

DISCOURSES OF FEMALE MASTURBATION IN HUMAN SEXUALITY TEXTBOOKS

Isha Leibel

Department of Sociology

MacEwan University, Edmonton, AB

April 2021

A thesis submitted to MacEwan University in partial fulfillment of the requirements of the BA

(Major in Honours Sociology)

Copyright © Isha Leibel, 2021

TABLE OF CONTENTS

Acknowledgements.....	2
List of Tables.....	3
Abstract.....	4
INTRODUCTION.....	5
LITERATURE REVIEW.....	8
Female Masturbation in Western Cultural Contexts.....	8
Western Historical Contexts.....	8
Christianity.....	13
Psychiatry & Medicine.....	16
Mainstream Media.....	19
Curriculum-Based Sexual Education.....	25
METHODOLOGY.....	26
Data Collection.....	27
Critical Discourse Analysis.....	28
FINDINGS AND DISCUSSION.....	30
Theme 1: Gendered Comparisons of Masturbation.....	30
Findings.....	30
Discussion.....	33
Theme 2: Normalization of Female Masturbation.....	36
Findings.....	36
Discussion.....	39
Theme 3: Medicalization of Female Masturbation.....	41
Findings.....	41
Discussion.....	44
IMPLICATIONS AND CONCLUSIONS.....	48
References.....	52
Appendix A: Analyzed Data.....	66

ACKNOWLEDGEMENTS

First and foremost, I would like to thank Dr. Alissa Overend, my supervisor on this project, for her support, advice, encouragement, and expertise in feminist discussions of sexuality and in discourse analysis and methods—all of which significantly guided me throughout this project. Equally, I would like to thank Dr. Fiona Angus, my second reader on this project, for her support, advice, and edits that she provided me with throughout this thesis project, as well as throughout the independent study I conducted under her supervision last year. I would also like to thank Dr. Kalyani Thurairajah, MacEwan's Discipline and Honours Advisor, for her guidance, encouragement, and advice whilst writing this thesis. I am also incredibly grateful for MacEwan's Department of Sociology for giving me the opportunity to write an honours thesis. Lastly, I would like to thank my friends and family for their ongoing support during this two-year endeavor. Thank you all for all that you have done to help me throughout the last two years; I am eternally grateful for all of you.

LIST OF TABLES

Table 1	Analyzed Data.....	66
---------	--------------------	----

ABSTRACT

Many studies show that masturbation is a common and healthy aspect of human functioning (Kontula & Haavio-Mannila, 2002). Despite this, masturbation has been, and continues to be, perceived by society as a sinful, unhealthy, immoral, and/or shameful act (Hare, 1962; Kontula & Haavio-Mannila, 2002; Studd & Schwenkhagen, 2009). Female masturbation, in particular, is subject to harsh social criticism and experiences elevated levels of conceived social unacceptability. Female masturbation is demonized within society to such a degree that it is often perceived as inherently unworthy of discussion or consideration (Garlick, 2012; Stolberg, 2000). The purpose of this study is to trace the ways in which female masturbation is discussed in Human Sexuality textbooks. By conducting a content and discourse analysis of 21 Human Sexuality textbooks and encyclopedias, I explore the dominant themes in which female masturbation is represented and discuss the implications of these representations.

Introduction

The study of sexuality emerged formally in the 19th century and was first explored by scientists and psychiatrists looking to deepen their understanding on the physiology and behaviours of human sexual instincts and practices (Seidman, 2015, p. 31). In the 1970s and 1980s, with the help of feminist and queer scholarship, who advocated for the exploration of their attempt to define their own sexualities in a patriarchal society that provided no space to do so otherwise, the study of sexuality became of more interest to critical scholars, including sociologists (Irvine, 2003; Reid, 2018). My own interests in this topic, as a cis-gendered woman with liberal views on female sexuality, stems from the desire to better understand why female masturbation continues to be a taboo topic of conversation in the 21st century. Although the study of sexuality, and female masturbation in particular, has progressed significantly since the 1970s and 1980s, there is still work yet to be done.

French theorist and historian Michel Foucault suggests that scientists and psychiatrists did not “discover” innate aspects of human sexuality, but rather, actively constructed norms of sexuality that tied almost exclusively to reproduction (Seidman, 2015, p. 31). Foucault’s social understanding of human sexuality largely influences the definition of sexuality I am working with in this study. When discussing the discourses and social understandings of sexuality, Foucault suggested that by acknowledging the influence of dominant discursive power on the conceptualization of human sexuality, we can see how social factors not only shape, but also *produce* sexuality (Irvine, 2003). Although there still exists a variety of ways to understand the concept of sexuality, in the context of this research, I use the concept of sexuality to refer to “the ways we experience and express ourselves as sexual beings” (Rathus, Nevid, & Fichner-Rathus, 2016, p. 4). Importantly, this definition also recognizes “our awareness of ourselves as [gendered

beings as] part of sexuality, [as well as] the capacity we have for erotic experiences and responses” (Rathus et al., 2016, p. 4). Simply put, I take up human sexuality (and specifically female masturbation) as a concept that is socially constructed and culturally regulated.

Throughout Western history, the social norms that regulate sexuality and sexual expression have been, and continue to be, heavily dictated by the dominant discourses of the time. In contemporary Western society, many of the norms that regulate sexuality, and female sexuality specifically, stem from the dominant social institutions of religion, psychiatry/medical, mainstream media, and curriculum-based sexual education. Within the broader regulation and even hyper-regulation of female sexuality, one area that remains socially taboo, perhaps especially in academic discourse, is the topic of female masturbation.

My research aims to explore the degree and extent to which human sexuality textbooks perpetuate sexual norms and values, through the way that female masturbation is discussed. To do so, I first turn to a literature review of the major agents of socialization and the ways they frame and shape dominant social discourses of masturbation. Specifically, I explore Christianity (as a sub-set of religious discourses dominant in Western cultural contexts), curriculum-based sexual education, mainstream media, and medical/psychiatric discourses as these discourses are the most influential in regulating and pathologizing female masturbation in contemporary Western culture¹. Through an extensive literature review, I examine and evaluate the ways in which each of these above-mentioned agents of socialization represents and discusses female masturbation. Three main themes that emerge from the literature are that female masturbation is

¹ I have excluded family as an agent of socialization in this study because, as previous studies have shown, the family is not commonly a central socializing agent when it comes to masturbation (El-Shaieb & Wurtele, 2009; Hogarth & Ingham, 2009; Baldwin & Baranoski, 1990; Byers & Sears, 2012; Flores & Barroso, 2017).

generally negatively socialized as sinful, taboo, or pathological, a behaviour performed for the sexual pleasure of men, and a topic that is silenced and omitted from a conversation of healthy sexuality altogether.

Drawing on some of the emerging literature in sexuality studies, as well as feminist theories of women's sexual marginalization and empowerment, my aim in understanding the social roots of the stigmatization of female masturbation is to re-frame and re-situate female masturbation outside the predominantly negative associations dominant in Western societies. In critically analyzing the dominant social discourses of female masturbation, my hope is that discussion of female masturbation may be more normalized, that women may learn to reclaim their personal sexual pleasure, learn more of what they enjoy, and be less dependent on others for sexual satisfaction, all of which carry wide-reaching social and personal benefits. For example, recent studies show that women who masturbate have higher self-esteem and self-confidence, which have numerous benefits for female-identified people² (Kaestle & Allen, 2011; Hogarth & Ingham, 2009).

To expand the nascent literature in the field of masturbation (a sub-field of sexuality studies), I study the content, representations, and discourses of female masturbation in human sexuality textbooks. I then analyze the ways in which these framings address the topic of female masturbation—how they discuss it, what is represented, and what is not—and discuss how these texts contribute to the wider social stigmatization of female masturbation. By examining human sexuality textbooks—textbooks that explore the female body and female pleasure, including female masturbation—I am better able to understand the ways in which female masturbation is

² I use female-identified people to include cis-gendered women, trans women, and any other female-identified individuals in the LGBTQ+ community (Kaestle & Allen, 2011; Hogarth & Ingham, 2009).

discussed. In undertaking this research, I also fill a gap in the current, available sociological research examining the relationship between the stigmatization of female masturbation and the often minimal amount of value and attention that is attached to women's sexual selves and practices (Kontula & Haavio-Mannila, 2002).

In what follows, I first review the existing literature on the current ways in which female masturbation is being socialized within Western culture. After determining some of the negative stigma placed on female masturbation, I then engage in a critical discourse analysis on North American human sexuality textbooks ranging from the years 1990 – 2020. A critical discourse analysis of human sexuality textbooks published in the past thirty years provides me with a greater understanding of how these textbooks frame, represent, and discuss female masturbation. I utilize a critical discourse analysis to focus on the specific ways female masturbation is discussed in human sexuality textbooks, as a marker of broader sexual socialization. Lastly, by paying careful attention to the representation and framing of female masturbation in human sexuality textbooks, I analyze the effects of these representations and discuss their implications on women's sexuality.

Literature Review

Female Masturbation in Western Cultural Contexts

Western Historical Contexts

Within the dominant Eurocentric and patriarchal values of North American culture, the topic of female masturbation has rarely been discussed, except in the form of taboo or deviance. The lack of discussion of female masturbation has led to a gap in the historical documentation of

the socialization of female masturbation, empirical studies conducted on the topic, as well as an account of female experiences and attitudes on female masturbation. While masturbation in general is seen as somewhat taboo, female masturbation especially remains largely understated, if not omitted, from public discourse. For this reason, I will situate the historical background on female masturbation within a brief historical summary of female sexuality, as well as the social perspectives that circulated within society on masturbation among both males and females.

The dominant Western cultural views on female sexuality, and female masturbation specifically, have greatly fluctuated throughout history. I have found that the literature does not discuss masturbation in a gender specific manner, but instead the reader is expected to assume that it is in reference to male masturbation, unless otherwise specified. Therefore, although masturbation has been described as a great sin, dangerous, and an act of self-pollution since as early as the 1630s (Stolberg, 2000, pg. 3), this is most likely in reference to male masturbation as the heavily patriarchal society at the time did not often focus on female sexuality and in fact presumed that female masturbation was a rarity (Hare, 1962, p. 7). It is documented that as early as medieval times, female sexuality was considered to be one of three main societal fears at the time, alongside the devil and hunger (Studd & Schwenkhagen, 2009, p. 107). Although this is not directly referring to female masturbation, the negative views towards female sexuality are simply a more diluted negative perspective than that on male masturbation. The first official recording of female masturbation and the views society held upon it, are mentioned in the 18th century, and then heavily circulated in the 19th century, once medical discourses began to meld together with previously cemented religious beliefs held by society (Garlick, 2012; Hare, 1962; Stolberg, 2000; Studd & Schwenkhagen, 2009).

One largely influential text that many researchers have discussed was an anonymous piece titled *Onania; or The Heinous Sin of Self-Pollution*, which was published in the early 18th century (Hare, 1962; Hunt, 1998; Stolberg, 2000). Although the author primarily discussed male masturbation, and the physiological and moral repercussions of this religiously sinful behaviour, they do recognize that masturbation is a behaviour performed by both the male and female sex (Hare, 1962, pg. 13). Within this text, the term “onania” was introduced as an often negatively connotated synonym for masturbation and self-abuse (Hare, 1962). Another large contribution to the Western societal views on masturbation in the 18th century was the work by Samuel Tissot in his piece called *Onanism, or a Treatise upon the Disorders produced by Masturbation* (Hare, 1962; Garlick, 2012; Kontula & Haavio-Mannila, 2002; Hunt, 1998; Stolberg, 2000). Whereas the previous text, *Onania; or The Heinous Sin of Self-Pollution*, can be characterized by its theological focus of sinful actions and self-pollution, Tissot’s piece offers the additional layer of medical discourse to further emphasize the negative repercussions of masturbation (Hare, 1962; Garlick, 2012; Kontula & Haavio-Mannila, 2002; Hunt, 1998; Stolberg, 2000). Together, these beliefs largely contributed to the anti-masturbation movement, aligned with the Temperance movements, of the eighteenth and nineteenth centuries (Garlick, 2012, p. 308).

Additionally, a plethora of medical and psychological discourses further contributed to the proposed moral, psychological, and mental causes and effects of masturbation that came to define this period as the anti-masturbation movement. Although this period can broadly be understood as a time where masturbation was societally frowned upon for moral, scientific, health, and religious reasons, there were specific stages within this period that emphasized certain beliefs about masturbation. As society secularized, masturbation increasingly fell under the expanding purview of medical rather than religious institutions and as such was understood

as a cause of mental or physical disorders (Hart & Wellings, 2002). Disorders that were proposed to be caused by masturbation varied in severity as well as type. Potential ailments that could occur included impotence, deterioration of eyesight, dementia, homosexuality, neurasthenia, epilepsy, and numerous other stigmatized “conditions” of the time (Garlick, 2012; Hare, 1962; Tissot, 1766). These physical and mental effects were often ascribed to the loss of semen and therefore were often only discussed in regard to men (Garlick, 2012; Hare, 1962). Despite the substantial and damaging weight of this “masturbatory hypothesis”, which can be understood as the ideology that masturbation causes mental disorders, it was eventually debunked as there was no scientific evidence found to concretely support this hypothesis (Hare, 1962). This ideological diagnosis should be taken as a cautionary warning of the power and influence behind mainstream ideologies concerning sexuality (Hare, 1962, p. 18).

Another ideological shift that occurred in the anti-masturbation movement was the transition to the belief that masturbation was now no longer considered a *cause* of other mental or physical disorders, but rather a disorder in itself, known as masturbatory insanity, and therefore a symptom of other mental/neurotic disorders (Garlick, 2012; Hare, 1962). The term “masturbatory insanity” was most famously discussed by a Scottish physician, David Skae, to delineate the syndrome and distinguish it from the previously popular belief that masturbation was merely a cause of other disorders (Hare, 1962, p. 6). Retrospectively, what once was considered to be signs of masturbatory insanity, can be contemporarily understood as a case of misdiagnosed schizophrenia (Hare, 1962, p. 8). Researchers claim that this misdiagnosis is due to the fact that “masturbation is most commonly and most frequently practiced during adolescence and therefore most likely to be observed when mental disease insidiously deprives an adolescent of their normal social inhibitions”, which many people with schizophrenia would

display (person first, illness second) (Hare, 1962, p. 8). Individuals who were considered to be “sane” were seldom observed in the practice of masturbation. In contrast, individuals deemed mentally complex were frequently observed in the practice of masturbation openly and often, which led to the incorrect assumption of causation between masturbation and insanity (Hare, 1962, p. 11).

As masturbation was almost exclusively understood as a male-specific behaviour during this period, there was little research or documentation on female masturbation (Garlick, 2012; Hare, 1962). As a result, female masturbation in some instances was actually defined as a non-issue, due to the assumed female disinterest in the behaviour (Garlick, 2012; Hare, 1962). Unfortunately, this subtle excusatory attitude towards female masturbation was soon overpowered by the prominent Christian and scientific doctrines, which placed increased attention to, and scrutiny of, female sexual behaviours (Studd & Schwenkhagen, 2009). Within these changing discourses, female masturbation came to be considered a negative and damaging disorder and was often considered to be in relation to one’s experience of female hysteria or “menstrual madness” (Studd & Schwenkhagen, 2009, p. 108). As a result of the growing belief that “most mental disease in women resulted from abnormalities or excitation of the female external genitalia”, preventative measures were put into place to stop female masturbation from occurring (Studd & Schwenkhagen, 2009, p. 108). For women, this included taking cold baths, applying bromide of potassium to the clitoris, burning or scarring the clitoris with a hot iron, placing leeches on one’s vulva and anus, undergoing surgical clitorectomies, as well as other forms of genital mutilation (Bullough, 2002; Hare, 1962; Studd & Schwenkhagen, 2009). There was also the famous Freudian idea that any relationship women had to their genitals that was outside the role of reproduction was viewed as an “illness [that] arrests in development”

(Schafer, 2019, p. 514). Female sexuality and pleasure were threatening to their expected reproductive roles in society and were therefore commonly discouraged (Schafer, 2019). Freud further disseminated this hypothesis by suggesting that it is essential for women to “switch” their erogenous zone from clitoris to vagina upon reaching adulthood, in order to prepare for procreation (Kleinplatz, 2018). Contemporarily, Western cultural views on female masturbation have progressed significantly since the implication of these anti-masturbatory techniques. That being said, a deficit still remains in the socialization of female masturbation. Despite the act of masturbation being commonly understood as a universal practice of all ages, sexes, races, physical and mental abilities, and even species, it is far from normalized in the 21st century North American society (Bullough, 2002; Hare, 1962; Kaestle & Allen, 2011; Studd & Schwenkhagen, 2009).

Christianity

Although the influence of Christianity has been diluted among other agents of socialization as a result of the secularism of North American society, contemporary literature shows that theological impact is still widely felt throughout society. For example, how common biblical references are in North American lexicon or the degree to which Christian holidays are celebrated. I am specifically focusing on Christianity due to its large prevalence in North American culture – both historically and currently. Generally speaking, religious people continue to have more conservative attitudes towards sexuality compared to those who identify as more secular (Abbott, Harris, & Mollen, 2016). These attitudes are representative of their theological approaches to sexuality, namely that sexuality exists within a partnership, and more specifically a marriage (Ashdown, Hackathorn, & Clark, 2011; Davidson, Darling, & Norton, 1995), that the main role of sex is for procreation (Abbott et al., 2016; Davidson et al., 1995; Davidson, Moore,

& Ullstrup, 2004; Miracle, Miracle, & Baumeister, 2003), and that one should value restraint and practice abstinence from sex until marriage (Baumeister & Twenge, 2002; Miracle et al., 2003). Christianity also continues to socialize a similarly negative stigmatized view on masturbation. As a result of the Christian influences on sexuality, masturbation is still conceived of as an unnecessary behaviour, rendering it condemned by religious authorities (Davidson et al., 1995). Subsequently, contemporary studies have shown that religious individuals, particularly religious women, are less likely to masturbate than their nonreligious or unconventionally religious counterparts (Cowden & Bradshaw, 2007; Laumann, Michael, & Gagnon, 1994). These women are also more likely to report higher levels of discomfort regarding the concept of masturbation, attaching feelings of guilt, shame, or sin when exploring masturbation, as well as guilt surrounding one's engagement in sex (Cowden & Bradshaw, 2007; Kaestle & Allen, 2011).

Furthermore, researchers have found that a higher attendance in religious groups continues to be correlated with holding negative views around masturbation and sexuality more broadly (Davidson et al., 1995; Davidson et al., 2004). For instance, religious women are more likely to see masturbation as a sin and unhealthy and to feel a sense of guilt around participating in it (Cowden & Bradshaw, 2007; Davidson et al. 1995; Davidson et al., 2004; Zimmer & Imhoff, 2020). These women also report less shame around not achieving orgasm during sexual intercourse, in comparison to their less religious peers (Davidson et al., 2004). Interestingly, despite religious attendance negatively affecting views towards masturbation, religious attendance did not necessarily change the frequency of masturbation (Davidson et al. 1995; Davidson et al., 2004). In some cases, women with more frequent religious attendance have even been found to be more likely to engage in masturbation, perhaps because it could be their only sexual outlet during a time of abstinence from sex (Davidson et al., 2004). In contrast, the same

views towards masturbation that conceptualize it as unhealthy, act as motivation for some religious women to completely abstain from it (Zimmer & Imhoff, 2020). Regardless of one's choice to participate in masturbation, what remains constant is the religious roots behind their negative or repressed understandings of it.

Although some studies have indicated that religious people tend to be more satisfied with their sex lives (Cranney, 2020; Dew, Uecker, & Willoughby, 2020), these studies fail to include masturbation in their analyses of people's sex lives. The act of masturbation was not mentioned in the above-cited articles. Furthermore, the suggested correlation between religiosity and increased sexual satisfaction for both partners is a misleading result. In Dew, Uecker, and Willoughby's (2020) study, they found that marital sanctification for wives was associated with higher marital commitment, which in turn was associated with higher sexual satisfaction. Comparatively, husbands' marital sanctification and participation in joint in-home religious activities were associated with more relationship maintenance behaviors and time spent with their spouse, which were also then related to higher sexual satisfaction (Dew, Uecker, & Willoughby, 2020). Although I assume the researchers associated marital sanctification with religion, these are not mutually exclusive concepts, and therefore is too large of a theoretical leap to suggest that for both wives and husbands their sexual satisfaction is positively correlated with religion. When the experiences of religious women are looked at more directly, it is found that as a result of the incongruence between their conservative sexual attitudes and their actual sexual practices, they may perceive their sex lives as being disjointed from their moral standards and values which perhaps further contributes to their feelings of guilt and shame (Abbott et al., 2016). Additionally, this disconnect between morals and sexuality may lead to feelings of guilt

and shame when engaging in sole masturbation (Ashdown et al., 2011), therefore negating the role that self-pleasure can play in sexual satisfaction (Davidson et al., 1995).

Psychiatry & Medicine

Although Christian doctrines continue to influence society by maintaining their promotion of traditional gender binaries and condemnatory beliefs on female sexuality in general, there has been a massive shift in the way in which medical and psychiatric discourses socialize female masturbation. Three main themes arise from the existing literature regarding the psychiatric and medical discourse on female masturbation. Female sexuality is generally associated with hypersexuality, Hypoactive Sexual Desire Disorder (HSDD), or is left out of medical discourses altogether.

On one end of the spectrum of sexuality, there is the medical diagnosis of hypersexual disorder. The definition of hypersexual disorder I am working with is compiled from a few academic sources, but generally speaking it can be understood as an above average desire to engage in sexual activities, associated with personal distress due to feeling as if they are unable to control their own sexual behaviour (Kingston, Walters, Olver, Levaque, Sawatsky, & Lalumière, 2018; Ley, 2012; Walton, Cantor, Bhullar, & Lykins, 2017). David J Ley's "The Myth of Sex Addiction", comprehensively lays out the history of this medical diagnosis, which highlights the highly subjective nature of this diversely defined medical disorder. The definition of hypersexual disorder has changed numerous times over the years. The shifting parameters that surround the definition of hypersexual disorder highlight Ley's (2012) key concern that hypersexuality is contradictory in nature, as it is attempting to place a specified diagnostic definition onto a subjective and elusive concept, in relation to ever-changing social norms. Ley

(2012) notes that “the gross lack of clarity of diagnosis and definitions of sexual addiction have led to an explosion of a bewildering variety of definitions and lists of sexual behaviors and problems, all lumped under the general and broad concept of sexual addiction” (p. 47). The definition of this disorder is also heavily intertwined with the practice and social acceptance of masturbation.

Renowned psychiatrists and medical professionals such as Samuel Tissot, Dr. Benjamin Rush, and Krafft-Ebing, considered excess masturbation, rather than sex alone, to be included in the definition of hypersexuality (Ley, 2012). As such, these powerful sources of socialization disseminated a taboo label attached to masturbation, for inaccurate medical reasons, and provided almost barbaric “cures”. To Tissot, Rush, and Krafft-Ebing, masturbation was a harmful act and simply engaging in it would be in the realm of hypersexuality (Ley, 2012). Ley (2019) attests that the diagnosis lacks the required specificity for it to be a useful medical category. However, its presence, albeit a tenuous one, still highlights the medical regulation of sexuality and of masturbation.

On the other end of the spectrum of sexuality and in contrast to hypersexuality disorder, is Hypoactive Sexual Desire Disorder (HSDD), defined as a lack of “normal” sexual drive (Jutel, 2010). As Jutel (2010) notes, although the proposal of HSDD may validate and deem one’s experience of not wanting sex as warranted, the classification of a disease or disorder can also be accompanied with severe social stigma and the creation of deviance. Because hyper- and hypo-sexuality are represented by the medical and psychiatric communities as mental or physical disorders (Hart & Wellings, 2002), there are social stigmas attached to these diagnoses, even if these disease categories are somewhat arbitrary. As a result of these medical and psychological categorizations, women are implicitly expected to fit between hyper- and hypo-sexuality, or they

may face social stigma and shame and/or be labeled as sexually dysfunctional or deviant by medical authorities (Lavie-Ajayi, 2005).

Aside from categories of hyper- and hypo-sexuality, female sexuality has largely been dismissed in the medical community. Even in contemporary medicine, female sexuality is still a largely under-represented and under-researched field (Bancroft, 2002; Shahvisi, 2018). One example of this was found by Moore and Clarke (1995), who document the absence of nomenclature around female body parts, such as the clitoris, in medical illustrations of female genitalia throughout the 20th century, suggesting female genitals are merely a small homologue of the penis (Braun & Kitzinger, 2001). Another is the scant interest and attention in medicine paid to the negative effects of steroidal contraceptives on women's sexuality, as well as the effects of surgery such as hysterectomies (Bancroft, 2002). Even the medicalized ideal of normal human functioning proves to be a useless source of comparison for women, as norms in medicine and psychiatry are based on androcentric focused research (Drew, 2003; Jutel, 2010). Female sexuality has largely been, and continues to be, ignored because of the long history of the patriarchal, male-centered nature of medicine. The contemporary focus on female sexual dysfunction, and in "curing" HSDD, is also male-centered (Drew, 2003; Jutel, 2010).

The problem with these medicalized approaches to female sexuality is their pathologization of female sexuality and, in turn, their lack of recognition of the social stigmatization of masturbation. Because the medical and psychiatric discourses largely attribute sexual dysfunctions to physical or mental dysfunction, the responsibility to overcome these hurdles is on the individual, rather than on society, or cultural norms, more broadly (Drew, 2003; Hart & Wellings, 2002; Jutel, 2010; Lavie-Ajayi, 2005). These hurdles, such as overcoming one's dysfunctional sexual functioning through medicinal or surgical intervention, prove to be

insurmountable as the current androcentric, unitary medical model we adhere to is incomparable to the female experience of sexuality (Bancroft, 2002; Hart & Wellings, 2002; Lavie-Ajayi, 2005; Shahvisi, 2018). Despite the socially constructed, and therefore subjective and arbitrary, context of these diagnoses, women continue to experience very real, internalized feelings of inadequacy and impaired bodily state, commodification of female sexual functioning for pharmaceutical companies' benefit, disregard for women's health needs, and lack of freedom and true autonomy over their own bodily functions (Drew, 2003; Hart & Wellings, 2002; Jutel, 2010; Shahvisi, 2018). These frightening observations ignore the larger and more poignant impact that the social has on women and their sexualities, their bodies, and their independence. By ignoring the social factors that stigmatize masturbation, and by internalizing the narrow definition of sex provided by the medical model, women will continue to be stifled by medical practices, which in turn, continue to reinforce the subjugation of the female sexual experience (Drew, 2003; Hart & Wellings, 2002; Jutel, 2010; Lavie-Ajayi, 2005; Shahvisi, 2018).

Mainstream Media

It has been well-documented that many youth turn to mainstream media for an easily accessible, private, and multifaceted source of sexual socialization (Bay-Cheng, 2001; Brown, 2002; Neustifter, Blumer, O'Reilly, & Ramirez, 2015; Kaestle & Allen 2011; Oosterhoff, Gilder, & Mueller, 2016; Patterson, McDaid, Hunt, Hilton, Flowers, McMillan, Milne, & Lorimer, 2019). Due to the enmeshment of media in our everyday lives, with youth spending an average of 6 -7 hours on some form of media each day, it is hardly a surprise that the media is a popular agent of sexual socialization, especially when considering the hypersexuality of much mainstream media (Brown, 2002; L'Engle, Brown, & Kenneavy, 2006; Neustifter et al., 2015). Although the media can provide comprehensive, sex positive socialization of female

masturbation, studies show that many online sources actually provide inaccurate and biased information on masturbation, leaving youth confused and ill-informed (Bay-Cheng, 2001; Brown, 2002; Patterson et al., 2019).

One way in which the media insufficiently socializes female masturbation is through its use of censorship. Information on and representations of female sexuality and female pleasure is largely censored on mainstream media platforms in North America (Kaestle & Allen, 2011; Marques, Lin, Starling, Daquiz, Goldfarb, Garcia, & Constantine, 2015; Neustifter et al., 2015; Oosterhoff, Müller, & Shephard, 2017). This censorship increases tenfold when looking at the degree in which female masturbation is represented in mainstream media (Morgan, 2018; Watson & McKee, 2013). The censorship of female sexuality is so extreme in some cases that even guides on breast self-examination for the purposes of cancer screening have been banned from social media platforms like Facebook (Oosterhoff et al., 2017). Studies have also found that educational-based media, such as informational websites aimed at youth, also employ censorship tactics on the topic of female sexuality and pleasure to the extent that only 3% of the overall content on sexual education websites socialize sexual pleasure (Neustifter et al., 2015). While some scholars claim this lack of representation is a result of a fear of reduced funding or reprimand from sex-negative organizations (Neustifter et al., 2015), this justification does not extend to all media sources, as the gender gap between female and male masturbation remains undeniable in many media sources. For example, while male masturbation has been omnipresent in movies for decades, including mainstream movies, female masturbation is rarely socialized in mainstream media (Madanikia, Bartholomew, & Cytrynbaum, 2013; Morgan, 2018; Watson & McKee, 2013). Censorship is a powerful tool used in the media that provides socialization both by what it shows and by what is intentionally left out. Through these omissions, educational,

social, and other forms of media continue to provide an incomplete socialization of female masturbation and therefore perpetuate the stereotype of females being innately non-sexual beings that are less likely to engage in masturbation (Ley, 2019; Madanikia, et al., 2013).

Due to the large monopoly that American companies have on the film production industry, their rating system is widely used. The Motion Picture Association of America (MPAA) is the sole rating system used for all films shown in movie theaters in the United States (West, West, & Dick, 2006). Although seemingly well intended, it was initially introduced to offer a parental rating of a film, the MPAA rating system has proven to be questionable on a number of fronts. The MPAA is run by a small, anonymous group of individuals that represent the “average parents of young children” and release ratings on films with little to no explanation as to their classification system (West, West, & Dick, 2006, p. 14). In Dick’s (2006) film, “This Film is Not Yet Rated”, he exposes the biased decisions behind the MPAA, specifically the censorship of female and same-sexed sexuality. The presence of same sex sexuality and female pleasure in films is overwhelmingly classified as NC-17, which means the film is not as widely circulated, losing millions of dollars in potential revenue, and not visible to thousands of potential viewers (Dick, 2006; West, West, & Dick, 2006).

Academic studies have similarly corroborated that the vast majority North American movies perpetuate the idea that female masturbation often results in negative outcomes, is a compensational act due to one’s “failure to obtain a mature sexual relationship” (Madanikia, et al., 2013), is something that only happens distressing or unsatisfying relationships, or is a sexual act performed by women “for men” (Morgan, 2018). In most cases, mainstream movies rarely show female masturbation at all (Kaestle & Allen 2011; Madanikia, et al., 2013; Morgan, 2018), thus perpetuating dominant patriarchal and heteronormative sexual understandings while also

missing an opportunity to normalize sexual socialization across gender and sexuality spectrums, including female masturbation (Dick, 2006; West, West, & Dick, 2006).

The most prominent source of media young people currently turn to for information regarding female masturbation is online pornography. Having little to no censorship, this platform is commonly sought out by youth (Ezzell, Johnson, Bridges, & Sun, 2020; Fritz & Paul, 2017; Simon & Daneback, 2013). Despite the common societal belief that women are inherently less/non-sexual beings who are not aroused by sexually explicit images or videos, and therefore don't seek out pornography for either information or pleasure, studies have continuously found that large numbers of women do masturbate as well as watch pornography (Madanikia, et al., 2013; Sun, Bridges, Wosnitzer, Scharrer, & Liberman, 2008; Parvez, 2006). That being said, the pornography industry, which is primarily produced by and for men (Gorman, Monk-Turner, & Fish, 2010), often ignores female pleasure and has been shown to negatively affect females by frequently perpetuating violence, degradation, and objectification towards women (Fritz, Malic, Paul, & Zhou, 2020; Sun et al., 2008).

There are a myriad of ways in which online pornography displays a lack of consideration for the female audience and effects it may have on females in general, but arguably the most prominent negative impacts come from the overall gendered differences of the portrayal of men and women in pornographic films and images (Fritz & Paul, 2017; Gorman et al., 2010). One example of the gendered inequalities in mainstream pornography is the common portrayal of female pleasure being less important than male pleasure. Male pleasure is the primary focus in most pornography, for both male and female actors (Gorman et al., 2010). If female pleasure is shown at all, it often only occurs as a result of sexually satisfying their male counterpart (Gorman et al., 2010; Zhou, Paul, Malic, & Yu, 2019). Such an asymmetrical dynamic reflects

the traditional gendered sexual script that female pleasure is not a priority, which also highlights the common lack of reciprocity between sexes in pornography (Ezzell et al., 2020; Fritz & Paul, 2017; Gorman et al., 2010; Séguin, Rodrigue, & Lavigne, 2018; Zhou, et al., 2019).

The “orgasm gap” that exists between males and females in pornography represents this lack of reciprocity as well (Mahar, Mintz, & Akers, 2020). Overwhelmingly, studies have shown that despite the popular assumption that in pornography women experience orgasms all the time, mainstream pornography typically does not display orgasming women yet shows orgasming men almost ubiquitously (Fritz & Paul, 2017; Séguin, Rodrigue, & Lavigne, 2018; van Doorn, 2010). Commonly, a female’s role in porn, including when they are engaging in masturbation, is defined by their increased nakedness and stripping, intentionally invasive exposure of their entire body and face, exaggerated sounds and facial expressions, or even their same-sex sexual behaviour, is highly performative to increase the straight male audience’s sexual ego and pleasure, rendering it again not self-focused (Fritz & Paul, 2017; Gorman et al., 2010; Madanikia et al., 2013; Séguin, Rodrigue, & Lavigne, 2018; van Doorn, 2010; Zhou et al., 2019).

Not only is mainstream pornography’s narrative much less inclusive and encouraging of female pleasure, but it also frequently perpetuates this dichotomy at the expense of female enjoyment, worthiness, autonomy, and safety (Ezzell et al., 2020; Glascock, 2005). Sometimes, the act of degradation and abuse towards women itself is the specific source of male pleasure in mainstream pornographic online content (Ezzell et al., 2020; Glascock, 2005). This commonly disseminated “porno script” illustrates male domination and female subordination through the prioritization of male pleasure and power (Carrotte, Davis, & Lim, 2020; Chadwick, Raisanen, Goldey, & van Anders, 2018; Ezzell et al., 2020; Gorman et al., 2010; Séguin, Rodrigue, & Lavigne, 2018; van Doorn, 2010). This includes showing men giving orders to their female

counterpart, physically holding women in their own preferred positions, often below themselves (van Doorn, 2010), or showing women as willing sexual partners, ready to engage in any act desired by the man (Carrotte et al., 2020; Gorman et al., 2010). Numerous studies have shown that these disturbing “porno norms” normalize the objectification, fetishization, degradation, aggression, and abuse towards women, not only downplaying women’s sexual pleasure, but also harmfully working against it (Carrotte et al., 2020; Chadwick et al., 2018; Ezzell et al., 2020; Gorman et al., 2010; Séguin, Rodrigue, & Lavigne, 2018; van Doorn, 2010).

In North America, where many youth seek out media-based sexual education, where policy-makers uphold censorship over broad sexual representation, and where the porn industry dangerously erases and degrades women’s sexual pleasure, researchers caution against overestimating youth’s knowledge on sex (Simon & Daneback, 2013). Unfortunately, until masturbation is valued as an integral part of the sexual education youth receive from their family, peer-educators, and/or curriculum-based education, media will continue to be a source of misinformation on the topic (Simon & Daneback, 2013; Watson & McKee, 2013). The internet is an unregulated space saturated with all-too-accessible pornography, which can lead to false and problematic ideas about masturbation and female pleasure (Bay-Cheng, 2001). Without a more holistic and egalitarian approach to youth sex education, “the man and his member [are viewed as] the only legitimate sources of female pleasure” (Kraus, 2017). While there are some online sources that encourage gender equality in sexual pleasure, consent, and healthy bodily awareness and exploration (Kraus, 2017), these sites are far from the norm. Rather, these sites are considered more fringe media, rendering their representations also fringe to dominant discourses of female masturbation (Lieberman, 2015).

Curriculum-Based Sexual Education

With religion, psychiatry and medicine, and mainstream media all doing a poor job at positively socializing female masturbation, one would hope that curriculum-based sex education would do a better job. Unfortunately, one of the most commonly reported statements regarding the discussion of female masturbation in curriculum-based sex education is that in most cases it simply does not occur (Pound, Langford, & Campbell 2016; Balter, Rhijn, & Davies, 2016; Coll, O’Sullivan, & Enright, 2017). If it does occur, curriculum-based education often fails to equip students with the necessary skills to decipher between factual or fictitious information about female masturbation online (Patterson et al., 2019). In the rare case where comprehensive sexual education is available, such as Martin Cole’s 1971 film *Growing Up*, which provided accurate depictions and explanations of female and male masturbation, these sources are commonly condemned by the adult population in society (Limond, 2009). This is a particularly concerning finding as it was also reported that early childhood educators observed self-touching/masturbatory behaviors commonly in children, typically performed for self-soothing or out of curiosity (Balter, Rhijn, & Davies, 2016). According to Rödöö and Hellberg (2013), clinicians commonly advise parents from making their daughters feel guilty for masturbating, even as an infant, as it is a normal part of growing up and learning about one’s body.

Female masturbation is more often than not omitted from sexual education in schools, in part, because of the potential backlash teachers may receive from parents (Balter, Rhijn, & Davies, 2016, p. 38). But studies have also shown that students themselves also resist it because of the awkwardness associated with the discussion of sexual pleasure in classroom settings (Coll, O’Sullivan, & Enright, 2017, p. 168). Despite the potential backlash from parents and the awkwardness experienced by students, many researchers highlights the benefits that talking

about masturbation can bring (Pound, Langford, & Campbell 2016; Balter, Rhijn, & Davies, 2016; Coll, O’Sullivan, & Enright, 2017; Limond, 2009). In one study, students proposed that sexual education should include the assurance of a safe and confidential environment so they could be able to participate without fear of social repercussions and an increased diversification of approaches to encourage engagement such as using group discussions, activities, skills-based learning, and demonstrations (Pound, Langford, & Campbell 2016). Students also suggested that curriculum-based sexual education should be taught earlier in their education, in smaller groups to create a greater sense of involvement, safety, and group control, and be taught by sexual health professionals or older peer educators (Pound, Langford, & Campbell 2016). Lastly, students believed that sexual education could be improved by adjusting the content to be honest, comprehensive, not abstinence-based, more carefully planned, and including information around pleasure, sexual anatomy, and relevant, sex-positive information that better reflect the diversity of student’s sexual experiences (Pound, Langford, & Campbell 2016; Balter, Rhijn, & Davies, 2016; Coll, O’Sullivan, & Enright, 2017; Limond, 2009).

Methodology

Through a social constructionist lens, which focuses on cultural relativism and the social construction of meaning, the best way to understand the current, taken-for-granted reality is by examining the language in which we use to disseminate thoughts and concepts (Andrews, 2012). By focusing on the representations and discourses of female masturbation in human sexuality textbooks, I analyze how human sexuality textbooks frame, discuss, and represent female masturbation to its readership. While human sexuality textbooks are not the only form of sexual socialization, nor are they the most widely used, as recognized in the literature review discussed above, due to their centrality and authority in College and University-level human sexuality

classes, they offer a unique opportunity to further understand the social construction of female masturbation. Academic textbooks often hold a privileged, authoritative position as displaying fact-based and objective information rooted in knowledge, expertise, research, and peer-review. For students, they are also encouraged to be accepted at face-value. However, as with any source of information, textbooks are still susceptible to human subjectivity and a skewing of how information is presented. Therefore, to identify and discuss the academic understandings of female masturbation as presented in human sexuality textbooks published between the years 1990 and 2020, is a worthwhile addition to the existing analysis of the social discourses of female masturbation. To do so, I use a critical discourse analysis, which aims to evaluate the discussion and representations of female masturbation in human sexuality textbooks over a recent 30-year period.

Data Collection

To determine my data set, I used online and in-person library searches to find relevant human sexuality textbooks. I searched the following terms to narrow and select my data set: “human sexuality”, “female sexuality”, “female pleasure”, and “female masturbation”. In total, I found 18 textbooks that focused on “human sexuality” or “healthy sexuality”, which were all included in the data set. Many of these textbooks are broad-based textbooks that would be used in College and University-level human sexuality courses, gender and feminism courses, and health and psychology courses and are published by academic presses such as Pearson, Oxford University Press, Taylor & Francis Group, and SAGE Publications. I also included three human sexuality encyclopedias to supplement my research. Like textbooks, encyclopedias provide an authoritative summary on the topic in question and are therefore a valuable item for analysis. All the textbooks and encyclopedias were published between the years of 1990 and 2020, with the

earliest being 1992 and the latest 2019. This 30-year range was chosen to measure information on female masturbation that would still be relevant today.

Both textbooks and encyclopedias were selected as part of the dataset based on their mention of female masturbation. I was then able to narrow the main data set to include textbooks and encyclopedias with a substantial and significant amount of information on female masturbation. The content of female masturbation discussed ranged from a minimum of a couple sentences to several pages. Texts with fewer or no mentions of female masturbation were omitted from the data set, due to a lack of analyzable data. By including both textbooks and encyclopedias in my data set I can provide an overarching representation of the information that has been disseminated about female masturbation in a North American post-secondary educational setting.

Critical Discourse Analysis

CDA is a qualitative research method that studies the ways in which inequalities are produced, resisted, and maintained through language, talk, and text (Van Dijk, 2003). As an interdisciplinary approach, the overriding assumption shared by critical discourse analysts is that language, power, and knowledge are linked, and that these act as *productive* forces in the shaping and making of objects and subjects (Fairclough, 2010). Emphasizing the constitutive role of language, CDA aims to show “how language works to organize fields of knowledge and practice” (Tonkiss, 2004, p. 374). Importantly, the goal of CDA, therefore, is not about discerning the truth of an object or subject—in this case, the truth of female masturbation. Rather, the goal is to identify the discursive mechanisms in and through which “social meanings are formed and reproduced, social identities are shaped, and social facts are secured” (Tonkiss,

2004, p. 376). Using CDA, my aim is to show *how* understandings of female masturbation come to be shaped in human sexuality textbooks.

The discourses of female masturbation and how they are represented in human sexuality textbooks is of academic interest, especially considering the socially taboo nature of this topic. The aim in doing this research is to examine the ways in which they do, or do not, discuss the topic and to analyze what these representations say about how human sexuality textbooks actively construct and shape social views of female masturbation, particularly to a post-secondary, academic audience. To critically analyze and compare the data, I will use Tonkiss' (2004) coding schema. Tonkiss (2004) narrows in on the 1) repetition of key words and themes between texts, 2) variations that occur within and between numerous texts, 3) specific emphasis and detail of certain information presented, and 4) silencing or omission of what is not represented. The aim of my analysis is twofold: I will examine the themes and patterns that emerge on the topic of female masturbation in human sexuality textbooks and I will explore what these themes and patterns produce in terms of gendered and sexual socialization on the topic.

The coding scheme I will use involves an initial and thematic type of coding. The initial coding is, as its name suggests, to log any initial findings, such as looking at the frequency in which the text mentioned the terms masturbation, female masturbation, or female pleasure. As I will be looking for specific words and phrases, this coding scheme is conducted on a word-by-word basis. The purpose of this initial phase of coding is intentionally directed without critique, but rather direct observation, to keep an open mind about what may come up in thematic coding, which is necessary for one's initial coding (Charmaz, 2014; Tonkiss, 2004). After the initial coding, I will determine thematic codes that outline the way in which these words and phrases were discussed. For example, what was the context that masturbation was discussed? Through

thematic coding, I will be able to look at how the specific texts represent and discuss female masturbation, taking a more critical lens during this phase of analysis (Charmaz, 2014; Tonkiss, 2004). The initial and thematic coding will be done on a line-by-line basis, to be able to effectively analyze and compare texts to one another. Due to the fact that this is a secondary data analysis, Research Ethics Board approval is not required.

Findings and Discussion

After conducting a thorough analysis of the data, which includes 18 textbooks and 3 encyclopedias, I have organized the data into three main categorical themes of analysis: gendered comparisons of masturbation, normalization of female masturbation, and medicalization of female masturbation.

Theme 1: Gendered Comparisons of Masturbation

Findings

By and large, the most recurrent message discussed in the data is that males masturbate more than females. This message is present in 19 out of the 21 texts and is mentioned a total of 74 times across all the data I consulted. The way in which this statement is phrased varies depending on the textbook or encyclopedia. In 11 of texts, it simply states something along the lines of “males masturbate more than females” (LeVay, Baldwin, & Baldwin, 2009 p. 102). Other texts, in contrast, emphasize “women’s lower rate of masturbation” (Brannon, 2017, p. 500). For example, Bolin & Whelehan (1999) mention that “the rate of female masturbation is somewhat lower than males” (p. 386). In addition to the qualitative statements used, statistical data, based on previous studies, is used to show that males masturbate more than females. For example, McAnulty and Burnette (2003) state that “by age 13, over 50% of boys and 25% of girls have begun masturbating” (p. 180). Greenberg, Bruess, and Haffner (2004) argue that “90%

of adult males and slightly more than 60% of adult females report having masturbated” (p. 367). When comparing the statistical frequency between male and female masturbation mentioned in each textbook, the reported difference ranges anywhere from approximately 10% to 60%, a fluctuation of 50%. In other statistical reports, there is emphasis placed on gendered differences in masturbation. For example, Rathus, Nevid, and Fichner-Rathus (1992) state that “about half of adolescent boys (46%) [...] *but only* about a quarter of girls (24%) reported masturbating” (p. 392, emphasis added). Equally, Hock (2010) contends that “*only* 42 percent of women and 73 percent of men reported masturbating” (p. 198, emphasis added). Although the statistical difference is only 20 – 30 percent, emphasis is placed on the exaggerated differences between males and females rather than on the statistical overlaps of 70 – 80 percent.

The theme of men masturbating more than women is consistent across all three decades examined in this study, ranging from 1990 to 2020, though there are subtle differences over this time span. The majority of the texts state that men masturbate more than women as if it is an undoubtable fact: “men masturbate considerably more than women” (Baumeister, 2001, p. 13). Others sources qualify the firmness of the reported differences by stating that “men *report* that they masturbate more often than women *say* they do” (Brannon, 2017, p. 302, emphasis added) or that “boys [are] *more likely to admit* to [masturbating] than girls” (McAnulty & Burnette, 2003, p. 185, emphasis added). Over the 30-year period of the texts consulted, outdated statistical studies reporting the differences between male and female masturbation are consistently referenced. For example, the famous Kinsey surveys (1948; 1953), known by researchers as having “provided the basis for research on women’s sexuality and masturbation worldwide” (Fahs & Frank, 2014, p. 242), were cited in almost half of all the data (48%), including in textbooks as recent as 2017. The Kinsey surveys uphold the notion that men

masturbate more than women without taking into account the changed social context in the 68 years since the surveys were conducted. The outdated texts also fail to acknowledge or include contemporary social nuances, such as the recognition for transgender identities. Only one study in all 21 of the texts gave reference to transgender experiences with masturbation. Other outdated statistical studies were also commonly cited, but none as frequently or as dated as the Kinsey survey.

In addition to the qualitative and quantitative differences between male and female masturbation, there is significant variation in the definitions of masturbation used. The majority of the studies within the texts are based on “masturbation”, shown in 20 of 21 texts, whereas a minority of the studies within the texts are based on “masturbation to orgasm”, shown in 7 of 21 texts. For example, Rathus et al. (1992) report that “two-thirds (63%) of the males sampled, and one-third (33%) of the females, reported masturbating by age 13” (p. 386). Rathus et al. (1992) go on to further report “nearly all males and about two-thirds of females in the *Playboy* survey reported that they had masturbated to orgasm by the end of adolescence” (p. 392). It is unclear whether or not the statistics reported use two different measurements of masturbation, or if Rathus et al. (1992) simply doesn’t specify that all of the studies measure specifically for “masturbation to orgasm”. The incongruity of definition is even more apparent when comparing how the Kinsey surveys’ statistics are presented in two different texts. When restating Kinsey’s findings, Westheimer (2000) reports that “92 percent of his male respondents said they had masturbated to orgasm at least once, compared to 58 percent of the females” (p. 174). Reporting on the same statistic, Baumeister (2001) writes that “Kinsey found a large gender difference in the lifetime incidence of masturbation: 92% for males compared with 58% for females” (p. 29). The definitional incongruity used in the texts between “masturbation” and

“masturbation to orgasm” makes comparing the reported statistics difficult at best and meaningless at worst.

While other demographic data—namely differences in age or marital status—was sometimes compared, overwhelmingly the single biggest difference discussed was between males and females. As my findings have discussed, these differences are represented using qualitative and quantitative data, outdated studies, focusing on differences rather than similarities, and relying on inconsistent definitions of masturbation. I will turn now to a discussion of why these representations matter.

Discussion

Due to the large variance in the statistical evidence on masturbatory practices between the sexes, outdated nature of the highlighted studies, variation and exaggeration in the vernacular used to describe gendered differences of masturbation, and an inconsistency in defining masturbation there is potential for this data to represent a skewed illustration of the gendered differences of masturbatory practice. With specific consideration to the potentially skewed nature of the perpetuated notion that males masturbate more than females, we should remain skeptical when comparing and analyzing the rates of masturbation between the sexes as objective fact.

One reason to be skeptical of assertion the males masturbate more than females is due to the stigma attached to masturbation, particularly for females. Masturbation has been, and continues to be, perceived by some members of society as a behaviour associated with desperation and loneliness, and something that is “disgusting” that only “slags” participate in (Hogarth & Ingham, 2009, p. 561). This is especially the case for *female* masturbation as the expression of women’s sexuality continues to be judged more harshly than men’s sexuality (Crawford & Popp, 2003). As a result of this stigma, it is unclear whether women actually

masturbate less or if these statistics are the result of a social acceptability bias (Gerressu, Mercer, Graham, Wellings, & Johnson, 2008). The suggestion that males masturbate more than females may instead be attributed to females underreporting their masturbatory experiences. (Alexander & Fisher, 2003; Petersen & Hyde, 2011). It is also important to reflect on the wide range of percentages recorded on the difference between the sexes. The accuracy of the statistics mentioned can justifiably be questioned as variance is very high, with reported gendered differences fluctuating between approximately 10% to 60% over the 30-year span, a variation of 50%. Despite this large variance, the assertion the males masturbate more than females is firmly asserted as fact multiple times in the data. This puts into question the validity of the data that is being socialized through these authoritative texts. If the data more accurately measured gendered differences in masturbation frequency, perhaps the statistical differences would not be so extreme. Likewise, much of the qualitative differences presented would also be downplayed, normalizing masturbation in women.

The vernacular used in the data proves to be another point of contention. The data's inconsistent definitions of masturbation are one example of this. Some of the studies referred to masturbation, whereas others referred to masturbation to orgasm. This inconsistency prevents any strong comparison to be made between studies in the data. By providing a broader and more consistent definition of masturbation we could more accurately compare the texts, which in turn may yield different results. In addition to this, the emphasis made on the gendered comparisons prove to unnecessarily exaggerate the differences and ignore the similarities between the sexes. As previously noted, Rathus et al. (1992) state that “about half of adolescent boys (46%) [...] *but only* about a quarter of girls (24%) reported masturbating” (p. 392, emphasis added). This emphasis not only suggests that a quarter of women is not a considerable amount, but also

excessively compares this ‘lack’ of female masturbatory behaviour with the androcentric ideal of normal sexuality. By hyper-fixating on the subtle differences between men and women’s masturbatory practices, rather than highlighting the overwhelming similarities between the genders, women are categorically presented as masturbating less. Not only may this not always be the case but presenting it as such serves to reinforce the normalization of this assumption.

Another inconsistency that may alter the data reported on female masturbation is the significant presence of outdated studies when referring to gendered differences in masturbatory behaviour. For example, in the data the Kinsey studies (1948; 1953) were referenced numerous times despite their dated results. This brings into question the contemporary accuracy and relevancy of the gendered comparisons made by the textbooks and encyclopedias. Whilst the Kinsey studies proved to be “game-changing” in the field of sexology (Fahs & Frank, 2014, p. 242), their findings on the rates of female masturbation may no longer be accurate or representative of contemporary society. Although the contemporary studies produced just as fluctuant statistics supporting the notion that males masturbate more than females, they did speak somewhat more to matters outside the gender binary. As previously mentioned, one study from a 2019 text gave recognition to the identity of transgender individuals and their experiences with achieving orgasm through masturbation (Bosson, Vandello, & Buckner, p. 321). If male masturbation does contemporarily occur more frequently than female masturbation in North American society, the data needs to be sourced from more contemporary studies to produce more accurate, inclusive, and comparable statistics and qualitative results. Ultimately, more recently conducted studies can better account for the social nuances of contemporary society and therefore can better analyze gender differences of masturbation.

Theme 2: The Normalization of Female Masturbation

Findings

As discussed in the previous theme, although the available statistics show that male masturbation occurs more frequently than female masturbation, the data also notes that “there are undoubtedly many women who masturbate frequently” (Rathus et al., 1992, p. 238). While not as commonly or consistently cited as the gendered differences, in 14 of the 21 textbooks and encyclopedias, masturbation is presented as “a very common practice” among women of all ages (LeVay & Valente, 2002, p. 379). Rathus et al. (1992) state that 85% of women have masturbated (p. 238); Nadal (2017) notes that about 73% of women have masturbated (p. 1123) and Greenberg, Bruess, and Haffner (2004) mention that “about 62% of all females reported that they had masturbated” (p. 48). When looking at female statistics alone, the rates of female masturbation are not as low as they may seem as when compared to male masturbation.

The more contemporary data also reports that the statistical occurrence of female masturbation (or at least the discussion of the statistical occurrence of female masturbation) is also on the rise. Brannon (2017), for instance, observes that over the last 50 years of reported research, that surveys “have shown diminishing differences” between male and female masturbatory practices (p. 500). LeVay, Baldwin, and Baldwin (2009) likewise note a rise in reported rates of female masturbation during childhood and adolescence from 39% in the mid-twentieth century to 84% in the early twenty-first century (p. 330). Data such as these examples, normalize female masturbation by asserting that it is commonly and increasingly engaged in by women, especially in contrast to previous (and outdated) studies.

Beyond statistical occurrence, the normalization of female masturbation is further noted in its normalcy across the life course. Westheimer (2000) asserts that “most women have

masturbated at some point in their lives and many masturbate throughout their lives” (p. 174). This includes post-menopausal women (Kauth, 2006, p. 112), menopausal women (Hill, 2008, p. 359), never-married single women (McAnulty & Burnette, 2003, p. 212), and, as noted by six separate textbooks, married women. In fact, Bechtel (1993) reports that there is an increase in frequency of masturbation for women upon approaching middle age (p. 250). In addition, LeVay and Valente (2002) claim that “masturbation is a very common practice among children of both sexes” (p. 379). And similarly, Rathus et al. (1992) acknowledge that masturbation is a “major sexual outlet during adolescence” for both young women and young men (p. 392). In one text, it was pointed out that “gynecologists have even recorded a female fetus masturbating to orgasm in the womb” (Nadal, 2017, p. 1123). From in-utero, through childhood and adolescence, to adulthood and old age, masturbation is both normal and common in women.

In addition to the normalization of female masturbation across the life stage, 13 of the 21 texts (62%) also discuss the benefits that masturbation can bring, especially to women. For example, the data notes that female masturbation “tends to enhance, not detract from, sexual activities among married people” (Rathus et al., 1992, p. 239). The same source notes that “women who had masturbated during adolescence were more likely to find gratification in marital coitus than women who did not” (Rathus et al., 1992, p. 239). In addition to the marital benefits presented, the texts highlight that women also receive orgasmic benefits from engaging in masturbation. Although the data reports that the ability to achieve an orgasm through intercourse can prove challenging for some women, it also reports that by adulthood, the vast majority of women can achieve an orgasm through masturbation (Blonna & Levitan, 2000, p. 373; Hock, 2007, p. 259; Hock, 2010, p. 252; LeVay & Valente, 2002, p. 231; Pukall, 2014, p. 342). Both Temple-Smith (2016) and Rathus et al. (1992) note that masturbation is the primary

method of achieving orgasm for females and males (p. 17; p. 386). The data also claims that masturbation is the most common and reliable way to orgasm, that it produces the most intense orgasms, and that orgasms are more easily achieved through masturbation (Rathus et al., 1992, p. 240; Hock, 2007, p. 205; Hock, 2010, p. 200; Shackelford & Goetz, 2012, p. 189; Temple-Smith et al., 2016, p. 17). In regard to women who have yet to experience an orgasm, the data states that “masturbation can be a powerful tool for a woman to discover that she is capable of achieving orgasms and where and how she needs to be touched to achieve them” (Hock, 2010, p. 253). As stated by Nadal (2017), female masturbation is “a critical step in healthy sexual development” (p. 1123).

Beyond sexual satisfaction, Hock (2010) suggests that by engaging in self-exploration, women are also enhancing their overall bodily self-awareness (p. 253). In addition to this, Nadal (2017) finds that masturbation, for both sexes, has been linked to an increase in sexual self-esteem (p. 1123). Rathus et al. (1992) contend that female masturbation is a source of freedom for women from having to rely on their partner for their own pleasure or knowledge about their body (p. 467). This proves to be quite different to many women’s earlier experiences, as young “girls tend to learn about their own arousal from boys” and masturbation is “almost completely absent in the social context of adolescent females” (Blonna & Levitan, 2000, p. 246; Nadal, 2017, p. 1123). Rathus et al. (1992) also notes that female masturbation gives women the opportunity to “learn about their own bodies at their own pace” (p. 467). This proves to be important for learning about one’s own bodily functioning but also, importantly about what feels good and what doesn’t which has much broader implications for asserting bodily boundaries.

In addition to learning about sexual and bodily satisfaction, four texts also speak to how female masturbation can help with a variety of other physical ailments. Three of the sources

report that that engaging in masturbation can reduce or even eliminate menstrual cramps (Hock, 2007, p. 205; Hock, 2010, p. 200; Nadal, 2017, p. 1123). One source states that female masturbation, and specifically to orgasm, may help prevent cervical infection (Nadal, 2017, p. 1123). Lastly, Nadal, (2017) finds that female masturbation can also aid in easing pain associated with childbirth (p. 1123).

Discussion

While these normalizing frameworks are not as common as the previous theme, they still prove to be pertinent as they provide a counter-discourse to the low reported statistical frequency of female masturbation. When the discussion of female masturbation stands on its own, rather than being compared to the data on male masturbation as previously highlighted, a much more positive and healthy association is presented. Female masturbation is not only occurring, and is occurring at an increasing rate, it is also a healthy, beneficial, and an integral part of a woman's sexual development. Through these more normalized discourses, female masturbation is given the opportunity to become more integrated into everyday norms and result in an increased social acceptance and self-acceptance of the behaviour. By rendering female masturbation as socially legitimate, women may be more likely to embrace their sexual identities. The normalization of masturbation can also be used to develop "a discourse embracing masturbation as a critical part of sexual development and self-discovery that [is] necessary for safe and satisfying sexual lives" (Kaestle & Allen, 2011, p. 992). By engaging in female masturbation women are able to discover their sexual likes and dislikes and therefore better able to develop healthy sexual boundaries. This is due to the "sense of ownership, control and autonomy over [one's] own body" that accompanies the sexual pleasure derived from female masturbation (Coleman, 2003, p. 9). The

development of healthy sexual boundaries may lead to more sexual satisfaction, positive sexual experiences, and the confidence to say “no” when not enjoying a sexual situation.

Conversely, when a stigmatized view of masturbation is present “the stigma that surrounds masturbation continues to prevent rational discourse, which supports the continuation of silence and myths” about female sexuality (Kaestle & Allen, 2011, pp. 983-984). For some women, “the silences surrounding masturbation have allowed (patriarchal) norms to infiltrate their masturbatory experiences” (Fahs & Frank, 2014, p. 249). Women may begin to compare their orgasmic frequency to the androcentric idea of “normal” sexuality, which only detracts from the vast breadth of their own desires and capabilities. Kaestle and Allen (2011) further propose that this lack of normalization of masturbation can potentially have “a profound impact on the sexual health and development of young people” (p. 984). Without any sense of social acceptability attached to female masturbation, anyone who engages in this behaviour, or desires to engage in this behaviour, may begin to believe that there is something wrong with them. Because, as noted within the data, female masturbation continues to be largely absent in the social context of female adolescence (Nadal, 2017, p. 1123), these self-deprecating beliefs may bleed into adulthood, or even worse, exist for the entirety of one’s life. Evidently, the way in which the data on female masturbation is presented has the potential to influence our conceptualization of this behaviour. Therefore, consideration must be paid to the discourse surrounding female masturbation, especially in authoritative texts such as textbooks and encyclopedias. By doing so, positive associations with this behaviour become more normalized and result in a reframing of dominant discourses surrounding female masturbation.

Theme 3: Medicalization of Female Masturbation

Findings

In contrast to the previous theme of the normalization of masturbation in women, this theme discusses the ways in which the data also at times medicalizes masturbation in women. Medicalization is a concept that has been thoroughly studied in the sociological sphere since the 1970s and can be understood as “defining behavior as a medical problem or illness and mandating or licensing the medical profession to provide some type of treatment for it” (Conrad, 1975, p. 12). By far, the most recurrent “female problem” discussed in the texts is women’s struggle to achieve orgasm. In most cases the texts did not specify between various types of orgasm but based on context and dominant definitions it is assumed that they typically are referring to vaginal orgasms, though I will cite differences where possible. In 12 of the 21 textbooks/encyclopedias the lack of orgasm in women is mentioned 28 different times. Throughout these texts, women who struggle to orgasm are labelled as suffering from “anorgasmia” (LeVay, Baldwin & Baldwin, 2009, p. 457; LeVay & Valente, 2002, p. 497; Rathus et al., 1992, p. 467), “female sexual/orgasmic dysfunction” (Westheimer, 2000, p. 176), “female orgasmic disorder” (Blonna & Levitan, 2000, p. 386; Hock, 2007, p. 259; Hock, 2010, p. 253; McAnulty & Burnette, 2003, p. 388), or as having “orgasmic difficulties” (Brannon, 2005, pp. 279, 458; Rathus et al., 1992, p. 239). For further context, Brannon (2005) notes that “sex therapists direct women who are having orgasmic difficulties to masturbate” (p. 279) and Westheimer (2000) suggests that “masturbation and other forms of autoeroticism are crucial for sex therapists’ treatment of male and female sexual dysfunctions” (p. 176). Any other time a female’s struggle to orgasm was mentioned it was done so without an official diagnostic label.

Instead, the data refers to a female's lack of orgasmic occurrence as an "inability" to experience orgasm or as a "problem" they have (LeVay & Valente, 2002, p. 233).

Conversely, a few texts reject a diagnostic approach to women's struggle to achieve an orgasm. For example, Blonna and Levitan (2000) state that some professionals "prefer to view the inability to orgasm as a developmental learning issue versus a dysfunction" (p. 373). This example, however, is an outlier in the data presented. Out of 21 textbooks/encyclopedias analyzed, a woman's inability to orgasm did not correlate with a medical diagnosis in only three instances (Blonna & Levitan, 2000, p. 373; Hock, 2007, p. 259; Hock, 2010, p. 252), whereas 7 different texts referred to a woman's inability to orgasm as a medical problem. The latter does not include the 10 additional times a woman's struggle to orgasm was labelled as a "dysfunction", "disorder", difficulty, or as "anorgasmia". As noted in the medicalized language summarized here, the data predominantly defines women's difficulties to orgasm as a woman's medical problem, not as a problem of education or of the relationship.

In the data analyzed, the absence of female orgasm was discussed as a point of stress for women themselves as well as within their relationships. Due to the fact that "women are less likely to experience orgasm during intercourse than are men" distress and conflict often arise within relationships as the result of women's inability/difficulty to reach orgasm (Brannon, 2005, p. 279; Brannon, 2005, p. 458). This interpersonal conflict proves to be a challenging and stressful experience that often "prompts many couples to seek therapy", putting undue stress on women (Brannon, 2005, p. 458). The data also shows that women who struggle to orgasm also attend sex therapy on their own to try and mitigate issues with orgasm. Westheimer (2001) notes that "the main reason women seek the advice of sex therapists is orgasmic dysfunction" (p. 176), placing the blame squarely on women and not on broader social or interpersonal concerns.

Not only is women's inability to orgasm during masturbation framed as a medical issue, female masturbation is also often framed as the *treatment* for the lack of female orgasm. The latter was mentioned 21 separate times in the data in 11 different sources. LeVay, Baldwin, and Baldwin (2009) contend that "sex therapy for anorgasmia often includes a directed program of self-stimulation" (p. 457). McAnulty and Burnette (2003) similarly explain that "directed masturbation is the most commonly used technique for the treatment of lifelong female orgasmic disorder" (p. 388). Blonna and Levitan (2000) likewise state that directed masturbation programs focus on progressing from "individual masturbation, to masturbation in the presence of the partner, to being masturbated by the partner, to using masturbation as a prelude to intercourse" (p. 386). Masturbation is pitted as the solution to the medical problem of anorgasmia, even when some of the texts refer to the difficulties many women have reaching orgasm through intercourse.

As Rathus et al., (1992) discuss, "women achieve orgasm more reliably through masturbation than through coitus" (p. 240). Hock (2007) similarly notes that "90 percent of all women are orgasmic through activities other than or in addition to intercourse, such as masturbation" (p. 259). Likewise, Blonna and Levitan (2000) state that "women who are unable to achieve orgasm through vaginal intercourse find that they can achieve it during [...] masturbation" (p. 373). As summed up by Hock (2007), "masturbation has been reported, especially by women, as providing the most reliable and most intense orgasms" (p. 205). Interestingly here, the lack or difficulty of female orgasm does not come from their own masturbatory practices, but instead from their coital experiences. By framing female masturbation as the cure for this "illness" (i.e. the illness or medical problem of anorgasmia), female masturbation becomes medicalized, notably, so long as women do not over-engage in it.

In the data, excessive masturbation is labeled “hyper” or “compulsive” sexual behaviour. LeVay, Baldwin, and Baldwin (2009) state that hypersexuality “shows itself in compulsive masturbation” (p. 434). Another study outlined by Pukall (2014) also defines hypersexuality through one’s “high frequency of masturbation” (p. 375). Although the sources analyzed discuss the difficulties of determining what exactly constitutes “normal” levels of masturbation, three of the texts still utilize the language of “hyper” or “compulsive” (LeVay, Baldwin & Baldwin, 2009, p. 434; Pukall, 2014, p. 375; Westheimer, 2000, p. 145). One source defines excessive masturbation as a practice that is “carried out compulsively, non-stop past orgasm, or until physical injury or pain occurs” (Westheimer, 2000, p. 145).

On the other end of the spectrum, the data analyzed also narrows the normalcy of female masturbation with the assertion that it is detrimental for women to engage in too little masturbation. The most commonly mentioned detriment correlated to women’s lack of masturbation is their subsequent inability to orgasm or experience sexual pleasure during intercourse (Brannon, 2005, p. 279; Brannon, 2017, p. 302; LeVay & Valente, 2002, p. 233). McAnulty & Burnette (2003) go so far as to say that a woman’s negative beliefs about masturbation can lead to inhibitions during intercourse (p. 379). Women’s masturbatory behaviour is regulated when taken in excess or deemed deficient.

Discussion

The medicalization of female masturbation is widespread within the textbook data I analyzed. Women are labeled as “disordered” “dysfunctional” or as having “difficulties” when it comes to achieving an orgasm. I suggest that there are several issues that result from this medicalization. The first problem that arises from the medicalization of female masturbation is that it indicates an illness or defect in healthy, functioning women. As Nicholson and Burr

(2003) contend, “implicit is the idea that there may be something wrong if women did not have orgasms” (p. 1743). While sexual pleasure can be felt and enjoyed, achieving orgasm may not always be possible or even desirable for all women, especially in the context of intercourse. The medicalization of women’s inability to orgasm, and the authority of the medical discourses that do so, lead women to potentially internalize the “mythical standard[s]” of always or easily achieving vaginal orgasms and thus distance themselves from assumptions of sexual normalcy (Nicholson & Burr, 2003, p. 1743).

The second problem with the medicalization of female masturbation is the constructed dichotomy between “normal” and “abnormal” sexuality that it creates. Even though the data shows that a woman’s absence of orgasm during intercourse is a common phenomenon, it frames assumptions about a right and a wrong way to engage in sexual activity. The latter further medicalizes women’s sexuality without acknowledging the myriad of social, contextual, and interpersonal factors that can affect sexual desire and functioning, including but not limited to a woman’s sexual partner, hormone levels and life stage, menstrual cycles, sleep, anxiety, and stress (Jutel, 2010). By ignoring external factors, the medicalization of women’s difficulties or inability to orgasm during intercourse proves especially troubling since, as noted by the data, it is women who are less likely than men to attain societally prescribed norms of achieving orgasm during intercourse and are implicitly deemed the problem (Brannon, 2005, p. 279).

From a medicalization perspective, the problem is not inherently with women or women’s bodies, but with the narrow definitions of “normal” sexuality. The narrowing of normalness can include the frequency in which women masturbate, the methods through which they masturbate, or, as mentioned within the data, whether orgasm is achieved through masturbation. This normalizing and deviantizing of specific aspects of women’s sexuality also

extends to diagnosing women with hypersexuality, for masturbating too much, and Hyposexual Desire Disorder, for masturbating too little, according to arbitrary and vague standards.

As discussed in my findings above, masturbation is referred to as a cure for women's struggle to orgasm as long as it isn't engaged in too much. Conversely, the data also suggests that issues arise when women don't engage in 'enough' masturbation. As described by Jutel (2010), Hypoactive Sexual Desire Disorder (HSDD) is a medical condition defined as "persistently or recurrently deficient or absent sexual fantasies and desire for sexual activity" (p. 1085). HSDD, known previously as frigidity and defined as "the absence of a woman's sexual desire, the absence of arousal, and the absence of orgasm", continues to label those who struggle to orgasm (Margolin, 2017, p. 585). Although none of the textbooks explicitly connect a lack of female masturbation to HSDD, the medicalization of women's anorgasmia discussed above and HSDD are indeed hegemonically linked as they both regulate and deviantize women's difficulties with orgasm during intercourse. Moreover, as Graham, Boynton, and Gould, (2017) note, for some people the concept of sex "might include giving/getting masturbation" (p. 14). Therefore, it is justifiable to assume that for some women "sex" may include the practice of solo or mutual masturbation. By medicalizing women's sexual behaviour, women are more narrowly confined by what is considered to be normal masturbatory practice than men. These stricter parameters make it more difficult for women to exist as "normal" sexual beings within socially prescribed norms.

Another problem with setting up rigid dichotomies between normal and abnormal sexual behaviour is that what is considered to be "normal" sexuality is typically driven by androcentric and heterosexual definitions and norms (Jutel, 2010). As Nicholson and Burr (2003) note, the common standard of sexual normalcy "clearly serves to continue to reinforce the importance of

penetrative sex and the satisfaction of male sexual desire” (p. 1743). The medicalization of female masturbation is imposed upon women not always or necessarily for their sexual own pleasure, but instead for their partner’s. As Bellamy, Gott, and Hinchliff (2013) importantly point out, for some women “not being able to achieve orgasm [during intercourse] [i]s not necessarily a source of distress for women themselves” (p. 3246). Instead, it is women’s sexual partners who experience anxiety “with regard to their sexual prowess” if their female counterparts don’t orgasm during intercourse (Bellamy et al., 2013, p. 3246). Here again, the medicalized discourse within many of the human sexuality textbooks provides a clear, yet problematic, message: that a women’s difficulty to orgasm during intercourse is a female problem that she alone should rectify.

By designating female masturbation as the treatment for the absence of female orgasms, the data dismisses many of the other reasons why orgasms during intercourse might not be occurring. Sometimes interpersonal situations play a big role in whether or not women orgasm during intercourse. As Bancroft (2002) highlights, “we should consider circumstances where the behaviour of the male partner, or the context of the sexual interaction is less than exciting, or may actually be invoking inhibition in the woman” (p. 454). If one’s sexual partner isn’t contributing to the sexual experience in an appealing or exciting way, then this is likely a contributing factor to the absence of female orgasms during intercourse. And, as acknowledged by the data, these interpersonal factors are simply “not addressed by masturbation training” (LeVay & Valente, 2002, p. 497). Without acknowledging these interpersonal factors, all responsibility for the lack or difficulty of orgasm falls on the shoulders of women. This not only skews the myriad of issues regarding women’s ability to orgasm, but also excessively relies on diagnostic ascriptions that can have large impacts on the women being diagnosed.

Implications and Conclusions

The authoritative power that is ascribed to human sexuality textbooks and encyclopedias make these texts worth reviewing. Although textbooks and encyclopedias are assumed to discuss information objectively, as they are based on empirical knowledge, expertise, and peer-review, they are not immune to subjectivity. Due to the potential ramifications of the messages put forward in human sexuality textbooks and encyclopedias, one should not disregard the influence these texts may have in sexual socialization. The latter is especially concerning when considering the wide-spread inconsistencies that appeared within the data of this study. Within the authoritative texts analyzed, female masturbation is portrayed in a myriad of ways. Female masturbation is primarily compared to male masturbation, and therefore portrayed as occurring infrequently. Conversely, female masturbation is sometimes normalized by the texts by associating it with normal sexual behaviour and beneficial outcomes. Lastly, female masturbation is also medicalized through the assertion that one's difficulty in achieving orgasm is worthy of a medical diagnosis, as well as needing treatment via masturbation. When looking at authoritative texts, such as textbooks and encyclopedias, one must consider the impact they may have on social and personal understandings of sex, sexual pleasure, and masturbation and the broader effects and implications these can have.

As a result of the medicalization of female masturbation, which narrowly confines and regulates what is "normal" female sexuality, and by socializing female masturbation as being less common than male masturbation, as the majority of the data does, women are being told that "normal" female sexuality does not commonly include masturbation. Therefore, women who do regularly engage in masturbation are led to believe that they are abnormal. This has the potential to have devastating effects on one's sexual self-esteem, bodily autonomy, as well as one's

understanding of what “normal” human functioning looks like. This could also lead to unrealistic expectations of one’s own body, such as the suppression of normal human sexual desires and drives. Ultimately, the creation of a sexual dichotomy of “normal” and “abnormal” has the potential for interminable, devastating impacts.

Alternatively, the perpetuation of a sex-positive conceptualization of female sexuality has the potential to positively impact the way in which women see themselves as sexual beings. Though theme 2 is less commonly found in the data set, the perpetuation of normalized discourses of female masturbation can lead women to self-discovery and self-satisfaction through masturbation without shame or stigma. Further, by engaging in female masturbation women are better able to establish their likes, dislikes, and healthy sexual boundaries. Having healthy sexual boundaries is paramount when considering the imperative role consent plays in our interpersonal sexual lives. One large component of consent is that it must be informed (Dougherty, 2021). Establishing informed consent means that both parties are aware of what the given sexual act entails. Therefore, by determining our personal sexual likes, dislikes, and boundaries through the practice of female masturbation, women are better able to practice informed consent in their interpersonal sexual relations. As a result, this “effective sexual communication can lead to immense pleasure and enhanced agency” (Kukla, 2018, p. 71).

The influence of these authoritative texts cannot be overlooked; it is vital to conduct research on the discourses surrounding female masturbation, such as the work of this study. Doing so helps hold these texts accountable and ensure the dichotomy of “normal” and “abnormal” sexual practices is not perpetuated under the guise of objectivity. Furthermore, the normalization of female masturbation in textbooks proves to have profoundly positive impacts

on the sexual lives of women and should therefore continue to be disseminated by authoritative texts such as the ones examined in this study.

While my study examined the representations and discourses of female masturbation in 18 textbooks and 3 encyclopedias, there are also notable limitations to my study. Future studies could expand my analysis and observations by increasing the breadth of the data set, by including an analysis of trans self-pleasure and masturbation, and by expanding the cultural context outside North America. Would my themes and patterns be evident in a broader range of texts? How might these discourses change or shift in the coming years? How would my findings and discussion be similar and/or different to cross cultural comparisons and analyses? Future studies could also utilize interviews to better understand the impact these textbooks and encyclopedias have on their readers. To what degree are students internalizing these messages? And how prevalent are textbooks in the sexual socialization of North American youth, especially compared to other agents of socialization? The limitations that I have identified were outside the scope of my research but would yield interesting comparisons and speak to gaps in the current data.

Female sexuality, and specifically female masturbation, is frequently dismissed and deviantized by the dominant discourses in North American society. This was true during formal studies on sexuality in the 19th century, when female masturbation was associated with sin and hysteria (Makari, 1997; Stolberg, 2000), and continues to be true in contemporary society, as women continue to associate female masturbation with feelings of guilt and shame (Cowden & Bradshaw, 2007; Kaestle & Allen, 2011). By carrying out this study I have come to determine that human sexuality textbooks have the potential to contribute to these dominant discourses in either a progressive or damaging manner. While the data normalizes female masturbation in

some instances, the majority of these textbooks and encyclopedias perpetuate the dismissal of female masturbation, and therefore more likely contribute to the latter. As such, I suggest that a change in discourse surrounding female masturbation is long overdue. In order to disseminate the normalization of female masturbation in contemporary society, authoritative texts, such as the ones analyzed in this study, need to centralize sex-positive discourses of female pleasure and female masturbation. Furthermore, the androcentric sexual ideal of “normal” needs to be removed from the discourses of female masturbation, as it only further contributes to the shame and guilt women associate with this behaviour. Lastly, female sexuality, and female masturbation in particular, need to be better researched and represented in order to more accurately reflect the commonality and normalcy of this behaviour. Hopefully, this research contributes to this change by dismantling the often-androcentric narrative that continues to pervade academic discussions of human sexuality.

References

- Abbott, D., Harris, J., & Mollen, D. (2016). The Impact of Religious Commitment on Women's Sexual Self-Esteem. *Sexuality & Culture*, 20(4), 1063–1082.
<https://doi.org/10.1007/s12119-016-9374-x>
- Alexander, M. G., & Fisher, T. D. (2003). Truth and consequences: Using the bogus pipeline to examine sex differences in self-reported sexuality. *Journal of sex research*, 40(1), 27-35.
- Andrews, T. (2012). What is social constructionism? *Grounded theory review*, 11(1).
- Ashdown, B. K., Hackathorn, J., & Clark, E. M. (2011). In and out of the bedroom: Sexual satisfaction in the marital relationship. *Journal of Integrated Social Sciences*, 2(1), 40-57.
- Baldwin, S. E., & Baranoski, M. V. (1990). Family interactions and sex education in the home. *Adolescence*, 25(99), 573.
- Balter, A., van Rhijn, T., & Davies, A. (2016). *The development of sexuality in childhood in early learning settings: An exploration of early childhood educators' perceptions*, 25(1), 30–40.
- Bancroft, J. (2002). The medicalization of female sexual dysfunction: The need for caution. *Archives of Sexual Behavior*, 31(5), 451-455.
- Baumeister, R. F. (2001). *Social Psychology and Human Sexuality*. Psychology Press
- Baumeister, R. F., & Twenge, J. M. (2002). Cultural suppression of female sexuality. *Review of General Psychology*, 6(2), 166–203. doi:10.1037/1089-2680.6.2.166

- Bay-Cheng, L. Y. (2001). SexEd. com: Values and norms in web-based sexuality education. *Journal of Sex Research*, 38(3), 241-251.
- Bechtel, S. (1993). Masturbation. In S. Bechtel (ed.), *The Practical Encyclopedia of Sex and Health: from aphrodisiacs and hormones to potency, stress, vasectomy, and yeast infection*. (pp. 196-200). Rodale Press Inc.
- Bellamy, G., Gott, M., & Hinchliff, S. (2013). Women's understandings of sexual problems: findings from an in-depth interview study. *Journal of Clinical Nursing*, 22(23-24), 3240-3248.
- Blonna, R. & Levitan, J. (2000). *Healthy Sexuality*. Morton Publishing Company
- Bolin, A. & Whelehan, P. (1999). *Perspectives on Human Sexuality*. State University of New York Press
- Bosson, J. K., Vandello, J. A., & Buckner, C. E. (2019). *The Psychology of Sex and Gender*. SAGE Publications, Inc.
- Brannon, L. (2005). *Gender: Psychological perspectives* (4th Ed.). Pearson Education, Inc.
- Brannon, L. (2017). *Gender: Psychological perspectives* (7th Ed.). Routledge
- Braun, V., & Kitzinger, C. (2001). Telling it straight? Dictionary definitions of women's genitals. *Journal of Sociolinguistics*, 5(2), 214-232.
- Brown, J. D. (2002). Mass media influences on sexuality. *Journal of sex research*, 39(1), 42-45.

- Bullough, V. L. (2002). Masturbation: A historical overview. *Journal of Psychology & Human Sexuality, 14*(2-3), 17-33.
- Byers, E. S., & Sears, H. A. (2012). Mothers who do and do not intend to discuss sexual health with their young adolescents. *Family Relations, 61*(5), 851-863.
- Carrotte, E. R., Davis, A. C., & Lim, M. S. (2020). Sexual behaviors and violence in pornography: systematic review and narrative synthesis of video content analyses. *Journal of medical internet research, 22*(5), e16702.
- Chadwick, S. B., Raisanen, J. C., Goldey, K. L., & van Anders, S. (2018). Strategizing to make pornography worthwhile: A qualitative exploration of women's agentic engagement with sexual media. *Archives of sexual behavior, 47*(6), 1853-1868.
- Charmaz, K. (2014). "The logic of Grounded Theory coding practices and initial coding" (pp. 109-137) in *Constructing Grounded Theory* (2nd Edition). Thousand Oaks, CA: Sage Publications, Inc.
- Coleman, E. (2003). Masturbation as a means of achieving sexual health. *Journal of Psychology & Human Sexuality, 14*(2-3), 5-16.
- Coll, L., O'Sullivan, M., & Enright, E. (2017). "The Trouble with Normal": (Re)Imagining Sexuality Education with Young People. *Sex Education: Sexuality, Society and Learning, 18*(2), 157-171.
- Conrad, P. (1975). The discovery of hyperkinesis: Notes on the medicalization of deviant behavior. *Social problems, 23*(1), 12-21.

- Cowden, C. R., & Bradshaw, S. D. (2007). Religiosity, and Sexual Concerns. *International Journal of Sexual Health*, 19(1), 15–23. https://doi.org/10.1300/J514v19n01_03
- Cranney, S. (2020). The Influence of Religiosity/Spirituality on Sex Life Satisfaction and Sexual Frequency: Insights from the Baylor Religion Survey. *Review of Religious Research*, 62(2), 289-314.
- Crawford, M., & Popp, D. (2003). Sexual double standards: A review and methodological critique of two decades of research. *Journal of sex research*, 40(1), 13-26.
- Davidson, J. K., Darling, C. A., & Norton, L. (1995). Religiosity and the sexuality of women: Sexual behavior and sexual satisfaction revisited. *Journal of Sex Research*, 32(3), 235-243.
- Davidson, J. K., Moore, N. B., & Ullstrup, K. M. (2004). Religiosity and sexual responsibility: Relationships of choice. *American Journal of Health Behavior*, 28(4), 335-346.
- Dew, J. P., Uecker, J. E., & Willoughby, B. J. (2020). Joint religiosity and married couples' sexual satisfaction. *Psychology of Religion and Spirituality*, 12(2), 201–212. <https://doi.org/10.1037/re10000243>
- Dick, K. (Director). (2006). *This Film is not yet Rated* [Film]. IFC.
- Dougherty, T. (2021). Sexual misconduct on a scale: gravity, coercion, and consent. *Ethics*, 131(2), 319-344.
- Drew, J. (2003). The myth of female sexual dysfunction and its medicalization. *Sexualities, Evolution & Gender*, 5(2), 89-96.

- El-Shaieb, M., & Wurtele, S. K. (2009). Parents' plans to discuss sexuality with their young children. *American Journal of Sexuality Education, 4*(2), 103-115.
- Ezzell, M. B., Johnson, J. A., Bridges, A. J., & Sun, C. F. (2020). I (Dis) Like it Like That: Gender, Pornography, and Liking Sex. *Journal of Sex & Marital Therapy, 46*(5), 460-473.
- Fahs, B., & Frank, E. (2014). Notes from the back room: Gender, power, and (in) visibility in women's experiences of masturbation. *The Journal of Sex Research, 51*(3), 241-252.
- Fairclough, N. (2010). *Critical discourse analysis: The critical study of language* [eBook edition]. Routledge. <https://web-b-ebshost-com.ezproxy.macewan.ca/ehost/ebookviewer/ebook/bmxlYmtfXzY0MTE3M19fQU41?s-id=407d3d18-cbd4-464a-b392-37c8854abe40@sessionmgr103&vid=0&format=EB&rid=1>
- Flores, D., & Barroso, J. (2017). 21st century parent–child sex communication in the United States: A process review. *The Journal of Sex Research, 54*(4-5), 532-548.
- Fritz, N., & Paul, B. (2017). From orgasms to spanking: A content analysis of the agentic and objectifying sexual scripts in feminist, for women, and mainstream pornography. *Sex Roles, 77*(9-10), 639-652.
- Fritz, N., Malic, V., Paul, B., & Zhou, Y. (2020). A Descriptive Analysis of the Types, Targets, and Relative Frequency of Aggression in Mainstream Pornography. *Archives of Sexual Behavior, 49*(8), 3041-3053.

- Garlick, S. (2012). Masculinity, Pornography, and the History of Masturbation. *Sexuality & Culture*, 16(3), 306–320. <https://doi.org/10.1007/s12119-011-9125-y>
- Gerressu, M., Mercer, C. H., Graham, C. A., Wellings, K., & Johnson, A. M. (2008). Prevalence of masturbation and associated factors in a British national probability survey. *Archives of Sexual Behavior*, 37(2), 266-278.
- Glascock, J. (2005). Degrading content and character sex: Accounting for men and women's differential reactions to pornography. *Communication Reports*, 18(1-2), 43-53.
- Gorman, S., Monk-Turner, E., & Fish, J. N. (2010). Free adult Internet web sites: how prevalent are degrading acts? *Gender Issues*, 27(3-4), 131-145.
- Graham, C. A., Boynton, P. M., & Gould, K. (2017). Women's Sexual Desire. *European Psychologist*.
- Greenberg, J. S., Bruess, C. E., & Haffner, D. W. (2004) *Exploring the Dimensions of Human Sexuality* (2nd Ed.). Jones and Bartlett Publishers
- Hare, E. H. (1962). Masturbatory Insanity: The History of an Idea. *Journal of Mental Science*, 108(452), 2.
- Hart, G., & Wellings, K. (2002). Sexual behaviour and its medicalisation: in sickness and in health. *British Medical Association*, 324(7342), 896-900.
- Hill, C. A. (2008). *Human Sexuality: Personality and social psychological perspectives*. SAGE Publications
- Hock, R. R. (2007). *Human Sexuality*. Pearson Education, Inc.

- Hock, R. R. (2010). *Human Sexuality* (2nd Ed.). Pearson Education, Inc.
- Hogarth, H., & Ingham, R. (2009). Masturbation among Young Women and Associations with Sexual Health: An Exploratory Study. *The Journal of Sex Research*, 46(6), 558-567.
<https://doi.org/10.1080/00224490902878993>
- Hunt, A. (1998). The great masturbation panic and the discourses of moral regulation in nineteenth-and early twentieth-century Britain. *Journal of the History of Sexuality*, 8(4), 575-615.
- Irvine, J. M. (2003). "The sociologist as voyeur": Social theory and sexuality research, 1910–1978. *Qualitative Sociology*, 26(4), 429-456.
- Jutel, A. (2010). Framing disease: The example of female hypoactive sexual desire disorder. *Social Science & Medicine*, 70(7), 1084-1090.
- Kaestle, C., & Allen, K. (2011). The Role of Masturbation in Healthy Sexual Development: Perceptions of Young Adults. *Archives of Sexual Behavior*, 40(5), 983–994.
<https://doi.org/10.1007/s10508-010-9722-0>
- Kauth, M. R. (2006). *Handbook of the Evolution of Human Sexuality*. The Haworth Press, Inc.
- Kingston, D. A., Walters, G. D., Olver, M. E., Levaque, E., Sawatsky, M., & Lalumière, M. L. (2018). Understanding the latent structure of hypersexuality: A taxometric investigation. *Archives of Sexual Behavior*, 47(8), 2207-2221.
- Kleinplatz, P. J. (2018). History of the Treatment of Female Sexual Dysfunction(s). *Annual Review of Clinical Psychology*, 14, 29.

- Kontula, O., & Haavio-Mannila, E. (2002). Masturbation in a Generational Perspective. *Journal of Psychology & Human Sexuality, 14*(2/3), 49.
- Kraus, F. (2017). The practice of masturbation for women: The end of a taboo? *Sexologies, 26*(4), e35–e41. <https://doi.org/10.1016/j.sexol.2017.09.009>
- Kukla, R. (2018). That’s what she said: The language of sexual negotiation. *Ethics, 129*(1), 70-97.
- Laumann, E. O., Michael, R. T., & Gagnon, J. H. (1994). A Political History of the National Sex Survey of Adults. *Family Planning Perspectives, 26*(1), 34–38.
<https://doi.org/10.2307/2136095>
- Lavie-Ajayi, M. (2005). Because all real women do”: The construction and deconstruction of “female orgasmic disorder. *Sexualities, Evolution & Gender, 7*(1), 57-72.
- L’Engle, K. L., Brown, J. D., & Kenneavy, K. (2006). The mass media are an important context for adolescents’ sexual behavior. *Journal of Adolescent Health, 38*(3), 186-192.
- LeVay S., Baldwin, J., & Baldwin, J. (2009). *Discovering Human Sexuality*. Sinauer Associates, Inc.
- LeVay, S., & Valente, S. M. (2002). *Human Sexuality*. Sinauer Associates, Inc.
- Ley, D. J. (2012). *The myth of sex addiction*. Rowman & Littlefield Publishers.
- Ley, D. J. (2019). Contextualizing use of sexual media: Just the first step. *Archives of sexual behavior, 48*(8), 2261-2263.

- Liberman, R. (2015). 'It's a really great tool': feminist pornography and the promotion of sexual subjectivity. *Porn Studies*, 2(2-3), 174-191.
- Limond, D. (2009). 'I hope someone castrates you, you perverted bastard': Martin Cole's sex education film, Growing Up. *Sex Education*, 9(4), 409-419.
- Madanikia, Y., Bartholomew, K., & Cytrynbaum, J. B. (2013). Depiction of masturbation in North American movies. *The Canadian Journal of Human Sexuality*, 22(2), 106-115.
- Mahar, E. A., Mintz, L. B., & Akers, B. M. (2020). Orgasm equality: Scientific findings and societal implications. *Current Sexual Health Reports*, 12(1), 24-32.
- Makari, G. J. (1997). Dora's hysteria and the maturation of Sigmund Freud's transference theory: A new historical interpretation. *Journal of the American Psychoanalytic Association*, 45(4), 1061-1096.
- Margolin, L. (2017). Sexual frigidity: the social construction of masculine privilege and feminine pathology. *Journal of Gender Studies*, 26(5), 583-594.
- Marques, S. S., Lin, J. S., Starling, M. S., Daquiz, A. G., Goldfarb, E. S., Garcia, K. C., & Constantine, N. A. (2015). Sexuality education websites for adolescents: A framework-based content analysis. *Journal of health communication*, 20(11), 1310-1319.
- McAnulty, R. D., & Burnette, M. M. (2003). *Fundamentals of Human Sexuality: Making healthy decisions*. Pearson Education, Inc.
- Miracle, T., Miracle, A., & Baumeister, R. (2003). *Human sexuality: Meeting your basic needs*. Upper Saddle River, NJ: Prentice Hall.

- Morgan, M. (2018). *Why the Shape of Water's Masturbation Scene is So Important*. Retrieved from <https://www.refinery29.com/en-gb/2018/02/191063/women-masturbating-on-film-the-shape-of-water>
- Nadal, K. L. (2017). Masturbation. In K. L. Nadal (ed.), *The SAGE Encyclopedia of Psychology and Gender* (vol 3, 1123-1124). SAGE Publications Inc
- Neustifter, R., Blumer, M. L., O'Reilly, J., & Ramirez, F. (2015). Use of sexuality-focused entertainment media in sex education. *Sex Education, 15*(5), 540-552.
- Nicolson, P., & Burr, J. (2003). What is 'normal' about women's (hetero) sexual desire and orgasm?: a report of an in-depth interview study. *Social Science & Medicine, 57*(9), 1735-1745.
- Oosterhoff, P., Gilder, L., & Mueller, C. (2016). Is Porn the New Sex Education?
- Oosterhoff, P., Müller, C., & Shephard, K. (2017). Sex Education in the Digital Era.
- Parvez, Z. F. (2006). The labor of pleasure: How perceptions of emotional labor impact women's enjoyment of pornography. *Gender & Society, 20*(5), 605-631.
- Patterson, S., McDaid, L., Hunt, K., Hilton, S., Flowers, P., McMillan, L., Milne, D., & Lorimer, K. (2019). How men and women learn about sex: multi-generational perspectives on insufficient preparedness and prevailing gender norms in Scotland. *Sex education, 20*(4), 441-456.

- Petersen, J. L., & Hyde, J. S. (2011). Gender differences in sexual attitudes and behaviors: A review of meta-analytic results and large datasets. *Journal of sex research*, 48(2-3), 149-165.
- Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ OPEN*, 6(9). <https://doi.org/10.1136/bmjopen-2016-011329>
- Pukall, C. F. (2014). *Human Sexuality: A contemporary introduction*. Oxford University Press, Inc.
- Rathus, S. A., Nevid, J. S., Fichner-Rathus, L., & McKay, A. (1992). *Human sexuality in a world of diversity*. Pearson.
- Rathus, S. A., Nevid, J. S., Fichner-Rathus, L., & McKay, A. (2016). *Human sexuality in a world of diversity* (5th Ed.). Pearson.
- Reid, E. (2018). How the Personal Became Political: The Feminist Movement of the 1970s. *Australian Feminist Studies*, 33(95), 9–30.
<https://doi.org/10.1080/08164649.2018.1498729>
- Rödöö, P., & Hellberg, D. (2013). Girls who masturbate in early infancy: diagnostics, natural course and a long-term follow-up. *Acta Paediatrica*, 102(7), 762-766.
- Schafer, R. (2019). Problems in Freud's Psychology of Women. *Journal of the American Psychoanalytic Association*, 67(3), 503-526.

- Séguin, L. J., Rodrigue, C., & Lavigne, J. (2018). Consuming ecstasy: Representations of male and female orgasm in mainstream pornography. *The Journal of Sex Research*, 55(3), 348-356.
- Seidman, S. (2015). *The social construction of sexuality* (3rd edition.). W.W. Norton & Company.
- Shackelford, T. K., & Goetz, A. T. (2012) *The Oxford Handbook of Sexual Conflict in Humans*. Oxford University Press, Inc.
- Shahvisi, A. (2018). Medicine is Patriarchal, but alternative medicine is not the answer. *Journal of bioethical inquiry*, 16(1), 99-112.
- Simon, L., & Daneback, K. (2013). Adolescents' use of the internet for sex education: A thematic and critical review of the literature. *International Journal of Sexual Health*, 25(4), 305-319.
- Stolberg, M. (2000). An Unmanly Vice: Self-Pollution, Anxiety, and the Body in the Eighteenth Century. *Social History of Medicine*, 13(1), 1–21.
- Studd, J., & Schwenkhagen, A. (2009). The historical response to female sexuality. *Maturitas*, 63(2), 107–111. <https://doi.org/10.1016/j.maturitas.2009.02.015>
- Sun, C., Bridges, A., Wosnitzer, R., Scharrer, E., & Liberman, R. (2008). A comparison of male and female directors in popular pornography: What happens when women are at the helm?. *Psychology of Women Quarterly*, 32(3), 312-325.

- Temple-Smith, M., Moore, S., & Rosenthal, D. (2016). *Sexuality in Adolescence: The digital generation*. Routledge
- Tissot, S. A. D., & Hume, A., M. D. (1766). *Onanism, or, A treatise upon the disorders produced by masturbation, or, The dangerous effects of secret and excessive venery*. [electronic resource].
- Tonkiss, F. (2004). Analyzing discourse. In C. Seale (Ed.), *Researching society and culture* (pp. 245 – 260). Thousand Oaks, CA: Sage Publications
- Van Dijk, T. A. (2003). Critical discourse analysis. In D. Schiffrin, D. Tannen & H. E. Hamilton *The Handbook of Discourse Analysis* (pp. 352 – 370). Malden, MA: Blackwell Publishing, Ltd.
- van Doorn, N. (2010). Keeping it real: User-generated pornography, gender reification, and visual pleasure. *Convergence*, 16(4), 411-430.
- Walton, M. T., Cantor, J. M., Bhullar, N., & Lykins, A. D. (2017). Response to commentaries: Recognizing hypersexuality as a psychosexual behavioral problem and advancing the sexhavior cycle of hypersexuality. *Archives of Sexual Behavior*, 46(8), 2279-2287.
- Watson, A.F., & McKee, A. (2013). Masturbation and the Media. *Sexuality & Culture*, 17(3), 449–475. <https://doi.org/10.1007/s12119-013-9186-1>
- West, J. M., West, D., & Dick, K. (2006). MPAA ratings, black holes, and my film: An interview with Kirby Dick. *Cineaste*, 32(1), 14-19.

Westheimer, R. (2000). Masturbation. In R. Westheimer (ed.), *Encyclopedia of Sex* (pp. 174-176). The Jerusalem Publishing House Ltd

Zhou, Y., Paul, B., Malic, V., & Yu, J. (2019). Sexual behavior patterns in online sexually explicit materials: a network analysis. *Quality & Quantity*, 53(4), 2253-2271.

Zimmer, F., & Imhoff, R. (2020). Abstinence from Masturbation and Hypersexuality. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-019-01623-8>

APPENDIX A: Analyzed Data

Textbook Count	Year of Publication	Title	Author(s)
1	1992	Human Sexuality: In a world of diversity	Rathus, S. A., Nevid, J. S., & Fichner-Rathus, L.
2	1999	Perspectives on Human Sexuality	Bolin, A. & Whelehan, P.
3	2000	Healthy Sexuality	Blonna, R. & Levitan, J.
4	2001	Social Psychology and Human Sexuality	Baumeister, R. F.
5	2002	Human Sexuality	LeVay, S., & Valente, S. M.
6	2003	Fundamentals of Human Sexuality: Making healthy decisions	McAnulty, R. D. & Burnette, M. M.
7	2004	Exploring the Dimensions of Human Sexuality (2 nd edition)	Greenberg, J. S., Bruess, C. E., & Haffner, D. W.
8	2005	Gender: Psychological perspectives (4 th edition)	Brannon, L.
9	2006	Handbook of the Evolution of Human Sexuality	Kauth, M. R.
10	2007	Human Sexuality	Hock, R. R.
11	2008	Human Sexuality: Personality and social psychological perspectives	Hill, C. A.
12	2009	Discovering Human Sexuality	LeVay, S., Baldwin, J., & Baldwin, J.
13	2010	Human Sexuality (2 nd edition)	Hock, R. R.
14	2012	The Oxford Handbook of Sexual Conflict in Humans	Shackelford, T. K. & Goetz, A. T.
15	2014	Human Sexuality: A contemporary introduction	Pukall, C. F.
16	2016	Sexuality in Adolescence: The digital generation	Temple-Smith, M., Moore, S., & Rosenthal, D.

17	2017	Gender: Psychological perspectives (7 th edition)	Brannon, L.
18	2019	The Psychology of Sex and Gender	Bosson, J. K., Vandello, J. A., & Buckner, C. E.

Encyclopedia Count	Year of Publication	Title	Author
1	1993	The Practical Encyclopedia of Sex and Health: From aphrodisiacs and hormones to potency, stress, vasectomy, and yeast infection.	Bechtel, S
2	2000	Encyclopedia of Sex	Westheimer, R. K.
3	2017	The SAGE Encyclopedia of Psychology and Gender (vol. 3)	Nadal, K.L.