environment, this is because of two underlying human needs: 1) informational social influence (the need to be right) and 2) normative social influence (the need to be liked) (1958). Informative influence happens when people are uncertain about something; this usually leads to private acceptance. Normative influence is the influence to comply with the positive expectations of other individuals (Kelman, 1958). While Kelman's work has been used extensively particularly in the social media space, it has not been used within research about masturbation.

Growing up, the contradictory messages that surround young girls can push their social influence into the category of compliance. They may appear to agree with their parents or friends, but privately, their behaviour and opinions may differ (Eagly et al., 2004). As they transcend into adolescence or early adulthood, identification influences may deepen or change their beliefs and or behaviours (Eagly et al., 2004). Once solidifying a sense of self and identification in adulthood, internalisation seems to happen. This is a forever-evolving continuum for females learning about masturbation. As new knowledge unfolds and new influencers speak out about masturbation, women's ideologies of masturbation grow (McFadden, 2011). Having sex-positive conversations in relationships, such as friendships, family members and partners, facilitates positive behaviours and beliefs about masturbation (Hogarth & Ingham, 2009).

### **Summary.**

With so many barriers prohibiting women from having pleasure in their lives, aspects of enablers need to be discussed. Sex toys and pornography use can be helpful for many women to achieve orgasm in their own way, with their own discretion. They can be used during periods of the lifespan where help may be wanted or needed due to lack of time, privacy, physiological changes, etc. The influences of others around them can help women become comfortable with creating pleasure for themselves. Kelman's theory of social influence shows how important it is for women to participate in and listen to sex-positive conversations regarding masturbation. The purpose of this research is to explore all aspects of social influence on women's experiences of masturbation.

## Chapter 4 - The Benefits of Female Masturbation

*“For every one of us that succeeds, it’s because there’s someone there to show us the way out.”*

*(Oprah Winfrey, n.d.)*

### Health and Mood.

So, what are the benefits of masturbation? Reaching orgasm releases a plethora of chemicals and hormones into the body (Khajehei & Behroozpour, 2018). Hormones such as dopamine, oxytocin, serotonin, endorphins, prolactin, endocannabinoids, norepinephrine, and epinephrine, just to name a few (Giles, 2008). These hormones and chemicals are good for our bodies. The more well-known hormones, such as oxytocin, dopamine and serotonin, benefit our bodies by increasing and mediating happiness, which supports positive social interactions, growth, healing, and well-being (Khajehei & Behroozpour, 2018). Endocannabinoids are neurotransmitters that play a part in the reward system, metabolism, cardiovascular function, memory, and learning (Dunkley et al., 2020). More interestingly, Endocannabinoids play a part in regulating and managing pain (Zogopoulos et al., 2013). Recent studies have revealed that leading up to orgasm, a significant increase in endocannabinoids are released (Dunkley et al., 2020). This leading to an increase in pain tolerance but also a dampening of already established pain (backache, headache, arthritis, etc.) (Wuyts et al., 2020), supporting the evidence of orgasm as pain relief (Wuyts et al., 2020). Prolactin also plays a role in orgasms in a slightly unique way. In contrast to other hormones, prolactin, also known as the satisfaction hormone, is only produced after orgasm (Brody & Krüger, 2006). Prolactin acts as a feedback loop, reducing sexual arousal when released, thereby acting as an indicator of sexual satiety (Brody & Krüger, 2006). One study found that prolactin levels were 400 per cent higher after sex than after masturbation (Brody & Krüger, 2006). This explains why some women feel they can masturbate multiple times and have multiple orgasms.

Production of the feel-good hormones reduces the release of the chemical cortisone, also known as the stress hormone (Brody & Krüger, 2006). By lowering cortisone levels, the body's immune system can respond more effectively, resulting in a stronger immune system (Dfarhud et al., 2014). In addition to boosting the immune system, oxytocin and cannabinoids have been shown to lower blood pressure (Uvnas-Moberg & Petersson, 2005). There is also research showing that increasing levels of hormones like dopamine can help people focus for longer (Wright & Jenks, 2016). Another of the health benefits of developing a regular masturbation habit is that it can lead to the detection of any physical abnormalities in, on, and around the vulva (Coleman, 2003). Women who masturbate regularly know how their vulva feels and looks (Coleman, 2003). So, if something unusual like a bump, rash, swelling, or itch develops, it will be caught earlier.

Mood changes occur when hormones and chemicals in the brain change (Barth et al., 2015). Research shows that, unlike men, women use masturbation for many reasons, and not just because of arousal or as a substitute for intercourse (Regnerus et al., 2017). Women use masturbation to relieve stress, feel calm, sleep, wake up, be happy, and more (Meiller & Hargons, 2019). As studies have indicated, women are the emotional key holders to their families; it is convenient for them to have several tools to help relieve stress or feel happier at the 'touch of a button' (Fahs & Swank, 2016). Having positive social connections with friends and family because of a good mood can help make life easier, and friendships last longer (Kok et al., 2013).

### **Intimate Relationships.**

As noted above, Ingham (2005) argues that educating our younger generation of women about masturbation and how to pleasure ourselves can reduce the risk of women entering or remaining in unhealthy relationships because they do not know how to enjoy themselves. Encouraging women to explore their sexuality can help them build self-confidence and understand what they like and do not like (Hogarth & Ingham, 2009). A study also showed that women who actively masturbated and had positive conversations about sex showed higher levels of sexual security and confidence, said 'no' to sex they did not want to have, and were willing to insist on using a condom with a partner (Hogarth & Ingham, 2009). In other research about sustaining relationships, couples who were open to talking about

masturbation with each other and actively masturbated together and/or separately showed greater relationship satisfaction (Hessellund, 1976; Peterson & Janssen, 2007).

Our romantic partner has a huge influence in our lives, from morals, beliefs, and parenting styles right down to how we walk, talk and dress (Agnew, 2014). This supports the argument that having a sex-positive partner that incorporates, encourages, and accepts healthy masturbation conversations and habits influences not only our own practices but also how we perceive masturbation within society (Markey et al., 2007).

### **Sexual Orientation and Empowerment.**

Learning what is liked and disliked during masturbation is not limited to sexual positions and or sexual actions. One study revealed that masturbation could aid in confirming sexual identity (Cerwenka et al., 2014). Sexual orientation/identity could be explored with a feeling of safety and privacy away from the constraints of society, especially for individuals who are a part of the LGBTQ+ community (Nikkelen & Kreukels, 2018). With the use of fantasy and heterosexual porn, same-sex porn and/or queer porn, arousal and masturbation can be achieved without involving another person's emotions and feelings (Nikkelen & Kreukels, 2018).

One study exploring differing arousal rates to pornography indicated that men showed higher levels of arousal to their preferred gender than women (Chivers et al., 2007). On the other hand, women showed higher rates of arousal to sexual acts rather than gender (Chivers et al., 2007). This study included gay and lesbian men and women as well as heterosexual people. Other studies have also been conducted showing that women typically become aroused by sexual acts that are not gender-specific (Træen & Daneback, 2013). It has been argued that this is because of society sheltering women from sexual content exposure to any kind of sexual act causes arousal (Häggström-Nordin et al., 2006). It could also be argued that because of the wide nature of women's arousal, masturbation aids and comforts women in confirming their sexual orientation and identity.

Anyone can masturbate, and masturbation does not have to be defined by the dictionary as 'rubbing one's own genitals to orgasm' (Dictionary, 1989). Masturbation can be defined as each person doing by themselves what creates pleasure and comfort for them. This can be especially true for individuals whose genitals do not match up with their gender or for

individuals whose body does not match up with societal norms (breast cancer survivors, female genital mutilation) (Nikkelen & Kreukels, 2018; Nimbi et al., 2022). Many females across many masturbation studies confirmed that masturbation provides a strong link to sexual empowerment (Bowman, 2014). One study indicated that empowerment was categorised into three areas: 1) higher genital self-image, 2) masturbating for pleasure and learning about their own bodies, and 3) being more sexually efficacious (Bowman, 2014). These results are in line with the feminist theory that when women feel good about their bodies and can focus on their own pleasure without the worry of pregnancy, STIs or pleasing their partners, they may feel sexually empowered (Price & Shildrick, 1999).

Also, promisingly, there is research and activism on the pleasure and joy of masturbation rather than an activity that is good for sexual health or even well-being. Pleasure activism recognises women's masturbation is "a natural, safe and liberated part of life" (Hua et al., 2023, p. 13). In this context, women's masturbation is socially constructed, and masturbation can "bring about social and political changes" (p. 13). Within this space, there is art, embodiment, sensation, and aesthetics. This work is largely based on Brown's work "Pleasure Activism: The Politics of Feeling Good," where pleasure is seen as a form of power, but often, where there is power, there is susceptibility to inequities (Hua et al., 2023). This points to the need for practices, research and education that can address power inequalities.

## **Summary.**

With or without enablers of female masturbation, there are many benefits from it. From physical health, hormones, and chemicals in the brain to sexual health benefits, the list is long, and research is still producing new insights. An individual's mood is influenced by the release of these chemicals, which in turn can benefit many of our social networks, from parenting to working. Relationships can become healthier with sex-positive conversation that includes masturbation and sexual orientation. In addition, empowerment can be confirmed and strengthened due to masturbation.

## Chapter 5 - Methodology and Theory

***“If society will not admit of woman's free development, then society must be remodelled.”***

*(Elizabeth Blackwell, n.d.)*

This chapter discusses the methodology, theories and research design used within this research. It starts by broadly defining the epistemologies used and why they were used and then briefly describes qualitative research design and why that was chosen for this study. Following research design is data collection, which involves participants, procedures, and interview type. Included in this section is a discussion of ethical considerations. The theoretical frameworks underpinning this study are based on feminist theory, social constructionism, thematic analysis, and qualitative research design. A brief outline of the tenets of these frameworks will be discussed as a full examination is beyond the scope of this research. Firstly, I outline the research aims.

### **Research aims.**

I was particularly interested in experiences of self-masturbation and partner masturbation during times of change, prior to, and within a relationship. My aspiration is for this research to empower women to experience healthier sexual relationships and gain sexual confidence. My research aim was to explore the masturbation experiences of New Zealand women. The objectives were;

- 1) Explore how the women talked about solo masturbation, including history, ways of pleasuring and the experiences when not in a relationship.
- 2) Explore the masturbation experiences within a relationship.
- 3) Explore masturbation experiences during sex with partners.

## **Feminist theory.**

The term feminist refers to the belief in and advocacy of the political, economic, and social equality of the sexes; more specifically, feminists are often concerned with the oppression of women's rights and experiences in society (Beasley, 1999). Androcentric research has encouraged feminist researchers to implement research differently and to shine a light on the bias silencing women within the scientific field (Beasley, 1999). There are several feminist positions, theories and epistemologies that encompass several slightly different aspects to each other, but their underlying foundations are the same (Dietz, 2003). This study will encompass a feminist framework that argues that truths are relative and dependent on who is asking and from what social background and location. It uses a woman-centred perspective to gain insight about their human experience and social life. It also tries to create a better world for women through a critical and activist nature (Dietz, 2003).

The feminist framework also offers a political platform for women to create changes in the field of science on behalf of women by promoting an understanding of the diverse needs, desires, values, priorities, and upbringing of women (Fetner, 2022). The sexual nature of this study requires a safe space for women to be able to express their distinct aspects, needs, desires, values, and beliefs away from the heteronormative gaze of what women's sexuality (specifically masturbation) should look like. It will give way to what it does look like and help promote healthy masturbation practices (of any length, shape, fantasy, or device) to be normalised. Foucault (1978) linked sex and power and asserted that sex is repressed in society; thereby, talking about it or engaging in sex is a form of resistance. In this framework, masturbation can be seen as a form of resistance against the dominant discourses about sex and sexuality. This then allows masturbation to be linked to positive sex, liberation, health as well as pleasure for pleasure's sake (de la Vega & Timár, 2021). Notably, since second-wave feminism, there is more focus on self-actualisation and empowerment, and feminist activists have been instrumental in bringing attention to women's bodies as a site of knowledge. For example, feminist workshops ran on vaginal self-examinations and discovering the clitoris (Fetner, 2022). This focus of feminists on the private emphasised the connections between private, social, and politics or as Fetner (2022, p. 441) states, "the intimate is political". This lens then allows this research to acknowledge

the complexities, the intersections, and the inequalities that exist in and around female masturbation.

### **Social constructionism.**

Social constructionism (SC) is a theoretical orientation that underpins newer approaches such as critical psychology, discursive psychology, and discourse analysis. SC draws its influences from multiple disciplines, such as philosophy, sociology, and linguistics, making it multidisciplinary (Burr, 2015). Defining social constructionism is difficult as it includes multiple research approaches. However, Burr (2015) discusses four key assumptions to distinguish social constructionism. Firstly, it is necessary to be cognisant of taken-for-granted knowledge, meaning we should be cautious of our assumptions about how the world appears, as it cannot always be revealed by observation alone. Secondly, Burr argues that how an individual understands the world is historically and culturally specific. Thirdly, understanding the world involves constant engagement with interactions and social processes, as social processes can sustain knowledge. Lastly, Burr (2015) suggests that social action and knowledge are intertwined and that how we construct the world determines which social actions are acceptable and which are not. So, in summary, the core foundation of (SC) is that humans construct knowledge through social interaction (Burr & Dick, 2017). Individuals have their own opinions and thoughts about everything, which are learned through things such as observations, social interactions, the media, and education (Burr & Dick, 2017). Due to this, we experience the world through our own lens, and two people's experiences will never be the same, although they could be similar (Stam, 2001). Through social agreement, the world around us is given meaning; even our identities are created by social interactions with others and reactions to the expectations of society (Stam, 2001). SC encapsulates the idea that people actively construct their own knowledge, and in turn, reality is determined by the learner's experiences (Stam, 2001). SC also investigates language and texts used to describe experiences and interactions to understand how knowledge and meaning are made, particularly how terms and concepts reflect or reinforce systems of power (Burr & Dick, 2017).

Social constructionism is, therefore, the most appropriate epistemology for this research, as women's experience with masturbation changes and grows as new information is obtained. This knowledge is due to the social interactions that are happening on all levels across time,

cultures, history and politics (Burr, 2015). Language, values, morals, and terms are influencing these social interactions, which are then set by society as acceptable and normal. Through a social constructionism lens, knowledge is formed through interactions between people and the world (Burr, 2015). A person's perception of what is true is a product of their social processes and the interactions they are engaging in rather than direct objective observation (Burr, 2015). This explains why the views of women and society in general about masturbation are shaping experiences and contributing to the languages and scripts in this area.

Social constructionism fits well with qualitative research as this approach can be used to study social and cultural phenomena within the natural environment of those people or phenomena (Clarke & Braun, 2013). Qualitative research methods help the researcher try to understand from the participant's point of view within the social and cultural context within which they live (Kaplan & Maxwell, 2005). Another important feature of qualitative research is that it starts from the actions of the participants that are studied (Larsson, 2010).

Qualitative research values subjectivity and posits that people experience reality in multiple ways (Mautner et al., 2017). Qualitative data may include techniques such as interviews, questionnaires, documents, and texts (Myers & Avison, 2002). Qualitative research data is believed to be co-constructed, meaning the findings and interpretations are between participant and researcher, and it can only be understood from the context it was created in; therefore, qualitative researchers need to be aware of their biases and values that may have influence on the data (Clarke & Braun, 2013).

Since the epistemology stance of this study is informed by social constructionism, this will determine the methodology that is used. Considering the sensitive nature of this topic, qualitative research design was the right design for this research as it weaves itself naturally throughout the study, creating a comfortable, open, questioned, safe environment for women to express their journey of masturbation and for their journey to be normalised. I used reflexive thematic analysis (Braun & Clarke, 2006) for data analysis as it would allow me to look at masturbation experiences through the languages that women have been allowed (Burr & Dick, 2017; Locke & Budds, 2020).

## Chapter 6 - Method - Data Collection

*“There is no limit to what we, as women, can accomplish.”*

*(Michelle Obama, n.d.)*

### **Participants and Selection.**

This study was aimed at women who were in a current long-term relationship with a male. Participants needed to be 18 years or older, cis-gendered female (assigned female at birth and still identifies as female), in a relationship with a cis-gendered male, have been in that relationship for a minimum of one year, and willing to talk about their masturbation journey. The reasoning for including cis-gender women in heterosexual relationships was that other research has pointed to differences in non-binary, queer and other gender identities experiences of masturbation, as well as differences for cis-gender women in lesbian relationships (Meiller & Hargons, 2019). Non-binary, queer and other gender identities have different experiences of masturbation that cis-gendered, heterosexual females may not have, for example, feelings of sex toys invalidating their sexuality, using masturbation as a learning tool to educate themselves on how to pleasure other partners with a vulva and being hypersexualised by non LGBTQ members (Meiller & Hargons, 2019). Members of the LGBTQ community are not only fighting the taboo of masturbation but also the stigma of their masturbation practices and their identities (e.g., lesbian, transgender, asexual, etc.) being seen by society as different or abnormal (Vowels et al., 2020). These differences were considered carefully prior to going to ethics, but it was decided the differences add too much diversity and would potentially end up contributing to stereotypes.

An advertisement for ‘women wanted’ for the research was displayed at the women’s health collective in Palmerston North, Massey University Psychology Research Board H, and via the women’s health Facebook page for Palmerston North (see appendix A for advertisement poster). The advertisement included the research criteria and my email

address. The advertisement that received the most responses (15) was the women's health collective Facebook page for Palmerston North. Once I emailed them with further details on the research procedure, a total of 12 willing participants remained. Unfortunately, due to COVID-19 lockdowns, the process of enrolling participants and carrying out interviews became staggered and intermittent. This led to a high number of women discontinuing their interviews or participation.

I ended up with a final total of seven female research participants. The seven female research participants ranged in age, with the youngest participant being 21 years old and the oldest being 44 years old. The participants ranged from stay-at-home mums, working mums, women in full-time employment, women in part-time employment, women with no children, women with children, and women with no employment. There was also a range of ethnicities and religions: NZ (New Zealand) European, Māori, English, Indian, Catholic, Christian, atheist, and Hindu. I purposively have not provided any more specific details to protect the identities of the participants.

### **Procedure.**

Once the participants emailed expressing interest in the study, the information sheet, interview structure and the questions were emailed, so there were no surprises (See Appendix B and C). Once a further email was received from them confirming they would like to go ahead with the interview, a time and date were scheduled for their interview. The interviews were semi-structured and took place individually and were arranged for either at their place of home or at Massey University in a private room in the psychology building. Two were completed at the psychology building, and the remainder were from their own homes. All the interviews were conducted in private to maintain confidentiality.

Once reaching the place of arrangement with the participant, I asked them what they would like to make the interview more comfortable. I offered a Karakia to all participants and then a period of getting to know each and building rapport (Whanaungatanga). This was a way to make both the participant and Interviewer feel more at ease and for the purpose of gathering some background information about one another. Kai was provided and shared by the interviewer with all the participants. The participants were informed of their rights, and

then a discussion was held about the interview process. A consent form and information sheet were given to sign and to keep a hold of (Appendix D – consent form).

The interview was semi-structured and had two parts. The first part of the interview included collecting data about the women's journey, including upbringing, education, and experiences of masturbation (See Appendix C for interview schedule). The second part of the interview was collecting data about masturbation differences between being single and being in a relationship, masturbation aids and any influences for masturbation. I was looking particularly at masturbation behaviour during different phases, stages, challenges, and moments, in and out of a relationship. It was considered that semi-structured interviews were the most appropriate to allow some degree of focus on the research topic but also to let the participants have some freedom in explaining their journey (Percy et al., 2015). Guided questions were used, which each participant had seen prior to the interview. Each participant took the lead in conversations and questions being asked, and the interviews ranged in time from 25 minutes to 1 hour and 30 minutes.

The interviews were recorded on an Olympus Dictaphone voice recorder and smartphone using the Otter app. This was for transcription purposes. Once the participant's audio file had been transcribed, the file was then deleted. Each participant was given the chance to listen, read, review, and edit their own transcript. Participants were given a Koha in acknowledgement of their time, stories, and participation in the research. The Koha was given in an envelope, and a thank you note was included from myself and on behalf of Massey University. Each participant expressed their gratitude and stated they were looking forward to reading the outcomes from the research.

## **Interviews.**

There are many ways for researchers to collect data, but for qualitative research, using interviews allows researchers the opportunity to explore in-depth the participant's experiences and insights of different phenomena and how that is experienced and perceived by the participant (Percy et al., 2015). When the researcher is aiming to understand the participant's subjective of a particular phenomenon, qualitative research interviews are preferred (Percy et al., 2015). Interviews also allow space for a more detailed answer or explanation than that of a survey method (Percy et al., 2015). One great

advantage of face-to-face interviews is that researchers may pick up on non-verbal cues such as body language (Roulston & Choi, 2018). Body language can lead the researcher to ask further questions or reframe a question for the participant to understand better or to feel more comfortable answering said question (Roulston & Choi, 2018). This also gives room for researchers to ask probing questions when more information or clarification may be needed. Participants are encouraged to talk extensively about the questions and may reveal other relevant ideologies and experiences that may have been overlooked by the researcher until discussed (Percy et al., 2015).

Semi-structured interviews were chosen over structured interviews as I wanted the women to feel comfortable and free to venture down all avenues of their journey travelled and not feel limited or powerless telling their story. The strict format to structured interviews means following pre-determined questions in a pre-determined order with limited room for elaboration on questions and topics that may need to be discussed to gain a more in-depth understanding of female masturbation. I did not choose unstructured interviews as I wanted the women to feel safe and not go too deep into anything that may later bring up feelings of frustration or sadness. The questions asked were to help with the guidance of the topic as it is sensitive in nature and could lead to feelings of anxiety. The questions were designed for open-ended answers on a topic that was personal to them; this was to empower them to share their story feel safe to talk and without fear of judgment. On reflection, this method worked very well.

### **Ethical Considerations.**

The ethical considerations for this research were guided by the code of ethical conduct for research, teaching and evaluations involving human participants (Massey University Human Ethics Committee, 2010). The research was also guided by Te Ara Tika, which are the guidelines for Māori research ethics, which is also a framework for researchers (Hudson et al., 2010). Te Ara Tika is in line with The Treaty of Waitangi principles of partnership, participation, and protection (Hudson et al., 2010). The ethical considerations included that of Te Ara Tika guidelines for Māori research ethics such as Whakapapa, Tika, Manaakitanga, and Mana (Hudson et al., 2010). Other ethical considerations included confidentiality, informed consent, autonomy, avoidance of harm and beneficence. Once the research ethics proposal was finalised and discussed with supervisor Dr Kathryn McGuigan, the proposal

was then submitted to Massey University Human Ethics Committee. These ethical considerations were called upon and discussed with Massey University Human Ethics Committee, supervisor Dr Kathryn McGuigan and me via a Zoom meeting. Once Massey University Human Ethics Committee was satisfied with the research and ethics proposal, the research began. The ethics number was NOR 21/12.

The ethical issues that the ethics committee were particularly concerned about were confidentiality of the participants, but interestingly also, they were very concerned about my safety and worried the advertisement would expose me to 'sexual predators' or others that would take advantage of me. In practice, this was not an issue, and all interested parties were genuine in their interest and wanted to talk about a sensitive topic. What was ethically important during the research process in practice was privacy of the participants, some of whom had roles in the community that were more high profile than others, hence the decision not to have a participant table. Also, interestingly, when the interviews were in the home, the partner was often present and would be quite interested in the research. In some instances, I had to ask us to move rooms so the partner could not keep interrupting. Also, I was very conscious and careful about any other identifying information, such as names of family members, friends, partners and or co-workers, and these were removed from transcripts and or replaced with an alias. The participant's names were replaced with a single letter, such as "Participant A."

Participants were informed prior to starting the interview that if at any time they became uncomfortable or wanted to withdraw from the study, they were allowed to do so and that the information they had given so far would be permanently deleted and not used within the study. After consent forms were signed, information sheets were talked through, and their rights were reiterated, the interview began. None of the participants declined to answer any of the questions or asked to be excluded from the research. Another particularly important part of ensuring that the participants felt empowered was returning the transcripts to them and checking in with them after the interviews.

In terms of cultural aspects, I had a range of ethnicities and different cultural backgrounds. The underlying principles of the Treaty of Waitangi were useful for all interviews to ensure that the interview power dynamics were as minimal as possible, that the participants

retained agency and autonomy throughout, and that I was open and honest when I was unsure about anything.

## **Reflexivity.**

The researchers positionality is important to note in qualitative research (Jamieson et al., 2023). My positionality is a white, British-born cis-gender heterosexual woman. In this way, I could be considered an insider as I masturbate and I'm in a long-term relationship with a male, so I fit the eligibility for the study. However, I did move to New Zealand with only two years left in high school, so I have not experienced sex education here in New Zealand, which makes me an outsider. I am privileged in the sense that I have received an education and tertiary education, and not all New Zealanders have had this opportunity. I am also an outsider as I have had the opportunities to openly talk about masturbation with other women, friends, my husband, and family members. I am, however, an insider by receiving negative feedback when I have openly talked about masturbation to individuals who think negatively about masturbation.

I was inspired to take on this topic for a number of reasons. Firstly, once I gave birth to my daughter, I started to notice comments from others about the way she likes to represent herself in the world, from nakedness to now crop tops. It seems many people felt the need to comment on the way she dresses, or her height or her weight, etc., something I never noticed with my son. I also noticed as the parent of a female, I was criticised for letting her use the 'wrong term' for her genitals even though the term people would recommend, 'virgina' (was also the wrong term) again, I never had this problem with my son and yet he named his very creatively, which people thought was funny. I began to see the negative impact society and stereotypes were having on my daughter. I want her and future generations of females to have the right to be seen as they want to be seen, using the terms and identities they feel comfortable using and having access to the correct information and knowledge regarding pleasure, sex, masturbation and more. Secondly, I worked for two years at a woman's refuge, and it was here the fire to educate women about masturbation was ignited. Women snuck out of the refuge multiple times and when asking these women on numerous occasions why they did it, their answers were the same: "I want sex," and "I want to come." My follow-up statement was always, "You know you can do that yourself?" and every woman told me that "it was gross to do it to yourself" or, even worse, that they

had “never done it to themselves” and they were not going to start now. Lastly, over the last two years, through attending BBQs and standing in the playground for pick-up time from schools (as mentioned in my preface), it was here that set that burning flame to a bonfire that encompassed my entire body, and I knew I needed to put my two cents into the education pot about female masturbation.

Reflexivity is pivotal to the quality of qualitative research (Braun & Clark, 2021). When conducting qualitative research, it's important to keep in mind that the researcher plays a significant role in shaping the outcome (Jamieson et al., 2023). From developing an epistemological stance to analysing data and reporting findings, the researcher's beliefs and experiences can all influence the research process, whether intentionally or unintentionally (Olmos-Vega et al., 2023). To ensure that the research is as objective as possible, it's important for the researcher to reflect on their prior experiences, assumptions, and beliefs (Dodgson, 2019). This way, they can minimise their influence on the research and produce the most accurate results possible (Jamieson et al., 2023). Darawsheh (2014) highlights the importance of reflexivity in qualitative research, emphasising the need for continuous self-reflection throughout the research process. Reflexivity is an important part of good-quality qualitative research at all stages of the research process (Braun & Clark, 2021) including ethics, research design, data collection and analysis. For me, this looked like – lots of chats with my supervisor (Kathryn), getting regular feedback, talking with people in the School of Psychology, friends, about how I was making sense of the data from my position (while of course keeping the participants privacy paramount). It also involved in actively engaging with cultural supervision at all stages of the research. I kept a diary of my thoughts during the interview process, as well as in debriefs with Kathryn. Data analysis required me to listen and record the interviews while asking the correct questions and probing when needing further detail regarding an answer. The answers provided by the women inspired me to create art pieces, tables, figures, and flow charts to help me interpret their journeys with masturbation and surrounding topics. This meant that I could be ‘in’ the data and let the women’s experience lead me but allow me to interpret the data within the wider social constructions of gender, sexuality, and masturbation.

## **Thematic Analysis.**

Within qualitative research, thematic analysis (TA) is unsurprisingly popular due to its flexibility and clear step-by-step instructions. As a result, TA has been used for analysing qualitative data across multiple disciplines and fields and can be used across behavioural, social, and more applied sciences such as education, health, and clinical settings (Braun & Clarke, 2014). Many would argue that TA has not been implemented well, with most critiques aimed at the quality of analysis or lack of transparency about how the data was analysed (Clarke & Braun, 2021).

In order to ensure that I was reflexive and did TA effectively, it was important to understand what TA is. TA is a method for analysing, identifying, and interpreting patterns of meaning (themes) (Terry et al., 2017). It is a technique researchers can use to create systematic procedures for generating codes and themes that have been simultaneously re-occurring over many individuals' interviews (Terry et al., 2017). TA is not used to simply summarise data but to interpret and identify necessary and key features of the data, which was guided by the research aims and or questions (Braun & Clarke, 2014). Patterns are generated by the researcher through a process of data familiarisation, data coding and theme development and revision (Clarke & Braun, 2021). TA is flexible when generating meaning and interpretation and gathers data from the individual's lived experience, views, perspectives, behaviours, and practices (Braun & Clarke, 2014), and this was important for this research. TA is theoretically flexible, which is one of its many advantages and why it appealed to me for this research, as I could use and engage with a range of theoretical frameworks to address my research aims and questions (Clarke & Braun, 2021). I wanted to provide an overarching picture or meaning about masturbation but also provide depth to the very limited research in New Zealand, and in this way, the TA process is especially useful. Within a feminist framework, TA can be used to interrogate social meaning around a topic to gain clarity around the meaning of these (Braun & Clarke, 2014). Again, this was vital to this research due to the many intersecting factors. The data analysis followed the six steps as outlined by Braun and Clarke (2006).

In practice, for this research, this looked like, firstly, familiarising myself with the dataset. This involved reading and re-reading all of the data/transcripts. This helped me immerse myself and become intimately familiar with the data's content. Throughout this process, I

made notes on my initial analytic observations and insights in relation to both the interview transcripts and the data that they contained and in relation to the entire dataset. The notes that were made alongside the transcripts were anything of relevance, important, interesting, funny, and reoccurring.

Secondly was coding. This phase involved me generating succinct labels, also known as codes. These codes captured and evoked important features of the data that might be relevant to my research aims and questions. This phase involved coding the entire dataset over time. This section took me eight rounds of coding and re-coding. I then collated all the codes and relevant extracts together for later stages of analysis.

Third, I generated initial themes. This phase involved examining codes and collected data to begin developing significantly broader patterns of interpretations and meanings (potential themes). With potential themes collaborated, I then collected data relevant to each candidate theme so that I could work with the data and review the viability of each candidate theme.

Step four, which was developing and reviewing themes, took the longest time of the data analysis, and I spent approximately six weeks working on and developing this area. I started by checking the candidate themes against the coded data and the entire dataset. This was to determine that the candidate themes and codes are a convincing story of the data and that they address my research aims and questions. Founded candidate themes were further developed, which led to some of the themes being split, combined, or discarded. In the reflexive TA approach, themes are defined as “patterns of shared meaning underpinned by a central concept or idea” (Clarke & Braun, 2021, p. 25); this influenced the theme-developing process by pulling from areas that created extensive conversation, repetitiveness, and reoccurring discussions.

Fifthly, involved refining, defining, and naming themes. This phase involved developing a detailed analysis of each theme, working out the scope of each theme, and determining the story of each theme. It also involved developing and deciding on an informative name for each theme. This was where I integrated a thematic map to help identify the flow and precision of each theme. Each theme was filled with codes, data, and the women’s related stories.

Lastly, step six is writing up. This was the final phase, and it involved weaving together the analytic narrative and data extracts and contextualising the analysis in relation to the existing literature. Although these phases build on one another and are sequential, I did, however, move back and forth throughout these phases as parts of data become prevalent, relevant, or irrelevant to my research aim and questions. There are no rigid rules to thematic analysis, which, in turn, lets the story guide the process and the process mould around the individual's story rather than trying to force the interpretations to fit the analysis process.

### **Summary.**

This chapter discussed the methodologies of the research, the underlying epistemological assumptions of the research, the method of the data collection for the research, and the method of data analysis that was used for the research.

## Chapter 7 - Findings

*“We go from being our father’s daughters to our husband’s wives to our babies’ mothers.”*

*(Mary Jackson)*

The areas covered in the interview process were 1) early life stages of masturbation, 2) perceptions of masturbating for themselves and other women in society, 3) masturbation and being comfortable, and 4) differences in masturbation from being single to being in a relationship. In the initial coding stages, I painted the pleasure flower (see Figure 4), which was done to try and make sense of the individual interviews but also to start to look across the interviews. The flower captures the complexity of the experiences, but to create the themes, I dissected the pleasure flower (see Appendix E). In the process of dissecting the flower, the following five themes became clear to capture the temporal, dynamic and complexities of the experiences. The themes are summarised in table 1.

*Table 1: Summary of themes.*

Theme	Examples
<b>Theme One – Education</b>	“I explored it on my own.”
<b>Theme Two – Stigma and Stereotypes</b>	“They say it’s not a girl thing.”
<b>Theme Three – Decreases and Increases</b>	“It’s time and privacy that makes it difficult.”
<b>Theme Four – Environment</b>	“Maybe not in the kitchen, there’s too many windows.”
<b>Theme Five – Thoughts and Feelings</b>	“An act of self-love where I fall within myself.”

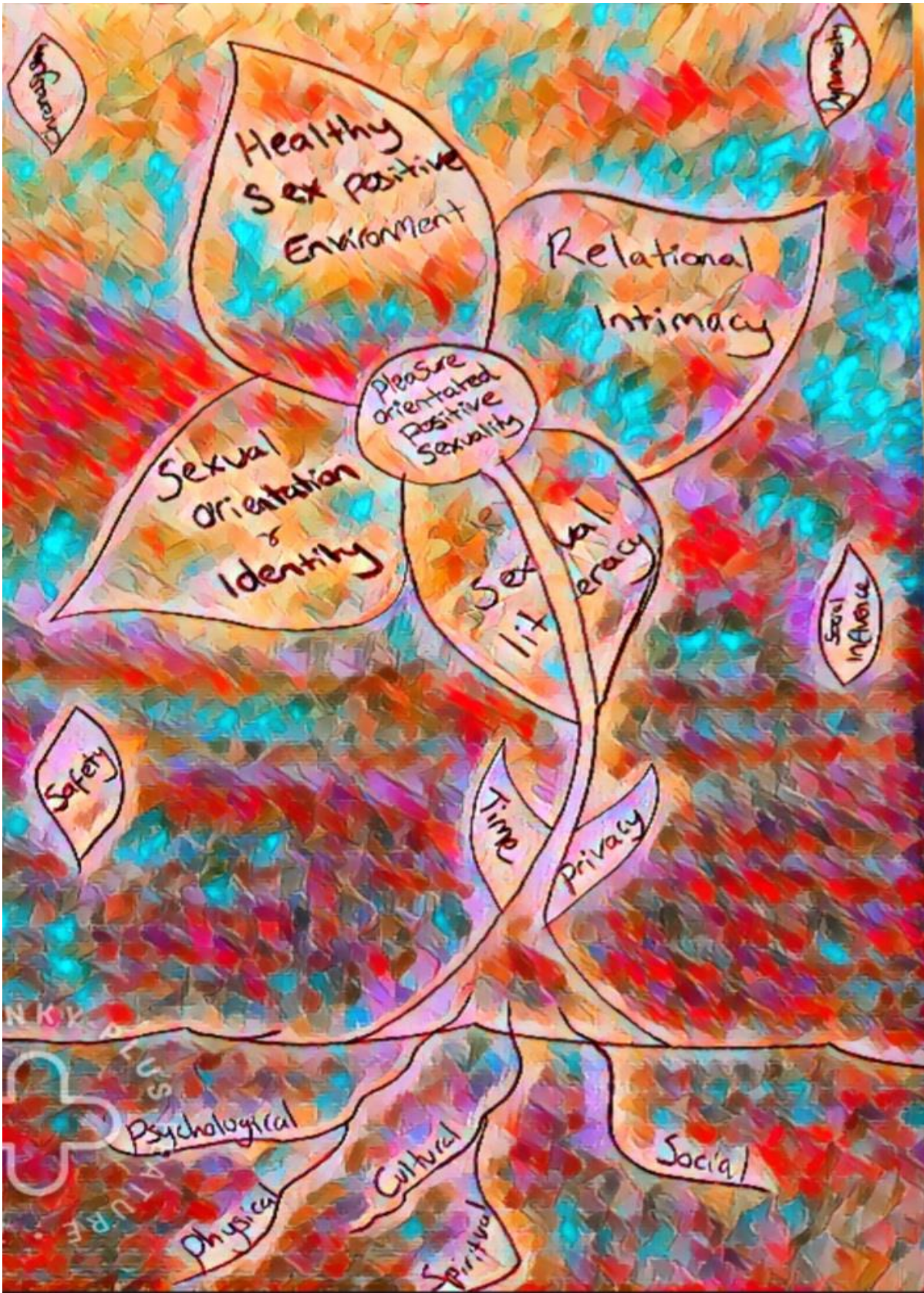


Figure 4: The Pleasure Poppy, created by me to be used as an educational tool to engage in sex-positive conversations about female masturbation and pleasure.

## Theme One – Education “I explored it on my own.”

I was interested in how the participants gained knowledge about female masturbation, including how they gained their knowledge and what that meant to them rather than the education alone. Of all the seven participants, the average age of remembering first learning about female masturbation was between 10 – 12 years, but they all struggled to remember a definite age.

Interviewer: “How old were you when you first learnt about female masturbation?”

Participant B: “About 12, maybe.”

Participant M: “Um, 11 or 12, maybe.”

It was interesting to know at what age participants remembered learning about female masturbation as research had indicated that in the New Zealand curriculum, subjects such as sexual activity are usually taught at a later age, 14 – 15 years. This could mean that participants had not remembered the right age or that sexual activity was being taught at an earlier stage due to how and when the teacher thought it was appropriate. There was a mix of the participants recalling school, mothers, and peers as the main source of learning, with only one recalling that they saw a family member masturbating and wondered what they were doing.

Interviewer: “Where did you first learn about female masturbation?”

Participant B: “At school.”

Participant L: “We had sex education at school, and they talked about female and male masturbation.”

Participant R: “Yeah, my mom brought me and my sister a book. I would remember the title if I had it in front of me...Something about our bodies? But it was far too late.”

Participant H: “From my mother, who caught me doing it and told me it was rude and naughty, that was all the information I got until I was much older and learnt about it myself.”

Participant A: “It probably honestly came up in discussion with friends.”

Participant M: "I guess I learned about it mainly through listening to, like, mom's friends talk and things like that. And I learned that it was while it was fun. It was also naughty and like, oh my gosh, yeah. So, they also sort of came off straightaway as being something that was okay but not okay. And that's what made it fun."

Participant N: "I think I saw somebody doing it like my cousin. We used to live together. I could see that she's doing something down there. So, then I thought, why is she doing that? What does that mean? So, then I did that, and I also felt quite good about it."

There was a divide about where participants learnt about female masturbation: direct, indirect, and observation. Participants B and L learnt about it through a direct manner. The participants who remember learning about female masturbation directly via school later disclosed that their parents/family were reluctant to have any form of sex talk, let alone discussions around masturbation.

Participant B: "I guess yeah, my family, like, we're not like that. We weren't big on like kind of sharing that whole sexual part of things, so I didn't know. The most I ever got was from my mum, and that was use protection."

Participant L: "I took a book from my dad's draw. I want to say it was, like, Lady Fanny or something. Some ridiculous name. It was some sort of like book about how a woman was having sex. Mum came in and took it off me, and she said, you're not supposed to take things from other people."

Interviewer: "So the book was about sex, not masturbation?"

Participant L: "Yes, a sex book, it wasn't about masturbation."

Interviewer: "So, did your mum ever talk to you about sex or that book?"

Participant L: "No, that was the school's job."

The participants who remember learning about female masturbation indirectly (handed a book, having discussions with friends, listening to conversations of others) later disclosed that their parents/family had talked to them about sex. There was a mix of conversations, all after the participants had already started masturbation, ranging from openly, either uncomfortably or medically, about both sex and masturbation.

Participant R: "So I had already been masturbating. I don't know if Mum had heard me or what. Mum asked me in the kitchen once did I masturbate, I said yes, and she said, Me too. And my sister's response, because she was about 9 or 10, was like gross. And that was it."

Participant M: "My mum had an open way with us aside. There were no topics that were out of bounds. Speaking about it was very much matter of fact about the body's functions as well so that we understood. Yeah, but she was very comfortable with it even if I wasn't."

Participant A: "I would honestly probably say I didn't talk about it with any whānau members at all. It was probably mainly a discussion in our group, in our friend group sort of thing, so the first time, I bought a toy. I was 17, and I remember that because me and my mum had an argument about the parcel arriving at home. My mom was like what is this, and I was like, just a parcel. She was like, meh meh meh, and then I opened it up, and she was like, Oh, okay. I didn't expect that. I was like to her, I found yours, so why can't I have mine, and she was just, I think she just walked away."

One participant was clear that sex was mentioned (but only to tell them to prevent unwanted pregnancy), and there was no discussion about masturbation.

Participant H: "My parents only talked to me about sex, never masturbation. The only sex talk I got was don't do it until you're old enough, and when you do, wear protection and do not get pregnant. Masturbation was not a subject that ever got brought up in our house or school."

The one participant who learnt about masturbation via observation of a family member stated that all sex topics were not talked about at home, in school, or with friends. No one talked about it ever. Thus, the observation and learning she had was accidental and not an intentional form of education.

Participant N "No, no, no. Nobody talked to me about it because, well, it's a cultural thing. I grew up in India, and it's a major taboo. Nobody talks about sex; even before getting married, my mom didn't talk to me about sex. I had no idea what was going to happen to me on my wedding night. It's like a completely private thing. Whatever happens behind the closed door, it just remains over there. So, nobody talks about sex and masturbation is just completely not even thought about, let alone talked about. I explored it on my own."

There is a clear gap in the knowledge about female masturbation for younger women that is not being addressed either directly or indirectly. Discussions when the participants were young were often focused on sex, pregnancy or masturbation was positioned as disgusting or wrong. For one, women's cultural taboos around all aspects of sex hid every aspect of masturbation until later, when they could discover it for themselves.

Clearly, sex education at schools is limited and fluctuates depending on the community, school, and the teacher, and parents remain uncomfortable or silent about masturbation for most women. It is important to note that all the participants felt uncomfortable being taught about masturbation at the time, yet all wished they had known more about it and had help feeling comfortable with it. If there was more education, discussions might become more normalised, and the associated shame or levels of discomfort could be reduced. The advice the participants all would give to their younger selves was about how typical and normal female masturbation is.

Interviewer: "If you could go back in time and talk to the younger version of yourself and tell her something helpful or comforting about masturbation, what would that be?"

Participant R: "Female masturbation is something unique and special. Its sole purpose can be for self-care and self-pleasure, and there's something important about knowing who you are sexually, to share or to keep to yourself."

Participant A: "You shouldn't be whakama about masturbation or self-love because it isn't a bad or naughty thing; it's natural."

Participant M: "It's normal, not shameful or wrong, and go find out more about your body, talk about it with others; it's okay everyone is doing it."

Participant H: "It's normal and fun; do it all you like and seek comfort in your friends. Ask them about it, too, because they all do it."

Participant N: "You don't have to explore it on your own. Get that book out from the library and work through the book and your body without shame."

This lack of knowledge and education about masturbation halted young women's exploration of their own pleasure, which in turn stopped them from talking about it. This added the consequence of internal guilt or shame about the subject when they were

younger. As these women have grown and learnt more about female masturbation, they have described it as important and amazing and wish they could do it more.

Interviewer: “How would you describe masturbation for yourself now?”

Participant A: “Amazing, I would do it every day if I could. When I'm by myself, like obviously, the point is to have an orgasm, and I get there every time.”

Participant R: “If my endometriosis wasn't such a burden, then masturbation would almost become a problem. Absolutely. If I could come without the consequence of being in pain. I would happily masturbate every day.”

Participant L: “More time to do it more often would be great.”

This research supports what other researchers have found – that there is an educational gap for young women about masturbation (Astle et al., 2022; Evans et al., 2020; Hogarth & Ingham, 2009). Here in New Zealand, there still seem to be inconsistencies in school education about how the curriculum is being taught. There are still parents who think it is the school's job to educate young people about sex, and most concernedly, masturbation talk is not normalised and is often positioned as wrong for young women, leading to shame and guilt. All the participants who reflected on giving their younger selves advice about masturbation said they would like to communicate how self-pleasure is normal and about taking care of themselves. There is consistent evidence (e.g., Hogarth & Ingham, 2009; Ingham, 2005; Kaestle & Allen, 2011) that giving this knowledge to females can be extremely beneficial for good sexual health, reducing poorer outcomes such as STIs, as well as contributing to a positive identity.

## **Theme Two – Stigma and Stereotypes “They say it’s not a girl thing.”**

Stigma and stereotypes are a barrier to female masturbation, and while these stigmas and stereotypes were talked about in the interviews, they seemed to have a minor impact on the participant’s masturbation habits as adult women (with more impact when they were younger women). This area of the interviews contained more discussion than was expected,

and the topic seemed to separate into two categories: stigma and stereotypes regarding female masturbation and stigma regarding sex toys and pornography. I will discuss each in turn.

### **Stigma about masturbation.**

Most of the stigma and stereotypes about female masturbation were positioned in comparison to men. Women were still seen as being held to a very traditional stereotype of being wholesome (sexy but not too sexy). In addition to this, masturbation for women was seen as being linked to pornography in comparison to men who can masturbate without this concern.

Interviewer: “Do you think there's a stigma attached to females masturbating or masturbating in general?”

Participant R “Absolutely, it's considered slutty, whorish, undesirable, sinful. I think that is not as much now. But I still think it's very much considered something associated with pornography. That women shouldn't be pleasuring themselves. That women, wholesome women, shouldn't be feeling that sort of pleasure.”

Stereotypes were also linked to *how* females masturbate. Women who openly enjoy masturbation and who do not hide it away are seen as too much like pornography. The participants reflected there are extremes depicted in media with very few realistic portrayals, which all contribute to stereotypes.

Interviewer: “Do you feel that there's a stereotyped stereotypical way to masturbate?”

Participant R: “Yeah, definitely. I think most women, I'm assuming, would masturbate in their bedroom, lying on their back with their hands. I think pornography has definitely shaped men's way of women masturbating. Yeah, you know, it's the door slightly ajar and short skirt or in the bathroom with a fucking shower thing.”

Participant L: “Yeah, in movies, I've seen it, you know, done under the blankets. I guess when it's not actually, you know, porn movies. So, it's either one or the other. It's like a dark room, no one else is around, or the other extreme in porn is like lights and toys and everyone watching. They're putting on a show. Always for the male gaze, though.”

This is interesting as these depictions are very much positioned as being for the male view, meaning there are very few (if any) legitimate ways for women to learn about masturbation. The other stereotypes were that women do not get horny and that sex is just about with partners (and not solely masturbation with partners). There were very much seen to be two sets of rules – one for men, one for women.

Participant B: “It does. Yes, I do. I guess it's just; I don't know, I feel like for females it's kind of frowned upon to do it, whereas males it just, it always seems like, I guess horny, like wanting to fuck and they can do whatever they want with that area of themselves. Whereas they're sort of like, oh, you're a female; you shouldn't be able to do that.”

Participant M: “There is, in general, especially within certain populations, maybe the more conservative religious types, but females especially, we're taught that is bad. It's taboo. It should only be for your husband, or it should only be for your partner. That self-gratification is selfish and that it so wrong. If it's okay and joked about for a man, why is it different for a woman?”

Participant N: “Yes, yes, yes, the one which I told you that girls don't do it. It's a boy thing, and people just keep on hiding it even if they do it. And the other thing is that people think that married ladies, they don't do it.”

Participant H: “Oh yeh. If people found out (specifically men), they would slander you, like, haha, you're a wanker or the opposite, which is be all creepy about it and want to know details. The weird thing is when I think of women masturbating, in my head, it looks like a porno, but I know realistically it's not like that, yet I still have that image.”

All the participants had some form of stigma attached to masturbation, particularly how it looks to the opposite sex or what they think males perceive it to be like. While this stigma appears to be attached to masturbation, it did not seem to have an impact on how much they masturbate or how they masturbate.

The participants also indicated that if masturbation were to be used against them in a negative way (make fun of them, put them down, implying that masturbation was shameful), specifically by males, this added to their feeling of shame and lack of willingness to talk about masturbation. This indicates that men may add to the effect of masturbation

stigma, which further suppresses women's sexuality and desire to talk about masturbation, among others, for fear of the negative stigma being attached to them. This could be a barrier to helping our younger generations of females explore masturbation in a positive way when surrounded by negative stigma and stereotypes. There are clear stereotypes about females masturbating (how often, in what positions, who with), which are contributing to the stigma about masturbation. There seems to be a personal, public, and structural stigma for masturbation (Link & Phelan, 2014). Personal stigma is created and perpetuated by a lack of open discussions and normalising the practice (Meiller & Hargons, 2019). This indicates that from the perspective of public stigma, female and male masturbation is different, held to a different set of rules and perpetuated by men and structural stigma (such as lack of sex education that includes discussions about pleasure and masturbation) (Delgado Amaro et al., 2022).

### **Stigma about sex toys and pornography.**

Along with the way women masturbate, pornography and toy use got pulled into the conversation around stigma and stereotypes. All the women stated something similar to each other, but three out of the seven participants felt strongly about the negative opinions that circulated among society, but all used sex toys. Interestingly, sex toys were seen as a female thing, but the use of pornography was seen as a male aid.

Interviewer: "What do you think society has to say about masturbation toys and or pornography?"

Participant R: "I think the majority of society is more accepting of the use of toys, but porn seems to still be ashamed upon thing. I suspect it is because of the feminist movement. I mean, both are regularly used by society but also a taboo."

Participant M: "I think it's still a majority idea that masturbators are a woman's thing, specifically straight women, hence why they are mostly penis-shaped, but porn... porn is a man's thing. Porn is aimed at men and designed for male attention; it's still a taboo but more readily accepted that 'all men watch porn' where women who do are judged more harshly."

Participant B: "I feel like the stigma around toys for females is lower and more accepted than for males. I also believe that pornography, although it is a female-dominated industry for jobs, it seems to be more frowned upon for females to watch it compared to men."

This interview question highlighted the participant's feelings about society's views on sex toys, but as the interview went on, it was clear that this did not deter these women from owning or using sex toys.

Participant R: "I mean, we've got a few toys in there; I didn't have many toys before him. I bought that pack online that we talked about. So, before, I literally only had like very plain vibrators, and they were both flat on batteries. They weren't often used, but that was because of the state of the relationships with my last partner. Since this relationship and the new pack of sex toys that I bought, I now do have a charged vibrator, which I have used many times."

Participant M: "I enjoy them. I have a selection. Yes. A large selection."

Participant B: "I think they are amazing. I have a good selection of them now, from bondage to vanilla; I used them all the time."

When I asked these same three participants if they used masturbation aids, they all said they did and included watching pornography. Participant M enjoyed lesbian porn due to the way that other pornography was choreographed with the focus on men.

Participant R: "I sometimes use a vibrator. Just my finger doesn't seem to do it. So, I've always had a bullet vibrator. I've worried about being desensitised by them, though. What did I hear someone call it one day. I saw a meme on Facebook talking about when you have to masturbate when your vibrator's gone flat. Gone acoustic, that's it; it was gone acoustic."

Participant M: "Yes, yes, I have a selection and, in all honesty, lesbian porn because it's more about the woman. The men in porn are very much parading their showing off, and they very much, like I am an alpha male, look at me and do these things. It's like, no, I don't care about you. You're going to get off no matter what. Your orgasm means nothing."

Participant B: "Yes, I have a collection, and I watch porn."

Despite being comfortable with using aids, there was a level of concern and worry about being desensitised due to using a toy to achieve orgasm by one participant. This stereotype did not apply to having sex with a partner, indicating how some stereotypes have circulated in favour of sexual intercourse with a male over masturbation. Participant R did not state any concerns about becoming desensitised to her partner's touch, penis or multiple orgasms but instead was concerned that the use of a sex toy would make sex with her partner less pleasurable or have the added effect of not being able to orgasm with her partner.

However, for one participant, the self-stigma did hinder her from buying toys as she worried about ordering them online or having to go into a shop and someone seeing her. This participant stated that her husband would buy them for them to use but that she did not like any of the ones he had gotten for her as they were all too big and did not stimulate her in the right way for her to reach orgasm. This was interesting as the stereotype of women needing a large penis or large aid was seen in the behaviour of the husband. Pornography for the participants was also just positioned as a masturbation aid, but there was more stigma attached to this due to societal attitudes towards porn. This is also interesting as while sex toys were seen to be a feminine thing; sometimes it is still more acceptable for men to purchase them and be seen as a good lover and partner. This also highlights the lack of knowledge for males about what constitutes pleasure for a woman. This leaves many women having to compensate, negotiate, or, at worst, tolerate positions and acts during sexual intercourse that do not create pleasure for them (Bennett, 2023; Chadwick et al., 2019).

By stripping the negative stereotypes and stigmas of their power around sex toys and pornography use, we could remove the barrier for many women to experience easier, quicker, and more intense pleasure by themselves for themselves (Delgado Amaro et al., 2022). However, there is some way to go to reduce self, public and structural stigma around the use of both toys and pornography for females.

## **Theme Three – Decreases and Increases “Its time and privacy that makes it difficult.”**

As well as asking why women masturbate, I also asked them what stops women from masturbating, focusing on barriers within the home. This area gave a glimpse into each participant's daily lifestyle and routine and the reasons for decreases and increases in their masturbation habits. As expected, there were interesting reasons for each individual and common sub-themes were noted. Table 2 summarises the common reasons for the participant's decreases and increases in masturbation.

*Table 2: Reasons given for increases and decreases in masturbation.*

<b>Reasons for Decrease in Masturbation</b>	<b>Interpretation of The Decrease</b>	<b>Reasons for Increase in Masturbation</b>	<b>Interpretation of The Increase</b>
<b>Regular sexual intercourse</b>	Low libido, lack of time	<b>Partner away from home</b>	More time, more privacy, increase in libido
<b>Giving birth</b>	Low libido, lack of time, lack of energy, physical healing, lack of privacy	<b>To get to sleep</b>	More time, more privacy, lack of energy
<b>Rearing children</b>	Lack of energy, lack of time, lack of privacy	<b>Change in hormones</b>	Increase in libido, more energy, increase in privacy
<b>Sickness</b>	Low libido, Lack of energy,	<b>Alone</b>	More time, more privacy, increase in libido

Questions about decreases and increases in masturbation were asked in two parts. One regarding decreases and increases in their single lives and another regarding decreases and increases in their now partnered life.

### **Barriers to masturbation.**

The most detailed area for the participants was talking about the decreases. All the participants said they masturbated more when they were single. Regular sexual intercourse was at the top of the list for decreases for all the participants.

Participant R: "I masturbated more when I was single. Especially when there is a connection with someone who isn't necessarily there physically, and they are describing to me the physical things they'd like to do to me, I would feel horny."

Participant N: "I used to do it more when I was single; there was more fantasy, and I felt more relaxed. I was all by myself, so I had more time to do it more times. Now I have to find some space and time to do it, so it sometimes feels like a chore."

Participant L: "Yeah, so my divorce changed it. When I separated from my ex-partner and then going through a divorce, it was less. And then deciding to do some self-research about what masturbation looked like and felt like, and that kind of progressed from there. It picked up and became frequent."

Having sexual intercourse was not necessarily framed as a barrier but rather a reason for changes in masturbation. Barriers included being around others, such as boarding schools where there were shared sleeping spaces. Barriers also included very low mood and high stress. So, while masturbation can be a stress reliever, sometimes the stress is too high, such as following a divorce or a bad breakup. The amount of sex the participants were having with their partner also was directly linked to frequency. The barriers were very much linked to time of life (including being in a relationship) but not just this.

Participant R: "It's reduced it for this for this partnership because we have sex quite frequently."

Participant A: "It probably kind of decreased the more that I was seeing somebody, if that makes sense. Only because I wasn't able to do it myself, my own masturbation reduced when I was in a relationship with people. Especially during like the beginning period when you first meet someone and you're in that honeymoon stage. Having sex sort of six or seven times a day. It probably increased a lot when we broke up, and I wasn't sleeping with anybody, but yeah, it was probably definitely a lot harder at boarding school as well. To be honest, I probably didn't do a lot of boarding school."

Participant L: "So, yeah, the volume of masturbation has changed. It has gone down. What else? The time of day that I masturbated changed. I have sex with my partner often, so I

don't feel the need to masturbate as much. I would say I masturbate twice a week, but it varies. If I'm not having sex with my partner, it goes up."

The second most frequently discussed area of decrease that was talked about was childbirth and rearing children. The women who have children all stated that during these times, their masturbation habits changed, depleted and, in one case, completely disappeared.

Interviewer: "Can you tell me more about the reasons your masturbation habits have changed since being in a long-term relationship?"

Participant H: "Honestly, sometimes I just don't have the energy. With two children and a full-time job, I just don't get the time either, and then when I do get a moment, I don't get the privacy; there's always someone walking in or out of the bathroom or bedroom, a child, a husband, or a dog haha."

Participant M: "Decrease differently with childbirth? Yeah, obviously. There's a huge thing in the early stages of children as well because I was the source of everything, and there was always something on me. I just wanted everything to stop touching me. So, I did lose that want even for myself. I just wanted to be away."

Small children were seen as barriers to masturbation because of always having them constantly touching or needing them and for the reasons of decreasing the participants energy levels. In addition, childbirth itself changed the women's bodies, and this then influenced masturbation techniques and a sense of re-learning themselves.

Participant M: "As the years have gone on and as my life has changed, having children, getting older, all these things, my vagina looks a lot different after childbirth. I had tears and things labial, so that has also altered the way that I have sex and how I masturbate. I had to relearn it all."

Interviewer: "Did it change your pleasure completely?"

Participant M: "No, just different; I was very self-conscious because it looks different after children. And then I realised, you know, they all look completely different. The only ones that you're told that look right are the ones they sell, but we don't all look like that."

Older children in the house were also talked about as a barrier – to privacy, time, and energy.

Participant A: “Since having my stepson come and live with us, I notice a huge change in my masturbation. When he’s with us, I don’t even think about it. I’m worried he’s going to walk in on me, on us, if we're having sex too. I just don’t get the time or privacy, and I lack the energy when we have him.”

Out of the seven participants, there were two women without children and although privacy was not as much of a worry for them, a lack of energy and time due to other life demands was still the same. This included work and mood.

Participant B: “I guess, sometimes I'm like quite happy for him to go away because then I can, I guess, spend some time on myself. I’m busy, so I don’t get a lot of time to spend it on myself. I work full time and lack the energy too, so being able to recharge my batteries and just do me is nice and I know, like, what I like, and how I like it done.”

Participant R: “When I’m feeling stressed or tired, which is a lot because I work full time, I would rather have a nice bath or a beer than masturbate.”

Physical sickness was also mentioned in three of the women’s interviews, stating that it decreases not just their masturbation but their whole mood and libido. This was an important barrier at times for the participants.

Interviewer: “Can you tell me about any other factors that may decrease your masturbation?”

Participant R: “When I was sick. The last time we had covid. I felt so shit, so shit. It was a decrease because it was a decrease in everything: our sex life, mood, energy.”

Participant H: “Sickness is probably the only thing that actually stops me. I think the rest of the reasons we talked about just create a decrease in it, but sickness, especially migraines, ouch yeah, they stop all, but I suppose any sickness decreases everything, doesn’t it? I mean, my mood is horrid, and I don’t want to do anything.”

Participant M: “Yeah, I think getting sick for me. I don’t have much drive when I’m sick; my energy is used up by general parenting /working, so I don’t feel like masturbating.”

Barriers to masturbation (beyond education and stereotypes) were not just about privacy or being single, but there were a multitude of factors to consider based on time in life, mood, work commitments, and overall libido. There was a complex intersection of body, mood and social factors that all contributed to masturbation habits (Nagoski, 2015).

### **Enablers to masturbation.**

There were many enablers mentioned by the participants to allow for masturbation. Many of the women mentioned doing it more when their partners were away. There were two reasons predominantly mentioned: one was missing the partner and sex, and also more time and space.

Interviewer: “Are there any stages, phases or changes in your partnered life that have led to an increase or decrease in masturbation? If so, what, when, and why?”

Participant B: “I guess I'd do it more when (partner's name) goes away or whatever, and then we have sex more when he comes back, but yeah, there's not really a lot.”

Interviewer: “Is there a reason you do it more when he's away?”

Participant B: “Because I'm missing him, and to make up for him not being here, and when he's away, I have more personal space and time to do it.”

Each participant stated that they would masturbate more when they were not having regular sex. This then contributed to increased masturbation when partners were away.

Interviewer: “When you're having regular intercourse, how often would you masturbate?”

Participant L: “Two out of seven days a week.”

Interviewer: “What about when you're not having regular sex?”

Participant L: “Five out of seven.”

Participant A: “If I was getting sex every day of the week, I would probably also masturbate twice a week. If I didn't get sex every day, I would masturbate every day.”

Another area of increase was sleep. Three out of seven participants stated masturbation was used regularly if they were struggling to get to sleep or sometimes to have a better sleep.

Interviewer: “When do you prefer to masturbate, morning, afternoon, or evening?”

Participant N: “I prefer to masturbate at night when it's quiet, and no one is going to walk in on me because everyone is asleep. Masturbation makes me feel sleepy afterwards, so I prefer to do it at a time when I can go to sleep or have a nap after it. It helps me get to sleep.”

Participant H: “Nighttime definitely. I don't know why I just feel horniest at night. I think I've like conditioned myself to know that nighttime, all cosy and comfortable, is the time I'm safest to do it. I use it to get to sleep or if I can't sleep or fall back to sleep if I wake up. Sometimes, I do it if I want a better night's sleep. Yeah, it's a great way to relax and quiet the mind.”

All the participants stated that masturbation made them feel calm and was a way to switch off their thoughts and worries from the day. For these women, they preferred nighttime to masturbate due to the changes they could feel (sleepiness, quiet mind). Interestingly, it was this question where participants really started describing how they felt during masturbation.

Participant L: “I'd prefer to do it at nighttime, yeah, towards sleep. Then I can either go to sleep, or I can just kind of think about some of the worries that I've had in a more like calm way. It's not just those raw emotions that I'm feeling and being angry or whatever. I'm like, ah, that's right, earlier today, this happened, and that's why I'm feeling angry. Or this was particularly frustrating, and now I can get it sorted in that little moment between the orgasm high and then falling asleep. Yeah, there's this clarity in that moment.”

Interviewer: “So would you say your orgasm from sex and your orgasm from masturbation feels the same or different?”

Participant L: “Completely different orgasm. Depending on what parts I'm touching. Like I can have similar orgasms if I'm masturbating, but when I have sex with (partner name), the orgasms roll one after another; it just feels different.”

Another reason for an increase in masturbation was hormone change, specifically around the time of menstruation. Although this was not a specific question that was asked in the interviews, it was a topic that came up in interviews with three out of seven participants.

Participant L: "The other thing I had noticed was that depending on what part of my cycle, my period, I'm in, that definitely influences how horny I am or active. Like just before my period starts and a couple of days into my period, I notice my sex drive heightens, and I want it more so I may masturbate more around that time."

Interviewer: "Have you had an increase in masturbation at any point?"

Participant M: "You see, I don't have periods because I have an IUD, so I don't have that massive influx that a lot of women have; my hormones are very even, but I do get a surge every so often where my body has like a phantom period, and I do notice I get hornier at that time, must be a slight change in my hormones at that point."

Participant H: "I get extra horny around the time of my period, maybe like a couple of days before it starts and a couple of days before it finishes. Before it starts, we will have an increase in sex, but before it finishes, I masturbate more as I'm really not keen on period sex. I bleed heavy, so it's way too messy."

Women stated repeatedly that being alone gave them the time and privacy to feel safe to masturbate. In the cases of three participants, being alone created an almost conditioned response that triggered a queue for masturbation.

Participant B: "I masturbate the most when I'm alone, especially when (partner's name) goes away. As soon as he leaves, it's like an instant urge to masturbate."

Participant H: "I love it when my partner goes away; it means I get time back for myself, which means I'll masturbate more. It's not like he stops me from doing it or anything, or it's not even like I won't do it because he's around; it's just. It's the feeling of not being held to this pressure, this standard of like 'that's for me' or him getting jealous that I've done it and he hasn't, you know? Now, it's just like standard practice. As soon as he says, 'I'm going out with the lads' or 'off with work' or even just to the shops for some milk, my brain fires into like masturbation mode."

Participant N: "My husband went away recently for over a month; I masturbated every day, twice a day; it was fantastic! I didn't have to pretend I was tired or wasn't into it that night; I just did myself when I wanted to. I'm not that horny when he is around, but as soon as he leaves, I just want to masturbate."

One thing noted across all the interviews was that increases in masturbation seemed to be related to being alone. It was insinuated that once the women were alone in private, felt safe (no one was going to walk in) and had the time; this would be the time to participate in masturbation. One thing we can thank COVID-19 for is the research regarding loneliness and sexual desire. Lehmiller et al. (2022) study indicated that people who were alone during the pandemic had a significant increase in new sexual activities such as masturbating more frequently, using sex toys, masturbating on the phone or via video call, sexting, taking and sending nudes and masturbation videos. The participants also revealed that they had all added at least one new sexual activity to their lives since lockdown. This implies that being alone gives individuals a sense of privacy, curiosity, creativity, and confidence, which was seen throughout the interviews with the women.

#### **Theme Four – Environment “Maybe not in the kitchen, there’s too many windows.”**

When the interviews were analysed, it became apparent that with all the participants, a wide range of environments had been covered in terms of where they masturbated, the times, what social influences were playing a part and who was around. In unpacking this theme further, it became clear there were different levels of the environment that influenced the participant's experiences (Härkönen, 2001). To capture this, I used Bronfenbrenner’s ecological systems theory (Bronfenbrenner, 1979). Bronfenbrenner developed the ecological systems theory to define five centric systems (micro, meso, exo, macro and chrono). These systems indicate the differing levels of environments that are important in an individual’s development. According to Härkönen (2001, p. 7), the microsystem “is a pattern of activities, roles and interpersonal relations experienced by the developing person in a given face-to-face setting”. The mesosystem “comprises the linkages and processes taking place between two or more settings containing the developing person”(Härkönen, 2001, p. 10). The exosystem is the link between two or more settings of which one does not contain the developing person but still influences processes within the developing person's immediate settings (Härkönen, 2001). The microsystem consists of the overarching pattern that influences the micro, meso, and exosystems via the

given culture, subculture, or other broader social context; it can be thought of as a blueprint or map of society (Härkönen, 2001). The chronosystem was added later to Bronfenbrenner's theory and is defined as the evolution or development of external systems in time (Härkönen, 2001). This theory is used here to demonstrate the areas covered and how participants' masturbation habits have been influenced from their immediate environments to more structural issues (See Figure 5). Starting with the women at the centre, the next system that will be discussed is the women's immediate environment (microsystem) then moving onto the women's social connections (mesosystem), then the indirect environment and influences (exosystem), then the wider influences (macrosystems) and finally the changes that happen over time (chronosystem). The systems that will be discussed will use evidence from the women's interviews to show the impact they can have on women's masturbation.

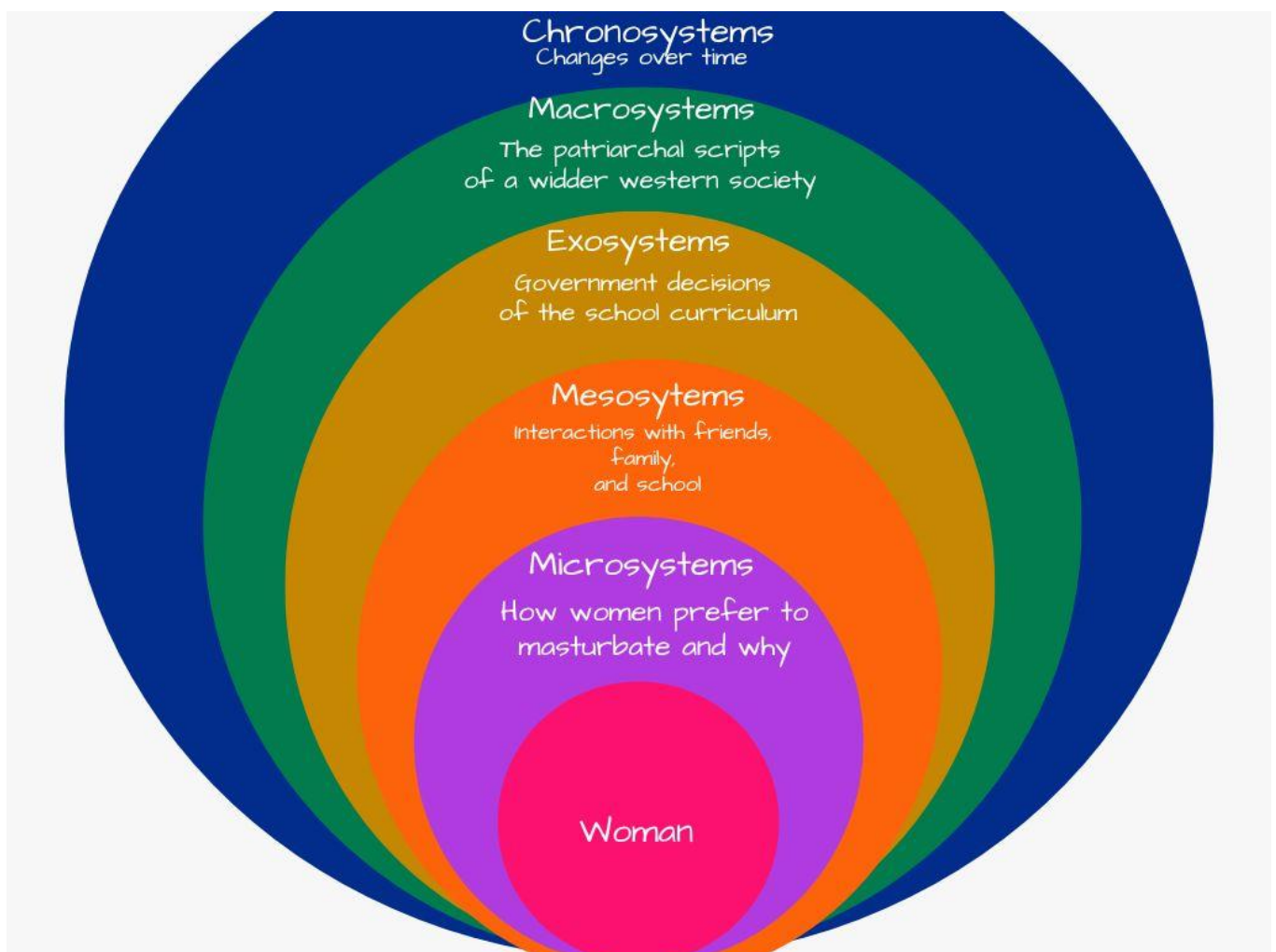


Figure 5: Women's masturbation ecological diagram showing different factors important for masturbation.

### **Microsystem (immediate environment).**

When the participants were asked what environment, they preferred to masturbate, the immediate environment included the home. While most preferred the bedroom or shower, there was a range of places where women masturbated. Privacy was the main requirement, not actual physical location.

Participant A: "Anywhere in the house: Bath, shower, bedroom lounge. Just kind of whatever whenever I'm feeling like it. Maybe not in the kitchen, though, because there's too many windows. Private though."

Participant B: "I like quiet. I tend to have the curtains closed and just Private. Yeah, private."

Participant H: "Alone, private, behind a closed door. Preferably, no one is home, and I like to be warm and comfy with lots of blankets. I also like the T.V. on in the background. I use it to keep my mind from wandering onto real topics."

Participant L: "On a bed in a bedroom, it can be a bit awkward otherwise."

Participant M: "Probably I would prefer so in my room alone, but that would also depend on how full the house is, so again, the shower especially helps that we have our own ensuite. My own shower, so that is also very relaxing. Yeah, feel comfortable and safe. I think that's the whole behind-the-lock door, you know, no one's going to burst in on you."

Participant N: "Private, door closed, in the bedroom, on my bed, relaxed and comfortable."

Participant R: "Bedroom, on a bed, in private, with blankets."

When conceptualising the environment, I considered what time of day the participants preferred to masturbate, as this had a direct impact on the location. The time varied for everyone, but all the participants had preferences linked to privacy, mood, and libido. The reasons for masturbation were linked to the time they preferred. When it was used as a mood booster (Participant L), the time of day did not matter; it was more the reason that dictated the time. However, for everyone, it was in the home.

Participant A: "It depends. Just whenever it floats my boat, really, don't mind what time of day it is."

Participant B: "Evening always."

Participant H: "Late afternoon or nighttime, it's when I'm horniest."

Participant L: "So when time is available, I guess would be the thing. I'd prefer to do it at nighttime. Towards sleep, but then yeah, sometimes if I really don't feel like getting up in the morning, I will masturbate because I'm like, I just need to feel awake and alive, and I want to hit the day feeling great. Or say if I've had a real shit day and come home halfway through. Then, yeah, I'll masturbate and feel a bit better about things. Kind of as a mood changer."

Participant M: "Probably the morning because I find that by later on, everyone's home. Everything is going on; I'm busy, I'm tired. I don't get that time to myself. So, the mornings are more of my relaxing time."

Participant N: "Maybe at night before going to bed when I'm alone. Because these days I don't get a chance to do it that frequently. When (partner name) was away, I used to do it every night."

Participant R: "There's no time. It's whenever I feel like it. It's usually when I'm home alone, which is not often at all. I mean, if I were to pick a time, I probably say the morning, but yeah. More to do with privacy in the mornings."

The microsystem, in this case, is the home environment due to privacy. Interestingly, the participants did not discuss times they were away from home (holidays, work trips), but as privacy was often the main determining factor, this would likely be the case away from home. The participants interacted with their immediate environment quite differently as a solo experience than with a partner.

### **Mesosystem (social connections).**

Social connections and relationships are an important part of the development of sexuality (Coward, 2022); therefore, it was important to understand how and if the women used social connections and relationships to talk about masturbation. For most participants, there were only a select few people they would discuss masturbation who were considered safe and not a person that would cause shame or guilt.

Interviewer: "Did you or do you talk about masturbation with anybody?"

Participant B: “My partner, I don’t talk about it at all with my family. Um, I guess the occasional friend if I’m close enough to them.”

Participant L: “Yeah, so, my partner, obviously, and a couple of friends. Maybe in general conversation, not really in detail, just like you know, acknowledging that you do that.”

Participant M: “Um, my best friend. We will quite often talk about the new toys we've bought and things like that. That's very common. We don't have any sort of shame or guilt about those things. Other than that, it's not a huge amount. Obviously, if my husband asks about it, I will quite happily share with him because he is my partner, and I'm more than happy for him to know these things. I find that broaching that subject with other people is something they need to start. Because I don't know where their boundaries are or where their comfort levels are. I'm more than willing to be open about it. Other people are not.”

Participant R: “Um, my best friend. So, we've had some conversations about masturbation because she's a sex worker. It's just a typical conversation that we've had. I mean, we've had a long-term friendship. So, we're talking 25 years. 20-25 years, so it's not really a conversation we go too frequently now. It's just because I think we have both established it. We masturbate. It's not a big deal. Other than that, no, not really.”

Two participants mentioned they would talk about masturbation with anyone who was interested but was constrained by the stigma and lack of openness about masturbation. Conversations also were sometimes constrained to sex toys rather than any other discussions such as why, how, and how it makes them feel.

Participant A: “My partner, my sister, friends, whoever wants to talk about it. I’d like to talk about it more, to be honest, because everyone is doing it, but no one wants to talk about it, and that’s why it’s still a taboo.”

Participant H: “Anyone who wants to talk about it with me, then I will, but no one actively talks about it. I have maybe two friends that I talk to about it regularly, but it's always about new toys, never about like the act itself.”

For one participant, this interview was the first time she had discussed masturbation in this detail.

Participant N: “No, never, and I’ve never had a conversation like this with anyone else ever.”

Despite only two women saying they would discuss masturbation with anyone, all the participants insinuated, if not specifically stated, that they would like to have more open conversations about masturbation. This was because ‘everyone is doing it’, but no one talks about it, and the taboos and stigma are silencing women.

### **Exosystem (indirect environment and influences).**

The environment that is created for these women to feel confident and safe in masturbating can be influenced by a top-down approach. In this sense, the overarching government agencies that create and oversee the New Zealand education curriculum, which is influenced on a wider societal level, decides what our children should and should not learn about their bodies, sexual experiences, pleasure, genders, sexual orientation and so on (Young, 2018). As demonstrated in the education part of the analysis, the New Zealand curriculum for sexual education is seriously lacking when it comes to being sex-positive, pleasure-centred, and open about what’s going on within our society (Fitzpatrick et al., 2022). Other than one of the participants who received some form of educational supplement from school about sex, not a single participant can recall talking about female masturbation specifically or about pleasure.

Interviewer: “Did you get any educational supplements or other written information about masturbation?”

Participant A: “No, absolutely not.”

Participant B: “I think it was year seven or eight in primary school. We got like a little sex education booklet, and it explained what masturbation was in general, in there, but that was about it.”

Participant H: “Our sex education never included masturbation, male or female. We got told boys get erections, then how sex works, how to stay protected from STIs and pregnancy, periods, and body changes, but not masturbation and certainly not about pleasure at all. It's funny, they always give you either the oldest teacher in the school to teach it or the PE teacher who everyone thinks is gay. I think they should get people in to teach it that are relatable.”

Participant L: “No, it was more around sex education. By the time we had gotten to high school, it was about keeping yourself safe. These are the types of STDs that you can have. You need to have healthy relationships. So, it was more about relationships and sexual health awareness. It wasn’t about like you as an individual or pleasure.”

Participant R: “My mum bought me and my sister a book about sex ed, but it wasn’t from school, and it didn’t focus on pleasure.”

While sex education at school is an important environment to consider, this is not the only system that can have a positive role in health and sexuality education. Once the woman is an adult, the systems that continue to silence women are attitudes, stigma and stereotypes within health systems that often only discuss sex in terms of prevention, prevention of diseases, HIV, and pregnancy. In addition, in health systems for women who have conditions such as endometriosis, there is further silencing and no information given on how to deal with chronic pain, heavy bleeding and so on. Then, often, certain age groups are ignored in information (older women, women with disabilities). Then, there are systems that privilege heterosexual sex with partners. Media also can play a role in stigma; when was the last time you read an article about masturbation for women in mainstream media? Interesting, the only media space mentioned was pornography or on-line sites for buying sex toys (as well as the physical building for a few participants who would go themselves to buy toys). There was little mention of popular media by the participants.

### **Macrosystems (the wider influences).**

Wider influences such as culture and subculture values, views, and beliefs have an impact on an individual’s views and beliefs. As most of a culture's values, views and beliefs stem predominantly from traditions and their main dominating religions, a vast amount of what is believed to be socially acceptable was formed and adhered to throughout the past. While these wider influences, such as determining the age of sexual consent, may not have a direct impact on how or when women masturbate. It may influence how women’s sexual promiscuity is viewed by society and, in turn, may have an influence on the type of information provided and where that information is provided, e.g., primary school, intermediate, high school, and health collectives. Predominantly historical patriarchal sexual scripts can be seen woven through a culture's values, views, and beliefs, and over time, it

has an impact on what is taught, enforced, and given access to (Coward, 2022). This was seen throughout the interviews through negative comments and a lack of education about female masturbation and female pleasure. The quotes illustrate how wider societal views have shaped their own understandings.

Participant A: “I was scared to talk to my parents about it ... It’s a hidden subject; I was scared to talk about it with certain people because it’s not something people talked about generally. People judge and may think, why do you need to masturbate? Are you not getting your needs met by your partner.”

Participant B: “Very uncomfortable and like naughty ...It still makes me feel uncomfortable talking about it.” “I didn’t do it often before I got into a relationship with (partner name) because I had no idea what I was doing; I didn’t really know how to pleasure myself.”

Societal views shaped masturbation behaviour, including how they did it, knowledge of the word for masturbation and concepts of buying toys to assist with masturbation were all considered hidden. This then impacted their confidence in their own sexuality because of embarrassment. A feeling of safety was one referred to by the participants: safe to explore, safe to buy toys, and safe to discuss masturbation.

Participant B: “I didn’t have the confidence to do it until I bought toys, and I only bought toys once I got with (partner's name). I felt safe to do it then ...The most I got was use protection; I didn’t really get the whole sex talk.”

Participant L: “I didn’t know it was called masturbation until a teacher put a name on it in class once ... when I was younger, I felt a bit weird, embarrassed, and uncomfortable about it because I didn’t understand what was going on.”

Another area I was particularly interested in was how women’s masturbation was altered by the presence of their male partners. One wider influence that came through during this part of the interviews was one with a societal patriarchal undertone.

Interviewer: “Have you and your partner ever masturbated together, and if so, what were your feelings and thoughts around it?”

Participant M: “We have previously, like years ago, but not for a long time because he gets too excited, and it ends in us having sex. I like doing it separately, but he always ends up

climbing on top and finishing with sex, so it's not that great. The first couple of times we did it, it just felt awkward."

Participant B: "I guess at first. The first time we did it together, I felt a little bit uncomfortable, but then we haven't really done it that much. But I guess when we do, it just feels normal now. Although I do feel the added pressure of having to look good while I do it and do it in a way that excites him."

Participant A: "Yes, we have numerous times; it's kind of part of our sex life, really. I think it's almost a way when you're like, I really can't be bothered having sex, but we both need to get off because we're both horny, but we just cannot be arsed, so you do it to yourself, together. I definitely find sometimes, or like when we're in funny moods, we will have a race to see who gets off first, and that's always funny. We started this ages ago because I realised that no matter how we do it, together or separately, he's gunner gets off every time, and I was like, that's it, and I made a promise to myself that I will always aim to get off each time regardless of him."

Participant L: "So um, yeah, it was a bit awkward at first, but yeah, I just consider that part of like, that awareness, like self-awareness. I was like, okay, grow up (her own name), he's asked you to do this, you can do it. If you love this person and you can have sex to them, you should be able to masturbate in front of them. You love yourself, and you can masturbate by yourself, so you should be able to do it with him around."

This interview underlined the many forms of pressures men hold women to (knowingly and unknowingly), which has trickled down over time from patriarchal beliefs of men being entitled to sexual pleasure from women and women owing men their bodies. Participant M expressed her frustration with her partner not listening to her desire to only masturbate together, which ultimately always ends up in sexual intercourse and no concern for her pleasure. Participant B stated her need to look good for her partner during the act, which ultimately resulted in her masturbating differently from when she was alone. Participant A discussed the mentality of being tired and fed up yet still feeling the expectation of needing to sexually satisfy her partner. Thus supporting Fahs and Swank (2016) research regarding the third shift for women in supporting their partner emotionally and physically. Participant

A also highlighted the fact that her partner will always orgasm regardless of her being there or orgasming.

All the participants revealed the stress and embarrassment of masturbating together in front of their partners for the first few times until they 'got used to it'. This insinuates that the pressure to masturbate together was put on them by their partners multiple times, regardless of the amount of mental distress this caused the women. Controversial to the above feelings of pressure from their partner, all participants discussed masturbation (together and alone) being more satisfying in a relationship than when they were dating or single.

Interviewer: "Compared to when you were single, how satisfying is masturbation now?"

Participant A: "It is amazing now; I don't think I ever kind of thought about it back then. Yeah, like the thoughts and feelings that came from it, but now, when I compare it, it doesn't seem as good as it has been since I've been with him."

Participant B: "100%. I don't know why, but yeh 100%."

Participant H: "I feel like my partner accepts all of me, even the bits I hate, which makes me more confident in my own body, which makes me more confident in masturbation and trying new toys; I think you have to feel sexy to give yourself pleasure, and as women, we don't always feel sexy, but I know my partner sees me as sexy no matter what which gives me the courage to masturbate in a more satisfying, frequent way."

Participant L: "So, I think the act of masturbation hasn't changed much, but it does feel more satisfying; I think that might be to do with what I think about when I am masturbating. Yeah, that has changed because I'm happier in my life and with him and my relationship, it feels better than before. Because you know, those things that I reflect on that make me feel the way I do and where my mind goes to when I'm masturbating, so yeah, different and satisfying."

Participant M: "I think more so. Because it's more of a journey about me enjoying myself as opposed to just getting off, it's wonderful."

Participant N: “Maybe more satisfying. Yeah. But now I have to, like, find a place and time to do it. So, it's more of a struggle to get off than when I was single. I could do it more easily when I was single, but it's more satisfying now I'm married.”

Participant R: “Well, I'd rather just have sex with him, but how I feel about him makes masturbation more satisfying, I guess. I'm more satisfied with sex and masturbation because of him because there's the attraction, the connection. I feel he's attracted to me, which makes me feel good. The things he does make me feel satisfied now sexually in all aspects.”

This part of the interview affirmed that enablers of masturbation due to sex-positive conversations and sex-positive partners do have a positive influence on women's views about masturbation for themselves, which in turn adds to their feelings of satisfaction within their relationship.

### **Chronosystem (changes that happen over time)**

The interviews displayed how, over time, each woman's confidence around masturbation has grown as their knowledge has evolved. Thanks to ever-changing technologies, access to education around female masturbation and sex-positive conversations, these domains are slowly flourishing. The dimension on societal views, values, and beliefs is also moving, even if very slowly. This has an impact on the educational curriculum, which will inform our younger generations.

Interviewer: “Is there anything you can tell me about your masturbation journey from when you were younger until now, such as change or development?”

Participant A: “I think, probably over the last, since I've moved out of my parent's home, and me and my partner, kind of become more serious, kind of me, leaving the family home and moving on with my partner I definitely feel like it's something that I'm more open to talk to with people. Yeah, like it doesn't bother me. I'd talk to my parents about it if I could, but It's awkward. I feel more sexually empowered and confident. I know my body better now than I used to.”

Participant B: “I guess I feel more empowered when I masturbate now. I like to know what I'm doing and how I like it; I had no idea what I was doing or even supposed to be doing back then.”

Empowerment was the main change for participants A and B that has happened over time and that now shapes their current masturbation. The other factor that is very important is that sexuality, masturbation, and identity are not stable but change with the system, the time, the situation, education, media, and generations. This is further emphasised below when considering the other participants who all reflected on a younger version, which was filled with more guilt and embarrassment. Interestingly, the focus has moved to self-love (of themselves as people but also self-love in terms of pleasure).

Participant H: "I think back then, when I first started out, I had no idea, and I was riddled with so much guilt and shame around it. Once I knew it was normal and I moved out of home at 19, I guess that's when things really got better for me. Privacy, safety, satisfaction, sex-positive partner, all those things helped."

Participant L: "I think when I was younger, I would have felt a bit like weird and embarrassed afterwards. Yes, sometimes I could feel a bit awkward previously when I was younger. I would feel a bit embarrassed or uncomfortable. Now that I'm older, like, yeah, it's great. Now I'm older, I realise how much more confident and comfortable I feel like I love myself completely."

Participant M: "I suppose more comfortable, maybe more empowered, in my own abilities and myself now. Yeah. And knowing my own body makes me feel confident in experiencing pleasure."

The environments (including systems, structural, and social norms) for these participants were all important in terms of where, how, and what they did when they masturbated. The Chronosystem depicts an overview of how the impacts of said systems change over a period of time and are continually changing throughout a woman's lifespan. These changes can be due to new education and sexual health information but also due to people and the societal norms that surround them. Masturbation habits may also change over time due to life stages, phases, and situations. Time is an important factor to take into account, as not all women masturbate the same as when they first discovered their found pleasure. The saying 'it's like riding a bike' comes to mind, except the bike only has one gear, and over time, other gears are added, which makes riding on different terrains easier and more comfortable.

## **Theme Five – Thoughts and Feelings “An act of self-love where I fall within myself.”**

The final theme was around the women’s thoughts, feelings, and emotions about masturbation. When I asked how it makes them feel, every single participant said, “Amazing”. Often, comments about feelings and emotions about masturbation were slipped into parts of the conversations. Interestingly, when I asked what they were thinking about before, this was very difficult for them to describe (potentially reflecting a lack of social script for this type of experience), but once I asked about the sensation, this was much easier. It was noted that all the women were recognising the amazing mental and physical benefits of masturbation.

Participant B: “I guess, empowering. It's a lot different to, I guess, having like sex. It's because you're the one, like I'm the one doing it, and I can, I guess, do that for myself and give myself pleasure without needing, like, a man or a dick or anything. I would feel kind of happy that I've been able to do something like for myself and give myself time because I don't really do that. That's like a time for me to like look after myself, I guess, and make myself feel good.”

There is not a lot of research that asks women what it feels like to reach orgasm. The discourses illustrated the intersections between body and feelings (embodiment). The slowing of the body and time start to unpack why masturbation is good for stress relief potentially (alongside the more physical aspects such as the release of hormones, which were not discussed by the participants at all except they can be hornier around menstruation).

Interviewer: “How would you describe what it's like to reach orgasm through self-masturbation?”

Participant A: “Masturbation kind of just calms and slows everything down for me. It’s amazing. I always feel great after it, like amazing. I feel like I can take on the world that day. I feel like it’s something I use to destress; the reasons I do it are endless urges, stress, anger, rewarding myself for finishing an assignment, or doing amazing at work.”

Participant L: “So there's like, intense excitement and like, not quite adrenaline, but like, yeah, a feeling of warmth, and then it's like a little bit of fear, because you know, that something's going to happen. And then it just feels like this huge release, and then you kind of feel like there's a flood of feelings that go through. More time to do it more often would be great.”

The mental health benefits for one participant went well beyond a short-term benefit but were attributed to recovery from serious mental distress. While she did not really discuss more why she felt this way, it was something that she could do to help herself at a very difficult time. Self-love, in this case, was about recovery.

Participant H: “I masturbated myself out of depression once; I know that sounds weird, but it helped me at a time no one else could.”

Discussions with partners in the context of whether they approved or how they felt about them masturbation were as strongly worded as Participant A on the whole.

Interviewer: “Have you ever asked your partner how he feels about female masturbation just in general?”

Participant A: “No, no, not really a conversation because at the end of the day, if he doesn't like me doing it, then he can fuck off.”

The strongest sub-theme that was found was the women describing their body confidence and sexual empowerment, and this was linked to mental health and physical benefits.

Participant L: “Yeah, I think too, like, people rush into having a relationship with a person without being a whole version of themselves. You have to love yourself completely to round yourself out as an individual and know yourself so you can be the best version of yourself.

Masturbation helped me achieve that. Then you can find someone else who's the best version of them, and then you can build a good, healthy relationship while still being independent, healthy people. I think it's really important to round yourself out and be open to that sexual awareness.” “It's not just those raw emotions that I'm feeling and being angry or whatever. I'm like, ah, that's right, earlier today, this happened, and that's why I'm feeling angry. Or this was particularly frustrating, and now I can I get it sorted in that little moment between the orgasm high and then falling asleep. Yeah, there's this clarity in that moment.”

As the chrono system highlighted in the previous theme, time, played an important part in their thoughts and feelings. Being younger was seen as quite different to their current thoughts and feelings. There were changes to the physical body, the mind connection, body image and acceptance, all of which come back to self-love (in all forms, not just physical).

Participant M: “After giving birth, I had to teach myself how to receive pleasure again as it looked and felt different down there, and I did it through masturbation.” “When I was single, it was more animalistic; now I’m in a relationship. It’s about exploring me, making me feel good and knowing what I like and don’t like.”

Participant A: “I think I just got more... I just started accepting my own body more. Yes, and realising that everyone is different. We all have different needs. We can do it once, twice, or three times a day if we like. I think I just definitely got more confident with myself.”

There is emotion and feelings around and about masturbation that go way beyond feeling amazing during and relaxed after. These emotions and feelings were essential to why they masturbated, how they did it and how they felt about it but how and when they can talk about these feelings. The participants were not saying that they want to talk masturbation all day to everyone but rather that there should be a space to be able to discuss this aspect of people a woman.

Participant A: “I also feel like if we've talked about it more, then people would be more open to like sharing with their partners about what they like and what to do because half the time they just know, they suck at it half the time. but if you know yourself, what you've been doing and what makes you comfortable or happy or pleasurable, then you can voice that to someone else. If we can get this right, then the next generation of women won't have to wait till their like 29-30 to be having open conversations about this shit. Sometimes I just feel like, why are people shutting me down about this conversation, you know?”

Being comfortable with their current partners was important for these participants as they wanted to be with someone who could and would listen to them and their desires.

Participant M: “I tend to get an increase in my libido when he has a decrease in his libido. I think that happens in every long-term relationship, though. It’s dealt with by my increasing masturbation instead of any animosity between us. Does that make sense? Like It’s not his

job to satisfy my libido all of the time. We're gonna have ups and downs, and sometimes they don't match. It's just the dance of married life."

Participant R's story was a little different to the others due to her endometriosis. Pelvic pain, pain during sex and orgasm has been found in research about endometriosis. And there has been research that has illustrated masturbation can be useful for pain relief due to Endometriosis (West, 2021). However, for this participant, the pain that she experiences after orgasm is "not worth it" and she is left wanting more.

Participant R: "I think the only time for me when masturbation changed was when I found it painful. Not immediately, but afterwards, because of my endometriosis. But that's the same with orgasms in general. Often, I'm sore the next day. I assume that's my endometriosis, so there became a time in my life where masturbation became not worth it because I was sore the next day, and yet I felt like I hadn't achieved anything or experienced anything. Even though it was an immediate relief for being horny, I hadn't experienced what I wanted. I have still been left wanting more.

Interviewer: "And when you say pain, do you mean your uterus?"

Participant R: "Yeah, absolutely, so it felt like it was still in cramp. You know when you cramp when you orgasm. It's not ever immediately during sex; it's always the next day. You know when you work out, and you hurt a muscle? That's what I feel like after sex and orgasms. I'm often quite tender. So, when I masturbate, it almost feels like a waste of time; it feels like I haven't got what I could have got."

Interviewer: "Do you think then if maybe your endometriosis wasn't such a burden?"

Participant R: "Oh yeah, masturbation would almost become a problem for me (laughs). Absolutely, yeah, if I could come without the consequence of being in pain. I would happily masturbate every day."

Predominantly there are only positive emotions attached for these women about masturbation, however, throughout the interviews, there were conversations about the frustrations that have come from masturbation or the sadness that surrounded their journey. The frustrations are related to not being able to masturbate, not being able to talk about this as widely as they would like, and frustrations that it took years of self-directed

learning, trial and error. This points to the dynamicity and intersections of the feelings and emotions about masturbation, sexuality, and being a woman.

These women told me some of their most intimate secrets and emotions regarding their pleasure, conversations they had never had with other people and for that, I felt privileged. This theme demonstrated empowerment, suppression of women's libido, frustration about the lack of open conversations, the ups and downs of sex drives in a marriage and the heavy impacts of endometriosis. The theme of thoughts and feelings arouse me as I felt some of their stories did not need to be met with an academic theory, a detailed model or a knowledgeable table squeezing them into categories but with the ears of thousands of individuals who can relate and understand their pain, frustrations, sadness, excitement, happiness, and contentment.

## Chapter 8 - Discussion and Conclusion

*“The work will stand, no matter what”.*

*(Meryl Streep, n.d.)*

### Summary of Findings.

Theme one, ‘Education,’ identified the gaps of knowledge where women had felt embarrassed and let down by the lack of education regarding masturbation and how this impacted them at different stages of life. Theme two, ‘stigma and stereotypes,’ described women’s views and interpretations of sex toys, pornography, male views of female masturbation and the negative connotations surrounding female masturbation and how this impedes their sexual well-being. Theme three, ‘decreases and increases,’ dives deep into women’s personal lives of what, how and why certain aspects cause increases and decreases in their masturbation habits. Theme Four, ‘environment’ encompasses differing levels of the environment that can help or hinder masturbation for women. By using Bronfenbrenner’s ecological systems theory, these different systems are explained and how they intertwine with women’s masturbation practices. Finally, in theme five, ‘thoughts and feelings,’ the women’s thoughts and feelings that give way to positive mental and physical well-being are discussed. One takeaway idea that surrounded all these themes was dynamicity and intersectionality. All these themes had the underlying tone of continuous and productive activity or change; no woman stated that their masturbation had stayed the same as it was when they were younger. All the women also stated that their opinions of masturbation had changed over time and would more than likely be different again in years to come.

### Discussion of findings.

The aim of this research was to highlight the structures of society’s influences and systems embedded in beliefs, practices, and cultural norms rooted in history and present-day policies and procedures constraining and enabling female masturbation. The themes that

were highlighted in the findings had overarching themes/concepts that influenced the findings (summarised in Figure 6).

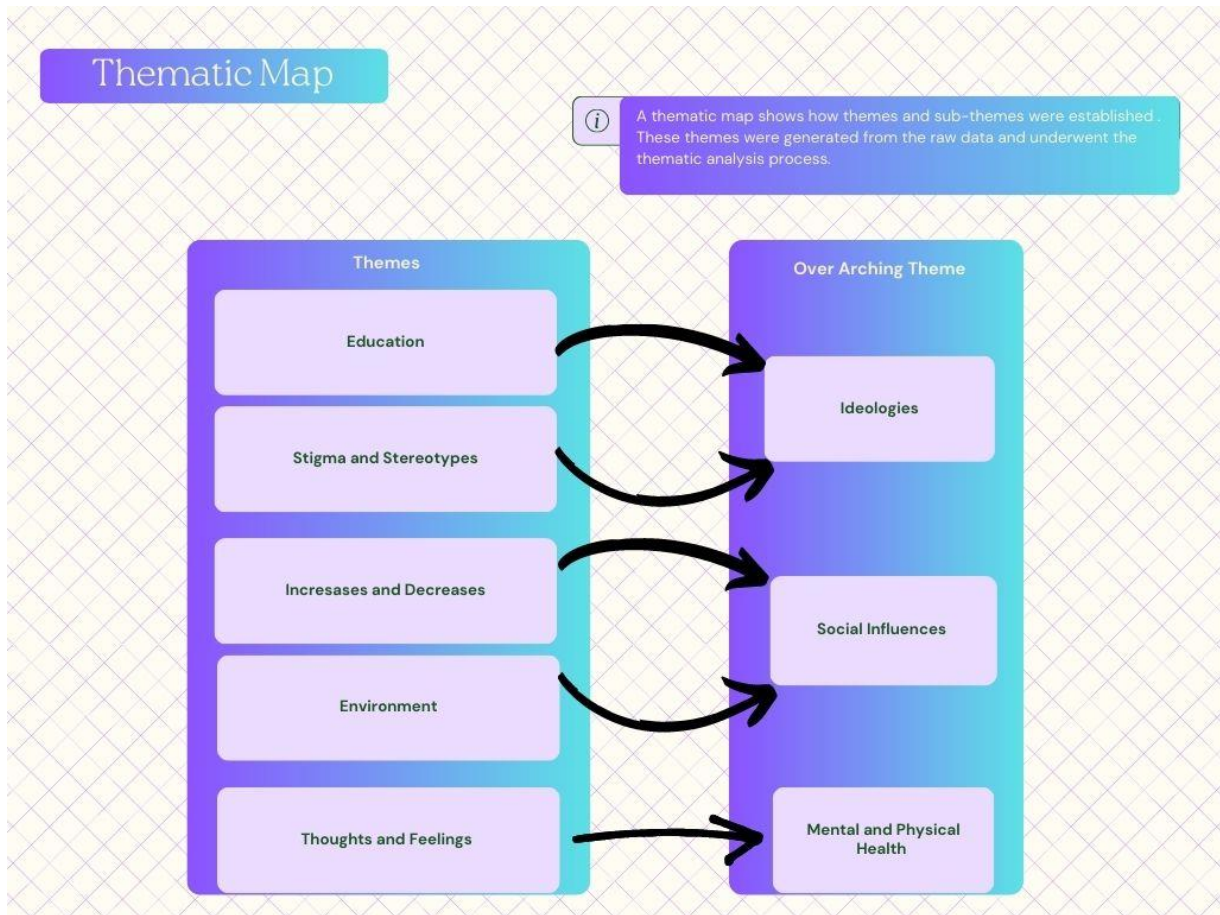


Figure 6: Thematic map of themes and their overarching concepts/themes.

### **Ideologies.**

Ideologies can be defined as “a system of ideas and ideals, especially one which forms the basis of economic or political theory and policy” (Dictionary, 1989). When I talked to women about their education about masturbation, stereotypes, and barriers and enablers to masturbation, it became clear that there are many wider ideologies influencing views, attitudes, emotions, and behaviours about masturbation. These were addressed somewhat in the Environment theme in the findings in the macro and Chrono systems, but the purpose here is to unpack this a little further.

While recalling their memories and interpretations of how and what they learnt about masturbation, it became clear that what the participants did learn was very limited and

unremarkable. Masturbation education was left in the hands of schools and parents, both of which were sub-par at best. Thus, education was constrained by social constructs, biases, and beliefs, all of which hinder positive open discussions. This inspired me to informally inquire about sex education in New Zealand with teachers. Three teachers talked with me about their experiences of teaching sexual education. This gave me a better understanding of how and what knowledge is being taught in the classrooms. The teachers talked about how government policies and ideologies underpin the school curriculum and societal expectations, and these norms and beliefs underpin the teacher's methods of tutoring the subject. One example of this is the curriculum, which may say year 9's need to learn about masturbation within the sex education pathway, but how this is taught by the teacher depends upon the teacher. It can be as limited, detailed, negative, or as positive as the teacher deems necessary. Therefore, if you have an older teacher, their interpretations, religious beliefs, culture, and bias will influence how it will be taught. This has been shown in research here in New Zealand (Fitzpatrick et al., 2022; Garland-Levett, 2017) and around the world (Van Niekerk, 2022). This gap and inconsistencies in education from both schools and parents are contributing to the continued silencing for women.

If we turn to other forms of education, such as media outlets (books, magazines, social media influencers, etc.), we will see that these are underpinned by societal ideologies and norms. There is no doubt that young women today have access to endless sources of information, all with the potential to influence opinions, beliefs, and behaviours (Andresen, 2015; Pinkerton et al., 2003). Even though social ideologies within media can have a much larger range of ideas as to what masturbation should look and feel like, leading it to be more inclusive of sex-positive discussions and less stereotypical of masturbation aids such as dildos and vibrators, it may not always fit every women's idea of what pleasure involves for themselves. Another drawback to leaving sex education in the hands of the media to inform women is that young women may easily fall prey to more explicit websites and forums, which often give a destructive, anti-women view of sex and masturbation.

Another area that is essential to government and social ideologies is the stigma and stereotyping surrounding masturbation and sex toys. This study showed that stigma is playing out at personal, public, and structural levels (see Figure 3). In this section, it is the structural stigma that I want to draw on. During the interviews, it became clear that each

woman thought there was stigma attached to masturbation, whether it be how men view women masturbating or what society thinks of people who do masturbate, and this is strongly influenced by wider social ideologies. These are contributing to stigmas and stereotypes that have been shaped by myths and moral beliefs about what masturbation is and means for women (Hua et al., 2023). When stigma, education, and policy silence or encourage negative conversations around sex and masturbation, this keeps the negative stigmas alive (Kaestle & Allen, 2011).

While views about masturbation have come a long way today, masturbation is still not without stigma and negative connotations from society at large and government agencies have not mitigated these stigmas and connotations. With regards to sex toys, the New Zealand government may be doing better than others who have made purchasing sex toys illegal (Saudi et al., Alabama) (Lieberman, 2017). However, imposing age restrictions on purchasing sex toys (18 in New Zealand) that are higher than the age of consent (16 in New Zealand) makes it hard to create a sexually positive culture and adds to the negative prejudice that masturbation is not for our younger generations.

It is the intersection of policy, society and individual beliefs that is playing out for masturbation education. When I thought about how I might create a useful tool for teachers to talk about sexual education (including masturbation), I drew the pleasure poppy (Figure 4), which I have also dissected (shown in Figure 7). When dissecting the systems of ideas and values (ideologies) that are influencing masturbation, these can be conceptualised as the roots and the raindrops. To have strong roots (the ideologies, policies and societies attitudes and values) needs attention and water (chronosystems, safety, social influences, and dynamicity) to grow well.



Figure 7: Dissected pleasure poppy.

### **Social Influences.**

Decreases and increases in masturbation were strongly influenced by the women’s surroundings, which were determined by other people immediately in their lives. Being the homemaker/emotional carrier significantly impacted women’s masturbation routines and or habits. This reflects Hochschild & Machung’s (2012) study of the ‘Second Shift’ involving home duties and Fahs and Swank’s (2016) study of the ‘Third Shift’ involving emotional duties to their spouses. The participants reinforced this analysis by expressing views such as regular sexual intercourse and rearing children decreased their masturbation and things such as their partner being away from home and alone time increased their masturbation.

All the concepts relied upon and or included the presence or absence of another person. This indicated that social influence has far more weight in relation to women's masturbation than what was originally thought (Janes, 2014).

Another theme that was dominated by social influences was the environment in which women live. This environment was explained using Bronfenbrenner's ecological systems theory to portray each level of women's environment and how it is affected (Härkönen, 2001) (see Figure 5). All levels were important and interacted with each other, from a woman's immediate environment (microsystem) to the wider influences (macrosystems) and the chronosystem that revolves around it. This research showed that the microsystem includes the women's immediate environment and things such as privacy, time, safety, and comfort. The mesosystem is persuaded by the woman's social connections, so it includes the ideas and affirmations of their friends, partners, and family. A partner's attitude to sex and masturbation had the most influential impact (either positively or negatively) on the participant's masturbation habits, routines, desires, fantasies, needs and wants. Next, the exosystem and, at this level, things such as government decisions and agencies had an indirect impact on how women masturbate through things such as age limits on sex toys and sex education curricula. The wider influences of the macrosystems contain the patriarchal scripts throughout the history of a wider Western society that continue today. This research shows there is still a sexual double standard and a different set of rules for women compared to men for masturbation. Then, the final overlaying level which surrounds all these systems is the chronosystem. This is a system of time that shows change over weeks, months, years, and centuries, which was explained earlier and is also linked to the previous section on ideologies.

Time played an important part in the sense-making of the women's experiences with masturbation in this study. From learning about, trying and doing masturbation, social influences played an important role at each stage (from family, peers, communities, schools and so on). What the participants did emphasise was the impact of these social influences on their thoughts and feelings about masturbation and the growth they had as women. What was also important to note was how dynamic and changeable masturbation experiences were across time, reflecting life stages and relationships are playing an important role at all stages (not just at school or during adolescence). There are a few

studies indicating that female masturbation changes over the course of the lifespan, particularly between adolescence to adulthood and then into late adulthood and then again into elderly adulthood (Avis et al., 2009; Burri & Carvalheira, 2019; Hogarth & Ingham, 2009; Randolph Jr et al., 2015). Overall, these studies found that women may masturbate less as they get older but that their satisfaction with masturbation increases. This research adds to this, showing that often satisfaction has increased as they have learned about their bodies and what they like, but also that it is related to how much partner sex they have, illness (such as endometriosis), and parenting.

This shows the importance of changing the conversations and relationships at all levels for masturbation for individual well-being but for healthy romantic and sexual relationships and identity (Pinkerton et al., 2003). This is why others have pointed to the benefits of having conversations about masturbation (Agnew, 2014; Hogarth & Ingham, 2009). Pinkerton et al. (2003) do point to having good relationships as an important enabler for good sexual health. However, this research found that it is all levels within an ecological framework that have social influence and importance for masturbation.

### **Mental and Physical Health.**

This overarching theme was inspired by the thoughts, feelings, and emotions of the women in the interviews. The openness of the women when describing masturbation and orgasm was a privilege to hear. The metaphors and descriptions of their feelings and sensations are emotive, evocative and, for the most part, positive. One exception was for a participant who has endometriosis, and the pain she experiences during orgasm prevents her from masturbating as much as she would like. All the women mentioned feeling empowered as individuals but also shut down as a collective group of women. There has been research that has pointed to feelings of empowerment, such as Bowman (2014). Bowman found empowerment for masturbation in three areas, including higher genital self-image, masturbating for pleasure and learning about their own bodies, and being more sexually efficacious. And there have been other feminists who would suggest when women feel good; they can feel sexually empowered (Price & Shildrick, 1999). This research would suggest that masturbation as an act is empowering, the choice to be able to talk openly with their partners or others about masturbation in their lives is empowering, and that it is empowering to take control of their well-being.

In many conversations, the psychological benefits of masturbation for these women became apparent. All the women experienced a sense of peace and fulfilment when they explained what it was like to masturbate. Thoughts on how to sleep, get out of bed, start their day, continue their day, and congratulate themselves on their accomplishments are among the comments that circulated. Women spoke of helping themselves navigate difficult times like depression or redefining and regaining body confidence after giving birth. They talked about their partners, giving them a sense of security and stability to be able to explore masturbation without judgment. Even though each woman explained that since being in a relationship, masturbation had become less frequent, they all stated a sense of greater satisfaction than when they were single, which has been found before in other research (Hogarth & Ingham, 2009). What was important to note from this research is that masturbation was used to help mental health, but also as a treatment for one person, that the impacts were short-term and long, and that masturbation can be a form of mindfulness. It should be noted that for the participants in this research, masturbation was solo but also with partners, with toys, and while watching porn, and this is often ignored in previous research. In other words, masturbation is way more than rubbing your genitals until you orgasm.

Along with the mental health benefits of masturbation comes the physical health benefits. With the release of many chemicals from masturbation, statements such as “I feel more energetic and alive after I have masturbated”, “I feel I am able to sleep better”, or “get to sleep faster after masturbation”, highlight the physical benefits that can come from masturbation and orgasm. The physical benefits of orgasm are well known (Giles, 2008; Khajehei & Behroozpour, 2018). What is interesting in this study was one participant attributed the mental and physical benefits of masturbation to recovery from depression, suggesting the benefits of masturbation should not be split into physical and mental but holistic benefits.

### **Intersectionality and dynamicity**

The history of female sexuality and masturbation illustrated over the centuries how Western societies have largely ignored or repressed women’s sexuality (Bullough & Bullough, 2019; Donaghy, 2020). Devices and surgeries were used to stop female masturbation as it was seen as sinful and or could lead to insanity (Hurteau, 1993). Moving

through the generations, the rise and popularity of female sexuality through paintings and the feminist movement has led to today's contemporary female masturbation (Washington & Spencer, 2021). The use of sex-positive media and sexual aids such as sex toys and pornography has prescribed what female masturbation looks like today (Smits, 2021). However, society has come a long way, and it is highlighted that (guilt-free) masturbation acceptance today still has a long way to go.

There are continuing barriers to female masturbation, with the main concern being the gap in the education system, with masturbation and sex-positive conversations being sorely missed (Fitzpatrick et al., 2022; Young, 2018). There remains a sexual double standard and the orgasm gap between males and females (Crawford & Popp, 2003; Gómez-Berrocal et al., 2022). The participants did draw attention to how to close these gaps, by reframing from using men's orgasms as the definition of satisfaction for all, to the promotion of orgasms for all. Women are still often the emotional carriers and homemakers in relationships, which has a direct impact on a woman's sex drive and desire to be sexual (Fahs & Swank, 2016). The prevailing and never-ending stigmas and stereotypes surround not only women, but society (Corrigan & Kousluk, 2014; Hua et al., 2023).

There are enablers of female masturbation alongside education and decreasing stigma. It is argued that the use of sex toys and/or pornography can empower women with the freedom to be able to masturbate however they wish to create themselves pleasure (Lieberman, 2017). These aids can also help women who suffer from some form of sexual dysfunction or arousal dysfunction (Laan & van Lunsen, 2016). There is an array of changes that can happen to a woman from young to old, from menstruation to menopause, from single to being in a relationship, and all these stages and phases can change women's masturbation habits, feelings, and behaviours (Rowland, Kolba, et al., 2020).

The benefits of female masturbation are numerous (Khajehei & Behroozpour, 2018; Ingham, 2005; Markey et al., 2007). The significance of the body's physiological responses to masturbation, such as chemical releases in the brain, and the importance of this on our physical and mental health. Relationships can be positively enhanced by masturbation at all ages and knowing what you do and do not like (Hogarth & Ingham, 2009). It is argued that masturbation can help safely explore sexual orientations for all people (Nikkelen & Kreukels, 2018). This, in turn, can lead to sexual empowerment and confidence, which can lead to

healthier, happier relationships (Hua et al., 2023). The different impacts that social influences have on women's masturbation journeys highlighted how relational masturbation is. The people's environments within an ecological framework all intersect and have potential impacts on masturbation.

### **Limitations and Future Research.**

The seven women who were interviewed were educated women living in New Zealand, where Western culture and ideals weighted on their shoulders. Their ages ranged from 21 to 45 years of age; therefore, they did not include every available age group. Future research should focus on other age groups, including school-aged people, older adults, including women going through menopause. The research was aimed at cisgender heterosexual women in a committed long-term relationship with a minimum of one year in a partnership, but future research is needed for all self-identified women in any relationship or not in any relationship. There is also a clear need for more research with gender and sexually diverse individuals.

All the women self-selected and may not be representative of the thoughts or experiences of those women who could not or would not discuss female masturbation. However, the intention of the research (and of qualitative research) is not to generalise but to start to add to a dearth of research in this area in Aotearoa. Three of the women in the study identified as New Zealand Pākehā, one half Pākehā half Māori, one Māori, one English, and one Indian. While there is some diversity here, and it was good to have Māori participants, there was no intention to generalise with regard to culture, as one's subjectivity is heavily intertwined with culture (Hudson et al., 2010). Future research is needed that is designed by and with women from different cultures in this area. Three of the women also identified as being Christian, Catholic, and Hindu. Religious beliefs and sexuality for women have a long, complex history, so it was promising to get women with different backgrounds, but again, the intention is not to generalise as beliefs about sex, masturbation, and the female body differ in each religion. Future research should extend into many other groups (including different religions) and could be both qualitative and quantitative.

Future research in this area is also needed to determine what sexual education is being taught in schools to explore if there are wide discrepancies in how education is being

delivered. There is the potential for some intervention studies in schools using new tools such as the pleasure poppy (flower) I designed to see if we can change attitudes and values and start to open conversations about pleasure and masturbation. There is also a need to explore masturbation more with men, as this research showed how important relationships are to masturbation and sexual health.

## **Conclusion.**

Each woman's masturbation journey is different and ever-evolving, but there seems to be a gap in knowledge that leaves a hole in women's exploration of themselves. This, in turn, creates conflicting messages about masturbation to young women when growing up. If we could include and promote sex-positive conversations and dialogues that include masturbation among schools, parents, and friends, we could close the education gap. This, in turn, could lead to closing other gaps, such as the sexual double standard and the orgasm gap. Teaching young women positive and healthy masturbation practices focusing on pleasure could also help create more confident, positive, healthy relationships and could decrease the number of unwanted sexual encounters, relationships, instances of domestic violence, pregnancies, and STIs. Regular masturbation practices could also enhance physical and mental health and create a space for women to feel empowered, in control and completely satisfied with themselves in their own sexual rights.

In my personal opinion, we need to wipe the slate clean with New Zealand's sexual education curriculum and start from scratch using a sex-positive foundation and intertwining Māori health models for a more holistic approach. So, surround yourself with sex-positive people, immerse yourself in kinky discussions, ignite your own fire, create yourself a perfect place and find out what truly floats your boat because, in the words of Betty Dodson, "The most consistent sex in your life will be your love affair with yourself."(Dodson, 1992, p. 64).

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## Appendices.

### A – Advertisement poster

# Women Wanted!

The purpose of this study is to provide a non-judgemental space for women to have in-depth and empathetic conversations about masturbation, and what this means to them.

This aims to clarify why closing the masturbation gap could lead to female sexual equality, increase confidence, empowerment, and lead to multiple physical and mental health benefits

Participants identity will always be kept anonymous

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**Participant Criteria:**

- Women over the age of 18
- In a heterosexual relationship (minimum of 2 years)
- Must be a New Zealand resident or citizen
- Willing to freely discuss their masturbation journey
- Participants of any ethnicity and religion are invited to participate

If interested, please contact Hannah: [Hannah.Carey.4@uni.massey.ac.nz](mailto:Hannah.Carey.4@uni.massey.ac.nz) [REDACTED]



The illustration shows ten women of diverse backgrounds standing in a row. From left to right: a Black woman in a red suit, a woman with short black hair in a pink dress, a woman with green hair and glasses in a pink dress, a woman with long black hair in a red dress, a woman with short brown hair in a pink dress, a woman with short red hair in a green dress, a woman wearing a black hijab in a black dress, a woman with long black hair in a purple dress, a woman with short white hair in a red dress, and a woman with short brown hair in a pink dress. They are all smiling and standing on a light blue background.

## B – Information Sheet

School of Psychology  
Massey University  
Private Bag 102-904  
North Shore  
Auckland 0745  
Tel +64 9 414 0800 ext 43116  
Fax +64 9 441 8157



### ***Exploring women's perspectives, knowledge, and experiences of self-masturbation in their own marriage***

INFORMATION SHEET

#### ***Researcher introduction***

Kia ora, my name is Hannah Carey I am a Pākehā female of British decent and I am a postgraduate student at Massey University studying towards a Master of Arts (Psychology). I am carrying out research on experiences of female masturbation within heterosexual relationships. This information sheet will help you to decide if you want to participate in this study.

#### ***Project Description***

Masturbation is an important part of sexual being and has many physical, mental and relationship benefits. There is little information, education or research surrounding female masturbation especially in long term relationships. I am particularly interested in experiences of self-masturbation and partner masturbation during times of change, prior to and within a relationship. My aspiration is for this research to empower women to experience healthier sexual relationships and gain sexual confidence. As a thank you for your participation you will be gifted a \$40 plaza voucher.

You are invited to take part in this study. Whether you decide to take part or not is your choice. Before you decide you may want to discuss the study with other people such as partners, family, whānau, and friends.

#### ***Who can participate in this project?***

. Inclusion criteria:

- Women over the age of 18 years of age who identify as being female.
- Women must residents of New Zealand.
- Participants are required to be in a heterosexual relationship for a minimum of 1 years.
- Women who actively masturbate (within the last six months).
- Participants who are willing to freely talk about their masturbation journey.
- Face-to-face interviews will be held in and around the Manawatu area.

- Participants of any ethnicity are invited to participate; however, the interviews will be conducted in English.

### ***If you participate, what will you be required to do?***

If you wish to participate you will be invited to take part in two semi-structured interviews. I would like this process to be open and flexible to fit in with your comfort levels and time commitments. Each individual interview should take no longer than one hour and will be at times and places that we mutually agree on. I would prefer to conduct the interviews face-to-face but understand you may like to conduct these via Zoom or Skype and if COVID levels change we can do the interviews on-line. The first interview will focus on your journey, education, and experiences of masturbation in general - the focus will be on your masturbation journey, not your partner's. I will then provide a diary for you to write any thoughts, feelings, emotions and/or questions the interview may have evoke for you so that we can discuss them together at the next interview. The diary is confidential to you (the participant) and is yours to keep indefinitely. You do not have to share any information in this diary with anyone including myself (the researcher) but I will ask you if you would like to discuss anything from the diary in the second interview. The other purpose of this interview is to discuss with you the differences in your masturbation journey between being single and to being in a relationship. Your identity will be kept anonymous at all times.

### ***Support***

I do not anticipate causing any harm or discomfort as part of this research. However, I do acknowledge that this topic may be uncomfortable and can sometimes cause embarrassment. You do not have to talk to me about anything that you do not want to, and you can stop the interviews at any time, you also have the right to ask questions. If you would like to withdraw from the study, you can do so at any time up until the two weeks after the final interview. If some level of discomfort or stress should occur from reflecting on a difficult time and you are in need of further support, you can contact one of the following organisations:

- Free call or text 1737 to speak to a trained counsellor - 24 hours a day, 7 days a week.
- Depression Helpline 0800 111 757 or free text 4202 - 24 hours a day, 7 days a week.
- OUTLine NZ – [0800 688 5463](tel:08006885463) (0800 OUTLINE) - 9 am to 9 pm weekdays, and 6 pm to 8 pm weekends (for sexuality or gender identity issues)
- Rape Crisis – [0800 883 300](tel:0800883300) (for support after rape or sexual assault)

### ***Data Management***

The interviews will all be recorded on a voice recorder with your permission. The data will be stored securely and only the researcher and supervisor will have access to this information. Once the interviews have been transcribed you will be provided with a copy of your transcripts, which you may edit and make adjustments if you feel necessary. After you have read through your transcript a Transcript Release Authority Form will be provided for you to sign if you wish, allowing the researcher to use the information in the transcription for the write-up of the research. To ensure autonomy, all identifying information will be removed

from the transcript, the data and the write up of the research which may include research publications.

All personal information and data will be stored on a password protected computer and on a Massey University hard drive until the research is complete in February 2022, and then it will be deleted. An anonymous form of your transcript and coding will be stored indefinitely in Massey H drive as the data saved to Massey University's network is backed up, maintained and managed, secure, replicated and protected against viruses.

### ***Participant's 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 questions.
- Participate in whatever part of the research you are comfortable with – a minimum of one interview.
- Withdraw from the study at any time up to two weeks after the final interview.
- 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 recorder to be turned off at any time during the interview.

**Please contact the research or supervisor if you have any questions about the project.**

### **Contact details below:**

**Researcher:**

Hannah Carey

[Hannah.Carey.4@uni.massey.ac.nz](mailto:Hannah.Carey.4@uni.massey.ac.nz)



**Supervisor:**

Kathryn McGuigan

[K.Mcguigan@massey.ac.nz](mailto:K.Mcguigan@massey.ac.nz)

09 414 0800, ext. 43115

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/12. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz). [The information sheet has been amended to reflect all the changes as noted.](#)*

## C – Interview Schedule



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### Interview schedule

The interview schedule will provide a brief overview of the interview process. The interview process is semi-structured and thus the participants will have a lot of control over the direction the interview will take. The interview will take place in ideally a conversational manner and there may be some diversion to the interview questions dependent on the participant's answers. The researcher will create a non-threatening, relaxed and comfortable environment where conversation can flow. There is a plan for participants who are Maori and this is attached at the end of this document.

Interview 1 will - collect data about Women's journey, education, and experiences of masturbation.

Interview 2 will - collect data about masturbation differences between being single and within a relationship. In particular, looking at masturbation behaviour during different phases, stages, challenges and moments in a relationship.

### Introduction – prompts and script reminder for researcher.

- Revisit information contained within the Participant Information Sheet
- Give the participant time to ask any questions and sign the consent form
- Gather general information: name, age, ethnicity, how long have they been in a relationship for, are they employed, do they have children.

The aim of these interviews is to provide a non-judgemental space for women to express themselves and for people to learn from in-depth and empathetic conversations about women's experiences of self-masturbation and what this means to them in the context of a heterosexual relationship. This research will evaluate how women view female masturbation, their experiences with self-masturbation while single and in a relationship. I am interested in exploring your thoughts, feelings, perceptions and reflections. There are no right, or wrong answers and I would like you to be as open and honest as possible. Please take your time in thinking and talking.

**Interview 1 part 1 Questions: These are flexible and will be changed as need be**

1. How old were you when you first learnt about masturbation? What did this mean to you?
2. Where did you first learn about masturbation?
3. Did you get any educational supplements or other written information about masturbation?
4. Did your parents ever talk to you about masturbation?
5. How did learning about masturbation make you feel?
6. How old were you when you first masturbated?
7. How did masturbating for the first time make you feel?
  - a. At what age did masturbation become more prominent in your life and why?
  - b. How often do you masturbate?
  - c. How would you describe what it's like to reach orgasm through self-masturbation?
  - d. When do you prefer to masturbate (morning, afternoon, evening)?
  - e. What environment do you prefer to be in to masturbate?
  - f. What would you consider as successful masturbation?
  - g. What feelings and thoughts does masturbation invoke for you before, during and after?
8. Did you/do you talk about masturbation with anyone else?
9. How does talking about masturbation with other females make you feel?
10. How does talking about masturbation with other males make you feel?
11. What are your thoughts about masturbation toys?
12. Do you use masturbation toys and or pornography?
13. What do you think society has to say about masturbation toys and or pornography?
14. How would you rate your Libido and why?
15. Do you think masturbation is an important part of sexual identity?
16. Does masturbating make you feel more sexually empowered/confident?
17. Do you think there is stigma attached to females masturbating or masturbating in general?
18. Do you feel there is a stereotypical way to masturbate? If so, what?
19. How do you feel about masturbation for yourself?
20. How do you feel about masturbation for other women in society?
21. Is there anything you can tell me about your masturbation journey from when you were younger until now such as change or development?

## **Interview 2 Part 2 Questions:**

1. Can you tell me about how you think your masturbation journey has changed over time, in particular from when you were single to in a relationship?
  - a. Where there any stages, phases or changes in your single life that led to an increase or decrease in masturbation, if so what, when, and why?
2. Do you think you masturbate more or less or differently as a single or in a relationship person?
3. As a single person – can you think back about your reasons for masturbation and tell me about them?
  - a. When you were single how satisfying was masturbation?
  - b. When you were single what were your thoughts, feelings and views on masturbation for yourself, other men and women or people in a relationship?
  - c. Did you use any masturbation aids while single?
4. Has partnered life changed your masturbation habits (why/why not)? Have the reasons for masturbation changed?
5. Does partnered life make it easier or more difficult to masturbate?
6. Have you ever spoken to you partner about masturbation?
  - a. If so, have you ever asked your partner feels about female masturbation in general?
7. Does your partner know when you masturbate or how often you masturbate?
8. How does it make you feel that your partner does/does not know that you masturbate?
9. Do you tell your partner when you have masturbated?
10. Have you and your partner ever masturbated together if so, what were your feelings and thoughts about it?
11. Has there been any stages, phases or changes in your partnered life that has led to an increase or decrease in masturbation if so, what when and why?
12. How did you feel about the increase or decrease of masturbation?
13. Compared to when you were single how satisfying is masturbation now?
14. If you could go back in time and talk to the younger version of yourself and tell her something helpful or comforting about masturbation what would that be?

## **General Probes:**

Why?

How?

Can you tell me more about that?

Tell me what you were thinking?

How did you feel?

What do you mean by...?

Can you give me an example of...?

**Specific probes:**

How does that relate to/impact on/effect on your wellbeing?

What does this mean for you as a woman and/or wife?

What do you think about this in relation to your role within society at large?

**Debrief**

- Thank the participant for taking their time to talk.
- Highlight again the information in the Participant Information Sheet about what will happen to the results and who to contact for further information.
- Emphasise to contact the researcher if they want to discuss anything further.
- If the participant appears distressed, ensure there is support or someone they can talk to. if necessary, refer participants to the contacts on the information sheet.
- Give time to process and reflect on the interview. How did they find it? Do they have any additional questions?
- Ask about whether they would like to receive information about the findings?

## D – Participant Consent form



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#### **PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read or have had read to me in my first language, and I understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study until two weeks after the second interview.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

#### **Declaration by Participant:**

[print full name I \_\_\_\_\_ hereby consent to take part in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_