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“It’s embarrassing that my own body betrays me”: A  
critical thematic analysis of young women’s accounts of  
painful sexual intercourse with men.

A thesis presented in partial fulfilment of the requirements

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## Abstract

Recurrent pain during sexual intercourse is a prevalent yet stigmatised health issue that impacts almost a fifth of young women who have sex with men. Despite its significant effects on subjectivity construction, the majority of research on chronic coital pain has focused on causation and treatment from a medical perspective. Psychological studies that have examined women's experiences of painful sexual intercourse have largely ignored young women as a particularly vulnerable group, only including those who have been given a medical diagnosis and who identify as heterosexual. Additionally, the theoretical underpinnings of prior research regularly places the issue of coital pain at the level of the woman, with little consideration of the cultural and social environment within which she exists.

In the current study, I was interested in exploring how heteronormative ideals regarding sexuality and gender in Aotearoa New Zealand shape how young women with chronic coital pain understand themselves and their experiences, along with the subsequent possibilities available to them. I adopted the theoretical framework of feminist poststructuralism to make visible the particular ways of being and behaving that gender discourses allow and inhibit. My study used an anonymous online qualitative survey to gather data from 108 Aotearoa New Zealand women between the ages of 18 and 30 who regularly experience pain during penetrative sex with men. I undertook a constructionist thematic analysis, taking a deductive and critical approach to the interpretation of data, and applied the main principles of feminist poststructuralism to make sense of the themes generated. From my analysis, I identified a key theoretical concept known as the coital imperative. Six main themes were constructed from my data – 4 that supported the coital imperative and 2 that resisted it. These included: (1) the 'hot-blooded male'; (2) 'good girls' don't rock the boat; (3) the neoliberal postfeminist woman; (4) failed femininity; (5) resisting the coital imperative; and (6) alternative gender constructions in heterosexual relations. The findings of my study suggest that women readily draw on heteronormative ideals of gender and sexuality when constructing their subjectivities and frequently prioritise the needs of their male partners ahead of their own experience of pleasure. However, the visible adoption of egalitarian/feminist discourse that resists the coital imperative enables women to renegotiate conceptualisations of sex, allowing for equal pleasure and emotional satisfaction. As such, I argue that by unpacking the taken-for-granted assumptions of normative ideals, women are able to construct subjectivities based on adequacy and self-worth.



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# Chapter 1: Introduction and Context

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“Pain is more painful when we face it alone.”

(Kugelmann, 2017, p. 21).

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## 1.1. Research rationale

Despite an increase in the interest and recognition of chronic coital pain, there is still limited research being carried out within the field of psychology into how normative understandings of (hetero)sex and femininity influence young women’s perceptions of themselves when experiencing chronic coital pain. Previous studies in the area of recurrent painful intercourse often include women of all ages who have already received a diagnosis for their pain (e.g. Ayling & Ussher, 2008; Kaler, 2006; Khandker et al., 2011; Marriott & Thompson, 2008; Pazmany et al., 2017; Rosen, Bergeron, Sadikaj, & Delisle, 2015; Sadownik, Seal, & Brotto, 2012). Although the effects of sexual pain are poignant regardless of the age at which it is experienced, the occurrence of chronic coital pain during the development of sexual identity and self-worth appears particularly detrimental to women’s understandings of themselves and their sexual subjectivity (Dickerson, 2004). As explained in this chapter, this means that young women are an especially vulnerable group when it comes to the negative consequences of chronic coital pain on understandings of the self. Nonetheless, very few studies have researched recurrent coital pain exclusively with young women.

Psychological studies on women’s experiences of chronic coital pain without the pre-requisite of a diagnosis, and which specifically focus on young women as their sample group, have been done almost solely in Scandinavian countries (Ekdahl, Flink, Engman, & Linton, 2017; Elmerstig, Wijma, & Berterö, 2008; Elmerstig, Wijma, & Swahnberg, 2013; Groven, Råheim, Håkonsen, & Haugstad, 2016; Sörensdotter, 2012; Svedhem, Eckert, & Wijma, 2013; Thomtén, 2014). To my knowledge, no research in Aotearoa New Zealand has expressly investigated the psychological effects of recurrent coital pain on young women and their subjectivity construction whilst taking into consideration the socio-cultural context. Therefore, the age range for women in my study were those aged 18 to 30 years – based on age brackets for young adults provided in the wider literature (Petry, 2002).

The lack of research into the broader social context in which chronic coital pain occurs is not due to an absence of subjective impact in those who experience such issues. There still exists

a social taboo regarding what can and cannot be spoken about when it comes to female sexuality: unspoken cultural rules that appear unwavering despite the shift in narrative surrounding the positioning of young women as sexual agents (Marriott & Thompson, 2008). Attitudes surrounding women's sexuality in general are still commonly coupled with embarrassment and shame, such as discourses pertaining to menstruation where such an ordinary and common matter is still framed as 'disgusting' and 'unclean' (Diorio & Munro, 2000).

Due to the insufficient amount of research on coital pain, alongside "the taboo associated with female genitalia and the discussion of sexual practices" (Shallcross, Dickson, Nunns, Mackenzie, & Kiemle, 2018, p. 590), it is not surprising that experiences of recurrent pain during sexual intercourse are regularly accompanied by shame and stigma. Women continuously report feeling silenced, as though there is no space for issues of sexual pain to be discussed, leading to feelings of isolation and loneliness as a consequence of their perceived 'abnormality' (Elmerstig et al., 2008). Keeping silent about something that has such significant effects on women's lives results in them feeling unsupported, having both a negative impact on their relationships with intimate partners, their friendships with other women and their relationship with themselves (Shallcross et al., 2018). The blanket silence surrounding female sexual pain results in greater distress for those who feel they must deal with these experiences alone (Shallcross et al., 2018).

By focusing my research in this area, I aim to contribute to changing the social narrative surrounding chronic coital pain, thus attempting to remove some of the stigma associated with this health issue. I hope that this research will provide a safe space where young women can openly express their thoughts regarding their experiences of painful intercourse. It is also my aim to add to the general body of literature regarding this highly prevalent issue by offering a new perspective through locating women's direct experiences within broader social discourses related to sexuality, heteronormativity, and gendered subjectivity construction.

In this chapter, I provide a backdrop to the issue of young women's experiences of recurrent sexual pain. I begin by offering background information, such as prevalence rates and definitions of important terms, including a discussion of the most influential theories of pain which inform current understandings of chronic coital pain. I attempt to illustrate how different types of pain have come to be understood as more or less legitimate than others, while also exploring the dynamic role of the body, mind and social environment on the experience of pain.

Thereafter, I outline a number of methodological key concepts used consistently throughout my thesis and define these in a way intended to adequately prepare the reader. I finish this chapter by presenting my research questions and offering an overview as to what the reader can expect throughout the subsequent chapters of my thesis.

## **1.2. Background**

At its most basic level, pain is the body's way of protecting itself from potential threat within an individual's environment, and is extremely useful when functioning correctly (Butler & Moseley, 2013). Experiences of pain or discomfort during moments of sexual intimacy are not uncommon for most young women engaging in penetrative sex. Such temporary pain can be attributed to a variety of factors, with a number of these listed by the British National Health Service on their website (NHS, 2018). The common explanation for momentary discomfort is often attributed to a lack of adequate arousal resulting in insufficient lubrication, the uterus and cervix remaining low, and the contraction of the vaginal muscles due to tension and an inability to relax (Dewitte, Van Lankveld, & Crombez, 2011; Institute for Sexual Health, n.d.). This pain is short-lived, devoid of any lasting effects.

However, for an increasing number of women, this discomfort during sexual intercourse remains, resulting in experiences of chronic pain (Landry & Bergeron, 2009). Data vary across studies and countries reporting on the number of women who experience recurrent coital pain. Figures range between 4 to 10 percent (Dewitte, Borg, & Lowenstein, 2018; Groven et al., 2016), 12 to 21 percent (Donaldson & Meana, 2011; Landry & Bergeron, 2009; Rosen, Bergeron, Lambert, & Steben, 2013; Svedhem et al., 2013; Thomtén, 2014), and 28 to 34 percent (Berglund, Nigaard, & Rylander, 2002; Dewitte et al., 2018; Groven et al., 2016). These percentages include diagnosed and undiagnosed sexual pain among women of all ages. The most commonly accepted statistic throughout the literature is that approximately 20 percent of young women experience recurrent pain during sexual intercourse.

The term 'sexual intercourse' refers to penile-vaginal intercourse, and within this context is not inclusive of anal penetrative intercourse or other forms of penetrative sexual behaviour. If discussed, these other forms of penetrative sex will be stated as such to avoid any potential confusion. Based on this definition of sexual intercourse, coital pain is any kind of pain experienced during heterosexual intercourse (or, in other terms, coitus), not limited to specific areas such as the vulvar or pelvis.

There are two main types of pain – acute and chronic – and they differ in terms of cause, mechanism, symptoms, function, diagnosis, and treatment (Koestler & Myers, 2002). Koestler and Myers (2002, p. 10-11) define acute pain as “pain of recent onset and short duration [which is]... generally quickly diagnosed. With appropriate treatment the underlying problem is corrected and the pain is resolved”. In contrast, chronic pain is pain that remains for longer than what is expected as a normal period of healing (Dominick, Blyth, & Nicholas, 2011), and shifts from being helpful to pathologic and maladaptive (Grubb, 2018).

For coital pain to be considered ‘chronic’, Koestler and Myers (2002) stipulate that pain should persist for at least a 6-month period or more. Several studies reviewed in my thesis adopt this definition as the most common conceptualisation of chronic coital pain (Ayling & Ussher, 2008; Ekdahl et al., 2017; I. K. Flink, Engman, Thomtén, & Linton, 2017; Granot & Lavee, 2005; Landry & Bergeron, 2009, 2011; Rosen et al., 2013; Svedhem et al., 2013). There are also studies that use a shorter time period of 3 months (Johnson, Harwood, & Nguyen, 2015; Kaler, 2006; Thomtén, 2014), and no specific length of time is provided by Groven et al. (2016).

Although specifying a time period does offer a clear, operational definition of what ‘chronic’ refers to, there are disadvantages to adopting this criterion when undertaking research in this area. Women may not have had sexual intercourse within the last 6 months, which is not uncommon for women who experience coital pain as abstinence is an effective form of pain management (Groven et al., 2016). This is particularly true for younger, single women, as they may not engage in sexual intercourse as readily as older women in stable relationships. Also, as my research is interested in how meanings of (hetero)sex relate to younger women’s subjectivity construction, given the intertwinement of discourses of gender, hetero/sexuality and ‘normal’ adult development, I rationalised that the amount of time that pain was experienced was of little relevance. Based on this, the terms ‘recurrent’ and ‘chronic’ were self-defined by women in my research, with no eligibility criteria for what this meant.

### **1.2.1. Theorising and constructing pain**

Throughout history, pain has been understood in a variety of ways. As intimated, understandings of what pain is or what causes it influences what counts as ‘real’ or legitimate pain, which has implications for women who experience coital pain. In some of the most recent theories of pain, it is possible to see the construction of understandings of ‘real’ or objective versus ‘not real’ or subjective pain, as well as the relationship between the mind, body, and

social. These views have been influential in shaping the ways that chronic coital pain is understood and, subsequently, how women who suffer from it have been perceived and treated. For instance, sensation theory has a Cartesian conceptualisation of pain still visibly embedded in modern day understandings of coital pain. This theory dominated throughout the 19th and part of the 20th century and split pain into ‘real’ and ‘subjective’ pain – pain that could not be located through sensory input (such as sickness and headaches) or pain that was classified as ‘psychic’ (such as hysteria and hypochondria) (Kugelmann, 2017). It was not until the arrival of the highly influential gate control theory developed by Melzack and Wall in 1965, that the sensation theory of pain was finally surpassed.

In contrast to these older theories, neuromatrix theory is currently considered to be the most comprehensive theory of pain, and, while still a theory, consistent empirical backing has meant that it is commonly regarded as fact (Institute for Chronic Pain, 2017). This newer theory acknowledges the role of learned behaviour alongside physiological factors, taking a biopsychosocial approach in which biological, psychological and social factors are regarded as equally influential. In this way, the significant impact of culture and context on the perception of pain is recognised, highlighting the importance of considering such factors when trying to understand chronic pain conditions. However, the dominant conceptualisation of pain in terms of injury, as born out of sensation theory, has led to the prioritisation of biomedical approaches in understanding and treating chronic coital pain (Dewitte et al., 2018).

### **1.2.2. Understanding coital pain**

There are many ways that coital pain is understood in the literature, as explored further in chapter 2, and a multitude of aetiological explanations exist for this condition. This results in a lack of causal explanations or treatment options for those who experience painful intercourse (Dewitte et al., 2018; Marriott & Thompson, 2008). Although a biomedical focus is at times appropriate and effective, it has regularly resulted in blanket diagnoses that offer little relief regarding the management of symptoms. Women who experience coital pain frequently feel stigmatised (Marriott & Thompson, 2008), and such feelings can be exacerbated by the medical professions hesitation and discomfort in dealing with genital pain conditions. As Dewitte et al. (2018) explain, stigma has been given as one of the main reported reasons for women not seeking medical help regarding their pain, with an estimated 48 percent of women suffering alone.



Although many women have not received a diagnosis for the pain experienced during penetrative sex, there are myriad diagnoses that exist when referring to genito-pelvic pain in women. The most common term to describe generalised pain experienced during penetration is *dyspareunia*, which encompasses all forms of painful intercourse not specifically attributed to one aetiological explanation (Dewitte et al., 2018). If having reached the stage of recognised medical significance, women are often provided with diagnoses of *vulvodynia*, *vestibulodynia/vestibulitis* and *vulvar pain*, terms that are regularly used interchangeably and in a somewhat inconsistent manner to describe extreme pain experienced when the vulvar is touched or penetrated (Marriott & Thompson, 2008).

When discussing the nosological and aetiological differences between the various genital pain disorders, Dewitte et al. note that:

The most important differentiator between dyspareunia and vaginismus is probably the way in which women cope with fear and pain. Whereas vaginismus always denotes a phobic avoidance response, many women with dyspareunia continue to engage in penetrative sex, with only some of them starting to avoid sexual activity altogether. (Dewitte et al., 2018, p. 26).

Although attempting to provide a concrete distinction between the two diagnoses, this explanation demonstrates the lack of conceptual understanding when it comes to painful intercourse. There are many reasons women provide for continuing to have sex despite pain (see Ayling & Ussher, 2008; Elmerstig et al., 2008; Kaler, 2006), which do not neatly fall into the difference between being diagnosed with dyspareunia or vaginismus (and its other derivatives). This narrow psycho-medical focus is limiting as it fails to consider the context in which sexual pleasure and pain occur, including the meanings that these experiences have for women. It is this, largely ignored, aspect of women's genital pain that I investigate. Despite the reported validation that such diagnoses provide women who experience chronic coital pain (Kaler, 2006), additional discussions regarding aetiology, diagnosis, and treatment will not be explored further as they fall beyond the scope of my research. Taking a feminist poststructuralist perspective, I explore young women's accounts of chronic coital pain as experienced within the socio-cultural context of present-day Aotearoa New Zealand.

### **1.3. Key theoretical concepts**

There are a number of key tenets associated with feminist poststructuralism and I will briefly introduce two central concepts—that of discourse and subjectivities—that I use throughout my thesis to ensure conceptual clarity at the outset.

### **1.3.1. Defining discourse**

The concept of ‘discourse’ forms the foundation of my research questions and theoretical approach. Discourses are dominant systems of knowledge that offer us ways of being and knowing within particular social contexts (Gavey, 1989). For example, a medical discourse understands coital pain as originating in the body, having a physical causal explanation with treatment options located at the individual level. Coital pain within a medical discourse is positioned as a physical ‘malfunction’ and thus women who experience such pain are considered ‘abnormal’ and in need of fixing. Discourses are more than just verbal and written meaning, but rather are understood as a network of systems. Through discourse, certain ways of thinking, feeling, speaking and being are defined, along with the determination of ‘truth’ and reality (Weedon, 1997). Therefore women’s pain can be deemed ‘real’ and grounded in objective fact or less real/‘psychic’ and based on subjective emotion. Lessa (2005) offers a definition of discourse derived from the work of Foucault, in which discourses are described as “systems of thoughts composed of ideas, attitudes, courses of actions, beliefs and practices that systematically construct the subjects and the worlds of which they speak” (p. 285).

I will discuss the role of discourse in greater depth throughout chapter 3. However, discourses are everywhere and shape all meaning and understanding, therefore I have identified varying discourses of sexuality as a main theme in my review of the literature in chapter 2.

### **1.3.2. Defining subjectivity and subject positions**

‘Subjectivity’ is a fundamental concept in feminist poststructuralism and one that I have employed throughout my research. This concept, and that of subject positions, will also be detailed further in chapter 3 (Methodology). However, a basic understanding is necessary to establish the appropriate foundation through which my research questions and literature review can be approached. Subjectivity is conceptualised as our social identity – our sense of self as determined by our place in time and the discourses available to us (Gannon & Davies, 2014). In other words, it is how we understand ourselves in relation to our surroundings as temporally, socially and culturally located. Discourses are the building blocks of subjectivity construction, and we draw on various discourses available throughout society to develop our subjectivity (Gavey, 1989).

Subject positions, on the other hand, are the visible outcomes of discourse in terms of individual positioning and understandings of the self and other. Subject positions determine particular

ways of behaving which allow some actions and prohibit others (Gavey, 2011). If subjectivity construction occurs through the taking-up of certain discourses, then subject positions make visible the discourses that are being drawn upon. If a woman draws on the discourse of ‘real sex as penetration’, then the subject position made available to her in moments of sexual intimacy is that of being penetrated as a means of having ‘real’ sex. Thus, the subject position makes visible the discourse employed at any given moment through the actions available or not available to the acting subject.

#### **1.4. Research objectives**

My research is intended to illuminate the context in which coital pain occurs for young women who have sex with men, namely the negotiation of heterosex in intimate or sexual partnerships. By examining young women’s experiences of recurrent sexual pain, I aim to provide deeper insight into how heteronorms concerning sexuality and femininity shape the ways that young women who suffer from coital pain make meaning of their experiences. Through this research, I hope to provide insight into the implications that particular ways of understanding painful sexual intercourse have for gendered subjectivity construction and the possibilities for action available to young women. In other words, the courses of action available to them to deal with or manage their pain, such as refusing sex or intercourse, negotiating sexual practices with male partners, selecting sympathetic partners, speaking or remaining silent about pain and so on. Accordingly, my research investigates young women’s accounts of recurrent coital pain in Aotearoa New Zealand. This research will be guided by the following specific questions:

1. What are the processes of subjectivity construction among young women with chronic coital pain?
2. What gender discourses do women with chronic coital pain draw on to construct their subjectivities?
3. How do the particular subjectivities constructed shape the possibilities available for women when dealing with chronic coital pain?

#### **1.5. Outline of chapters**

In chapter 2 (Literature Review), I provide an overview of the recent and current literature examining recurrent sexual pain. This includes studies that have researched this topic from a neo-positivist, interpretivist and constructionist approach, and their benefits and limitations. In

this chapter, I also review the literature around subjectivity construction in relation to our physical bodies, and the prominent discourses of sexuality that exist in Western<sup>1</sup> society.

In chapter 3 (Methodology), I introduce the theoretical perspective of feminist poststructuralism that I have employed as my theoretical lens throughout my research and offer an in-depth explanation of the main tenets of this approach. I then go on to outline the methods through which I carried out my research. This includes a description of the participants, the methods used when collecting and analysing the data, and the ethical considerations attended to throughout.

Chapters 4 and 5 report and analyse my findings. In chapter 4 (The Coital Imperative) I discuss participants' responses which draw on traditional and contemporary notions of gender and sexuality that promote heteronormative ideals. Chapter 5 (Resisting the Coital Imperative) focuses on the ways in which participants demonstrate resistance to conservative constructions of gender and sex when making sense of their experiences of chronic coital pain.

In the final chapter of my thesis (Chapter 6: Conclusion), I draw my research to a close by providing a quick summary of my findings, discussing important methodological considerations, and offering practical suggestions of ways to implement change based on the outcome of my research.

I will begin now with an analysis of previous relevant literature.

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<sup>1</sup> The term *Western* when employed throughout this thesis refers to Western ideology as opposed to geographical location.

## Chapter 2: Literature Review

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“The adoption of an “inadequate” position means accepting a position of inferiority, being “less than” what one believes one should be.”

(Ayling & Ussher, 2008, p. 301)

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### 2.1. Introduction

The physical capabilities and limitations of the body play a significant role in individual subjectivity construction (Pallesen, 2014). In particular, one’s sexual subjectivity determines feelings of agency, self-worth and self-esteem (Fahs & McClelland, 2016), with negative experiences during the development of sexual subjectivity being especially detrimental to one’s overall understanding of themselves (Dickerson, 2004). Generally, research into chronic coital pain in women lacks a critical perspective, ignoring environmental and emotional influences on health. Coital pain is regularly positioned as the women’s issue alone, something she must deal with separate from the interpersonal nature of her experiences and void of any socio-cultural considerations. As my thesis is interested in the context within which coital pain occurs, such limited understandings of the issue fail to address my study questions, as prominent heteronormative discourses and available courses of action are rarely acknowledged.

In order to position my research topic in a broader context, I will consider the current literature on recurrent coital pain alongside wider research into subjectivity construction and heterosexual negotiation. Research within this area has been undertaken internationally mostly within North America, Australia, Europe, the United Kingdom, and Scandinavia. However, studies specifically exploring women’s experiences of pain during intercourse from in an Aotearoa New Zealand context are seemingly absent. In line with the feminist poststructuralist stance that my project employs, the majority of literature discussed draws on critical theory and, in doing so, takes a broader view of the issue that includes not only the couple context but also the impact of the wider socio-cultural context in shaping women’s experiences of chronic coital pain. With that said, research that incorporates a more biomedical focus will also be presented in an attempt to provide a comprehensive understanding of the issue of recurrent coital pain. Many of the ideas explored here are interrelated and therefore, although arranged into discrete sections throughout this literature review, themes from one category will likely appear within another.

This chapter consists of four main sections: conceptualising chronic coital pain in research; subjectivity construction and the physical body; prominent discourses of sexuality; and the Aotearoa New Zealand context. The first section covering conceptual understandings of coital pain discusses the various conceptualisations of chronic coital pain as found throughout the literature, and the benefits as well as limitations of such understandings. Coital pain is understood in diverse ways, located at varying levels and contingent on the theoretical scope employed. Thus, exploration into such understandings is necessary to analyse the subject positions available to women who experience this pain.

The second section provides an overview of the relationship between subjectivity and the physical body. I examine the various influences on women's construction of subjectivity – specifically how age and gendered norms impact those who regularly endure pain during intercourse.

The third section analyses four predominant themes identified in the examined literature regarding sexuality and heterosexual performance. These include: notions of the 'ideal woman'; sexual hierarchies and ideas around sexual reciprocity that exist in heterosexual relations; understandings of intercourse as 'real' sex; and the ways in which some women demonstrate a resistance to such rhetoric.

A final section briefly discusses present studies situated in an Aotearoa New Zealand context, highlighting the lack of local research on chronic coital pain.

I draw this chapter to a close by arguing that sexual intercourse is ideological in heterosexual practice, demonstrated in the privileging of heteronormativity. Engaging in sexual intercourse opens up specific subject positions for those able to partake in such behaviours, while constraining the possibilities for action among young women who experience recurrent coital pain.

## **2.2. Conceptualising chronic coital pain in research**

Previous research in the area of painful sexual intercourse can be situated within three main theoretical frameworks, namely: neo-positivism/biomedical, interpretivism and constructionism. Within this section, I discuss the broader literature in terms of the extent to which socio-cultural dimensions are considered as determined by the theoretical lenses applied

to the issue of women's coital pain. As with most understandings of health, and further exacerbated by the physical nature of coital pain, a neo-positivist theoretical lens dominates research in this area. Non-positivist theoretical lenses such as interpretivism and constructionism draw on qualitative methodologies and therefore provide conceptual understandings of painful intercourse that move beyond physical (dys)function.

### **2.2.1. Locating the issue within the individual: Neo-positivist and biomedical research**

In the field of coital pain, neo-positivist and biomedical research have explored the topic using quantitative self-report and clinician administered questionnaire surveys, as well as the occasional sensory testing as a data collection method. One point of focus for quantitative psychological studies analysing women's experiences of painful intercourse has been the examination of the phenomenon in terms of 'catastrophizing', whereby attention to coital pain is seen as exaggerated by women, leading to higher levels of perceived pain (Bergeron, Rosen, & Morin, 2011; Ekdahl, Flink, Engman, & Linton, 2017; Flink, Engman, Thomtén, & Linton, 2017; Granot & Lavee, 2005; Rosen, Bergeron, Lambert, & Steben, 2013; Sadownik, 2014). In this literature, it is argued that a woman's tendency to catastrophize may be implicated in the pathogenesis of her condition and therefore is considered a 'risk' factor, along with other psychological characteristics such as depression and anxiety (Ekdahl et al., 2017; Flink et al., 2017; Granot & Lavee, 2005; Khandker et al., 2011; Pukall et al., 2016). The relationship between pain catastrophizing and negative outcomes is well-established (Flink, Boersma, & Linton, 2013) and its consideration is necessary when employing social cognitive models and cognitive-behavioural therapeutic techniques. However, conceptualising coital pain in such a way does have some serious limitations. Understanding chronic coital pain as related to a maladaptive psychological trait attributes the problem to a woman's cognitive processes, placing the issue entirely at the individual level and thus ignoring the broader context within which she makes sense of her pain (Alderson, 1998). Kaler (2006) noted that participants in her North American study reported feeling frustrated and angered at regularly being told by practitioners that they needed to relax more and stop 'fretting' about sex, making the women feel as though they were being viewed as overly anxious and neurotic. In this way, a woman's experience of coital pain is conceptualised as a deficit in cognitive appraisal, which works to isolate her further through her shame and continued silencing (Ayling & Ussher, 2008).

Further European studies orienting themselves within a biomedical framework have spoken about the 'vaginistic' reflex, where experiencing pain during sexual intercourse causes an

initial unconditioned reaction of involuntary pelvic floor muscle contractions, becoming conditioned after repeated exposure (this is linked to the theorisation of pain as a learned behaviour) (Dewitte et al., 2018; Pazmany et al., 2017). This unconditioned to conditioned response can lead to recurrent pain during penetration and result in prolonged functional ‘disability’ (Thomtén, 2014). It is important to understand the physical mechanisms through which coital pain may become chronic and disabling, though this conceptualisation alone is once again positioned at the level of the individual and does not consider the socio-political context within which women continue to engage in painful intercourse (Alderson, 1998). Much of the research on coital pain is based on hetero-patriarchal perspectives of sexual functioning, with particular assumptions about what counts as ‘normal’ bodies and sexual practices (Shallcross et al., 2018).

There are obvious benefits to researching chronic coital pain using a biomedical lens, and biomedical conceptualisations are perfect for understanding coital pain at specific times. Firstly, the aetiology of the condition may have a physical explanation that is able to be treated successfully through a medical scope. Secondly, conceptualising pain in terms of social cognitive models helps to inform practitioners about an individual’s psychological appraisal that may not be conducive to successful pain management and future recovery (Flink et al., 2013). It is also important to acknowledge the sense of validation that being listened to and ‘believed’ can provide to women who have received a diagnosis for their chronic coital pain (Marriott & Thompson, 2008), along with easier access to a variety of treatment options (Sadownik et al., 2012).

However, pain (of any kind) cannot fully be understood until broader conceptualisations are used in conjunction with biomedical explanations (Alderson, 1998). Overall, most quantitative studies in this area have been interested in determining a cause located at the individual level (either physical or psychological) that can help to explain the occurrence of recurrent pain during sexual intercourse. Different theories highlight different aspects of phenomena under investigation (Stephens, 2008), and simply viewing coital pain with a neo-positivist theoretical lens means that alternative explanations are not made visible. Instead of critically examining the lives and contexts within which women exist, conceptualising coital pain solely from a biomedical viewpoint portrays women as malfunctioning and broken, in need of ‘fixing’, and ignores emotional and environmental influences on health (Ayling & Ussher, 2008; Lyons & Chamberlain, 2006). Having research that is only produced from within a biomedical paradigm



results in a lack of consideration for the wider consequences of painful intercourse that a woman may experience.

### **2.2.2. Locating the issue at the couple level: Interpretivist research**

A common way for coital pain to be conceptualised in qualitative research is as a subjective, lived experience that impacts all areas in a woman's life (Groven et al., 2016; Sadownik et al., 2012; Svedhem et al., 2013). Research conceptualising coital pain this way adopts a phenomenological approach, and this body of literature explores how painful sexual intercourse negatively affects a woman's feelings of self-worth and self-efficacy. Such negative consequences include major psychological distress along with feelings of loneliness and failure (a prominent theme that will be addressed in further detail throughout this literature review) (Sadownik et al., 2012; Svedhem et al., 2013).

Research from Australia, the United States, and Sweden that adopt paradigms of interpretivism and constructionism have also conceptualised coital pain as located at an interpersonal level, not solely as a relationship between a woman and herself (Ayling & Ussher, 2008; Donaldson & Meana, 2011; Elmerstig, Wijma, Sandell, & Berterö, 2012; Elmerstig et al., 2013; Svedhem et al., 2013). Heterosexual intercourse is an intimate exchange between a man and a woman and therefore coital pain influences the space in which this exchange occurs. At the interpersonal level, coital pain is conceptualised as causing a disruption in intimacy, trust, and 'normality' in relationships (Ayling & Ussher, 2008; Dewitte et al., 2018; Donaldson & Meana, 2011; Svedhem et al., 2013). This disruption not only affects sexual partners, but also friendships with other heterosexual women. Women in Sweden have reported feeling as though they cannot comfortably talk about their sex lives without feeling judged and viewed as abnormal. Since discussions of sexual practice appear to be bonding conversations in heterosexual female friendships, this results in further feelings of interpersonal isolation (Svedhem et al., 2013).

Despite the inclusion of the interpersonal dimension of coital pain, research that uses an interpretivist lens often still views the management of painful intercourse as solely the woman's issue, rather than something a couple must navigate together. This conceptualisation of coital pain makes sense within a biomedical framework as the issue is seen to lie within the woman's physical functioning and thus men are absolved of any responsibility. It is also easy to see how a phenomenological theoretical scope ignores men's role in the management of chronic coital pain, as the research conducted within this framework is interested in the

*woman's* own lived experience. However, broader understandings of painful intercourse conceptualise the phenomenon as socio-politically embedded and thus men are included within these discussions (Ayling & Ussher, 2008; Elmerstig et al., 2008; Kaler, 2006).

### **2.2.3. Contextualising the issue: Critical theories**

Research that adopts critical social theories to understand coital pain (e.g. positioning theory (Ayling & Ussher, 2008), feminist theory (Kaler, 2006), and critical social theory (Elmerstig et al., 2008)) acknowledge the phenomenon as a process of negotiation between an individual and the broader socio-cultural context within which she exists. This environment is socially constructed, as societal ideologies and discourses determine how women understand their experiences of painful sex and how they feel they can behave in such contexts. Heteronormative ideologies are the prevailing discourses in many Western societies including Aotearoa New Zealand (Gavey, McPhillips, & Braun, 1999), where heterosexuality – and its intertwinement with womanhood – is presented as normality (Moran, 2017). I discuss the dominance of heterosexual discourses throughout the subsequent sections of this chapter and consider the possibilities for action that such prominent discourses present to young women. It is these heteronormative ideas around sexual experiences that have led women with chronic coital pain to feel guilt, shame, isolation, develop negative self-images, and continue to have sex despite the pain they experience (Ayling & Ussher, 2008; Elmerstig et al., 2008; Groven et al., 2016).

Nonetheless, researchers must be mindful when adopting an entirely constructionist approach as this theoretical lens is not exempt from methodological criticism. Of some concern is the potential loss of individual in constructionist and critical social theories, where research overlooks individual agency as the emphasis is entirely placed on structural and political influences (Dunn, 1997; Gavey, 1989; Stephens, 2008). In this way, the embodied experience of women with recurrent coital pain is marginalised. This demonstrates the importance of employing a theoretical approach that acknowledges a woman's subjective experience of coital pain while also considering the influence of broader discourses on her construction of subjectivity. It requires a delicate exploration on behalf of the researcher into the negotiation between self and societal norms, and how this impacts the courses of action available to women experiencing chronic coital pain. It is my view that, if employed carefully, feminist poststructuralism is a suitable theoretical approach to use when examining young women's experiences of chronic coital pain, and I will discuss this methodology in detail in Chapter 3.

Research in the area of painful intercourse has also commonly conceptualised chronic coital pain as only affecting heterosexual women (Ayling & Ussher, 2008; Groven et al., 2016; Rosen et al., 2014, 2013; Svedhem et al., 2013; Thomtén, 2014). Although this is understandable when exploring *heterosexual* intercourse, sexual orientation does not preclude women who do not identify as heterosexual from having sexual intercourse with men (either in the past or present). In addition to this, heteronormative ideologies exist at a level far beyond that of the individual and their sexual identification (Moran, 2017), and therefore it can be expected that women who identify as bisexual, lesbian or queer are not impervious to the influence of such discourses on the construction of their subjectivity. Studies from Sweden and North America that have included cisgender women of all sexual orientations suggest that these women are not exempt from prominent hegemonic discourses of heterosexuality (Elmerstig et al., 2013; Kaler, 2006).

### **2.3. Subjectivity construction and the physical body**

When researching chronic pain, it is important to consider the mutually influential relationship between the physical body and the construction of subjectivity (Clarke, 2001). Conceptually, ‘subjectivity’ varies slightly from ‘identity’ due to the theoretical paradigms that employ either concept. Theoretical perspectives that adopt the concept of identity position the individual as having the freedom to construct their ‘essential’ self, a notion which is questioned in poststructuralism (Dunn, 1997). However, research addressing the relationship between the physical body and constructions of the self are not affected by these ontological variations, and thus, although it is important to understand their conceptual differences, throughout this section identity and subjectivity will be used in a similar way.

#### **2.3.1. Constructing sexual subjectivity**

The physical body and its abilities plays an essential role in gendered subjectivity construction (Pallesen, 2014). These abilities of what the body ‘should’ or ‘should not’ be capable of achieving are determined by dominant discourses of health (Moran, 2017), which differ depending on factors such as gender and age. In regard to the construction of subjectivity, Clarke (2001) notes that “identity is physically situated and shaped by the capabilities, limitations and activities of the body, as well as dominant cultural meanings pertaining to female beauty, femininity, [and] women’s social value” (p. 442). This is particularly the case with constructions of sexual subjectivity, which can be understood as the way individuals make sense of themselves as sexual beings through subjective experiences of sexuality (Fahs & McClelland, 2016). Martin (1996, in Fahs & McClelland, 2016) explains that sexual

subjectivity plays an important role in the construction of self-esteem and feelings of agency. She argues that “one’s sexuality affects her/his ability to act in the world, and to feel like she/he can will things and make them happen” (p. 10). In other words, experiences of sexuality and the body work in conjunction with cultural ideologies to influence the construction of our subjectivity and the possibilities for action within our embodied selves.

As noted, gender norms influence the degree to which perceptions and experiences of the physical body affect subjectivity construction. While intelligence, money, or power give men their status in Western societies, dominant discourses construct women’s bodies and appearance as their most valuable assets (Kolzet et al., 2015), with female bodies being regarded in terms of how pleasing they are to men, both aesthetically and physically (Murnen, Poinsett, Huntsman, Goldfarb, & Glaser, 2015). Accordingly, sexuality is conflated with womanhood and femininity (Marriott & Thompson, 2008).

This is not to say discourses that link sexuality and masculinity are non-existent, however, there are major gendered differences in the way in which female and male sexuality is conceptualised. Masculinity is determined through a variety of means, with male sexuality being discursively presented in terms of the ‘skills’ a man possesses *in addition to* being male. For a woman, however, to claim femininity she must *become* her sexuality, and thus her sexuality must be intertwined with the construction of her subjectivity (Harvey & Gill, 2011). Indeed, Harvey and Gill (2011) argue that “beauty, desirability and sexual performance(s) [are] ongoing projects” (p. 56) in the construction of young women’s sexual subjectivities. Due to the strong relationship between subjectivity construction and the physical body, when bodily processes do not adhere to what is culturally expected of them, significant emotional distress can incur for women (Ayling & Ussher, 2008).

The intertwining of sexuality with notions of the self allow women with chronic coital pain little space to construct subjectivities using discourses of adequacy and self-efficacy. Cultural ideologies emphasise the importance for women (in particular young women, as discussed in more depth below) to be sexually active on a regular basis to ensure that they are living normal, healthy and fulfilling lives (Groven et al., 2016; Kolzet et al., 2015). Being able to have sexual intercourse makes you a physically ‘normal’ woman, and the sexual encounter or relationship a physically ‘normal’ one (Gavey et al., 1999). For women who cannot comfortably enjoy intercourse, finding a place within this discourse of sexual normality and thus normality regarding femininity proves challenging. Instead, Kaler (2006) found that women with vulvar

pain spoke about themselves as ‘pseudo-women’ and genderless. They reported feelings of failure regarding their femininity, with subjectivities constructed around ideas of being ‘broken’ and ‘less of’ a woman. Quantitative studies into the psychological wellbeing of women experiencing coital pain also report higher rates of depression and anxiety (Shallcross et al., 2018), with similar themes regularly visible throughout much of the research into women’s experiences of painful intercourse (eg. Ayling & Ussher, 2008; Braun, Gavey, & McPhillips, 2003; Elmerstig et al., 2008; Glowacka, Bergeron, Dubé, & Rosen, 2018; Groven et al., 2016; Kaler, 2006; Shallcross et al., 2018; Svedhem et al., 2013). For many, these feelings of failure are not limited to situations of sexual intimacy, but impact their overall perception of self-worth as a person (Svedhem et al., 2013). Scandinavian women reflected that experiences of pain during intercourse made them feel as though they were unable to function ‘properly’, leading to negative constructions of sexual subjectivity and understandings of self overall (Groven et al., 2016; Svedhem et al., 2013). North American researchers have also found sexual performance to play a significant role in the formation of subjectivity and levels of self-esteem (Glowacka et al., 2018; Kolzet et al., 2015), supporting Martin’s (1996) arguments above regarding sexual subjectivity. Drawing on quantitative findings from a study of body image and disability, Kolzet et al. (2015) note that ‘sexual esteem’ and sexual satisfaction significantly impact self-esteem in those who experience physical disability, with sexual complications and difficulties interfering with quality of life.

The conflation of sexuality and femininity makes it unsurprising that women who experience pain during sexual intercourse appear to have a more negative view of themselves overall. Thus, it is evident that recurrent coital pain has a strong impact on a woman’s subjectivity construction and how she understands herself as a sexual being.

### **2.3.2. Age**

Although evidence shows that women of all ages experience negative feelings of self-worth as a result of chronic coital pain, it is argued that younger women may be more vulnerable to the influence of heteronormative ideologies on their subjectivity construction based on a variety of factors (Groven et al., 2016).

First of all, it has been proposed that women in their twenties struggle most with questions of self-identity due to cultural expectations and societal demands regarding opportunities and gender roles (Dickerson, 2004). Young women are engaging in essential processes of subjectivity construction which shape their future selves (Fahs & McClelland, 2016).

Donaldson and Meana (2011) contend that experiencing dyspareunia at a younger age may result in more deleterious consequences than for older women with regard to conceptualisations of the self and healthy intimate relationships. It is more likely that older women are already in established relationships when they experience an onset of dyspareunia as well as having had the opportunity to construct their subjectivity at a younger age in the absence of pain (Donaldson & Meana, 2011). Additionally, if onset has occurred a number of years ago, older women may have had time to understand their pain and renegotiate their subjectivity using discourses beyond capabilities of the physical body. North American research into older women's bodies and the construction of subjectivity found that many women spoke about a distinction between an 'inner' and an 'outer' self, with the body being conceptualised as separate from the 'essential self' (Clarke, 2001). Thus, older women dealing with dyspareunia may no longer encounter such detrimental consequences on their perception of self-worth as a result of chronic pain.

Young women also experience a new set of expectations regarding cultural understandings of femininity. Notions of virginity and innocence are no longer the prevailing discourses of romance, but rather young women are expected to be sexually 'savvy' and knowledgeable, practiced in a variety of sexual behaviours while embracing a sexually carefree attitude (Harvey & Gill, 2011; Shallcross et al., 2018). In a Swedish study examining why young women continue to have sexual intercourse despite pain, participants reported they felt as though young women should always want to have sex, and if this was not the case then they were seen as abnormal (Elmerstig et al., 2008). Marriott and Thompson (2008) also found that young British women had an idea of how sex 'should be'. Because of their youth, they believed that young women should engage in sexual behaviour more often than someone who was older, and that being young should make sex natural and easy.

Many researchers have found that such understandings of sexuality among young people are heavily influenced by media portrayals of young women, which construct and are constructed by dominant discourses of heteronormativity (Brown, 2002; Elmerstig et al., 2008, 2012; Kalof, 1999; Séguin, Rodrigue, & Lavigne, 2018; Zillmann, 2000). With the rise of social media and increased exposure to advertising (Brown, 2002), it is no wonder that young people appear to be strongly affected by constructions of femininity in the mass media (Séguin et al., 2018). Of particular concern is the prevalence and quantity of pornographic material readily accessible to, and used by, young people (Elmerstig et al., 2012; Fisher, 2010; Koletić, 2017; Zillmann, 2000). The age at which most young women are exposed to pornography is a

fundamental time regarding their subjectivity construction, and the content of pornographic material sends ‘messages’ to young women about how women should behave sexually at a highly influential stage of their lives (Elmerstig et al., 2012). This is problematic, due to pornography’s negative depictions of women as passive, permissive beings there to pleasure a man through the act of being penetrated (Dworkin, 1993; Elmerstig et al., 2012; Leonhardt & Willoughby, 2018). The media is regularly used by young people to obtain information about sex and relationships (Burns, 2018), and the easy accessibility and increased use of pornography provides young women and men with distorted and unequal gender norms regarding sexual behaviour, which in turn are interpreted as normal (Koletić, 2017). Much can be said about the harmful consequences of pornographic material on young people’s subjectivity construction and understandings of healthy relationships, and this topic exceeds the scope of this research. However, depictions of normal heterosexual relations are predominantly oriented around penetration (see the ‘coital imperative’ below) and leave little space for women with recurrent coital pain to identify subject positions where sex for them would be experienced as pleasurable.

### **2.3.3. Gendered norms**

On top of the centrality of heterosexual male gratification and sexual liberation, women who experience chronic coital pain have also expressed distress around conception, and not being able to conceive ‘naturally’ or the ‘right way’ (Kaler, 2006; Svedhem et al., 2013). Women have reported feeling as though they are not fulfilling their roles as real women, as true womanhood is widely premised on the ability to have intercourse and subsequently bear children (Groven et al., 2016; Kaler, 2006). Gendered norms around fertility and conceptualisations of mothering seemingly impact feelings of adequacy among women of child bearing age, illustrating how gendered expectations around a woman’s role and her behaviour do not align with the experience of recurrent pain during intercourse.

The pressure of gendered norms regarding fertility and sexual agency that are dominant in contemporary neoliberal culture influences how young women understand themselves and their position in society (Kolzet et al., 2015; Moran, 2017). Atwood (2006, in Harvey & Gill, 2011) argues that contemporary Western femininity features “a new, liberated, contemporary sexuality for women; sex is stylish, a source of physical pleasure, a means of creating identity, a form of body work, self-expression, a quest for individual fulfilment” (p. 54-55). In this vein, Harvey and Gill (2011) describe how a new form of femininity has emerged which is arranged around ‘sexual entrepreneurship’. This notion captures the cultural expectations that young

women should “be compulsorily sexy and always ‘up for it’” and the construction of heterosex as “work that requires constant labour and reskilling” (p. 56). Women are not passive objects in the construction of such identities and Foucault explains that this adoption of sexual subjectivity is developed from within dominant discourses of femininity and masculinity. Instead of power acting *upon* a (passive) woman and determining her behaviour, “power works *in and through subjects*” (Harvey & Gill, 2011, p. 55, emphasis in original) so that a woman acts with agency in choosing this subject position. Female sexual self-expression and sexual pleasure are thus central to successful enactments of feminine sexual subjectivity. Chronic coital pain, which interrupts customary hetero/sexual practice, can thus be seen as inhibiting or constraining such enactments.

As discussed in this section, sexuality is inextricably linked with dominant ideas of femininity (Ayling & Ussher, 2008), and thus any sexual concerns or problems are inseparable from performances of femininity and subjectivity. The dynamic process of subjectivity formation is discussed by Kralik, Koch and Eastwood (2003), who state that identity “evolves from an ongoing interaction between the individual and her social environment” (p. 13). In other words, the construction of subjectivity occurs in relation to dominant discourses that are prevalent in an individual’s social world. To gain insight into the social environment in which young women understand what it means to be a woman and how this influences her experiences of sex, I will next consider dominant Western discourses of sexuality and gender which research in Aotearoa New Zealand and similar contexts has identified as playing a significant role in the negotiation of heterosex. These are therefore likely to play a role in shaping young women’s experiences of negotiating sex with men in the context of coital pain, and ultimately on their sexual subjectivity construction.

#### **2.4. Prominent discourses of sexuality**

The historical and socio-cultural environment within which an individual exists determines what behaviour is possible through dominant discourses and resultant subject positions (Gavey, 2011). Thus, a young woman’s understanding of painful intercourse and her possibilities for action emerge from “her simultaneous negotiation of dominant discourses of femininity and heterosexuality” (Ayling & Ussher, 2008, p. 296). These discourses and the possible ways of being and behaving are made visible through discussions on how sexual relationships ‘should’ be (Braun et al., 2003; Marriott & Thompson, 2008). Although it is recognised that what women say may not directly reflect situations as they occur within the material world (Braun



et al., 2003), their talk makes visible the different possibilities for action that the interpretation of such discourses provide.

Heteronormativity can be understood as the privileging of heterosexuality within society, with the belief that men and women have specific roles due to the alignment of their biological sex, gender identity and sexual orientation (Eaton & Matamala, 2014). Heteronormativity is the prevailing discourse in sexual practices throughout the West (Gavey et al., 1999; Groven et al., 2016), and can have profound implications for women. Through heteronormative discourses, female sexual pleasure is commonly constructed as subservient to that of males (Elmerstig et al., 2012), and these gendered societal norms significantly influence young women's ideas of sexual experiences and perceptions of the 'ideal woman' (Elmerstig et al., 2008).

In reviewing the literature on chronic coital pain and heteronormative ideologies, two prominent discourses of sexuality have been identified as significant to women's negotiation of sex within heterosexual partnerships, namely: the 'ideal woman', and sexual hierarchies and reciprocity. These pervasive discourses work together to produce a 'coital imperative', as I explain below. I will cover these discourses in detail below, as well as resistance to these, and discuss possible implications for young women who experience recurrent pain during intercourse.

#### **2.4.1. The 'ideal woman'**

Hegemonic notions of femininity in many western cultures expect young women to have active sex lives (Kolzet et al., 2015), with sexuality and romantic attachment to a man being important components in the construction of the 'ideal woman' (Ayling & Ussher, 2008; Elmerstig et al., 2008). Heterocentric attitudes regarding the essential nature of vaginal penetration in sex (covered further below), in conjunction with notions of hegemonic femininity, mean that women who cannot have enjoyable sexual intercourse with men are considered often 'dysfunctional' by society (Marie, 2013).

According to dominant Western discourses of femininity, to be an ideal woman one must enthusiastically engage in sexual intercourse while also attending to the emotional, physical and sexual needs of a man (Ayling & Ussher, 2008; Groven et al., 2016). To this effect, the ideal woman is expected to sacrifice her own pleasure for that of her male partners to ensure that his 'needs' are being met (Elmerstig et al., 2013). She is "obliging and always willing to satisfy everyone around her" (Elmerstig et al., 2012, p. 132), while at the same time finding

immense pleasure in the possibilities that her sexual liberation presents her with (Braun et al., 2003).

As discussed, femininity is consistently linked with sexuality and, as such, women who experience ongoing discomfort during sexual intercourse regularly describe themselves in research as defeminised and not ‘real’ women (Elmerstig et al., 2013; Groven et al., 2016; Kaler, 2006; Shallcross et al., 2018). The connection between sexual identity and femininity is so defined that women with vulval pain have expressed that the actual pain experienced is not the central issue, but rather how it impacts their sense of femininity and understandings of self as a woman (Marriott & Thompson, 2008). To experience difficulty as a woman during times of sexual intimacy is to be a failure, abnormal, and a ‘fake’ (Ayling & Ussher, 2008; Cacchioni, 2007; Elmerstig et al., 2008; Groven et al., 2016; Johnson et al., 2015; Kaler, 2006; Marriott & Thompson, 2008; Shallcross et al., 2018).

When examining why young Swedish women continue to have sexual intercourse despite experiencing pain, Elmerstig et al. (2008) found that many women were “striving to be affirmed in their image of an ideal woman” (p. 359) as someone who provided men with satisfactory, enjoyable intercourse on a regular basis regardless of their own feelings of discomfort. Young women had preconceptions as to what it meant to be sexually ‘normal’ within heterosexual relationships, and an inability to live up to these expectations of coital enjoyment led participants to describe themselves as having failed as women. Kaler (2006) also noted that North American women with coital pain reported feeling inauthentic and like they were misleading people about their status as women. Intercourse was depicted as “the foundation for the gendered self” (p. 60), precluding women with coital pain from accessing the subject position of ‘real’ woman.

Heteronormative discourses also construct the ideal woman as someone who must not disappoint her partner, and who must abide by the sexual practices associated with being a ‘good lover’ (Elmerstig et al., 2008). The ever-present male sexual drive discourse presents men as having a requirement, a biological and uncontrollable need to have sexual intercourse, and therefore to deprive them of such is to be an inadequate sexual partner (Shallcross et al., 2018). Concepts around being a good lover are deeply intertwined with discourses that normalise gendered sexual hierarchies. (I discuss this concept further in the following section). Notions of being an adequate partner are also heavily involved with conceptualisations of the ideal woman, powerfully impacting those with recurrent coital pain. Women of all ages spoke

about their trepidation at interrupting intercourse when pain occurred as they did not want to be the one causing problems and letting their partner down (Elmerstig et al., 2008; Groven et al., 2016). Feelings of self-blame and guilt at not being able to provide pleasure were insidious among those suffering. Despite their own experiences of extreme discomfort, they viewed the issue as lying within their inabilities as women to please their partners in the ‘correct’ way, as opposed to questioning the privileged position that coitus is awarded within heterosexual relationships.

To avoid being labelled as a bad lover who refuses sexual intercourse, women routinely placed their partners pleasure above their own, sacrificing themselves and their pain to ensure they were performing their ‘duties’ as women (Elmerstig et al., 2008; Groven et al., 2016; Kaler, 2006; Marriott & Thompson, 2008). Being a good lover and placing her partner’s needs before her own sexual gratification leaves a woman with chronic coital pain little space to enjoy the sexual encounter itself, as she is too busy adhering to the behaviour that the subject position of good lover requires of her. From this, it is evident that heteronormative ideas about what it means to be an adequate partner and ideal woman can result in women continuing to have sexual intercourse despite the internal and external suffering they may experience.

#### **2.4.2. Sexual hierarchies and (pseudo)reciprocity**

As mentioned above, throughout Western society dominant understandings of male sexual requirements draw heavily on a male sexual drive discourse. This discourse portrays a male’s desire to have intercourse as a biological precondition, an inherent and insatiable ‘need’ that men have little or no control over (Gavey et al., 1999; Hayfield & Clarke, 2012). Within this rhetoric, women are conceptualised as passive while men are depicted as active players in the performance of sex (Hayfield & Clarke, 2012). The prominence of this discourse can cause a woman to feel selfish if she chooses not to have sexual intercourse (Braun et al., 2003), particularly for women who experience recurrent pain during coitus. One participant in Kaler’s (2006) study tellingly summarised the viewpoint of many women in describing intercourse as “the one thing that men really want” (p. 60), with young women speaking of the fear of being cheated on or left if they did not provide men with the sexual gratification and release they so desperately require (Elmerstig et al., 2008).

The construction of intercourse as a necessity within a man’s life contributed to young women’s continuation of coitus despite extreme pain (Elmerstig et al., 2008). Groven et al. (2016) found that many Norwegian women were afraid to talk to their partners about their

coital pain. Some were concerned it would jeopardise their relationship, while others disclosed that the certitude of the male sex drive discourse lead them to avoid intimate relationships as they felt their inability to provide intercourse made them undesirable as women. This discursive intertwinement of male fidelity with that of the male sex drive discourse is another component that contributes to a woman's isolation when experiencing chronic coital pain. A woman may feel as though she cannot talk to her partner about the pain she endures.

The prevalence of the male sexual drive discourse draws attention to the salience of a sexual double standard that exists between males and females within heteronormative ideologies. Heteronormative ideals within society consistently devalue women through multiple means, from the aforementioned medium of mass media and pornography through to how women's roles both personally and professionally are conceptualised and recognised (Dworkin & MacKinnon, 1988; Lyons & Chamberlain, 2006). Prominent discourses that depict intercourse as the only thing keeping a man interested in a relationship contribute to the constant privileging of the man's needs over a woman's own pleasure, and to gender power imbalances (Ayling & Ussher, 2008; Elmerstig et al., 2008). Common conceptualisations of sex revolve around male gratification, with women's experiences of sexual enjoyment rated lower and less important than that of men's (Shallcross et al., 2018). This is perfectly exemplified through the traditional understanding that sex is finished once a man has experienced an orgasm, regardless of whether the woman has climaxed herself or not (Diorio, 2016). (However, as we will see below, such notions of sexual completion are complex as a man's ability to 'make' a woman climax is an important feature of male sexual subjectivity.)

For women who endure pain during sexual intercourse, these sexual hierarchies are especially discernible. In contrast to more traditional understandings of heterosex mentioned above, contemporary discourses of reciprocity emphasise the need for both individuals to experience pleasure when engaging in sexual practices within an equitable relationship. Thus, one would assume that the experience of discomfort by one party would result in a modification of sexual behaviours. Yet, women regularly reported putting the man's needs before her own experience of pain (Elmerstig et al., 2008; Marriott & Thompson, 2008; Shallcross et al., 2018). Women in studies from Australia, the Netherlands, and Sweden referred to feeling guilty that their coital pain impacted their sexual relationship, and they felt as though they were to blame for their partner not having access to the intercourse that he so fundamentally 'requires' (Ayling & Ussher, 2008; Dewitte et al., 2018; Elmerstig et al., 2008, 2013). Women did not see their partners as contributing to their pain, but nor did they consider their pain as something the man

should share responsibility for or help manage (Marriott & Thompson, 2008). Having sex was understood as a man's 'right' and a woman's duty to provide such pleasure, despite the pain she may experience or the (lack of) enjoyment she may gain from it.

In addition to the management of a man's physical needs, women are required to manage the emotional needs of their male partner. As the man is the focal point within heterosexual relations; it is paramount that he receives maximum pleasure from the sexual encounter. Young women are supposed to be sexually excitable and carefree, always 'up for it' when a male provides them with a sexual opportunity (Harvey & Gill, 2011), something that drastically contrasts the experience of young women with pain and discomfort. Male sexuality as conceptualised through skill and technique understands female enjoyment of sexual intercourse as a product of male capability. Therefore, the construction of male sexual subjectivity is heavily intertwined with the exhibition of female pleasure; her lack of gratification and orgasm indicates he has failed in his masculinity (Braun et al., 2003). Women from a range of contexts have spoken of not wanting to offend, reject, or 'let their partner down' by denying him sexual intercourse (Ayling & Ussher, 2008; Elmerstig et al., 2008, 2013; Gavey et al., 1999; Marriott & Thompson, 2008; Shallcross et al., 2018), thus feigning enjoyment and even orgasm so as not to make him feel unwanted or foolish (Braun et al., 2003; Elmerstig et al., 2008). To this extent, male sexual satisfaction as well as emotional welfare is commonly prioritised over and above that of females, demonstrating the sexual hierarchies that exist within heterosexual relations.

Finally, gendered hierarchies within heterosexual encounters are evident through notions of sexual reciprocity. The principle of reciprocity within discourses of sexuality is the equal and mutual engagement and enjoyment of sexual practices within an intimate relationship (Braun et al., 2003). Perspectives regarding the validity of such discourses vary, making for a relatively contentious topic within feminist literature. As Braun et al. (2003) discuss, theoretically, if implemented properly within heterosexual relationships, notions of reciprocity are highly beneficial to female agency during times of intimacy, as her needs are recognised as legitimate and of equal importance.

However, the existence of reciprocity within heterosexual encounters is debateable. As mentioned above, sexual hierarchies present within Western society do not view women as equal to, but rather less than men. This makes it increasingly difficult for a truly reciprocal relationship based on equality to be established (Elmerstig et al., 2012). This has led authors

such as Braun et al. (2003) to refer to such discourses as pseudo-reciprocal, as this rhetoric not only entitles women to have an orgasm but can pressure them into feeling that they *must* have an orgasm; if she does not enjoy intercourse to a point of climax then she is not normal. Braun et al. (2003) explain that the conflation of the male orgasm with intercourse (as visible within conceptualisations of masculinity, the male sex drive discourse, and the coital imperative) in conjunction with a discourse of reciprocity means that if the woman experiences an orgasm it is expected that the man does too, thus intercourse is understood as the ‘obvious’ progression within their sexual encounter. For women who experience chronic coital pain, this can prove problematic. If non-coital practices result in the occurrence of her orgasm, then the conflation of the male orgasm with intercourse leaves women very few possibilities for action as presented within discourses of reciprocity.

In a society conceptualised as ‘post-feminist’, where feminism is proclaimed obsolete due to women being as sexually liberated as men (Moran, 2017), one must question, that if individuals exist within the subject positions made available by heteronormative ideals and imposed sexual hierarchies, how much of a choice is the ‘choosing’ of intercourse (Gavey et al., 1999)? The idea of choice surrounding intercourse within heterosexual practice is extensively critiqued by scholars interested in heterosexual negotiation.

#### **2.4.3. ‘Real’ sex – the coital imperative**

Marie (2013) explains that due to dominant heteronormative constructions of sex, heterosexual couples often assume that ‘real’ sex ought to involve penile-vaginal penetration. To explain this assumption, Jackson (1984) coined the concept of the ‘coital imperative’, which has been taken up by several critical authors since to refer to the normalisation of penile-vaginal penetration as ‘real’ sex (see Ayling & Ussher, 2008; Braun et al., 2003; Diorio, 2016; Gavey & McPhillips, 1999; Gavey et al., 1999; Gavey, McPhillips, & Doherty, 2001; Hayfield & Clarke, 2012; Kaler, 2006; McPhillips et al., 2001; Moran, 2017; Séguin et al., 2018; Shallcross et al., 2018). Penile-vaginal penetration determines the legitimacy of a heterosexual encounter, with male ejaculation into a female signifying the end of sex.

Sexual hierarchies are also evident within the coital imperative, where the lack of a male orgasm only qualifies the sexual encounter between a man and a woman as ‘attempted’ sex (Diorio, 2016). This is illustrated by McPhillips et al.’s (2001) Aotearoa New Zealand study of young people’s definitions of sex in which a participant remarked that if intercourse was not the end product then sex had not occurred. This belief is also exemplified historically through

the ‘loss’ of virginity or consummation of a marriage as determined by penetrative penile-vaginal sex, with other sexual practices considered not real sex or even deviant/unnatural (Braun et al., 2003). Intercourse is therefore considered normal – not only is it an indication of a healthy relationship but it also signals a physically healthy individual (Diorio, 2016; Elmerstig et al., 2008; Gavey et al., 1999; Groven et al., 2016; McPhillips et al., 2001).

The coital imperative is so pervasive throughout Western society that not being able to have sexual intercourse is, as we have seen, routinely presented as a medical issue with medical solutions. Diorio (2016) argues that, in this way, the coital imperative is perpetuated by academics, clinicians and educators through the construction of heterosex as intercourse and the inability to engage in sex as pathological, influencing the sexual subjectivity and self-worth of those who experience chronic coital pain.

Additionally, coitus is often conceptualised as the only way to reach orgasm, despite the fact that the female orgasm is not reliant on and generally not produced by penetrative sex (Braun et al., 2003; Diorio, 2016). The coital imperative focuses on male pleasure and lessens that of women’s sexual satisfaction. Intercourse symbolises the essence of heterosexuality, indicating femininity within women and masculinity within men (Svedhem et al., 2013). Kaler (2006) contends that for men, sexual intercourse is celebrated and generally understood as an action of embodied pleasure. For women, however, intercourse is more nuanced, and has wider associations beyond that of pleasure (if pleasure even occurs at all), with intercourse exposing women to risks such as pregnancy, violence or disease. For women who experience pain during intercourse, the risks that coitus may present for them are even greater. This is not a claim that women do not receive any enjoyment or pleasure from intercourse. Many women find sexual intercourse a fun and pleasurable experience, but “it is equally clear that intercourse has a normative role in defining (heterosexual) sex, above and beyond its appeal as a source of pleasure” (Kaler, 2006, p. 59).

This heteronormative rhetoric is particularly relevant among young people. Enactments of the coital imperative and male sex drive discourse were identified as more salient among young Aotearoa New Zealand men, with males describing these beliefs as diminishing with age (McPhillips et al., 2001). Likewise, the women in McPhillips and colleagues study also reported that the coital imperative was more prominent and ubiquitous when they were younger, presenting them with a narrower conceptualisation of sex. These findings reinforce my earlier claim regarding the importance of age and sexual subjectivity construction. Thus,

given the lack of alternative discourses that do not conflate sex with intercourse, young women who experience recurrent coital pain could feel further constrained in the courses of action available to them for dealing with their pain.

Although McPhillips et al. (2001) found that both men and women frequently conflate sex with intercourse, responses regarding partner satisfaction challenged the necessity of such an imperative, reducing its power through questioning its 'truth'. Many participants could recognise the dominance of this rhetoric, yet when forced to challenge its validity, became sceptical of the 'imperativeness' of penetration in the achievement of pleasure. By confronting the underlying assumptions of the coital imperative, participants were able to reconsider the truth to such claims and conceptualise sex beyond the confines of penile-vaginal penetration. In addition to this, some women who experienced pain during intercourse spoke about ways in which they continued to have happy, healthy sexual relationships and understandings of themselves as women (Kaler, 2006; Ayling & Ussher, 2008). These reflections demonstrate resistance to prominent heteronormative discourses of sexuality.

#### **2.4.4. Resisting prominent discourses**

Despite the prominence of heteronormative discourses regarding sexual practices, some women demonstrate resistance to such discourses. The benefits acquired from rejecting heteronormative ideals of sexual performance and feminine identity appear to significantly impact women's understandings of themselves and their interpersonal relationships. Contrasting the beliefs of women who continue to have intercourse despite pain, women who resist the coital imperative speak of finding alternative means of having a pain-free sexual relationship which results in feelings of adequate femininity and partnership (Ayling & Ussher, 2008). For example, one of Ayling and Ussher's (2008) participants expressed an outright rejection to ideas of not being 'enough', dismissing the coital imperative in favour of other sexual practices in her relationship.

Separating the conflation of woman with the role of 'sexual satisfier' provides some women with the opportunity to redefine heterosexuality and femininity using other practices and behaviours outside the subject positions supplied by heteronormative discourses (Kaler, 2006). For instance, Groven et al. (2016) observed that experiencing pain during sexual intercourse actually forced some women to conceptualise sex differently, leading to wider understandings of heterosexual relations that moved beyond intercourse. Rejecting heteronormative discourses



allow for conceptualisations of the ideal woman distinct from that of sexual praxis (Kaler, 2006).

In Sweden and North America, very rarely did women report that the inability to have penetrative sex did not overly impact their lives and was not particularly bothersome (Svedhem et al., 2013). In these cases, sex was not simply conceptualised as coitus and the male sex drive discourse was not adopted, thus relationship security was not threatened. Although these women acknowledged that at times their pain had been an obstacle and things would be simpler if they did not experience such difficulties, matters such as pregnancy were not predicted to be problematic and self-identity remained intact regardless of pervasive gendered expectations (Kaler, 2006; Svedhem et al., 2013).

However, as my analysis will also demonstrate, resisting prominent discourses is not a simple task and requires much negotiation on behalf of the woman (McPhillips et al., 2001). Young women must try and resist dominant norms of femininity and sexual subjectivity while also withstanding masculine ideals that young men may hold regarding sexual hierarchies and the privileging of male needs and gratification (Elmerstig et al., 2012). Many young women expressed wanting to defy notions of gender inequality and female subordination, indicating that they were aware that such rhetoric existed and is perpetuated throughout mainstream media and pornography. Though despite this awareness and desire to resist, young women spoke of the complexities of doing so while also 'fitting in', being accepted, and still wanting to feel as though they are pleasing their partners sexually (even at the expense of their own morals, beliefs, and pleasure) (Elmerstig et al., 2012).

In this way, discourses of resistance are oftentimes employed alongside more prominent discourses of heteronormativity (Gavey et al., 1999), illustrating the continual navigation that women with coital pain must manage. This conflict demonstrates the pervasiveness and power that dominant ideologies and their subject positions hold over the construction of identity and believed possible action available to women who experience chronic coital pain. It is also difficult for young women to defy these ideologies if they are not critically aware of the existence of such discourses in the first place. As Gavey et al. (1999) note, having access to alternative discourses regarding female adequacy and women's rights is important for young women who reject normative beliefs of womanhood and sexuality, so that they do not conceptualise themselves through negative subject positions available within dominant discourses of heterogender.

## **2.5. The Aotearoa New Zealand context**

Little, if any, research on chronic coital pain has been developed from within the context of Aotearoa New Zealand. Research into painful intercourse for women has only been covered in studies focused on women's chronic pelvic pain (e.g. Grace & MacBride-Stewart, 2007; Grace & Zondervan, 2007) and experiences of endometriosis (e.g. Gilmour, Huntington & Wilson, 2008; Huntington & Gilmour, 2005). Women's experiences of pelvic pain and endometriosis are important fields of research, and the minimal amount of local literature exploring such topics demonstrates a need for more conversations regarding chronic pain and female sexuality. However, chronic pain as associated specifically with sexual intercourse has not been explored from within an Aotearoa New Zealand context, despite statistical data produced both locally and abroad supporting its prevalence (Grace & Zondervan, 2007; Shallcross et al., 2018).

Nonetheless, there are a number of principal studies focusing on heterosexual negotiation and gendered norms which have been carried out within Aotearoa New Zealand. Many of these I have drawn upon above, such as the work of Braun et al. (2003), Gavey et al. (1999) and McPhillips et al. (2001), who have used a poststructuralist framework to focus on sexual hierarchies, reciprocity, and the coital imperative among women and men aged 18 to 50. Other studies produced locally include research into condom use (Braun, 2013; Gavey & McPhillips, 1999) and heterosexual negotiation (Jackson & Cram, 2003), and consistently display the dominance of heteronormative discourses within Aotearoa New Zealand. Culturally, women in Aotearoa New Zealand appear to display equal feelings of societal pressure regarding heteronormative behaviour and constructions of sexual subjectivity as that of women from other Western cultures. Jackson and Cram (2003) focused specifically on young women aged 16 to 18, and used feminist poststructuralism to explore notions of resistance to sexual double standards within heterosexual relationships. Within their study they noted resistance to prominent discourses of heterosexuality was "somewhat tenuous and fragile, a fragment of possibility within the spaces opened up by disrupting dominant discourses of heterosexuality and within alternative identities available in competing discourses" (p. 123). These studies illustrate the ubiquity of the aforementioned dominant discourses of sexuality within Aotearoa New Zealand, providing a grounded theoretical justification for the current research.

## 2.6. Conclusion

The literature on recurrent coital pain varies in theoretical scope resulting in different avenues of analysis. Biomedical conceptualisations dominate research and situate the issue of coital pain at the level of the individual, pathologizing a woman's experiences and critiquing her cognitive processes. In contrast, non-positivist theoretical frameworks provide space for women to be heard and their experiences validated. The interpersonal aspect of recurrent coital pain is also explored among interpretivist and constructionist conceptualisations, and the socio-political environment within which a woman exists is acknowledged as impacting how she understands herself and her pain. However, research that employs a critical theoretical lens regularly confines its sample to women who identify as heterosexual. This is limiting, as women who do not classify themselves as such may have had painful intercourse with men at various points in their lives and are not impervious to the impacts of heteronormative ideologies on their understandings of self.

It is also evident that experiences of the physical body influence the construction of subjectivity alongside dominant cultural ideologies regarding femininity and health. There are distinct gendered differences in the construction of subjectivity due to the social value awarded to men and women. This has led women who experience pain during intercourse to feel as though they have failed not only as women, but as people, and illustrates the way that a woman's self-worth is often contingent on her sexuality and sexual performance. Young women appear even more vulnerable to negative understandings of the self due to the stage at which subjectivity construction occurs along with changes in cultural expectations around femininity and young women's behaviours. Young women also face the added complication of gendered norms regarding sexual agency, fertility, and ideals around 'naturally' conceiving a child that contribute additional stress. Despite evidence suggesting that age is a strong indicator of deleterious constructions of subjectivity when experiencing coital pain, little research has focused specifically on young women as a particularly vulnerable group.

The pervasiveness of heteronormative discourses within Western societies offers limited space for women who experience recurrent pain during sexual intercourse. Contemporary notions of the ideal woman construct young women as sexually carefree and always 'up for it', attending to the emotional and physical needs of her partner in a way that is pleasing and gratifying. Thus the inability to have intercourse denotes a failure in femininity as women cannot fulfil their role as willing sexual satisfiers. In addition to this, obvious sexual hierarchies exist between women and men, as demonstrated by the male sexual drive discourse and the privileging of

male pleasure above that of female enjoyment. Women are portrayed as inferior to men and thus their needs are secondary within intimate sexual encounters.

The coital imperative highlights the ideological nature of intercourse within heterosexual practice, limiting the possibilities for action among young women for whom penile-vaginal penetration is not an option. This discourse appears ubiquitous among young people and, in conjunction with the age that subjectivity construction predominantly occurs, exposes young women as more vulnerable to the belief that intercourse is the essence of sexual practice. This sexual imperative constrains a woman's possibilities when being intimate with a man as she must navigate the coital imperative alongside the management of a man's emotional needs, sexual power imbalances, and notions of ideal femininity. Finally, although seemingly beneficial, resisting dominant discourses is not easy as young women must negotiate internalised understandings of self while also managing the sexual expectations of young men. In this vein, the issue of chronic coital pain is considered a result of cultural oppression as opposed to simply sexual dysfunction, and should be researched further using a framework that both enables a woman to be heard while considering the socio-cultural context within which she exists.

In the following chapter, I will provide an in-depth explanation of the theoretical framework that appropriately encapsulates these components – feminist poststructuralism – and will follow on from this with a description of my study methods.

## Chapter 3: Methodology

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“There is no pre-discursive, rational self existing outside of or apart from discourse.”

(Gannon & Davies, 2014, p. 15).

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### 3.1. Introduction

Feminist poststructuralism differentiates itself from other poststructuralist theory with its unique focus on history and areas where women’s voices have historically been silenced or ignored (Gannon & Davies, 2014; Weedon, 1997). Weedon (1997) describes feminist poststructuralism as “the relationship between language, social institutions and individual consciousness which focuses on how power is exercised and on the possibilities of change” (p. 19). She notes that not all feminist questions can be answered by the theoretical lens of poststructuralism, but feminist poststructuralism can help by identifying the discourses from which such questions are developed and highlight their political assumptions. In this vein, poststructuralism can make visible how various discourses affect women, especially with regard to power and agency. Using feminist poststructuralist theory in this research allows for the exploration of discourses regarding young women’s sexual pain in terms of what they limit and what they allow: are these women empowered to refuse sex or to negotiate the conditions of sexual encounters, for example. Examining the various discourses that women with coital pain use to understand themselves as gendered beings allows for the detection of helpful and unhelpful narratives regarding sexual pain management, responsibility, and understandings of self.

In this chapter, I explicate the theoretical approach of feminist poststructuralism used as the foundation for my study, as well as provide a detailed overview of my study methods. As a means of ensuring that my research is theoretically sound, the theoretical framework of feminist poststructuralism will be explained in relation to three main tenets that are foundational to this school of thought and important to my study. The first key tenet of feminist poststructuralism discussed is that of power, knowledge and discourse, and how ‘truth’ and ‘reality’ are culturally and historically positioned. The role of discourse in creating knowledge is recognised, along with the importance of making visible dominant discourses as a means of reducing their power. Next, I will examine the role of language in feminist poststructuralist theorising, critiquing the idea of language as reflective of our material world but rather as an

effective avenue for change. Finally, I will move on to address the concepts of subjectivity and agency, noting the fragmented, dynamic and contradictory constructions of the self as developed using multiple discourses. Within each section, I offer arguments as to why feminist poststructuralism is an appropriate lens when examining young women's experiences of chronic pain during sexual intercourse.

After explaining the theoretical framework, in the second half of the chapter, I detail the various methods used and considerations attended to when carrying out my study. These include how the data were collected, sampling and recruitment method, participant demographics, the research procedure, how the data were analysed, and a variety of ethical considerations that were addressed.

## **3.2. Key tenets of feminist poststructuralism**

### **3.2.1. Language**

As stated above, contrasting the assumptions of realist or phenomenological perspectives, feminist poststructuralists do not believe that experience has an essential meaning in and of itself. From a poststructuralist perspective, it is through language that we make sense of the world around us. Language is everywhere and forms our understandings of ourselves; it is fundamental to the construction of our subjectivity (Gannon & Davies, 2014; Gavey, 1989). Although language is often conceptualised as objectively reflecting the external, it is not indicative of a 'natural' world or social reality, as these concepts are not fixed (Weedon, 1997). It is only with language – which extends beyond simply vocabulary and grammar – that we make sense of experiences, thus meaning itself is *created* through language (Gavey, 1989; Weedon, 1997). Experience is therefore never independent of language (Gavey, 1989), and thus the two are inextricably linked.

Feminist post-structuralism's particular focus on history extends to conceptualisations of language and its positioning. Feminist poststructuralism understands language as socially and historically located and created. How we make sense of our experiences and ourselves is through our thoughts which use language that predates us (Weedon, 1997). Understandings of womanhood, femininity, and sexuality are socio-culturally and historically specific. The example of hysteria as a psychological disorder (discussed in more depth below) illustrates a particular understanding of female sexuality at a certain moment in history, resulting in the use of psycho-medical language to describe such 'symptoms' as defective and pathological. This

example demonstrates how language reveals “historically specific discourses” (p. 23) and is accordingly temporally located (Weedon, 1997).

‘Truth’, ‘reality’ and accepted forms of knowledge are created through language and are non-existent prior to articulation (Weedon, 1997). From a poststructuralist view, this makes such assertions and beliefs questionable in their absoluteness (Gannon & Davies, 2014). The determination of ‘legitimate’ sex among young people, for instance, is constructed through the language used to describe sexual experiences. What one person may classify as ‘sex’, another may simply consider as ‘foreplay’, despite the material conditions of such sexual experiences being the same. Similarly, what it means to be a ‘real’ woman or ‘feminine’ holds the values of such discourses in which these concepts originate. This variation in meaning and truth results in different expected and accepted actions within heterosexual encounters.

### **3.2.2. Power, knowledge and discourse**

As outlined in chapters 1 and 2, discourses are interrelated systems of meaning that constitute our social world (Gavey, 2011). There are many discourses that exist alongside each other, providing a different set of meanings to any given thing. Feminist poststructuralism understands discourses as historically, culturally, and socially positioned, benefiting those in power while ‘othering’ marginalised groups (Gannon & Davies, 2014; Gavey, 2011). Discourses are reproduced everywhere and can support or contradict each other. It is argued that meaning can never be fixed once and for all as it is constantly changing based on the socio-cultural and temporal context. How phenomena are interpreted depends on the discourses within which they are constructed (Weedon, 1997). Due to the fluidity and socio-cultural positioning of discourse, it is possible to critique and re-create discursive constitution—that is, the ways that discourses govern reality, truth and the social world (Gannon & Davies, 2014).

Examples of this are evident in the history of constructions of female sexuality. For many years, female sexuality lacked a positive discourse within the dominant Western culture, and women were regularly given the diagnosis of hysteria to explain what is now regarded as the normal functioning of female sexuality (Shallcross et al., 2018). A change in the social and cultural context and the recognition of female sexuality resulted in a change in ‘truth’ around hysteria, demonstrating the fluid nature of truth and knowledge.

In this way, discourses determine what is understood as ‘truth’ and ‘reality’, and historically these have been constructed by men in a way that maintains patriarchal interests and power

(Gavey, 1989). This interrelationship between power and knowledge is emphasised by feminist poststructuralism; those that hold the power within society determine what is considered to be 'valid' truth in a way that benefits them and maintains their position (Gavey, 1989). Weedon (1997) notes that how we live, our actions, our understandings of self and those around us, are dependent "on the range and social power of existing discourses, our access to them, and the political strength of the interests which they represent" (p. 26).

This can be seen within (not so) historical Western understandings of spousal control, where a husband was entitled to 'discipline' his wife if and when he chose. If his wife showed signs of depression or anxiety, it was attributed to her biological functioning rather than the confines of an oppressive environment; she was the one that required treatment and medication rather than her husband or her circumstances (Gavey, 2011). Medical discourses constructed her symptoms as a deficit in functioning, ignoring socio-cultural factors, thus benefitting the patriarchal systems that marginalised women and positioned them as inferior to men. Few discourses existed around women's rights and therefore few alternate explanations were available for such experiences among women. This limited how women could behave, their possibilities for action, and how they understood themselves as functioning individuals (Gavey, 2011).

It is not so difficult to see the parallels between this example and that of female sexual functioning as understood through a biomedical lens. As discussed in chapter 2, commonly the fault is positioned exclusively at the level of the woman and her physical functioning, rather than the constraints of her environment and how women's sexuality is regarded more broadly. For instance, the sexualisation of women and the expectation of vaginal penetration as a crucial signifier of legitimate heterosexual relations provides little space for alternative and more inclusive understandings of sexual pleasure, thus limiting the actions of women during moments of heterosexual intimacy. This, along with insidious conceptualisations of the female sexual body as existing predominantly for male sexual gratification, leaves women with few positive discourses from which to draw upon when attempting to make sense of their experiences of coital pain.

Different ways of knowing things are simply different discourses, and within poststructuralism one is not considered more valid than the other. However, discourses do vary in the power that they hold, the weight that they carry, and their material effects (i.e. the real world impact that they have); they are not all equal (Weedon, 1997). This variation determines the effectiveness



of each discourse, either encouraging or limiting women's sexual freedom. Thus, some discourses justify the status quo while others resist it. Dominant discourses maintain their dominance by undermining and dismissing resistant discourses. Opposing discourses are represented as irrelevant or bad by those in power who advocate for and benefit from the current state of affairs (Weedon, 1997). Feminist poststructuralism is interested in making dominant discourses visible so as to reduce their power, and dismantle oppressive ways of being that are considered to be 'normal', 'natural' and common sense (Gannon & Davies, 2014; Gavey, 1989). As Gavey (2011) contends, exposing discourses helps to make visible the "cultural conditions of possibility for being in the world" (p. 186).

Critiquing these taken-for-granted 'truths' reduces their power while revealing systems that are potentially harmful. For example, analysing how women with coital pain report their experiences with medical professionals may point to detrimental biomedical conceptualisations and explanations. As feminist poststructuralism contends, exposing problematic discourses makes visible the different systems within our society that enable or oppress women (Gavey, 1989; Weedon, 1997).

By viewing conceptualisations of sex as historically and culturally constructed, feminist poststructuralism offers a lens through which the necessity of penetrative sex—the coital imperative discussed in the previous chapter—can be understood and critiqued. The historical refusal to acknowledge and accept homosexual relationships has resulted in heteronormative conceptualisations of sexual praxis. This, in conjunction with health promotion initiatives that focus predominantly on condom use for safe sex, has helped to perpetuate the idea in Western cultures that 'real' sex involves coitus (Braun, 2013). By employing feminist poststructuralist theory, accounts of painful intercourse put forth by young women within Aotearoa New Zealand can be culturally positioned and historically understood.

### **3.2.3. Subject positions**

Different discourses also provide various 'subject positions'. These, as briefly outlined in chapter 1, are the available ways of thinking, feeling and acting within a specific discourse (Gavey, 2011; Weedon, 1997). They can be conceptualised as the applied form of discourse, enabling and restricting particular actions depending on our social context. As we engage with multiple discourses within our social environment, we also engage with a variety of different subject positions made available to us through these discourses. Multiple discourses make up our subjectivity (as discussed in more depth below), and thus the construction of one's

subjectivity can be recognised by the subject positions which one adopts. In this way, subject positions and subjectivity are connected through discourse. Our subjectivity is created through various discourses and these discourses enable and restrict particular ways of being and doing (subject positions). Therefore, our subjectivity as developed from a variety of discursive resources then governs the subject positions available to us in any given moment. For example, the subject position of ‘inadequate sexual partner’, which Ayling and Ussher (2008) identified in their study, highlights the adoption of the traditional male sex drive discourse among heterosexual women experiencing vulvodynia—a discourse that is used to construct the subjectivity of ‘not woman enough’. As women could not fulfil their role within this discourse, their subjectivity was built around notions of failure, incapability and uselessness.

The availability and adoption of specific subject positions help to form and maintain power structures within society (Gannon & Davies, 2014; Gavey, 2011). This is visible through performances of gender, where the subject position of heterosexual aligns with dominant heteronormative discourses that normalise the gender binary and marginalise the ‘other’. Binary understandings of gender propagate ideas of essential maleness and femaleness and portray the naturalness of two sexes as common sense. Yet discourses are not fixed and therefore subject positions and their subsequent possibilities for action change also. Knowledge can be shifted, thus creating more ways of being in the world (Gavey, 2011).

Given the variability of discourse, our subject positions can often be contradictory and competitive (Weedon, 1997). An example of these competing and contradictory discourses can be easily identified in women’s magazines. On the one hand, women are depicted as professionals and career driven, while on the other hand simultaneously portrayed as interchangeable sexual objects (Gervais, Vescio, & Allen, 2012; Weedon, 1997). This can result in a ‘double bind’ (defined below) for women born out of differing ideals of womanhood and expected behaviour.

Using the theoretical lens of feminist poststructuralism will enable me to identify current discourses of ‘normal’ and accepted forms of sexual practice and femininity as well as resistant discourses present in Aotearoa New Zealand, opening them up for examination and critique. In doing this, alternate and potentially more empowering discourses may be highlighted and developed, allowing for the exploration of alternative understandings of sex and womanhood. For young women who experience chronic coital pain, critiquing taken-for-granted notions of ‘natural’ and accepted sex and offering alternative understandings of sexual practice could

provide them with discourses that construct sex in a way that is pleasurable to both themselves and their partners.

#### **3.2.4. Subjectivity and agency**

By referring to one's subjectivity as a process of construction, poststructuralism contends that subjectivity is not innate and part of an 'essential' self but rather socially produced (Weedon, 1997). Subjectivity is formed through language and discourse, and poststructuralism critiques popular beliefs regarding individual uniqueness (Gavey, 1989). As noted above, this theorising positions itself in direct opposition with humanism, as well as many feminist perspectives that argue for an inherent, female essence and the possibility of emancipation (Gavey, 1989; Weedon, 1997). Feminist poststructuralism instead understands subjectivity to be our social identity. It is our sense of self as developed from within our context, the discourses that we inhabit, our place in time, and knowledge and practices that we are privy to within society (Gannon & Davies, 2014). As Gannon and Davies (2014) note, being 'liberated' or 'free' is difficult given that we always exist within discourse. "Agency is always conditioned by the positions made available to the agentic subject; and subjectivity is also subjection to the available ways of being" (Gannon & Davies, 2014, p. 9). Individuals are 'subjects', products of a society that is constantly in flux, therefore rendering constructions of subjectivity unstable also (Gannon & Davies, 2014).

Various discourses present their own subject positions, constraining people's ways of being and doing. Subject positions illuminate which discourses individuals' draw on to develop their subjectivity, and these subject positions allow for certain actions within a given context. For young women who experience coital pain, their subjectivity (and resultant subject positions) forms their perception of how they can behave when being intimate with a man and the actions available to them. Thus, feminist poststructuralism can help to explain how subjectivity assists in maintaining the status quo while also being an avenue for political change (Weedon, 1997). The power available to women differs depending on what subject positions are available to them at that specific point in time (Gavey, 1989). As is with language, change can only occur if an opportunity is present.

At this point, one would be forgiven for conceptualising people as passively absorbing the world as constructed through language that predates us. This gives the impression of a predetermined fate and a powerlessness which constrains efforts to change pernicious 'truths' and oppressive and discriminatory systems. It is true that if no language exists that

conceptualises a different way of seeing the world, then we are not provided with alternative understandings of the way things could be. This does limit the opportunities for change available to individuals (Weedon, 1997). However, this does not mean that individuals are removed of all agency, mere ‘victims’ of broader society. Change is still possible despite the conditioning of language and available subject positions (Gavey, 1989). As much as individuals are the product of their social landscape, they are also the creators of it. Our world is understood through the language available to us, but we also shape our reality through the use of language, discourse and the subject positions which we adopt (Gannon & Davies, 2014).

Desires are produced through discourse and language and, although poststructuralism asserts that people cannot be ‘liberated’ from discourse and the subsequent subject positions, desires are at least changeable. The idea of an ‘empowered agent’ able to make change as an individual is critiqued, rather knowledge and discourse must change to make available new subject positions and possibilities for action (Gannon & Davies, 2014). When it comes to subjectivity construction, young women actively accept or reject the subject positions available to them, negotiating positions within various discourses. Thus, the process of subjectivity construction is not one of passive absorption, but rather an active process of constructing the self from within a range of different possibilities. Women are, therefore, both restricted and enabled by discourse in their subjectivity construction.

As previous studies have shown (Ayling & Ussher, 2008; Kaler, 2006), it is through changing the language around what constitutes as sex and femininity that women have appeared to manage their experiences of chronic coital pain and renegotiate their understandings of womanhood. In this vein, change can be understood as the slow bending of norms, as individuals must use the resources available to them to enact resistance (Morison & Macleod, 2013). As Butler (1990) states, “there is only the taking up of tools where they lie” (p. 145, as cited in Morison & Macleod, 2013), and language and discourse are the tools that underlie our subjectivity and understandings of being. This demonstrates how agency is *conditioned* but not *determined* by the ‘tools’ available, as it is possible for the subject to use such resources in different, unintended ways. Therefore, discourses do restrict what is possible to a certain extent, but also enable action and resistance on the part of the subject. This is especially the case in moments of contradiction or inconsistency within and between discourses, as these moments can create the required ‘wriggle room’ needed to resist dominant discourses. Poststructuralism as a theoretical framework offers a way of conceptualising how women use language to create

new possibilities for themselves while resisting heteronormative notions of femininity and sexuality.

Due to the various discourses that are drawn upon to construct our understandings of self, subjectivity can be a site of conflict and contradiction. Weedon (1997) argues that feminist poststructuralism understands subjectivity as “precarious, contradictory, and constantly being reconstituted in discourse each time we think or speak” (p. 32). As mentioned above, the discourses we draw on to understand and construct our sense of self are unstable, resulting in competing thoughts and behaviours that do not always align with what we say and how we perceive ourselves. We draw on multiple discourses in this process, and this eclectic compilation results in a dynamic and fragmented self. It is in this way that women are at times seen as complicit in their own subjugation (Gannon & Davies, 2014). Take, for instance, the desires and actions of women who identify as feminists yet oppose the values of the women’s liberation movement (examples include ‘pro-life’ feminists or feminists pro the banning of niqābi, dubbed the ‘burqa ban’) (Gavey, 1989; Spohn, 2013; Ziegler, 2013). These contradictions are accounted for by feminist poststructuralism through conceptualisations of a divided subjectivity constructed using competing and inconsistent discourses. Though, importantly, it is precisely because of the non-unitary, fragmented subject that dominant discourses are unstable and malleable, creating a space where change can occur.

As touched on above, such contradictions in subjectivity can be understood as ideological dilemmas (or a ‘double bind’) that women must negotiate. Towns and Adams (2009) describe ideological dilemmas as occurring “through common-sense notions of value, community and suitable ways of behaving that are socially and culturally imbedded and that are often conflicting and contradictory” (p. 783). Women with coital pain must reconcile their experiences of pain during hetero-sex with understandings of acceptable femininity and womanhood simply by using the subject positions available to them.

Feminist poststructuralism makes visible the contradictions and inconsistencies present within the subjectivities of young women who experience recurrent pain during sexual intercourse, and places them within the broader context of their socio-cultural and historical climate. The power dynamic and gendered relationship present in moments of heterosexual intimacy shape and restrict the choices available to women. By understanding subjectivity as constructed, feminist poststructuralism offers explanations as to why women who experience painful sex

may continue to engage in potentially harmful activities and propagate deleterious ideas, despite their damaging consequences.

The conceptualisation of an active construction of subjectivity means that feminist poststructuralism understands the importance of offering alternative subject positions to women who experience chronic coital pain. The discussion of discourses that understand sexual practice and femininity differently from heteronormative ideals provides young women with a range of discursive resources from which they can construct their subjectivity.

Now that I have explained the theoretical perspective orienting my work, in the second half of this chapter I will discuss the steps involved in carrying out my research.

### **3.3. Methods**

#### **3.3.1. Online qualitative survey method**

This study used a qualitative survey design as the method of data collection. A qualitative survey method is useful when researching individuals' lived experiences, especially how they make sense of particular issues (Braun, Clarke, & Gray, 2017). Qualitative surveys consist of a series of self-administered open-ended questions regarding a particular topic. The current research employed an online survey format to gather data on young women's experiences of recurrent coital pain. Using an online format allowed for faster data collection than paper-based versions (Braun et al., 2017), and was thought to be a familiar and user-friendly medium for the age cohort of participants in this study.

Braun et al. (2017) note that the open-ended question design of a qualitative survey method allows participants to express what is important to them in their own words, in a way that can remain anonymous. This is particularly beneficial when the research covers a sensitive topic such as young women's experiences of pain during sex, and particularly when the interviewer is a novice researcher. The fact that online survey completion occurs alone without the influence of the researcher or other participants, potentially admits broader cultural understandings of the issue under investigation. A number of participants raising similar points independently and without prompting highlights how pervasive certain ideas and beliefs are throughout the specific cultural context within which the research is taking place. This method therefore allows for the identification of similar terms and common themes across responses, providing a robust depiction of how broader societal messages and expectations shape the sense-making of young women suffering from coital pain (Toerien & Wilkinson, 2004).

A qualitative online survey method also enables the survey to be completed at a time and place that best suits the participant, opening up the space for participants to reflect and think about how they would like to construct their responses (Braun et al., 2017). Allowing participants to complete the survey online at any given time also speeds up the data collection process, making it less labour-intensive and an ideal way to locate geographically dispersed participants (Braun & Clarke, 2013). Including participants from all over the country allows for a more varied sample of women with differing backgrounds. Although presumptuous to assume that the internet is equally available to all, this was not thought to be a limiting factor within the chosen cohort for this study. Based on internet user statistics, I concluded that most young people in Aotearoa New Zealand currently have some access to, and are proficient in, online spaces (“New Zealand internet users,” 2016).

#### *3.3.1.1. Recruitment*

A variety of recruitment methods were employed, with the main one being the advertising of my study on social media. I created digital posters presenting the research aims and eligibility criteria and shared these on social media pages (Facebook, Twitter and Instagram) and the Massey University Research Projects website, as well as sending an email along with my digital poster to the Massey University Postgraduate mailing list. I also approached a number of organisations to help promote my study and supplied them with a summary of my research plus an in-depth information sheet (see Appendix D). Of those approached, the Pain Management Clinic at Wellington Hospital, Evolve, Wellington Women’s Health Collective, Family Planning (Wellington, Lower Hutt and Porirua), Regional Public Health, and YOSS (Youth One Stop Shop) were all interested in taking part. Physical posters were placed around their premises and, if appropriate, some clients were informed about my study directly. Posters were also displayed in the ladies’ bathrooms on the back of the toilet cubicle doors at the Massey University Wellington Campus. This location was chosen due to the sensitive and stigmatised topic being researched.

To be eligible to take part, women were required to be aged between 18 and 30 years. This age range was chosen based on age brackets for young adults provided within the wider literature (Petry, 2002), in combination with the suggestion that women in their twenties struggle most with questions of self-identity due to cultural expectations around sexual agency and subjectivity construction (Dickerson, 2004). It was a requirement that prospective participants had lived in Aotearoa New Zealand for more than 5 years so that they were culturally familiar

with dominant discourses of sexuality and femininity in the Aotearoa New Zealand context. Women were required to be sexually active.

To be eligible for participation, women did not have to identify as heterosexual, however they must have had sexual intercourse on multiple occasions with a man to comment on recurrent experiences of coital pain within a heterosexual encounter. Since women who have sex with men may not necessarily identify as heterosexual, I avoided adopting sexual orientation as a selection criterion. These selection criteria were chosen so that the dynamic of heterosexual relations and its implications could be explored. I was also specifically interested in only exploring the accounts of cisgender women (those who are assigned female at birth and identify as such), as the different issues that transgender women face regarding sexual intercourse is beyond the scope of my research project.

#### *3.3.1.2. Response rate*

The final number of total surveys completed was 108 (though the number of responses varied per question). As noted by Terry and Braun (2017), a sample size of no more than 100 responses is appropriate for smaller student projects and for those new to qualitative research. Responses from the surveys were text-based answers provided in written form, thus not requiring any transcription or modification. Data were analysed using thematic analysis, which I describe in more detail below.

Initially I anticipated a response rate of around 50 completed surveys would generate sufficient data for analysis. This expectation was based on the sensitive nature of the topic, and the lack of information about how common coital pain is among Aotearoa New Zealand women. Due to my initial uncertainty regarding participation rates, and in order to ensure that I had sufficient data for analysis, I also planned to do approximately 5 to 8 follow-up interviews which I hoped would yield additional rich data. To this end, the first approximately 65 participants were asked whether they would be willing to participate in a follow-up interview, with just over two-thirds accepting this request. If participants indicated yes, there was a section at the end of the survey for participants to provide an email address and/or contact number.

The follow-up interviews were also planned to address a potential limitation of the qualitative survey method related to the depth of the answers provided by participants (Braun et al., 2017). Individuals may respond quite quickly and simply without someone there to prompt them to expand on answers that lack clarity or detail, and this could result in insufficient data for



analysis. Without the presence of the researcher, the opportunity for further explanation is not available. The initial study design included the incorporation of interviews in order to obviate this potential shortcoming.

I also reasoned that the use of both qualitative surveys and interviews creates a multi-modal data collection method, incorporating pluralism into the current research project (Braun et al., 2017). Human experience does not just occur in one modality, thus I theorised that a pluralistic approach to qualitative research would assist in understanding participants' experiences more deeply by working with them in a variety of ways. Using a multi-modal approach of in-person and/or online was also thought to help reach a wider range of participants while ensuring that those involved had different options when deciding how they would most comfortably like to discuss their personal experiences.

In practice, far more women than initially expected were volunteering information and therefore we decided to abandon the in-person interviews, and raise my participant quota to 100 online survey responses (based on recommendations by Terry and Braun (2017) and Terry, Hayfield, Clarke and Braun (2017)). The depth of responses, although variable, offered sufficient detail for a comprehensive analysis, ultimately allowing me to answer my research questions. Additionally, when undertaking qualitative research, there is always the risk of too many data for the size of the project. Given my limited time constraints, I did not want to gather so much information that I could not analyse it all and thus not sufficiently acknowledge the time and effort that each woman put into participating.

### **3.3.2. Participants**

Due to my interest in the influence of age on sexuality and subjectivity construction (discussed in chapter 2), the sample consisted of 108 participants aged between 18 and 30.<sup>2</sup> *Table 1* outlines the background characteristics of all the participants who completed the survey and offers a means through which the findings can be contextualised. As presented below, the majority of participants were New Zealand Pākehā/European, despite attempts to recruit a range of individuals from a variety of different backgrounds. This limited diversity in cultural background is bound to impact the way in which women make sense of their experiences, as many answers appeared to draw from Western ideals of femininity and gender. Additionally, although most participants identified as heterosexual, a quarter of participants did not adopt

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<sup>2</sup> I included one participant who was 31 and experienced recurrent pain during intercourse throughout her entire twenties. She contacted me directly to take part.

this sexual orientation. Such heterogeneity in sexual identity is likely to have influenced participants' conceptualisations of sexual practice, as queer discourse offers access to alternative understandings of gender and sexual subjectivity beyond heteronormative beliefs.

**Table 1. Background characteristics of participants (n = 108)**

	<i>N</i>	%
<b>Age</b>		
18-20	40	37.0
21-25	32	29.6
26-30	36	33.3
<b>Ethnicity</b>		
New Zealand Pākehā/European	89	82.5
New Zealand Māori	8	7.4
New Zealand Samoan	0	0
New Zealand Indian	1	0.9
New Zealand Asian	4	3.7
Other	6	5.5
<i>Middle Eastern</i>	1	0.9
<i>New Zealand Cook Island Māori</i>	1	0.9
<i>Irish</i>	1	0.9
<i>British</i>	2	1.9
<b>Born in Aotearoa New Zealand</b>		
Yes	90	83.3
No	18	16.7
<i>5-10 years</i>	5	4.6
<i>10+ years</i>	13	12.0
<b>Sexual Orientation</b>		
Heterosexual	80	74.1
Bisexual	23	21.3
Lesbian	1	0.9
Queer	4	3.7

### 3.3.3. Procedure

At the beginning of the online survey, pre-participation information was provided to ensure informed consent, including: the study's purpose, how the data will be used, information about consent and privacy, and participant rights (Appendix C). Participants were also provided instructions on how to complete the survey and what information responses should be based

on. The questionnaire took around 30 to 45 minutes if completed in one sitting, though response time was dependent on the amount of information the participant included in their answers.

The survey began once participants selected a box indicating their informed consent. As shown in Appendix A, initial questions covered demographic information and screening, followed by section 2 (Appendix B)—the long-answer responses. Participants were encouraged to expand on each answer as much as possible and say anything that they felt was relevant to their experiences of sexual pain. After section 2 was complete, participants were asked whether they would like to receive a voucher and/or be interested in a follow-up interview. If they responded yes to either of these options, then participants were taken to a separate page where they could enter their contact details. Responses in the main survey could not be linked to the contact information provided. As a token of appreciation for her time, each participant was offered a \$10 *Mighty Ape* voucher as a koha (gift), which was emailed to the address provided.

#### **3.3.4. Data analysis**

In line with a poststructuralist perspective, I undertook a constructionist thematic analysis, taking a deductive and critical approach to the interpretation of the data. This means that rather than merely describing main themes in a realist fashion, I applied key theoretical concepts drawn from feminist poststructuralism—namely, discourse, subject positions, and sexual subjectivity construction—to make sense of the themes generated. Theoretical concepts were ‘operationalised’ to enable identification within the data. For example, discourses are patterns of speech, and the identification of prominent discourses was achieved through observing patterns within the data. As subject positions can be conceptualised as the applied form of discourse, identifying subject positions also made visible the various discourses that women in my study positioned themselves within.

In executing my analysis, I followed the 6 phases of thematic analysis as outlined by Braun and Clarke (2006, 2012):

##### *Phase 1: Reading and familiarisation with data*

The data were actively read through several times before coding began. Repeated reading familiarises the researcher with the content and sets a foundation for subsequent analysis (Braun & Clarke, 2006, 2012). Initial notes were taken while reading, both on individual sections of the data and on the data set as a whole. These notes were revisited throughout other phases of analysis. Familiarisation also involved starting to interpret the data. To assist with

this, recommended questions by Braun and Clarke (2012) were asked— “How does this participant make sense of their experiences? What assumptions do they make in interpreting their experience? What kind of world is revealed through their accounts?” (p. 61). This process was guided by the research questions, as well as the simultaneous reading of theoretical and empirical literature that helped to shine a light on what the data meant.

### *Phase 2: Developing initial codes*

Phase 2 consisted of producing initial codes— features within the data that appeared interesting and meaningful when read in relation to the research questions. “Codes identify and provide a label for a feature of the data that is potentially relevant to the research question” (Braun & Clarke, 2012, p. 61). They can be descriptive, sticking close to the participants’ actual words or meanings, as well as interpretative, providing a particular reading or explanation of the content (Braun and Clarke, 2012). The computer software programme NVivo was used for coding and analysis. At times an extract fit under multiple codes, and as many codes as possible were identified.

### *Phase 3: Theme Development and Connections*

This phase involved shifting codes into themes. According to Braun and Clarke (2006, p. 82) a theme “captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the data set” (original emphasis). Once codes were identified, they were organised into potential broader themes, where all relevant extracts were collated. This process was one of active construction rather than a passive discovery of dormant ideas. Different levels of themes were developed where applicable, including overarching themes and sub-themes. The presence of repeating patterns across the data revealed the similarities in how these young women made sense of their experiences of pain during sexual intercourse, and the influence of dominant ideas regarding heteronormativity and femininity.

### *Phase 4: Reviewing themes*

This phase consisted of a ‘quality checking’ of the analysis (Braun & Clarke, 2012). Themes were reviewed to make sure that they were appropriate and fairly represented the codes and extracts within them. Once this was established, the themes were analysed against the complete data set. This ensured that the most important and relevant elements of the data were captured in relation to my research questions. In order to make sure the themes fit the extracts, each extract within each theme was read through as to clarify the discernibility of a coherent pattern.

Phases 5 and 6 were the final stages in the analysis process, and consisted of defining and naming the themes, and producing the report (see the following chapters). The themes have an accompanying narrative that describes what is interesting about them and why, with the formal write-up being the last task of the data analysis stage. Extracts of participants' answers as they appeared in the survey responses have been used as evidence of my interpretative analysis. Spelling and grammatical errors that do not interfere with the comprehension of responses have been left as is, and words were only changed when such errors detracted from easy understanding of a participant's answer. Any words added by way of clarifying meaning have been presented within square brackets and bold font has been used within the extracts for emphasis.

### **3.3.5. Ethical considerations**

Ethical considerations are imperative when undertaking psychological research, and the Massey University Code of Ethical Conduct (2015) has been used to inform the ethical standards within the current project.

#### *3.3.5.1. Benefit to the participant*

As mentioned, participants received a koha (gift) in the form of a \$10 *Mighty Ape* voucher for completing the online survey as a way of thanking them for their time. In addition, a number of participants reported that they found it of great benefit to discuss their experiences of recurrent pain during sexual intercourse in a non-judgemental, safe environment with someone who is interested in hearing about their accounts and opinions. Many also noted that they would find it helpful to read the findings, and learn what other young women say about their experiences of recurrent coital pain. As one woman put it, "I'm just stoked to find out that pain during sex is a thing and it's not just me being defective" (*Scarlett, 21-25*).

This project will also be of great benefit to young women dealing with chronic coital pain as it gives voice to a group that has largely been ignored. Numerous women wrote that they appreciated having the opportunity to talk about their experiences and would like to see more openness within society around discussions of painful intercourse. Having open and frank conversations about what these young women are experiencing and how it influences their subjectivity reduces some of the stigma around such accounts and helps to normalise an issue that is so prevalent yet unspoken about within our society.

### *3.3.5.2. Informed consent*

Consent was obtained from participants and their participation was informed and voluntary. Four elements are presented within the Code of Ethical Conduct (Massey University, 2015) that were considered throughout the research: adequate amount of information, comprehension of this information, ability to make a decision and provide formal consent, and a lack of pressure or coercion.

At the beginning of the survey, a comprehensive information sheet was supplied outlining the research aims and process. Contact details for both me and my project supervisor were available to participants should they wish to find out more information or express any concerns prior to involvement. As noted above, participants were required to indicate that they consented to partaking in the study.

It was assumed unlikely that women who had been recruited via social media or posters would have felt under any pressure or coercion due to them choosing to participate in the study of their own accord. For women who were recruited through organisations, the clear instructions at the start of the survey were expected to negate any pressure to partake in the research if they did not wish to do so.

### *3.3.5.3. Anonymity and confidentiality*

Privacy and confidentiality are recognised as important parts of any research with human participants, especially when the research is covering sensitive topics. Braun and Clarke (2013) explain that online qualitative surveys offer the highest level of confidentiality when carrying out research. As I did not know whose answers were whose, pseudonyms were adopted simply to provide ease to the reader. Any identifiable information within the research data was changed and the data were stored in a password protected computer file throughout the research process, with access restricted to only my supervisor and me. In compliance with the Massey University research standards, all data will be kept for 5 years, after which time they will be permanently deleted/destroyed. Participants were advised that all information would be kept confidential.

If participants opted to receive a \$10 voucher, then complete anonymity could not be assured. This is due to the fact that I could see participant email addresses which sometimes contained the participant's name. However, participant contact details could not be linked to survey responses, and participants could opt out of receiving a voucher thus ensuring complete

anonymity. Women were informed of this limitation, and therefore chose whether they wanted to proceed or not.

#### *3.3.5.4. Protection from harm*

Due to the sensitive nature of my proposed research topic, the potential for participant distress was recognised. The survey instructions made clear that participants were not required to answer any question or discuss any topic that they found upsetting or uncomfortable. At the end of the survey, links and information to useful resources and help-line numbers were made available for those who may have required additional support. (These were also included on the information sheet at the beginning of the survey and appear in Appendix C.)

Potential risks to myself as the researcher were managed through the use of work contact details. It was decided that if the study content were to cause me emotional distress at any point, I would inform my supervisor and seek appropriate support. However, such actions were not required.

#### *3.3.5.5. Cultural responsiveness*

Due to Aotearoa New Zealand being a bicultural country, it was anticipated that a diverse range of participants would be reached in this project. Although Māori participants were not sought out specifically, in line with *Te Tiriti* obligations for research, cultural responsiveness was established before commencing my study. I received cultural supervision through the School of Psychology to ensure that my recruitment methods, survey questions and information on support services were appropriate to Māori women as well as non-Māori participants. Given the non-representative sample of Pākehā, educated individuals that make up the university population, I also contacted a range of community organisations as a means of reaching individuals of diverse ethnic and economic backgrounds.

#### *3.3.5.6. Reflexivity*

An important component of ethical, qualitative research is the notion of reflexivity. Reflexivity refers to a critical awareness of the influence of the researcher on that which is being studied, and should be attended to continuously throughout the research process, as I have endeavoured to do (Gough, 2003). Qualitative research methods acknowledge how personal interpretation is a key factor in understanding phenomena, recognising that situations are never approached and understood free of meaning (Cope, 2014; Shinebourne, 2011). Contrary to the ideals of objectivity and impartiality deemed fundamental to quantitative methods, qualitative research

values the personal input of the researcher and regard such subjectivity as contributing a layer of richness to the research as a whole (Gough, 2003). The researcher can only view the phenomenon of interest from their own position and understanding of being in the world.

Wilkinson (1988) describes this awareness of self as influencer as personal reflexivity. In this aspect of reflexivity, the researcher is aware of their own subjectivity and how this impacts the research process. From the topic chosen, the methodology employed, the way the data are analysed, and the conclusions and implications drawn, the researcher as an individual plays a vital role in each stage. Though contrary to common reflexive practices of introspection which uncover a 'fundamental truth' in the researchers motivations, understandings of existence as conceptualised within feminist poststructuralism note the necessity for reflexivity regarding one's subject positions (Gough, 2003). As discussed above, feminist poststructuralism does not align with notions of an essential, hidden self but rather understands our existence as a variety of "different selves, different performances, different ways of being a gendered person in a social situation" (Denzin, 2001, p. 28 as cited in Gough, 2003). Therefore, it was important for me to be aware of my own subjectivity and the various subject positions that I inhabit which enable and constrain my possibilities for being and doing. As Modleski (1991) judiciously notes:

...like the rest of the world even the cultural analyst may sometimes be a 'cultural dupe' – which is, after all, only an ugly way of saying that we exist inside ideology, that we are all victims, down to the very depths of our psyches, of political and cultural domination (p. 45, as cited in Gill, 2008).

Being a Pākehā-Italian, cisgender, heterosexual woman influenced the selection of my research topic and the areas in which I chose to focus my attention. As a young woman of 26, I have felt societal pressure regarding sexuality and ideas of 'ideal femininity' and was aware throughout my study how this shaped the type of questions I asked and themes I identified. Although I do not experience chronic pain, at times my own experiences of existing as a young woman in a patriarchal society made it difficult for me to separate myself from the issues that my participants raised and spoke about. As a means of managing such difficulties, I kept a reflexive journal detailing moments when I felt confused, enraged, incompetent and upset. Along with this, I discussed my feelings with my supervisor and other academic staff and colleagues.



My subject position of Pākehā/Tauīwi<sup>3</sup> researcher also brought about feelings of incompetency and hesitation when approaching agencies who worked predominantly with individuals of diverse ethnic and demographic backgrounds. A somewhat negative response from one organisation increased my uncertainty around contacting various services who I had identified as having a diverse client base. This made me reflect that, although my own identity is that of a bicultural heritage, I have a deep concern about being perceived as another white researcher doing research *on*, rather than *with*, minority and marginalised groups. These feelings are something that I have had to negotiate throughout my study by acknowledging people's rights to be cautious or decline involvement based on their own positioning and world experiences, rather than a personal affront.

As well as observing the ways in which my own identity and social positioning influence the research process, full reflexivity should also consider how the research experience “feeds back into life experience” (Wilkinson, 1988, p. 494). While undertaking this current study, I have been aware of a number of ways that this process has fed back into my own life. This has been a testing process for me, as feminist poststructuralist ideas regarding discourse and subjectivity have directly challenged my own ideas of myself as an empowered woman and feminist. Additionally, exploring ideas of heteronormativity and gendered sexual dynamics has also made me reflect on my own relationships and accepted sexual practices, which at times I have found to be a somewhat confronting task.

Adhering to poststructuralist assertions of knowledge and ‘truth’, I recognise that my research is but one interpretation of many possible perspectives and is not demonstrative of a fixed reality. My existence within certain discourses provides me with a lens through which my data were explored and themes were identified. Thus, my findings and conclusions are reflective of my own understandings of the issue of recurrent coital pain among young women in Aotearoa New Zealand.

### **3.4. Conclusion**

In this chapter, I have provided an overview of feminist poststructuralism as a theoretical framework and the main tenets that underlie it. Power, discourse and knowledge were discussed as culturally, historically and socio-politically positioned, determining what is considered to be ‘truth’ and ‘reality’. Although discourses vary in the power that they hold,

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<sup>3</sup> Pākehā/Tauīwi is the term used for someone who is not of Māori ancestry

feminist poststructuralism allows for the identification of such discourses, opening them up to critique and reducing their dominance and control. The role of language as understood through a feminist poststructuralist lens was also explored in terms of its constructive nature and the means through which it legitimises and enables specific sexual practices. Finally, I examined the dynamic and often contradictory construction of subjectivity through discourses available to young women who experience recurrent coital pain, along with feminist poststructuralism's scepticism of the concept of agency.

The second half of this chapter was a detailed presentation of the steps I took when carrying out my research. Qualitative surveys as a method of data collection offer some profound advantages when researching the sensitive topic of chronic coital pain, such as anonymity and convenience. Participants were recruited via online spaces, through organisations, and on campus, and I employed a six-phase constructionist thematic analytic approach when analysing my data. Lastly, the important ethical considerations of benefit to participant, informed consent, anonymity and confidentiality, protection from harm, cultural responsiveness and reflexivity were applied to my study to ensure the implementation of ethical practice.

In the next two chapters, I analyse and discuss participant's accounts of chronic coital pain, identifying themes that recurred across the dataset. I outline the findings that my analysis produced, unpacking six main themes and their subthemes through an in-depth analysis that highlights the discourses and rhetorical strategies that women used when discussing their ideas and experiences. This discussion also draws together previous literature with my current research findings. The 6 main themes include: (1) The 'hot-blooded male', (2) 'Good girls' don't rock the boat, (3) The neoliberal postfeminist woman, (4) Failed femininity, (5) Resisting the coital imperative, and (6) Alternative gender constructions in heterosexual relations.

## Chapter 4: The Coital Imperative

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“Even when you are having non-penetrative sex, there is always the shadow of what is not happening - the fact that you're not having 'real' sex hangs over you.”  
(Ellen, 18-20).

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### 4.1. Introduction

The coital imperative, as outlined in chapter 2 (Literature Review), denotes the privileged and expected place that penile-vaginal penetration holds in moments of intimacy between heterosexual couples. The coital imperative positions penile-vaginal sex as natural and healthy, and in doing so determines the legitimacy of a sexual encounter as ‘real’ sex only when penetration has occurred (Gavey et al., 1999; Kaler, 2006; McPhillips et al., 2001). Such an understanding of ‘real’ sex was central to women’s accounts when discussing their understandings of what sex is or should be. The theoretical concept of the coital imperative is therefore central to my analysis; pointing to the culmination of social and cultural norms that participants’ talk either reinforced or resisted. In this chapter, I concentrate on talk that reinforced this regulatory norm.

The perceived ‘naturalness’ of penetrative sex (Gavey et al., 1999) meant that most women viewed intercourse as integral to their heterosexual relationships. More than half of the respondents’ defined sex as “the penetrative act of a penis fully entering a vagina” (*Aurora*, 21-25) in which non-penetrative sexual acts were described as “foreplay”—acts that occur prior to ‘actual sex’—and therefore “don’t count” as ‘real’ sex. The coital imperative positions male sexual gratification as paramount, where male sexual needs and pleasure are prioritised over and above the woman’s (Shallcross et al., 2018). The operation of this norm was visible throughout participants’ talk where, although sometimes women referred to the importance of female sexual enjoyment, they regularly spoke of placing their partners’ needs before their own feelings of comfort. His sexual needs were framed as the most important factor to consider, as evident through Rhiannon’s (21-25) characterisation of sex as “an act of penetration that ends in a male orgasm”.

Intertwined within the coital imperative are a range of ideas regarding what it means to be a ‘normal’ woman and adequate sexual partner. These ideas rest on entrenched traditional gender

discourses. Intercourse symbolises the essence of heterosexuality and defines femininity within women (Svedhem et al., 2013). As I shall demonstrate in this chapter, the subject position of ‘real’ women is afforded through binary constructions of gender and sex, conflating heterosexuality with normality where coitus signifies true gendered being and adequacy as a sexual partner (Ayling & Ussher, 2008; Shallcross et al., 2018). My analysis demonstrates how particular dominant gendered discourses are drawn on in various themes and how they are either reinforced or resisted through women’s talk.

The current chapter focused on dominant discourses and heteronormative narratives that participants drew upon in their responses which work together to construct the coital imperative. In this chapter, I discuss four key themes that I identified in which, as I shall show, support of the coital imperative was clear. The first two of these reflect traditional conceptualisations of gender and include the themes of the ‘hot-blooded male’ and ‘good girls’ don’t rock the boat. These themes encompass conventional understandings of gender roles that follow the active/passive dyad of constructions of male and female. The third theme of the neoliberal postfeminist woman contains contemporary, neoliberal ways of understanding young women’s sexuality as based on postfeminist ideals and has been dealt with far less in critical research on heterosexual negotiation. The fourth theme is that of ‘failed femininity’. This theme involves women’s accounts of feeling as though they are ‘frauds’ and not ‘real’ women, and at times leads to a questioning of their own heterosexuality. As I shall demonstrate, these particular subject positions arise due to the pervasiveness and acceptance of the coital imperative. Throughout the analysis, I identify the main discourses present in each theme and how these in turn influence young women’s subjectivity construction and their possibilities for action. I demonstrate how the adoption of specific discourses make available certain ways of being and doing.

#### **4.2. Theme 1: The ‘hot-blooded male’**

The young women in my study regularly depicted intercourse as a biological necessity for men, in a similar vein to research by Ayling and Ussher (2008), Kaler (2006), and Elmerstig et al. (2008). This construction relies on the male sex drive discourse that depicts men as biologically wanting and needing sex, while women’s sexuality is absent and women are simply passive objects to men’s desire (Hollway, 1984a). Based on the construction of sex as a male *need*, the inability “to fill that need for him” (*Brooke, 26-30*) led participants to report feeling as though they were “depriving him without a very good explanation” (*Isla, 26-30*). Thus, although some women did report direct pressure for penetrative sex from men, more often it was the

problematic rhetoric of the coital imperative that appeared to cause the most significant and ongoing stress. The following extracts illustrate the ways that the male sex drive discourse underpins the coital imperative.

Maya (21-25): I feel like it's a requirement to have sex **to keep him happy** but I know that's not right at all and it's about the both of us not just me and not just him

Rhiannon (21-25): I also find that **once foreplay has gone on for long enough, that I don't have a right to stop sexual penetration**. I know this is wrong, I know I can ask someone to stop but I want to say here that once a guy is really worked up and into it, and I like him as a person and care about him, I find it hard to say no, and would rather just let the penetration happen even if I don't really want it to, as it feels easier to deal with than the awkwardness of halting the sexual encounter.

These extracts illustrate how women frequently described feelings of pressure while being intimate with a male partner. The familiar construction of men's uncontrollable and natural desire is evident in Rhiannon's reference to "a guy being really worked up". These extracts echo feminist work that highlights women's ability to (safely) refuse unwanted sex due to the power imbalances in heterosexual relationships and the strength of heteronormative discourses that prioritise male sexual gratification (Allen, 2003; Elmerstig et al., 2008; Groven et al., 2016).

These extracts also show the ambivalence women felt about this ("I know it's not right", "I know this is wrong"). A number of participants did express dissatisfaction and disagreement with such an understanding of male sexual requirements. Yet, the dominance of the male sex drive discourse supports the coital imperative, making it difficult for the women to reject subject positions in which they were responsible for meeting men's sexual 'needs', and hence evade feelings of guilt and the need to prioritise male desires.

Regardless of whether such pressure is felt to be 'right' or not, the ubiquity and power of the coital imperative results in the assumed fact that penetration will ensue after foreplay has occurred, demonstrating how penetration is considered to be the apex of heterosexual intimate encounters (McPhillips et al., 2001). For a number of women, the 'standard script' of heterosexual practice (Cacchioni, 2007) made all types of sexual intimacy "less enjoyable, because I know after foreplay that he is gonna put it [his penis] in and I kind of get more tense" (Kennedy, 21-25). Due to the 'standard script' and 'normal' sexual trajectory that heterosexual sex

follows, non-normative heterosex is regularly positioned as inferior, ‘foreplay’ or ‘not real’ sex, merely a ‘lead-up’ to the main act of sexual intercourse (Cacchioni, 2007; Lewis, Marston, & Wellings, 2013). Therefore, although women may not experience direct verbal pressure from their partners, the extracts above illustrate the strong pressure that still exists based on heteronormative discourses and traditional ideals, even when women may express dissatisfaction and dissent (as discussed at length in the following chapter).

Women repeatedly wrote about feeling as though they were “letting their partner down” by not being able to have regular penetrative sex in spite of the fact that such behaviour caused them immense pain and discomfort. It was their guilt in relation to not fulfilling his sexual needs that majority of respondents reported struggling with, seeing it as their “fault” and making them feel “ashamed” for not being able to provide this for their partners. Karina (21-25) spoke of how her pain during intercourse made her feel as if she was “in debt” to her partner and therefore tried to “make up for the issues ... by doing everything around the house and excusing him from lazy/selfish behaviours”. Such accounts demonstrate the position of ‘truth’ that the male sexual drive discourse appears to be afforded, where ‘withholding sex’ is viewed as an inhumane deprivation of male biological rights (Hollway, 1984a) and must be compensated for.

Unsurprisingly, therefore, women spoke of regularly having sex “for him” rather than for their own enjoyment. The positioning of male needs over and above female pleasure led many women to just “grin and bear it”. At these times, women were self-sacrificing in their experience of pleasure, allowing for their male partner’s enjoyment to take precedence over their own.

Taylor (26-30):            If with a male, I try and make that aspect of sex be over relatively quickly as I am not doing it for my own pleasure ... [I] just grin and bear it for the other persons satisfaction.

Again, Taylor’s comments show how male sexual pleasure was commonly constructed as more important than female enjoyment. Contrasting resistant talk of female pleasure as presented in the following chapter, Taylor accepts traditional gender norms that disadvantage women and privilege male sexual gratification, as sex is about his satisfaction and not her own pleasure. Many participants consented to sexual intercourse so as to not ‘deprive’ their partner of pleasure; to ensure he still experienced enjoyment in the relationship without her ‘affliction’ preventing such a thing. The subject position of the sacrificing female is evident in women’s

talk of ‘just dealing with it’, and adheres to traditional societal understandings of women’s roles as caring mothers and partners—self-sacrificing through her natural altruistic desires and willingness to place others needs ahead of her own (Baines, Charlesworth, Cunningham, & Dassinger, 2012). Such acts of sacrifice were identified in Elmerstig et al.’s (2008) study examining why young women continue to engage in intercourse despite sexual pain. Similarly, they found that their participants felt their own discomfort was of lesser importance to the pleasure of their partners, and such sacrificial behaviour was adopted “in an attempt to live up to their image of an ideal woman” (p. 360). This demonstrates the prized position that intercourse is given in heterosexual relationships, where in order to maintain a ‘normal’ relationship and retain one’s partner (as shown more clearly in the next theme), women must sacrifice their own pleasure to keep him content.

In contrast, although not explored in any great detail due to the focus of my study, women’s prioritisation of their partner’s needs did not seem to be present when they spoke of sexually intimate moments with other women. Through brief fragments of talk in reference to lesbian sexual practice, there did not appear to be the same narrative of letting her partner down as a consequence of the inability to have penetrative sex (and not because penetrative sex does not occur in lesbian sexual practice (Bolsø, 2007)). Jordyn (21-25) explained that “with men, there’s an expectation of penetrative sex where we both experience sex at the same time, but with females I can still give them pleasure without having the act reciprocated and I’m not denying them the pleasure they want”. Such an account illustrates the gendered power dynamic in heterosexual relationships that forms the foundation of the coital imperative (Shallcross et al., 2018).

### **4.3. Theme 2: ‘Good girls’ don’t rock the boat**

Along with the construction of female sacrifice, traditional gendered discourses also position women as understanding and compromising ‘peacekeepers’, responsible for ensuring ‘smooth sailing’ in moments of tension or conflict (Charlesworth, 2008). This depiction is visible throughout history, where women are and have been conceptualised as more peaceful by nature—more willing to compromise than men in a way that facilitates productive interpersonal communication (Aharoni, 2017; Charlesworth, 2008; de Beauvoir, 1952). Such compromise and understanding results in an expectation that women are the best people to defuse tense situations and acquire the necessary skills needed to avoid escalations in conflict in relationships and heterosexual partnerships.

These understandings of women's roles are especially visible in interpersonal relationships with intimate male partners. For women with chronic coital pain, the role of 'interpersonal peacekeeper' was evident through the responsibility of coping strategies and emotional 'tending'. The management of emotional needs, called 'emotional labour' or 'emotion work', has been highlighted and discussed in great depth in work examining theories of gender division in heterosexual relationships (Duncombe & Marsden, 1993) and the mechanisms used by women in refusing male sexual advances (Frith & Kitzinger, 1998; Kitzinger & Frith, 1999). Emotion work refers to the way that women are expected to tend to men's emotional needs and take care of their self-esteem, particularly in heterosexual relationships (Cacchioni, 2007; Gill, 2007). Women have been found to use highly skilled and considered techniques as a way of enabling men to maintain their sense of pride while negotiating a sexual situation (Frith & Kitzinger, 1998; Kitzinger & Frith, 1999). In support of this research, the women in my study regularly engaged in emotion work as a means of ensuring 'smooth sailing', continually monitoring their partner's emotions so as not to "hurt his feelings".

Although women often spoke about understanding and supportive male partners (explored further in the following chapter), there was an evident lack of discussion around the shared responsibility of pain management. The woman's pain was mostly depicted as her issue alone and something that she had to attempt to navigate through various means, such as "focus[ing] a lot more on my partner and trying to get through sex as quickly as possible" (*Adrienne, 26-30*). The requirement of managing their partner's emotional needs in addition to their own physical pain led women to "downplay" their experiences and "not disclose the pain" to their partners to ensure that he would not "feel guilty" or like "he has done something wrong". Thus, many respondents found it easier to just manage the consequences of pain after the fact rather than deal with everything in the moment, as is illustrated in Maya's account:

Maya (21-25):           Initially I could tell him it hurt as we were just starting to figure out what each person liked and I cried many times at the beginning because it was so painful. Now I'm less inclined to tell him during as **I don't want to hurt his feelings** because ... he will feel guilty because he really enjoys it. I will only now tell him after that I'm sore.

Maya's response provides an example of covert emotional tending carried out by young women with coital pain, devoid of active verbal communication. It is by remaining silent that Maya protects her partner from experiencing any potential feelings of guilt regarding her own physical pain, thus offering him a silent reassurance of his abilities as a man (Bell &



McClelland, 2018). She speaks of not wanting to “hurt” her partner’s “feelings” and therefore finds it easier to just deal with the experience of physical pain so as not to detract from the moment. Maya takes up the aforementioned subject position of the self-sacrificing female. Her willingness to attend to her partner’s pleasure before her own fits comfortably into gendered norms of a woman’s role in society as the ‘obliging’ partner who places the needs of those around her before herself (Elmerstig et al., 2012).

Therefore, in addition to managing their own physical pain, women frequently indicated that they also had to manage their partner’s emotional needs in relation to their pain, as men appeared to get easily upset or offended if participants did not want to have intercourse with them. Such hurt and rejection seemingly emerges from the ubiquitous acceptance of key assumptions embedded in the coital imperative, namely: sexual intercourse as indicative of a ‘healthy’ heterosexual relationship and the subsequent subject position of ‘male’ that it makes available in heterosexual coupledom. Participants spoke of men, too, finding it difficult to separate the lack of penetrative sex from feelings of self-worth. However, it was suggested that “his self-worth as a man” was “wrapped up” in his ability to sexually perform and pleasure his female partner. If she did not appear to be “enjoying it” then women reported their partners as feeling “like a failure” due to the implied inferences regarding his sexual skillset. Such responses could in part be seen as a positive development, suggesting the presence of contemporary discourses of gendered pleasure and emerging understandings of women’s rights to sexual pleasure. Yet, this may also be undercut, to some extent, by the emphasis on female pleasure as a sign of male sexual prowess.

In her response below, Grace acknowledges the prevalence of the coital imperative in her relationship, emphasising that she feels this is particularly the case with male understandings of sexual practice.

Grace (21-25):            my last partner ... took my reluctance to have penetrative sex with him as a personal slight ... I think men especially find a lot of their sense of self-worth in a relationship is wrapped up in a very narrow definition of "sex".

Such insight as offered up by Grace and other women in my research has been supported by a number of studies that discuss male understandings of sexual behaviours and self-worth (Bell & McClelland, 2018; Braun et al., 2003; Brown, Schmidt, & Robertson, 2018). These studies suggest that a male’s worth is strongly linked to his sexual capabilities, which is made visible

through female enjoyment as a result of his sexual skill (Brown et al., 2018). Men have reported feeling more masculine and achieve higher levels of self-esteem when they imagine their partner reaching orgasm during sex with them (Bell & McClelland, 2018). Therefore, as demonstrated in participants' accounts above, to not want to have sex with him is to imply that he is not proficient in his sexual capabilities, impacting his masculinity and decreasing his feelings of self-worth.

As a way of ensuring that their partner did not feel hurt or take it personally when they did not want to have sexual intercourse, many women expressed having to continually "reassure" their partner. This involved telling him that "it isn't his fault"; that they still loved him in spite of their own sexual difficulties and their pain did not detract from the non-physical elements of the relationship. Again, Grace explains:

Grace (21-25):           with my current partner ... I need to be careful about communicating the fact that I AM attracted to him, I just don't want to have penetrative sex so often for reasons beyond my control.

In this way, women took responsibility for managing their partner's emotions by mitigating potential feelings of rejection as a result of her not wanting to engage in sexual intercourse. Thus, in addition to the personal struggles of self-worth and 'enoughness' that young women with coital pain must negotiate, they also must attend to the emotional needs of their partners by ensuring that his feelings of masculine adequacy are not fractured.

Considering the limited possibilities made available through traditional gender discourses, it is interesting that women who experience recurrent pain during sexual intercourse promote ideals in which they are marginalised and 'othered'. While Aotearoa New Zealand is regarded as relatively forward thinking and contemporary in its social and political climate, research into sexual customs has found a strong presence of traditionalist views (Allen, 2003). Allen (2003) argues that as a country, Aotearoa New Zealand has a relatively conservative outlook on sexuality and sexual equality between genders, where "the construction of women and men's sexuality is dichotomized" with men depicted as solely sexually oriented and women as "lacking erotic desire [...] and corporeal pleasure" (p. 218). Yet in spite of the presence of traditional narratives regarding sex and gender, contemporary discourses of femininity and sexual subjectivity simultaneously permeated young women's responses as they described a postfeminist woman born out of liberal discourse.

#### 4.4. Theme 3: The neoliberal postfeminist woman

The importance of being sexual as a woman was a point regularly raised by participants, whether it was how they felt now or how they had felt at a previous time in their lives. When asked specifically if they thought being sexual was an important component of womanhood and/or femininity, many women indicated outright that they agreed with this sentiment. Sex and femininity were seen as “intertwining concepts” which meant that “trouble with one area throws the other off balance” (*Lily, 18-20*). Women often reported feeling their “most womanly” during moments of sexual intimacy as “being sexual is a very empowering aspect of being a woman” (*Keira, 21-25*).

Though not all indications of agreement to ‘sex as central to womanhood’ were explicit in participants talk, rather oftentimes agreement was illustrated by the negative impact that not being able to have penetrative sex had on women’s own subjectivity construction. In fact, almost half of respondents actively resisted the suggestion that sex and femininity/womanhood are intertwined concepts when asked directly (I will touch on this in the next chapter). Despite this explicit resistance, the conceptualisation of sex as fundamental to the construction of femininity and/or womanhood embedded itself in various answers throughout the survey, illustrating the pervasiveness of such gendered notions regardless of an active agreement. Women regularly referred to feeling like “less of a woman” due to an inability “to do the most basic innate thing that humans participate in” (*Rebecca, 21-25*). As Loretta explains:

Loretta (26-30):           It has impacted the way I view myself. It is such an important part of life and I often feel broken or not good enough. It has impacted how I feel about myself as a woman, I often feel not woman enough, not sexy, and not beautiful.

Here Loretta characterises women who are not sexually active as lacking or inadequate and links this to their desirability to men (“sexy”, “beautiful”). Such accounts of failure and feelings of ‘less than’ highlight the way in which many of these women linked their subjectivities with their sexual capabilities. Women consistently discussed how recurrent pain during sexual intercourse affected “feelings of self-worth”, “lowered confidence and self-esteem” and, during some of the darkest moments, led to “suicidal thoughts”.

Constructions of womanhood as intertwined with sexual performance were also referred to through the expectation that young women should be sexually carefree, experienced and ‘up for it’ (Harvey & Gill, 2011). Such sentiments reflect the subject position of the postfeminist

woman who takes control of her sexuality and is agentic in her sexual desires (Gill, 2007). As Heather (26-30) noted, “woman are always portrayed as [though] they are enjoying anything sexual that happens to them by a male”, while Rosie (26-30) stated that she felt “like a dried up old hag who can’t handle a bit of fun!”.

One of the ways women appeared to determine such feelings of feminine inadequacy was through a comparison of self with others: what other women could do and how other women enjoyed sex. Caroline (21-25) spoke of “a typical girl” for whom sex is “fun and pleasurable” and therefore felt as though she was “the only one not enjoying it”. Women reported that such comparisons resulted in feeling “jealous of friends who are able to have sex pain free” (Mackenzie, 21-25) as they felt they could not “do what all the others girls do and be as free during intimacy” (Lillian, 21-25). Ellen (18-20) described a sense of “pressure on women in this generation to be sexually active or sexually expressive” where, in peer groups, such expressions of sexual agency were demonstrated through “showing off your body on social media”. She maintained that the expectation of young women to be sexually permissive and carefree led to a general understanding that “if you havent had sex when youre 18 or under, then youre the odd one”. Pressure from peers thus worked by ‘othering’ women who did not regularly have sex with men, making them feel abnormal and ‘wrong’ for not engaging in such practices. Rosie described such othering as noticeable in her friendships with other women:

Rosie (26-30):                female friends who are openly discussing their sex lives almost shame me for not having as regular sex with my partner anymore.

Such constructions of women as overtly sexual beings visible in participants’ responses highlight contemporary discourses of young women’s sexuality. In contrast to the role of women in the traditional have/hold discourse where women are positioned as needing and desiring commitment in the form of a stable relationship (Hollway, 1984a), contemporary conceptualisations draw on a liberal permissive discourse where sexual expression is celebrated in both men and women ‘equally’ and sex is understood in terms of pleasure (Gavey et al., 1999; Hollway, 1984a). Although ostensibly liberating for women, Gavey et al. (1999) argue that the permissive discourse offers “freedom in a bubble” (p. 37) as it does not challenge the coital imperative but rather works alongside it in a way that creates more pressure for young women to have intercourse *and also* enjoy it. Ayling and Ussher (2008) also identified such pressure among their participants, where women felt inadequate due to their inability to adopt the subject positions made available by the permissive discourse. Their capacity to behave like

‘true’ women in a carefree, sexual manner was seen to be “constrained by the material limits of their vulvar pain” (Ayling & Ussher, 2008, p. 299).

The change in gendered discourses related to female pleasure was pronounced throughout participants’ responses, and is reflective of a general societal shift in understanding the role of young woman. Where women were once expected to be virginal and ‘pure’, and sex was a means of reproduction and satisfying ones partner, contemporary societal expectations of young women depict a new, sexualised woman for whom sex elicits pleasure and empowerment (Harvey & Gill, 2011; Zaslow, 2009). Much like the participants in Ayling and Ussher’s (2008) study, such a shift resulted in respondents feeling a pressure to have sexual intercourse independent from that placed on them by their male partners and peers. Elizabeth (18-20) felt that the construction of the oversexualised woman is reflective of “what we are spoon-fed from the media” where women are afforded the subject positions of “sexual objects and desirable bodies”. Such an expectation is evident in Keira’s account below:

Keira (21-25):           The pain has made me feel **undesirable**, like I'm going to push away my partner because I'm unable to perform sexually as is 'expected' of me by society. My partner really doesn't mind ... it is my own ingrained feelings around what I 'should' do that affect my perspective ... It makes me feel as though I am not 'performing' like I am expected to as a woman in a sexual situation

Visible in Keira’s extract is an internalisation of this societal pressure. Despite an apparent awareness of the root of such pressure, Keira still feels “undesirable” as these contemporary discourses have been “ingrained” in her. Similarly, Ashley (18-20) reported feeling a sense of pressure “despite the guy I’m dating never forcing me too. I just feel like I’m letting him down so I have sex if I can handle the pain.” For many women, sexual intercourse was associated with feminine empowerment, thus not being able to have intercourse left participants feeling like they were disempowered and “failing”. Zaslow (2009), in her book critiquing ‘girl power’ in modern day media culture, analyses how pop culture promotes an overtly sexual young woman, whose body and sexuality are understood in terms of its economic, social and cultural capital. Such critiques are common among critical theorists who assert that the rise of neoliberal discourse has created a ‘new’ ‘postfeminist’ female. Turner (2005) argues the construction of ‘woman’ as developed through contemporary discourse depicts the oversexualised modern female found in pornography, encouraging the ‘porno chic’ “take-me-now-big-boy fuck-puppet of male fantasy” (p. 2 as cited in Gill, 2007). As seen in the accounts above, the societal adoption of a permissive discourse and constructions of a ‘new’ femininity

make it difficult for young women to locate where the pressure to engage in sexual intercourse and enjoy it is coming from. This ambiguity means that rather than critiquing the power systems which propagate this rhetoric, blame is directed at the self for not meeting the standards of ‘adequate’ femininity (Gill, 2007). In this way, women position themselves as ‘less than’ based on comparisons of perceived ‘normality’ and ‘true’ womanhood.

Although contemporary understandings of female sexual enjoyment rooted in neoliberal postfeminist discourse offer women subject positions through which to claim pleasure, as stated above this can create more pressure for young women rather than providing them with the freedom to have a truly equal and enjoyable sexual experience (Braun et al., 2003; Farvid, 2014; Frith, 2013). As covered in my literature review, discourses of reciprocity that emphasise the importance of both partners reaching climax have been critiqued for their pseudo-reciprocal nature where female orgasm becomes less of a choice and more of an obligation (Braun et al., 2003). In her study on accounts of gendered orgasmic absence through the story completion method, Frith (2013) found that the inability for a female to reach orgasm was blamed “on her inability to fulfil the demands of normative femininity (of being attractive and ‘womanly’)” (p. 316) illustrating some of the pressure that women may experience when adopting a permissive discourse. Hollway (1984a) contends that in principle a permissive discourse offers an escape from traditional understandings of gendered sexual activity, however in actuality it has not generated this transformation. “The differences between men's and women's positions in the traditional discourses were never banished in permissive practices,” she argues, and this in turn “demonstrates the importance of recognising the historically specific nature of discourses, their relation to what has gone before and how practices [...] are not the pure products of a single discourse” (Hollway, 1984a, p. 235). Therefore, although discourses promoting female pleasure ostensibly make the promise of sexual equality available to women, the eclectic nature of subjectivity construction limits actual freedom and gendered equality in heterosexual relationships.

#### **4.5. Theme 4: Failed femininity**

The pervasiveness of the coital imperative and the adoption of resultant traditional and contemporary discourses leave women who experience chronic coital pain with limited options through which to construct their subjectivities. As I discuss in this theme, this impacts how women understand themselves as gendered beings and how they attempt to navigate such discrepancies.

It is through the adoption of particular discourses that subject positions make themselves available to women (as explained previously). By drawing on traditional and contemporary discourses that conceptualise ‘real’ heterosex as penetrative and male sexual needs as paramount, particular ways of being and doing are either promoted or limited. For women who experience recurrent pain during sexual intercourse, the adoption of discourses which promote the coital imperative requires them to amend the subsequent subject positions of femininity, adequacy and womanhood through a variety of means (Shallcross et al., 2018). As they cannot partake in sexual behaviours that afford them automatic rights to a feminine subjectivity, young women with sexual pain must redeem their feminine selves through alternative methods in order to claim a positive subject position.

#### **4.5.1. An undesirable partner**

Previous studies with women who experience chronic coital pain have found that participants regularly felt that their inability to have sexual intercourse made them inadequate partners to the men in their lives (Ayling & Ussher, 2008; Marriott & Thompson, 2008). Among these women, the subject position of inadequate partner occurs as “individuals constantly appraise their performances against cultural ideals” (Ayling & Ussher, 2008, p. 301). Thus, women understand themselves as ‘less than’ and inferior based on their adherence to the traditional discourses that underpin the coital imperative.

Drawing on the male sex drive and contemporary discourses in combination meant that most women in my study reported feeling worried that they were “undesirable to men” and no male would want to be with them if they could not have sexual intercourse (this logic was rarely in relation to their current partners, however). Such a sentiment was not always expressly based on participants’ own direct experiences, but predominantly appeared to be a result of a generally accepted understanding that if a woman could not have sex with her man then she was of little value to him. It was regularly suggested that “a lot of men dont like being with someone who doesnt like sex” (*Gemma, 21-25*).

In fact, the ability to have sexual intercourse was seen as such a desirable and necessary characteristic for a woman to have, that it surpassed all other qualities which make a complete person and satisfactory partner. Below, Alice explains that when it comes to personality versus sexual capabilities, women who possess the latter will always come out on top.

Alice (26-30): I feel like other woman have a big advantage over me. Even if I am a nicer woman than others, sometimes I feel like if a woman can have good sex, she will have a better relationship with her partner than me because of that

Alice's response positions a "nice woman"—also a culturally valued subject position—as inferior to a sexually capable women who is, presumably, able to sexually please a man. Alice's talk is reflective of findings by Kaler (2006), where women spoke of sex as being the 'one thing' that men really want. Through such understandings it is clear how the male sex drive discourse dovetails with the contemporary postfeminist discourse in a way that offers women little space to construct understandings of themselves that move beyond the subjectivity of 'sexual provider'. Gavey et al. (1999), discussing the work of Hollway, explain that "intercourse acts as a signifier to women that they are attractive (to men)" (p. 59), and so not to possess such 'skills' is to fail to meet the requirements necessary for male sexual attraction. As such, all other characteristics that a female may hold are seen as less significant than her ability to have and provide sexual satisfaction at a level worthy of her partner's desires (Gill, 2007; Groven et al., 2016).

#### **4.5.2. The fraudulent woman**

The ubiquitous acceptance and normalisation of the coital imperative meant that the majority of respondents understood there to be something fundamentally wrong with them – that their inability to engage in penetrative sex made them abnormal as women. Participants reported feeling as though they were failing in their femininity and 'womanness', and in moments when they *were* able to access a feeling of self-confidence regarding gendered being, they were quick to "feel like a fraud rather than a woman" (Riley, 26-30). Such accounts highlight the necessity of penetrative sex in heterosexual coupledom as a claim to 'true' womanhood (Kaler, 2006).

Participants spoke about taking certain actions to reclaim membership to the group of 'true' woman as a means of repairing the 'spoiled' subject positions that the inability to have intercourse generated. The aforementioned discourses, which reproduce the coital imperative, offer limited subject positions for understanding gender and sexual subjectivity that move beyond binary conceptualisations of gender and heterosex. Participants described behaviours and characteristics that were deemed more suitable for women; that there was such a thing as a 'generic' woman who acts 'appropriately' based on cultural beliefs of what it means to be male or female. This meant that claiming the status of true woman could be attained by behaving in certain ways and ensuring that one's outward presentation and adopted behaviours



aligned with socially accepted notions of femininity. Lindsey (26-30) explained that by being “really feminine in other ways (always having my nails done, shopping compulsively etc)” she felt as though she could “overcompensate” for her feminine deficiency brought about by her inability to have sexual intercourse.

As traditional and contemporary discourses promote an understanding of woman in relation to male satisfaction where she is expected to prioritise both his physical and emotional needs (Gill, 2007; Marriott & Thompson, 2008), the inability to act in line with these subject positions means women must compensate in a way that still allows her to negotiate a positive feminine subjectivity. Similar compensatory behaviours have regularly been identified among female athletes, a concept known as the apologetic defence (Hendley & Bielby, 2012; Malcom, 2003), in which women athletes “compensate for the perceived masculinizing effect of participating in sports... [through an] ...*overemphasis* of stereotypically feminine behaviors” (Malcom, 2003, p. 1388, emphasis in original). Through such actions, female athletes lay claim to subject positions that are brought into question as a consequence of exhibiting so called ‘masculine’ traits and behaviours (Malcom, 2003). These can be understood as masculine performances of gender. Morison and Macleod (2013) draw on the theory of performativity theorised by Judith Butler to explain how ‘doing gender’—that is, behaving in a way that is stereotypically male or female—is part of the ‘identity work’ through which a sense of self is constructed. Although the inability to have penetrative sex does not denote masculinity, threats to claims of femininity are undeniable and visible through feelings of fraudulence and failure. As with women athletes, a number of participants engaged in highly stereotypical feminine behaviour as a means of constructing a feminine subjectivity.

Yet, despite implementing compensatory behaviours, the subject position of ‘true’ woman as made available through the coital imperative appears to remain inaccessible to many women with recurrent coital pain. By drawing on discourses which offered feminine subject positions based on penetrative sex, women engaged in a process of self ‘othering’ where they positioned themselves as inauthentic in their womanhood (Kaler, 2006). Subsequently, feelings of fraudulence and falseness followed as women felt like they were merely ‘pretending’ to adopt the subject positions of such discourses. It is the conflation of female with sexual object that prompt such constructions of inauthenticity. This is due to differences in how gender is conceptualised, where “femininity is defined as a bodily property rather than a social, structural or psychological one” (Gill, 2007, p. 149). Although men with sexual difficulties such as erectile dysfunction do report feeling ‘unmasculine’, such degenderizing does not appear to

result in a construction of one's self as inauthentic or fraudulent (Kaler, 2006). Nor do such feelings appear to arise from a sense of inadequacy regarding letting their partner down, but rather letting themselves down in their masculinity (McDonagh, Nielsen, Mcdermott, Davies, & Morrison, 2018). A woman is conceptualised through her position in relation to a man and his needs and, as she must be the one to satisfy these needs, she is understood to be the object of male sexual satisfaction. Therefore, to not achieve the subject position of 'male sexual satisfier' is to not be legitimate in one's womanhood.

In contrast to overemphasising gendered characteristics, the conflation of female subjectivity with sexual provider meant that some participants 'downplayed' gendered ways of being to distance themselves from group membership. Because certain presentations were associated with femininity and womanhood, and simply being feminine implied a certain sexual availability and eagerness (Gill, 2008), some women reported moderating such implications through a change in outward presentation. This was not framed particularly as a choice, but rather a necessity by means of removing themselves from the pool of 'attractive' young women who were seen to be 'up for it' based on how they looked. Adrienne's account below illustrates this clearly.

Adrienne (26-30): It has also meant that I try to avoid looking too pretty to evade the attention of men so I don't have to deal with the sex side of things.

Here, Adrienne refers to the assumption that if you are a young woman then you are fair game for male pursuits, which will inevitably lead to having to engage in sexual intercourse. This idea was visible in several responses given by young women in my study. A number of participants reported changing their dress style as a consequence of feeling less feminine and attractive in themselves due to their inability to have coitus. Thus, through their outward presentation, women removed themselves from a group they felt they no longer had the 'right' to claim membership to. As Bridget explains:

Bridget (26-30): I don't feel as confident in myself and find it hard to see myself as attractive I'm no longer outgoing nor a social butterfly, I dress very conservatively now too.

Echoing Bridget's comments, Shannon (26-30) also reflected that experiencing recurrent pain during sexual intercourse "has affected how femininely I dress and present myself". These extracts illustrate how the coital imperative positions young women as sexually carefree and

‘up for it’, with discourses that support this imperative only providing subject positions that propagate such notions (Gill, 2007).

#### **4.5.3. Troubled heterosexuality**

It was not just normative ideas regarding gender that were visible in women’s talk, but also those of sexuality that reinforce the ‘normal’ masculine and feminine as heterosexual beings. The foundational role that intercourse was given in heterosexual relationships resulted in many women questioning their own sexual orientation, with a number wondering whether they may actually be asexual (i.e., without any sexual feeling or attraction).

Katerina (26-30): I used to worry the pain meant I was a sexual [sic] and should just never have sex.

For participants like Katerina, subject positions born out of discourses based on the coital imperative leave heterosexual women with little explanations for their lack of sexual enjoyment. It was not simply participants themselves who drew on such discourses through which these subject positions resulted, but rather they spoke of feeling at times that this was also suggested by their partner when they did not want penetrative sex due to pain. As seen below in Maria’s response, the acceptance of the coital imperative offers limited understandings of sex outside of penile-vaginal penetration. Therefore, not enjoying intercourse due to pain is difficult to explain from within these discourses.

Maria (21-25): The lack of wanting to have sex or feeling the desire for sex with my previous partner made me seriously question my sexual expression - maybe by body wasn’t made to have sex? My partner had even put the thought in my head that I may be asexual - I began to believe it after a year... I just felt like I could have been asexual because of my lack of desire to have sex with that one partner (even though I am really not asexual. The pain during sex just completely put me off having sex with him).

Taylor (26-30): It has caused a lot of questioning around sexuality and whether I make decisions on who I am with based on my lack of want for that type of sex ... This has meant I have questioned my sexuality in that I am unsure if I shy away from heterosexual relationships because I feel inadequate and unable to provide what that person wants because of the pain and discomfort I experience, or whether its more a sexuality thing.

More commonly, women questioned whether they may be lesbian or bisexual as opposed to identifying as solely heterosexual. Although it was frequently raised, women often did not have

a 'definite' answer to how they understood their own sexuality in this regard. Women regularly based their doubt on what they thought their "physical body" was "telling" them, leading Bella (21-25) to conclude, "oh well, that's it, I must be a lesbian after all". Such accounts demonstrate the potentially damaging ramifications of constructing a sexual-subjectivity using discourses which promote the coital imperative alongside the portrayal of women as active sexual subjects.

Taylor's talk makes visible the potentially complex process of separating sexual ability from sexual preference. For young women with chronic coital pain, it appeared that a difficulty in adhering to heteronormative ideals and expected heterosexual practices commonly resulted in a questioning of sexual orientation.

The oversexualisation and positioning of desiring sexual subject is not afforded to all women equally, only those who have sex with, or for, men (Gill, 2007). Therefore, a lack of desire to engage in sexual intercourse calls into question the two main components that make up her sexual subjectivity as constructed from such discourses—the subject position of heterosexual and the subject position of woman. It is unsurprising then, that along with feeling like less of a woman, participants questioned their sexual orientation.

Expectations of penetrative sex are practically non-existent in lesbian coupledness (Jackson, 1984), and thus is likely to explain the consideration of this subject position in women with sexual pain. In fact, Diorio (2016) argues that it is through the increased recognition of same-sex sexuality that "the scope of the coital imperative has contracted to heterosexuals, among whom coitus remains the signature behavior" (p. 844). As such, non-penetrative sexual acts are conceptualised as non-heterosexual sex, reinforcing the control of the coital imperative. Diorio (2016) contends that "reducing sex to coitus diminishes women's access to sexual pleasure and reinforces patriarchal control", and in this way acts as a "socially oppressive force" (p. 844). The localisation of penetrative sex to heterosexual relationships means that in order to understand sex and pleasure outside of coitus, women must draw from alternative discourses of sexuality (Bolsø, 2007; Ussher & Mooney-Somers, 2000). These discourses offer different subject positions inclusive of the aforementioned lesbian, bisexual and asexual that several women at some point considered. The subject position of lesbian in queer discourse offers women with chronic coital pain a way to negotiate a sexual subjectivity that allows for access pleasure free from penetration. Consequently, this illustrates the prized and assumed position that intercourse commandeers in a 'normal' heterosexual relationship. The

ease with which participants adopted subject positions offered by queer discourse is interesting in itself and may signify a shift in sexual norms or at least an awareness of these possibilities among a relatively well educated participant group.

#### **4.6. Conclusion**

In this chapter, I have analysed women's talk of their experiences of recurrent pain during sexual intercourse and the ways in which cultural ideals and prominent discourses impact their subjectivity construction. Specifically focusing on traditional and contemporary constructions of gender, it is evident that underlying women's accounts is the acceptance of a coital imperative that legitimises heterosexual relations. As such, penile-vaginal penetrative sex is deemed to be 'natural', working in a way that supports the sexual hierarchy between men and women.

In their accounts, women use their talk to construct an understanding of men as born from a discourse of male sexual drive. The adoption of this discourse results in feelings of guilt at 'letting their partner down' as their sexual pain 'deprives' him of a biological need. Women discuss experiencing pressure from heteronormative discourses and traditional ideals to engage in intercourse, as the 'standard sexual script' makes it difficult to avoid penetrative sex. Additionally, the societal positioning of women as 'not causing trouble' means participants regularly speak of tending to their partner's emotional needs over and above their own pain. Women describe men as easily taking offence if she does not want to have sex with him, leaving her to navigate her own pain in conjunction with his self-esteem.

At the same time as adhering to traditional discourses, respondents discuss a 'new', postfeminist women, for whom sex is enjoyable and carefree. Despite the theoretical sexual liberation that this permissive discourse offers women, for young women who experience recurrent coital pain such contemporary notions add an extra layer of pressure, working in a way that reinforces the coital imperative. Many participants report feeling that their physical pain constrains them from fulfilling their potential as the hypersexualised subject hailed throughout contemporary society.

The adoption of traditional and contemporary discourses which promote the coital imperative leaves women with limited subject positions from which to construct their subjectivities. Participants describe feeling flawed in their gendered being, and thus implement strategies to try and reclaim membership to the group of 'true' woman. Yet, due to the coital imperative,

the subject position of woman as made available through heteronormative discourses remains out of reach for those who experience chronic coital pain, resulting in a questioning of sexual identity as a means of repairing such spoiled subjectivities.

However, not all participants were so accepting of heteronormative discourses promoting the coital imperative which positioned them as ‘deficient’ in their gendered and sexual subjectivities. In the following chapter (chapter 5) I present the final two themes of my analysis—resisting the coital imperative and alternative gender constructions in heterosexual relations. I will explore how wider constructions of sex and gender offer women language that directly opposes the coital imperative and how alternative discourses offer a wider range of subject positions from which women can construct their subjectivity.

## Chapter 5: Resisting the Coital Imperative

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“I am not my pain. It doesn't own me. So I can be a woman and be feminine and accept that painful sex may be part of my life.”

(Danielle, 26-30)

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### 5.1. Introduction

One of the main aims of this study is to consider how the various ways women make sense of their experiences of chronic coital pain create or foreclose particular possibilities for responding to or dealing with their condition. As I highlighted earlier (in chapter 3), from a feminist poststructuralist perspective, illuminating the discourses that participants draw on renders visible the cultural conditions that constrain particular ways of being (Gavey, 2011). The previous chapter shows how traditional and contemporary gender discourses, alongside the standard sexual script, serve to reinforce the coital imperative and unequal gender power relations. Thus, young women described feeling compelled, seemingly of their own volition, to endure painful penetrative sex for the sake of their male partners and the performance of successful feminine sexual subjectivities.

As I pointed out, however, participants' adherence to these powerful and established heteronormative discourses was not straightforward or uncomplicated. Indeed, young women overtly acknowledged the problematic nature of particular hetero-gendered constructions and their talk was often ambivalent. There were moments of resistance to the taken-for-granted 'truths' constructed by established discourses. In this chapter, I turn to investigate instances in which participants challenged the established discourses of heterosex and/or offered alternative constructions that challenged the coital imperative to some extent. As I shall show, these allowed for more egalitarian heterosexual relationships and alternative conceptualisations of female pleasure. This is a unique finding born out of my research.

In this chapter, I discuss the main themes of resistance that participants spoke of in relation to their experiences of chronic coital pain. Although these themes were far less prevalent than those based on the well-established and familiar discourses discussed in the previous chapter, they appear equally powerful in what they signify and the alternative discursive space that they make available.

The first theme that I will present in this chapter (theme 5) is that of resisting the coital imperative, which encompasses three subthemes that resist the coital imperative's main tenets. Wider constructions of heterosex examines how understanding sex and relationships beyond sexual intercourse and what it 'signifies', although limited in its efficacy, helps to oppose heteronormative sexual discourses. Redefining successful heterosexual coupledness explores the ways that participants reject the idea that their relationship is 'defective' because of a lack of sexual intercourse. The subtheme of female pleasure discusses how emphasising the importance of female sexual enjoyment works to resist sexual power imbalances in heterosexual coupledness.

Then, the next theme deals with alternative gender constructions in heterosexual relations (theme 6). I briefly address how narratives of resistance enable a different view of self and other that are drawn from discourses that allow subject positions of 'enoughness' and adequacy rather than those of failure and deficiency. I explore how young women navigate mainstream constructions related to the male sex drive and 'hot-bloodedness' in the theme of the 'new man', and discuss how participants resist the notion of 'defective' womanhood. Through reconceptualising masculinity and femininity, women are able to adopt subject positions that promote subjectivities based on strength and self-worth.

It should be reflected on that much of the resistance occurred when participants were directly questioned about some of the key concepts that I was interested in, with such resistant sentiments not always consistent throughout the entirety of their responses. One way of understanding this, is by considering what is seen to be at 'stake' for these young women given my position as a young, feminist researcher. In this way, resistance could be related in some extent to negotiating a desirable subject position (e.g., liberal, open-minded, feminist) in my eyes (despite the anonymity of the answers), as when answering different questions women's accounts drew on discourses that countered explicit claims of resistance. Additionally, this highlights the dynamic co-construction of subjectivities and the multiple discourses that women draw from when making sense of themselves and their environment.

## **5.2. Theme 5: Resisting the coital imperative**

While reading participants' responses to the 10 open-ended questions included in my survey, there was a definite undertone of resistance that has rarely been explored in the broader literature on chronic coital pain. Previous studies of recurrent sexual pain in women have reported trends of resistance among their participants (e.g. Ayling & Ussher, 2008; Groven et



al., 2016; Kaler, 2006), but with limited attention to or reflection on the significance and implications of these.

Although women in my study regularly and easily drew on discourses that support the coital imperative, the many instances of resistant talk illustrated that such a rhetoric did not always offer satisfactory or useful subject positions, free from deficiency and inadequacy. I begin by considering wider constructions of heterosex, one of the main ways identified that women experiencing recurrent pain during sexual intercourse demonstrated resistance.

### **5.2.1. Wider constructions of heterosex**

As discussed, constructions of heterosexual sex predominantly draw on discourses that promote the coital imperative. Although in my study heterosex was most often described as comprising penile-vaginal penetration, many respondents resisted such a narrow construction of ‘real’ sex and in doing so disagreed with the coital imperative. When asked directly what they understood sex to be, approximately one-quarter of women described sexual practices that did not culminate in penetrative sex. Responses were inclusive of “any sexual contact including oral and masturbation” and “if anything touches private parts” (*Julia, 21-25*). As Rosie explains:

Rosie (26-30):            Sex is a broad term that covers many different acts involving genital stimulation. To me there are various degrees of sex - from solo sex to partner sex which itself has its own range of [a]ctivities it covers (hands/mouths/toys to full penetration with a penis).

Here, Rosie constructs a continuum of heterosexual practice, which does not necessarily rely on a man (“solo sex”) or on penile-vaginal penetration. Thus, she interrupts the sex = penetration construction of the standard sexual script by describing sexual practice inclusive of a broader “range of activities” that still count as sex, rather than ‘foreplay’ as we saw in the previous chapter. Opposing the coital imperative, Rosie’s explanation is inclusive of a variety of sexual behaviours and, through the expansion of what classifies as sex, she draws on a queer discourse in her conceptual understanding. A queer discourse works by challenging heterosexual binaries that serve to privilege male sexual and emotional gratification, and such repudiation is evident in Rosie’s account. In this way, alternative constructions of heterosex, in which penile-vaginal penetration is not central, challenge the standard heterosexual script discussed in the previous chapter.

In fact, two participants explicitly noted that describing sex as coitus excludes “the LGBTQI+ community”, with such considerations of sexual minorities even working as a catalyst for the queering of these conceptualisations of sex. Many women explained that it was through their own sexual exploration and intimate experiences with other women that their classification of what counts as sex became more inclusive. The expansion of constructions of sexual practice beyond coitus rejects biological discourses of heterosex which construct sex as simply a means of procreation and, through the adoption of queer discourse, opens up possibilities for sex outside of intercourse (Diorio, 2016). Engaging in non-penetrative/non-normative sex works to challenge the traditional gender hierarchy of pleasure in heterosex, which favours men, and thus questions the ‘essentiality’ of penetration that revolves around male pleasure and procreation (Diorio, 2016). By conceptualising sex as more than coitus, women draw on queer discourse to shift the ‘pleasure dynamic’ in heterosexual coupledness.

Despite such explicit resistance to understandings of sex as simply coitus, the coital imperative still functioned as a significant constraint on the possibility of constructing alternative sexual subjectivities beyond the heteronorm (as illustrated in the previous chapter). It is evident that women draw from both discourses of resistance *and* those promoting the coital imperative simultaneously. Instead of alternative discourses of heterosexual practice and coupledness completely overthrowing or replacing heteronormative discourses, both conceptualisations are held concurrently creating a contemporary discourse of heterosex (Kendall, 2007). As discussed in chapter 3 (Methodology), this is as a result of women using the tools available to them to construct their understandings of sex. Change occurs through the slow bending of norms and during this process both normative and resistant discourses can be adopted simultaneously. This discursive cohabitation can be seen in the postfeminist concept of ‘girl power’, where feminine empowerment is ‘watered down’ and appropriated by traditional and oppressive discourses creating a ‘hybrid’ discourse of perceived feminine control (Doull & Sethna, 2011; Gill, 2009; Milnes, 2010; Moran, 2017).

For women who experience sexual pain during penetration, the process of adopting a queer discourse alongside heteronormative discourses limits her complete emancipation from the coital imperative. As heteronormative discourses conflate the male orgasm with penetration (as discussed in chapter 2), and discourses of reciprocity expect that if one partner reaches climax the other must too, then having non-penetrative sex that she enjoys carries with it the expectation of penetrative sex for his enjoyment (Braun et al., 2003). Thus, although women may, in principle, be able to construct heterosex as involving more than just coitus, their

material realities may still be constrained by the coital imperative. Such contradictions have been identified in previous studies examining resistance to dominant discourses of heterosexuality (Allen, 2003). For instance, in Allen's (2003) research, young women's resistance to gendered imbalances in sexually promiscuous behaviour simultaneously accommodated these resisted concepts. Allen understands this as a discrepancy in intellectual power versus material power, arguing that in heterosexual coupledness "constructions of active female sexuality may not always find expression in the material constraints of relationship practice" (p. 224). Although I am not interested in making claims about what women *really* experience (versus what they told me), the contradictions in participants' talk is indicative of the multiple discourses that women drew on to different discursive ends. Participants explicitly rejected narrow heteronormative constructions of sex when directly questioned about these. Yet, at other times, they drew on these same discourses when describing their experiences. This demonstrates the strength and durability of these discourses and suggests that while participants might reject them in principle, these discourses may still resonate with their experiences.

### 5.2.2. Redefining successful heterosexual coupledness

Along with resisting the notion that 'real' sex must be penetrative, several young women were also quick to refute the assertion that their relationship was defective or inferior simply because they experienced sexual pain or refrain from coitus entirely. Participants who resisted the construction of a deficient relationship stated that their relationship was comprised of "more than just sex" as "meaningful relationships are more important" (*Kendall, 18-20*). Though, some acknowledged that this might not have always been the favoured construction, as is visible in Elizabeth's extract below:

Elizabeth (18-20): To begin with, when I was young and naive, **I did think that being sexual was the greatest part of a relationship**, and that relationships are the greatest part of being feminine and a woman... With my current partner, the sharp pains **have strengthened the bond between us**.

Here, Elizabeth alludes to a shift in her understanding of heterosexual relationships, where she now believes that her relationship with her partner consists of more than simply its sexual component and their interpersonal "bond" has been "strengthened", rather than negatively impacted. Such rhetoric is somewhat frequently adopted by respondents and illustrates a position that, as Kendall (*18-20*) put it, "there is more to life than sex". In this way, heterosexual relationships are constructed as comprising of more than the sexual aspect, an aspect that is

arguably seen as synonymous with penetration due to the coital imperative. Women resist the coital imperative by arguing that one does not have to have sex (narrowly defined as penetration) to have a good relationship. As such, an element of pressure on women to engage in certain sexual practices as a way of claiming relationship legitimacy is alleviated and they are still provided access to the group of 'real' woman as awarded by the attachment to a man (Ayling & Ussher, 2008).

By understanding relationships as more than simply sexual, women with recurrent sexual pain reject the male sex drive discourse (Hollway, 1984b). This alternative understanding works to remove an element of pressure from their relationship and allows women to adopt the subject position of 'adequate partner'. This finding is similar to Ayling and Ussher's (2008) study in which a participant resisted the subject position of 'inadequate partner' by reconstructing "a positive (hetero)sexual relationship that accommodated her inability to engage in coitus" (p. 301), defining for herself what it meant to hold that subject position. A number of studies on chronic coital pain have found that feeling like an 'inadequate partner' is extremely distressing for young women, leading them to construct their subjectivities around failure and inadequacy and resulting in a self-silencing of both their emotional and physical pain (Groven et al., 2016; Marriott & Thompson, 2008; Shallcross et al., 2018).

In this vein, participants refuted the construction of coital pain as necessarily spoiling their relationship. A few women argued that their experiences of recurrent pain during sexual intercourse had improved their relationship with their partner as it had opened up communication lines and encouraged interpersonal growth. For instance, Kimberly (18-20) reported that sexual pain had brought her and her partner closer: "I have to get out of my comfort zone to tell him to slow down for a bit if the pain is too much, which he listens to and acts accordingly". Kimberly's account shows how such talk directly contradicts the theme 'good girls don't rock the boat' and resists ideals of female sacrifice discussed in the previous chapter. Instead of attempting to keep the peace as a way of buffering her partner's ego, Kimberly describes herself as able to be open with her partner about her experiences of pain. As keeping silent about sexual pain has been linked to feelings of depression and isolation (Shallcross et al., 2018), having the ability to freely communicate with her partner without the worry of negative repercussions is fundamental for women with chronic coital pain. This works to establish a position of equality in the relationship, where women are equally as entitled to pain-free sex as their partners. The establishment of sexual equality leads on to the next subtheme of resistant talk, that of female pleasure.

### 5.2.3. Female pleasure

Within this subtheme, women reject the privileging of male pleasure upheld in traditional gender discourses (as presented in chapter 4) and thus challenge the traditional gender norms that structure heterosex in ways that disadvantage women. Contrasting discussions of female sacrifice to make way for male pleasure, the majority of participants stressed the importance of female pleasure and enjoyment. Almost all participants believed that “it is important [for] women to receive pleasure” (*Anna, 18-20*), allowing for subject positions which counter the have/hold and male sex drive discourses.

Although constructions of female desire often support contemporary gender discourse of young women as overtly sexual and always ‘up for it’ (Gill, 2007), there were references to female desire that went beyond this. Female pleasure was not only framed in terms of the self-objectification evident in the previous chapter, which draws on the permissive discourse (Hollway, 1984a). Instead, there was evidence of constructions of female pleasure that rested on notions of genuine reciprocity and equality, which drew on a progressive egalitarian gender discourse. For example, Heather (26-30) maintained that “sex should be equal” between heterosexual couples but that women are “often left unsatisfied” as their enjoyment is positioned as secondary to that of their partners.

Such accounts were not described in terms of a woman’s failing to adhere to neoliberal postfeminist ideals, as discussed in theme 3, and responses that voiced resistance did not draw on the permissive discourse with its offering of ‘freedom in a bubble’ (Gavey et al., 1999). Participants’ beliefs regarding female sexual pleasure appeared to be born out of a resistance to what some young women referred to as “a societal suppression of female sexuality” (*Keira, 21-25*) where “women are often seen as being for giving pleasure and not receiving pleasure” (*Jordyn, 21-25*).

Harper’s account below illustrates the adoption of an egalitarian/feminist discourse, rather than drawing on neoliberal ideals of female self-objectification inherent in the postfeminist gender discourse.

Harper (18-20):            Women have sexual desires just as much as men do and we have every right to express that and be a part of that as much as possible... Society shouldn't be afraid of sex or of accepting women have a sexuality too.

Harper's quote demonstrates how some participants actively resist the positioning of women as secondary to men in moments of sexual intimacy. She positions herself and her sexual subjectivity as comparable to that of men and therefore constructs herself as equally deserving of sexual enjoyment and pleasure (Gavey et al., 1999). This is a claim to the subject position of desiring sexual subject and works to position women and men on equal footing. Harper's talk suggests that this perspective goes against generally accepted societal beliefs and therefore defies assumptions of how 'normal', 'good girls' should behave. Again, such rhetoric opposes the theme 'good girls don't rock the boat' by demanding equal sexual pleasure in heterosexual relationships. Women feel as though they "deserve to enjoy sex and to feel comfortable" (Heather, 26-30) and thus contest the privileging of male gratification in heterosexual coupledom (Fahs, Swank, & Clevenger, 2015).

Such expressions of deservedness echo the talk of the male sexual drive discourse in that it constructs female entitlement to pleasure. Subsequently, women who oppose the prioritisation of male pleasure resist heteronormative and social understandings of female sexual passivity and position themselves as "active sexual agents" (Brown et al., 2018, p. 266). Participants in Brown et al.'s (2018) study recounted that gendered constructions of sexual agency meant young women had to explicitly request reciprocal pleasure as heteronormative discourses do not naturally offer women these spaces and subject positions. Through resisting traditional gender discourses, women are able to position themselves as sexual subjects and not simply compliant sexual objects. By constructing their sexual subjectivity as such, women can draw on resistant discourses to claim a right to pleasure and comfort that the coital imperative to some extent denies them (Ayling & Ussher, 2008).

### **5.3. Theme 6: Alternative gender constructions in heterosexual relations**

As discussed in the previous chapter, traditional gender discourses work to support the coital imperative and are easily drawn-upon by women. However, there was also evidence of the adoption of newer more progressive gender discourses that resist the coital imperative. These were evident in the two themes below: 'the new man' and 'resisting defective womanhood'.

#### **5.3.1. The 'new man'**

A different kind of resistance was visible in partnered women's comments about the current men in their lives, challenging the male sex drive and have/hold discourses. Contrary to depictions of men as 'sex-hungry', self-centred lovers, almost all participants who spoke of a steady or regular partner found their men to be "very understanding" of her experience of pain

and hold a genuine concern for her welfare. Many women felt that their current partner's care and understanding had meant that their relationship had not suffered too significantly due to her experiences of pain. For Tara, it was her partner who ensured that she was safe and comfortable, despite the influence of the coital imperative on her own behaviour.

Tara (26-30): My partner was understanding and never pushed me to do things that I said I couldn't/didn't want to do, even if I would try and "push through" the pain he would be able to tell and would stop. I did have concerns that he would get bored with me and my pain but again, we have open communication about it and he is so understanding it does not bother him!

Women often referred to the guilt felt by their intimate other for his part in contributing to her experience of pain. In their accounts, the men in their lives were rarely depicted as only considering their own sexual gratification. In Tara's description of her supportive partner, she explains that "he would often be distracted during intercourse by whether he was hurting me or not", demonstrating the lengths her partner would go to ensure that she was not in pain. Through such demonstrations of guilt, Tara and other participants resisted the conceptualisation of a man prioritising his sexual needs above her enjoyment and comfort—directly refuting the notion that sex was entirely for him as perceived both by her and by her male partner.

Additionally, it was not only men in long-term relationships who were portrayed as understanding of their partner's sexual needs and physical pain. Most women described direct experiences of male sexual partners being accepting and accommodating of her requirements during moments of sexual intimacy, with many participants noting that the man often did not seem particularly fazed about the whole thing as "most of the times the guys understand and are fine with taking things slow" (*Casey, 21-25*). Thus, women rejected the idea that *all* men were only interested in someone who they could have intercourse with. By discussing how most men are "kind and supportive" to experiences of coital pain, women construct alternative renditions of caring masculinity and possibilities for equality and reciprocity in their relationships (Elliott, 2016).

However, having a partner or meeting men who were accepting and understanding of their circumstances is a precarious position for women, as it relies on male benevolence and was often related to the construction of 'exceptional' men (i.e. those who deviate from the norm) (Edley & Wetherell, 1999). Women still reported feeling concerned about their future

interpersonal relationships with men and how their next partner “will react” to their sexual pain. They expressed an apprehension around finding someone else who would be as accepting of their situation if they and their current partner were to separate. Because of the ubiquity of social narratives and prominent discourses depicting men as solely interested in sexual intercourse and women as the ones who must tend to these ‘needs’ (Shallcross et al., 2018), women described feeling as though they were “lucky” to have found someone who was so understanding of their pain. Accordingly, the supportive and understanding male partner was positioned as an exception to the norm, requiring women to be grateful for their good fortune.

### **5.3.2. Resisting ‘defective’ womanhood**

Several women in my study successfully rejected discourses that support the coital imperative in favour of alternative constructions of subjectivity and interpersonal relationships. Where the coital imperative only offers subject positions for women with recurrent coital pain based on deficiency and ‘lack’, women who draw on alternative discourses are provided a wider range of subject positions that move beyond her potential to engage in sexual intercourse (Ayling & Ussher, 2008; Gill, 2008). By separating the conflation of ‘woman’ with her sexual abilities, participants were able to feel as though sex did not define them as women or people. Aurora (21-25) explains that through “other areas in my life where I succeed and thrive” she has been able to “develop self-worth and confidence”.

Danielle’s account below illustrates how attempting to conform to heteronormative subject positions can be highly distressing.

Danielle (26-30):        Treatment was for me, an awful, demoralising thing to go through. Going to physio every week, going through that pain and spending a lot of money on it without any improvement is a huge hit to your self-esteem. My life was better and happier after I stopped going to physio and stopped trying to use dilators.

Danielle describes her active decision to stop treatment and ‘let go’ of trying to conform to the narrow subject positions that the coital imperative makes available as having had a positive impact on her life. Although Kennedy (21-25) still described struggling with the impacts of coital pain on her self-esteem and overall feelings of anxiety, she also reported that conceptualising sex as more than simply penetration has added a new element to her sexual relationship with her partner. She explains that “strangely enough, since the pain... we have experimented a lot more with sex toys and anal”. Through such an account, Kennedy expands



the definition of enjoyable sex to incorporate behaviours that sit outside the scope of heteronormative sexual behaviour and do not cause her pain or discomfort. Grace (21-25) maintained that her own feelings of resentment towards her perceived inability to express herself sexually were to an extent “all about attitude” as “of course there are other ways to have sexual contact”.

Through reconstructing their own ideas about what sex entails, women with chronic coital pain are able to gain access to a wider range of subject positions, which impact on their relationship with themselves and others. Ayling and Ussher (2008) explain that these subject positions are made available through “the adoption of an egalitarian relational discourse” (p. 299), enabling women to renegotiate conceptualisations of sex in a way that allows for their own pleasure and emotional satisfaction. Such egalitarian discourses help to reduce feelings of guilt, shame, embarrassment and isolation which negatively impact young women’s subjectivity construction and subsequent self-worth (Ayling & Ussher, 2008; Bilardi et al., 2013).

Women also demonstrated resistance to neoliberal postfeminist discourses that assert that in order to feel sexy, one must have sex, and in order to feel feminine, one must feel sexy and womanly. As such, participants opposed heteronormative discourses regarding young women’s roles and essential elements of subjectivity as discussed in the previous chapter. By resisting the coital imperative, women resisted constructions of femininity as solely based on women’s desirability as heterosexual objects (Gill, 2007). Along with contesting that sex sits at the core of feminine construction, Danielle felt that it was important to separate the concepts of femininity and womanhood, stating that the two terms should not be conceptualised as interdependent.

Danielle (26-30):        You can be feminine and a woman and not have sex, either by choice, or not by choice, or because you're asexual. I have had times when I haven't been having sex and it hasn't impacted my femininity. I also think that being a woman and being feminine are not the same thing - you can be a woman and not feminine, or feminine and not be a woman, and those things are not necessarily connected to sex. What is important is that women and those who are feminine **have the right** to express their sexuality and sexualness without fear of being repressed or reproached or discriminated against.

In her account, Danielle draws on egalitarian/feminist discourse as she discusses “the right” of women to sexually express themselves free from “reproach” or “discrimination”. She offers an alternative means of access to the group of ‘feminine’ and ‘woman’ without the necessity of

abiding by heteronormative notions of gender which combine femininity and womanhood with one's sexual capabilities. Here, Danielle works to redefine femininity, a common process identified among women who resist problematizing their own subjectivities due to sexual difficulties (Lavie-Ajayi, 2005).

A number of women reported that they felt as though their experiences of pain during sexual intercourse had actually made them "stronger" as people as well as in their relationships. Joanna explains:

Joanna (26-30):           i think if anything it's had a positive effect - while the pain has made me more cautious and inclined to be in my own head during sex, it's made me realise how truly feminine I am.

Again, Joanna's talk redefines the concept of femininity through rejecting neoliberal postfeminist sentiments of "compulsory sexual agency" as a prerequisite to feminine expression and "subjecthood itself" (Gill, 2008, p. 440). Joanna takes up a subject position made available to her through alternative discourses of gender. By adopting discourses that resist the coital imperative and separate the concepts of femininity and sexual capability, women are able to continue to claim membership to the subject position of 'real woman' and foster feelings of adequacy.

#### **5.4. Conclusion**

Despite an adherence to traditional discourses of heteronormativity, women in my study also demonstrated resistance to such conceptualisations of gender and sexuality. Wider constructions of heterosexuality explored how women construct heterosexual sex as more than intercourse and in doing so resist the coital imperative. Participants seemingly draw from queer discourse to broaden their conceptualisations of what sex entails, thus rejecting biological rhetoric of heterosex and challenging the pleasure hierarchy. However, understanding sex beyond simply coitus may be limited in its material power as resistant discourses are taken up alongside the coital imperative making such opposition somewhat 'watered down'. The employment of discourses of resistance alongside those of heteronormativity illustrate the continual navigation that women with coital pain must manage. Regardless, such restrictions do not stop women from defending their relationships in their legitimacy and accessing subject positions of 'adequate partner'.

Female pleasure was also notably important for women who demonstrated resistance, which directly challenges the concept of female sacrifice and the historical suppression of female sexuality. This enables women to make claim to sexual pleasure by positioning themselves as sexually comparable to men.

Participants drew on alternative gender constructions and used their talk to create a 'new man' based on newer discourses of caring masculinity, which promote equality and reciprocity. Women spoke of their relationships with men as opposing depictions of a 'hot-blooded' male who is only driven by his desire to experience pleasure through penetration. Rather, male partners are described as being understanding and patient, an exception to the norm that she should be, and is, grateful for.

Such resistant talk enables women to withstand subject positions of 'defective' womanhood, constructing a subjectivity as drawn from alternative discourses of gender and sexuality. Women appear to redefine femininity through rejecting neoliberal postfeminist sentiments of womanhood and subjectivity based on sexual agency. Reconstructing notions of sex, relationships, pleasure and men allow women to build more positive subject positions from egalitarian discourses and thus reduce feelings of guilt, shame, embarrassment and isolation.

It is evident, however, that although resistant discourses are made available to many women, they are regularly adopted alongside traditional discourses as opposed to replacing them entirely. This is unsurprising given the pervasiveness of traditional as well as postfeminist ideals in Aotearoa New Zealand. Nonetheless, what holds promise is the act of taking up non-normative discourses and the possibilities that they offer young women experiencing recurrent coital pain.

## Chapter 6: Conclusion

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“This process of ‘taking up’ positions is not simply a cognitive choice, but rather a complex process of becoming that involves being subject/ed *to*, and subject *of* discourse”

(Allen, 2003, p. 216)

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### 6.1. Introduction

By way of concluding my research, this chapter is dedicated to attending to my study questions, exploring potential limitations, and discussing the real world implications of my findings. As outlined in chapter 1, throughout this research I was interested in examining how heteronorms concerning sexuality and femininity shape the ways that young Aotearoa New Zealand women with chronic coital pain make meaning of their experiences. I wanted to provide insight into the implications that particular ways of understanding painful sexual intercourse have for gendered subjectivity construction and subsequent available ways of being and behaving made possible by such conceptualisations. As such, I used the theoretical perspective of feminist poststructuralism to understand the processes of subjectivity construction among this specific group of young women, and the gender discourses and subject positions that they take up. Six major themes were identified as a result—4 that supported a coital imperative and 2 that offered resistance to it. Visible within participants’ talk was how the adoption of certain subject positions allows for various ways of being, shaping the subjectivities of young women with chronic coital pain. I will begin this chapter with a summary of my findings as a means of addressing my study aims specifically.

### 6.2. Summary of findings

The most obvious way that heteronormativity shaped the lives of young women with chronic coital pain was through their evident alignment with the coital imperative. The coital imperative was a central theoretical concept in this study and describes the culmination of the social and cultural norms contained within the various discourses discussed in chapter 4.

When adhering to heteronormative notions of femininity and sexuality, young women drew on a range of well-established gender discourses through which they constructed their subjectivities. Participants who drew on the male sex drive discourse constructed a subjectivity based on being ‘undesirable’ and ‘inadequate’ as a partner as a result of the perceived biological

‘necessity’ for men to have sex. Adopted alongside this discourse was a discourse of female sacrifice where, through their accounts, women’s desires were depicted as less important than their male partner’s. Women were positioned as self-sacrificing, altruistic beings who place others needs ahead of their own. In addition to these more conservative ideals, women’s talk illustrated a simultaneous reliance on contemporary discourses of female sexual freedom, where an overemphasis on young women’s sexual expertise is applauded as true femininity. Underlying the aforementioned discourses was a coital imperative—a culmination of all of the social and cultural norms discussed, producing a powerful normative injunction. As such, sexual intercourse was determined as ‘real’ sex and all non-penetrative sexual practice was predominantly spoken about as ‘foreplay’.

Adopting traditional discourses of gender, women’s talk constructed male sexual satisfaction as more important than female enjoyment, where women were conceptualised as subservient to men and the sacrifice of female sexual pleasure was rendered a normal part of heterosex. Due to the fact that penetrative sex was understood to be such a fundamental component of sex with men, this heteronormative ideal led a number of participants to question their sexual orientation, wondering if they perhaps might be asexual or lesbian.

The presence of newer discourses of womanhood, which recognise female pleasure, did not necessarily offer a viable alternative for participants. Although women are offered some access to the notion of pleasure through contemporary discourses of femininity and sexuality, the coital imperative still underlines these postfeminist sentiments. As I showed in chapter 4, contemporary ideals of heterosex born from a neoliberal, postfeminist construction of femininity merely add an additional layer of pressure to young women, where they felt as though they were expected both to engage in sex readily *and* unquestionably enjoy it. Subsequently, women may perceive even more pressure to ‘overcompensate’ as a means of obtaining the subject position of ‘ideal woman’.

Despite the promise of sexual equality that contemporary discourses of sexuality and femininity advocate, the shift in constructions of young women from sexual objects to sexual subjects has not seen the eradication of traditional discourses. Rather, through the taking up of both ideals, contemporary and traditional discourses become complementary, placing the new alongside the old and making it so that women must walk a thin tightrope between being positioned as a ‘slag’ or being labelled as ‘frigid’ (Jackson & Cram, 2003). In this way, new

discourses can either empower women by enabling access to new subject positions or further limit them through expected gendered behaviour.

The pervasiveness of the coital imperative meant that heteronormative ideals of sexual practice were taken up in addition to these contemporary notions, in such a way that young women with chronic coital pain positioned themselves as not doing “what all the other girls do” and therefore as not only missing out but inferior to women who are more sexually available. Thus, neoliberal discourses of modern womanhood did not significantly challenge the coital imperative, leaving existing uneven gender power relations intact.

The persistent and pernicious understanding of sex as *limited* to penile-vaginal penetration at the heart of the coital imperative positions women as natural recipients of penetration based on the male ‘need’ for penetrative sex. The dominance of this way of constructing heterosexual relations entrenches patriarchal power relations, leaving young women with few alternative discourses that offer access to pleasure on par with that of men. The understanding of self as undesirable and inadequate led women to prioritise their partners needs to ‘make-up’ for their deficits in gendered subjectivity. The ensuing subject position of woman as self-sacrificing meant that women continued to have sexual intercourse regardless of experiencing pain, keeping their discomfort hidden from their partner. Drawing on these discourses to construct their subjectivity meant that young women with chronic coital pain were limited in their actions for dealing with their pain and ultimately deprived of mutually beneficial, legitimate heterosexual experiences built on equal enjoyment and pleasure.

However, my analysis showed that not all respondents willingly accepted heteronormative ideals of sexuality and femininity, and hence instances of resistance were also visible. Women pushed back against the coital imperative both overtly and covertly, and resisted the way in which heteronorms legitimise coupledness through sexual intercourse. Instead of accepting the power imbalance present within heterosexual partners, women who resisted heteronormative narratives emphasised the importance of female pleasure and positioned themselves as equally deserving of sexual enjoyment as their male counterparts.

The discourses that women drew upon in their resistant talk opposed normative ideals regarding gender and sexuality, and thus were less defined due to their infrequent adoption and limited accessibility. Constructions of sex that resisted the coital imperative were positioned within queer discourse, challenging heterosexual binaries of sexual and emotional gratification

and enabling the legitimisation of non-penetrative sex. Resistant talk also worked to redefine successful heterosexual coupledness by removing the necessity of coitus to determine a legitimate relationship. By constructing their relationships as being about more than sex, an element of pressure to engage in painful sexual acts was alleviated. The adoption of an egalitarian/feminist discourse worked to defy conservative ideals of female sexuality and heterosexual coupledness, and through feminist and queer discourse women were able to access female sexual pleasure outside of heteronormative ideals.

Women's talk also resisted the coital imperative through the utilisation of more progressive gender discourses that offered alternative gender constructions in heterosexual relations. The male sexual drive discourse was opposed through the discursive construction of a 'new man' based on notions of caring masculinity. As such, young women with chronic coital pain were able to position themselves as adequate and desirable, as female sexual output was not thought to be the sole interest of their male partners. Constructing a masculine subject position founded on care and love opened up the space for women to be honest about their pain and not worry about potential detrimental repercussions. Thus, participants spoke of a relationship filled with open communication and honesty that strengthened physical and emotional intimacy.

Constructing a subjectivity from alternative discourses of gender and sexuality, women who experience recurrent coital pain are able to move beyond their inability to engage in penetrative sex and redefine what it means to be 'feminine' and a 'woman'. This is vital for the management of chronic coital pain as such alternative conceptualisations of gender, female pleasure and equal heterosexual coupledness enables genuine honesty between partners so that non-hetero sources of pleasure can be explored.

Through the analysis of women's talk it was evident that the participants within my study either accepted or rejected the coital imperative which offered up different possibilities for being and behaving. Acceptance of the coital imperative lead women to feel a need to overcompensate in other 'feminine' ways in order to still claim membership to the subject positions that the coital imperative provides. Through the rejection of intercourse as real sex, egalitarian/feminist discourse offers women access to wider subject positions by enabling them to renegotiate conceptualisations of sex in a way that allows for their own pleasure and emotional satisfaction. Thus, new discourses afford women new subject positions to draw upon in constructing their subjectivity and determining their possibilities for action.

### **6.3. Methodological considerations**

It is always important to consider the potential limitations within any body of research and this study is not exempt from such methodological analysis. Despite my attempts to recruit a diverse sample, recruitment methods were limited in their scope as they seemingly favoured young women of a certain social class, education, and location. As I initially advertised predominantly through university platforms, a large number of my participants appeared to be tertiary educated (it is a limitation that this information was not collected specifically) and the clinics eager to be involved along with my social media network are predominantly connected to the Wellington region. This restricted sample likely influenced my data as the liberal social shifts regarding sexual orientation and adoption of queer discourse are most likely due to an educated and liberal cohort of my participants. The discernible notion of resistance within participants' accounts is predicted to be a product of the university educated status of these women, as the ability to select certain subject positions is influenced by ones social location and environment (Allen, 2003).

Additionally, my recruitment methods almost solely focused on individuals reflective enough to identify their experience as coital pain specifically rather than a sexually transmitted infection (STI) or simply normal sex. This meant participants did not deem their pain to be 'normal', or attributable to other, more temporary explanations (factors that would likely result in a lack of concern regarding gendered sexual equality). Being able to identify one's experience of coital pain as problematic assumes some access to alternative, more progressive discourses of gender equality and female pleasure, and thus could have also influenced the amount of resistance present. Gaining a more representative group of participants may have been achieved by contacting organisations who predominantly do STI check-ups, however my relatively small sample size (limited by the nature of this research as a postgraduate study) led me to quickly reach participant capacity and thus I was not able to explore these avenues further.

I must also reflect on my own role in the analysis of participants' talk. As discussed in chapter 3, my position as the researcher influences the way I engage with the data and in the case of the current study, this was noticeable in the selection of my theoretical framework and the inclusion of a chapter that deals specifically with resistance. Throughout the analysis process, I became increasingly aware of my own reluctance to conceptualise my participants as 'cultural dupes' of heteronormative discourse and discussed this in supervision. Being a young women myself, this interpretation positions me as equally 'duped' by such normative ideals. Thus, it



would be naïve to claim that my personal proximity to the researched group did not influence my ability to readily notice themes of resistance and resistant discourses. I would argue that this does not detract from my findings, but instead offers a richness to the data and a helpful narrative to other young women ready to construct subjectivities using notions of resistance.

#### **6.4. Implications of the findings: Implementing change**

This research demonstrates the importance of moving beyond psycho-medical discourses and considering the socio-cultural meanings of heterosex and pain in this context. Through my study I was able to identify ways of making sense of coital pain that are grounded in young women's own understandings. These, to a large extent, resonate with the international literature (further research with specific ethnic groups might point to culturally specific discourses). The resistant discourses that I identified can be capitalised on in information, education and communication materials to assist young women suffering with coital pain. These need to challenge the coital imperative by providing alternative ways of understanding sex as a range of practices and as fulfilling a range of needs and desires for both women and men.

The first area where significant change is needed is within school sexual education programmes. Comprehensive sexual education classes from a young age should discuss the potential of young women experiencing recurrent sexual pain as a means of destigmatising the issue. This must be accompanied by an emphasis on conversations regarding consent and the importance of intimate partner communication. Efforts should be made to develop the self-confidence skills required within young women so they feel comfortable informing their partner if what they are experiencing during sex is painful. However, this will not be effective unless boys and young men are taught how to listen to young women's concerns and act in a way that ensures she feels respected and safe. Educational programmes surrounding ethical sexual practice need to move away from a risk-focused approach regarding young women's sexuality to considering the complexities surrounding moments of sexual intimacy (Carmody & Ovenden, 2013). Additionally, discussions of equal pleasure should be prioritised within sexual education programmes as a means of countering the aggressive, coercive and somewhat dehumanising messages propagated by pornographic material. Due to the high rates of exposure to sexually explicit material among youth and the sex-educative role that it often plays (Burns, 2018), it is crucial that some form of pornographic literacy be taught to young people so that sexual practices depicted in pornography are not seen as normal sexual behaviour (Brown et al., 2018; Elmerstig et al., 2012; Koletić, 2017).

Yet individual-focused prevention strategies that place the responsibility on individual men and women are inadequate in attending to gender inequality more broadly (Carmody, 2003). Thus, gender hierarchies also need to be addressed in sex education, health promotion, the legal system and policy by developing conceptualisations of worth and power in relation to girls and women. This should occur through definitions of success and value being separated from patriarchal notions and mainstream sexist ideals which render women inferior and assert that a woman's capital is her sexual capability. The alternative discourses identified throughout this research provide alternative constructions of heterosex grounded in young women's own understandings. Placing young women's lived experiences, voices and skills in decision-making as the central focus of change programmes may support egalitarian, mutually enjoyable sexual experiences for young women (Carmody & Ovenden, 2013). Equitable heterosexual relationships can be promoted through the utilisation of skills surrounding ethical negotiation in a range of real life situations pertaining to intimate relations, not just those of a sexual nature (Carmody, 2003). Thus, 'new frames' in gendered being will be made available for *both* young women and men, challenging the inimical depiction of dangerous men and passive female victims (Carmody, 2003; Carmody & Ovenden, 2013).

Perhaps most critical, however, is the necessity to broaden conceptualisations of heterosex beyond that of coitus and move away from essentialising femininity and masculinity. The queer discourse, the new man discourse and other discourses that resist traditional constructions of gender and sex should be incorporated into materials like sex education, health promotion, the legal system and policy, which tend to neglect women's pleasure and the affective dimension of sexual intimacy. Sexual education programmes at schools must teach students from a young age about various types of sex not simply focusing on intercourse as the most important aspect. This is also the case for health professionals who work both directly and indirectly with young people. Health initiatives can easily propagate the idea that 'real' sex is coitus through sexual health campaigns aimed at tackling STIs and the 'issue' of teen pregnancy (I am referring here to the proposal of long-acting reversible contraceptives (LARCs) being administered to all young girls prior to becoming sexually active) (Diorio, 2016). Through such initiatives, non-penetrative sex continues to be positioned as inferior to 'real' (penetrative) sex. This requires health professionals and researchers to be aware of cultural ideals and the subsequent limitations that these conceptualisations can have on women.

Furthermore, we need to move beyond a clinical pathological understanding of women's sexual functioning by conceptualising heterosex as more than coitus. Currently, cognitive-

motivational approaches used with women suffering from coital pain orient around fear-reduction so that the anxiety associated with penetrative sex is reduced, with coitus as the end goal (Dewitte et al., 2011). However, instead of energy being dedicated towards making the painful more bearable, clinicians should explore with women ideas around what sex *means*, sexual self-worth, and the interpersonal element of sex as an enjoyable experience regardless of the presence of penetration. Clinical approaches should help women and their partners to reconstruct sexual scripts and emphasise the importance of communication and mutual pleasure.

Finally, chronic coital pain is a highly under researched area for an issue that affects a significant proportion of the population. More focus needs to be put into researching this issue among young women especially, and understanding the social and cultural context in which their sexual pain occurs.

## **6.5. Conclusion**

In the present study, I explored how young women who experience recurrent pain during sexual intercourse with men construct their sexual subjectivities, navigating societal messages of femininity, sexuality and womanhood. Participants constructed their subjectivities based on a variety of discourses that enabled and limited certain ways of being and doing. Despite the pervasiveness of heteronormative ideals pressuring young Aotearoa New Zealand women to regularly engage in penetrative sex, alternative discourses offered women access to new constructions of womanhood and sexual expression.

The tenacity of heteronormative discourses can leave women in a position of conflict. Women may feel that they ‘should be’ resisting conservative notions of gender and sexuality, but such heteronormative ideals are how they can best make sense of their experiences given their limited access to other subject positions. Alternative conceptualisations of gender, female pleasure and more egalitarian heterosexual relationships are important for managing coital pain as it allows women to negotiate with men and find other non-hetero sources of pleasure. Claims of ‘truth’ regarding what it means to be a heterosexual woman can be critiqued and redefined to allow for broader constructions of subjectivity and gendered being. Subsequently, there is great value in unpacking normative ideals as a way of illuminating the taken-for-granted assumptions that notions of resistance can undermine.

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## Appendix A: Screening/Demographic Questions

### Section 1: Demographic information

1. How old are you?
  - Less than 18
  - 18 – 20
  - 21 – 25
  - 26 – 30
  - Over 30
2. What is your gender?
  - Cisgender female (i.e. assigned female at birth and identify as such)
  - Cisgender male
  - Other
3. What ethnicity do you identify with? *Select all that apply to you*
  - New Zealand Pākehā/European
  - New Zealand Māori
  - New Zealand Samoan
  - New Zealand Indian
  - New Zealand Asian
  - Other
4. Were you born in Aotearoa New Zealand? Y/N
5. If not, how long have you lived here for?
  - Less than 5 years
  - 5 – 10 years
  - More than 10 years
6. What is your sexual orientation?
  - Heterosexual
  - Bisexual
  - Lesbian
  - Queer



## Appendix B: Survey Questions

### Section 2: Open-ended questions

1. Please outline your history of pain during sexual intercourse. For example, when it started, how often it occurs, how long it lasts etc.
2. What do you understand sex as being? To guide you with this question, think about what you classify as sex and what sexual activities, if any, you don't consider to be sex.
3. In what ways, if any, has pain during sex affected your relationships with your partners?
4. Can you describe how pain during sexual intercourse has affected any other areas of your life?
5. Have your experiences of pain during sex affected your view of yourself as a 'sexual being' (i.e. your sexual expression, sexual confidence, sexuality, sexual capability)? Please explain your answer.
6. Is being sexual an important part of being a woman and being feminine? Please explain why or why not.
7. Have your experiences of pain during sex affected how you see yourself as a woman and your own femininity? Can you explain your answer?
8. Do you feel comfortable telling sexual partners about your experiences of pain during intercourse? Please explain your views.
9. What are some of the ways in which you manage your pain? This could occur in the lead up to sex, during it, or after it has happened.
10. Do you have anything else you would like to add/comment on?

## Appendix C: Survey Information Sheet

**Thank you** for taking part in this qualitative survey on young women's accounts of painful sexual intercourse with men

### About the researcher

Kia ora, my name is Belinda Lavò and I am completing my Master of Science with endorsement in Health Psychology in the School of Psychology at Massey University. My research is interested in recurrent pain during sexual intercourse and how women understand themselves through their experiences.

I was born and raised in Wellington, Aotearoa New Zealand, where I have lived for most of my life. My cultural background is a mix of Italian, British, Irish and Scottish, and I identify as a New Zealand Pākehā and Italian cisgender woman.

### Eligibility criteria

You are eligible to complete this survey if you:

- are aged between 18 and 30
- are a cisgender female (i.e., assigned female at birth and identify as such)
- identify as heterosexual, lesbian, bisexual, or queer
- have lived in Aotearoa New Zealand for 5+ years
- have experienced **recurrent** pain during sexual intercourse **with a man**

### What is the research about?

I am interested in hearing about experiences of recurring pain during sexual intercourse from young women living within New Zealand. **My focus is on your own experiences, ideas, and perceptions. I want to find out whether, and how, this pain impacts on your understanding of yourself as a woman and how this influences your behaviour within sexual encounters.** Note, however, that I am only interested in pain occurring during male-female sex (usually this involves penetrative sexual intercourse), in order to understand how this issue plays out within female-male relations. As outlined before, participants who take part should identify as women and as heterosexual, gay, bisexual, or queer.

### What will I be asked to do?

Complete an online survey - You will complete an anonymous survey online about your experiences of recurrent coital pain. The questions included will ask about recurrent pain during sex in relation to your sexual encounters, interpersonal relationships, femininity, and life overall. Here are some guidelines:

- You are free to complete the survey in your own time, so take as long as you need. Depending on the detail of your answers, the average time for the survey is estimated to be roughly 30 to 45 minutes.
- Please write down *your own* feelings and perspectives – *there are no right answers*.
- Where there is a question that could be answered with yes, or no, *please explain your view*.

*Optional follow-up interview* - On completion of the survey, there is the option for you to talk to me in more depth about your experience in a face-to-face conversation. In this, I will use your answers from your survey to guide the questions to gain a deeper understanding of your experiences.

## Privacy

- All information you provide within this online research is anonymous, unless you select otherwise. This means there will be nothing linking you to your responses
- If you take part in a face-to-face interview, to ensure your information is kept confidential, your name will be replaced by an agreed pseudonym (made up name) before your information is analysed.

## Participant rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question
- withdraw from the study at any time
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used unless you give permission to the researcher
- 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

## Further support

Further support can be found by contacting the following free services:

*Lifeline* – 0800 543 354

*Rape Crisis* – 0800 883 300

*Women's refuge crisis line* – 0800 733 843

*HELP* – (04) 801 6655 (Wellington only)

*Tu Wahine Trust* – (09) 838 8700 (West Auckland only)

*National counselling* – free call or text 1737

*Family planning* – <http://www.familyplanning.org.nz>

If further psychological support is preferred, the following websites contain information on how to find practicing psychologists within New Zealand:

*New Zealand Psychological Society* – [www.psychology.org.nz](http://www.psychology.org.nz)

*New Zealand College of Clinical Psychologists* – [www.nzccp.co.nz](http://www.nzccp.co.nz)

Thank you for your time.

### Researcher

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This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 18/10. If you have any concerns about the conduct of this research, please contact **Dr Rochelle Stewart-Withers**, Chair, Massey University

Human Ethics Committee: Southern B

Telephone 06 356 9099 x 83657 | Email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz)

# Appendix D: Organisation Information Sheet

## INFORMATION SHEET

To whom it may concern,

### REQUESTING PERMISSION TO ACCESS YOUR CLIENT BASE FOR RESEARCH PURPOSES

Kia ora, my name is Belinda Lavò and I am completing my Master of Science with endorsement in Health Psychology in the School of Psychology at Massey University. I am requesting permission to recruit participants from your client base for my research project. This would occur during the months of June, July and August of 2018.

#### About the Study

The aim of the research is to understand how experiencing recurrent pain during intercourse influences young women's identity construction within a New Zealand context. The focus is on young women's own, subjective experiences, ideas, and perceptions of recurrent pain during sexual intercourse. The research will explore whether these experiences impact how young women understand themselves in regard to feminine identity, and whether this in turn impacts their feelings of self-worth.

#### Research Procedures

- I would be grateful if I could work with your team to find eligible participants.
- Eligible participants will be required to read an information sheet and agree to a consent form before the survey commences.
- No women under the age of 18 or over the age of 30 will be included as participants.
- Those who agree to take part will complete an anonymous online survey at a time that suits them. On completion of the survey, there is the option for the participant to do a further face-to-face conversation with myself based on the answers provided on the survey. This conversation is *completely optional* and a time and private venue will be agreed upon by both the participant and the researcher. Transportation can be organized for this.
- I expect online surveys to take approximately 30 minutes and in-person interviews to take about an hour.
- The content of the research will focus on the participant's experience of recurrent pain during sexual intercourse and how this influences the construction of her identity.
- As a token of appreciation for giving their time, participants will receive a \$10 Mighty Ape voucher for completing the online survey and a \$20 supermarket voucher for attending an interview.

#### Privacy

- All information provided within the online survey is anonymous, unless the participant selects otherwise. This means there will be nothing linking the participant to their responses.
- To ensure the participant's information is kept confidential, a pseudonym (made up name) will be used before their interview information is analysed.
- When I write up the results of the research, I will make sure that there are no details that can be used to identify them.

- All research material will be stored securely on a password-protected computer and any paper copies will be kept in a locked cabinet. Any information that the participant provides will only be used for the purpose of the study and will be kept in confidence with access available only to my supervisor and myself.
- In accordance with Massey University policy, after the completion of the research the participants information will be held for five years in the Massey University School of Psychology archive and then it will be destroyed.

### **Participant's Rights**

Participants will be informed that they are under no obligation to accept this invitation. If they decide to participate, they have the right to:

- decline to answer any particular question
- withdraw from the study at any time
- ask any questions about the study at any time during participation
- provide information on the understanding that their 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 an interview

If the participant takes part in the face-to-face conversation they are allowed to change their mind about taking part up to a week after the conversation has occurred. Once analysis begins it will be difficult to locate and remove a particular person's responses.

### **Risks/discomfort**

- I expect there to be no harm or risks associated with participation in the study, but participants will be required to talk about issues that they might find to be personal and sensitive in nature. If a question makes them feel upset, they do not have to answer it.
- I will also provide information to participants about services available to them such as sexual abuse help lines and other support and counselling services should they wish to discuss further any concerns that may have surfaced during the participation process.
- Participants may also contact my supervisors or me at any time following the interview if there are any issues they would like to talk about.

### **Benefits**

The participants may find it of great benefit to talk about their experiences of recurrent pain during sexual intercourse in a non-judgemental, safe environment with someone who is interested in hearing about their accounts and opinions. They may also find it helpful to read the findings, and learn what other young women say about their experiences of recurrent coital pain.

Yours sincerely

Belinda Lavo`

**Researcher**

Email: [Belinda.lavo.1@uni.massey.ac.nz](mailto:Belinda.lavo.1@uni.massey.ac.nz)

### **Supervisor**

Dr Tracy Morison

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Telephone: (06) 356 9099 ext. 86216

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Telephone 06 356 9099 x 83657 | Email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz)

