

Women's sexuality, current debates

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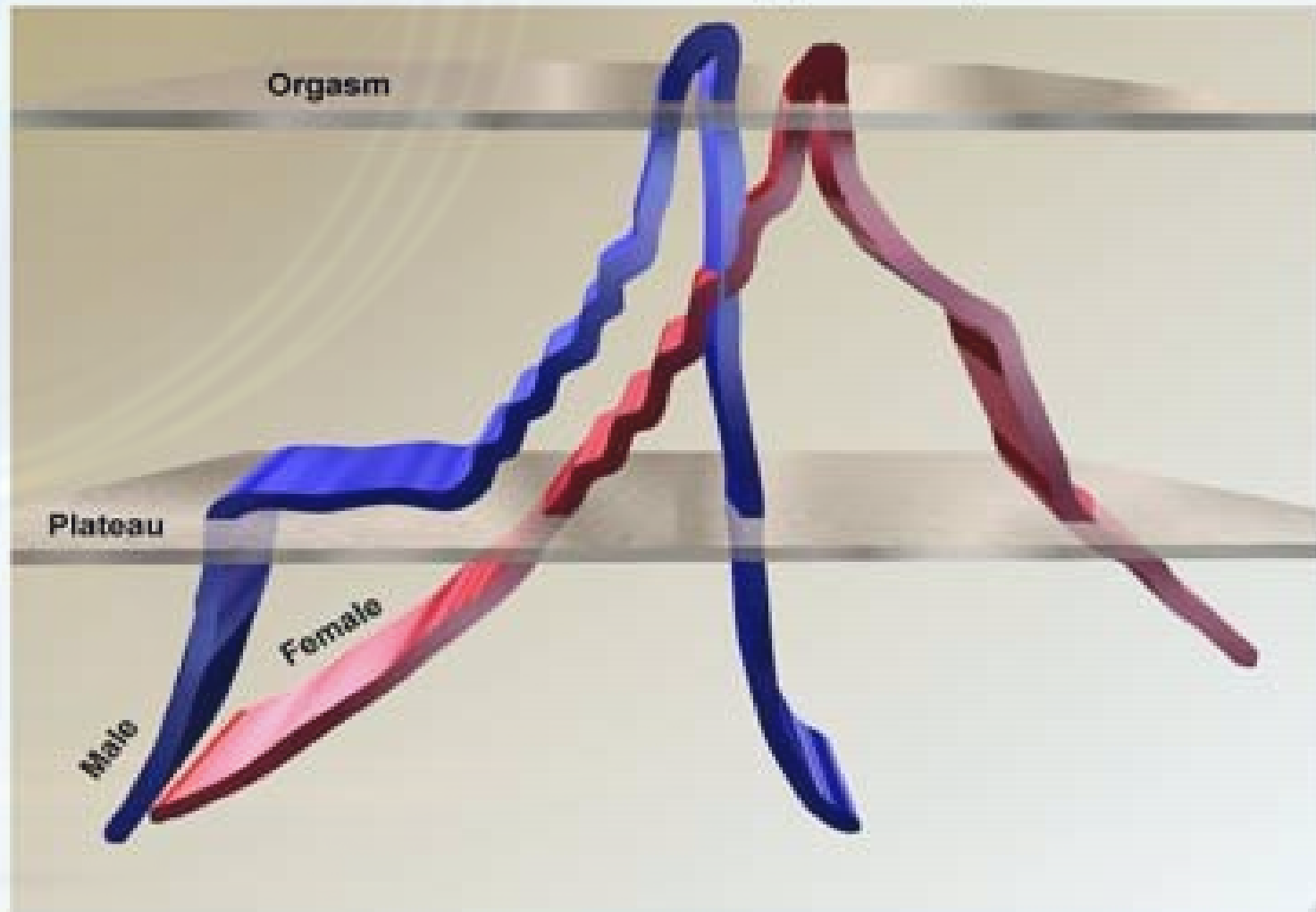
(De)Constructing women's sexuality

- HSRC
- Critics from feminists and clinical sexologists
- Sexual (dys)function... a closer and clinical look at the three stage model
- A new view on women's sexuality
- Sexuality and sexual health

Human Sexual Response Cycle from Masters et Johnson

- Major model of human sexual response
 - Undermine the actual biomedical studies and interventions on sexuality
 - And DSM classification of sexual troubles
- Describe
 - a decontextualised sexuality,
 - mostly depicted by somatic determinants
 - what is supposed to be « normal »,
 - As a staged response cycle:
 - Troubles of desire
 - Troubles of arousal
 - Troubles of orgasm

Human Sexual Response Cycle



Critical analysis of HSRC model,

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

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

Women's sexuality across the three stage model of HSRC

Stage 1: Desire

- Naturalistic and male oriented view of sexual desire: urge, libido, biological need.
- But experienced by women as: a response or willingness to engage in sex, depending on quality of the relationship, safety, love, intimacy, past experiences, self body image, child desire, pleasure, ...
- Recent discussions and changes in the definition of trouble of desire

Women's sexuality across the three stage model of HSRC

- Stage 2: Sexual arousal
 - The controversial role of hormones
 - Poor correlations between physiological (vaginal blood flow) and subjective arousal in women

Women's sexuality across the three stage model of HSRC

- Stage 3 :Orgasm
 - An old controversy: clitoral orgasm or vaginal orgasm (and Gspot)
 - Women's sexuality seems not to be orgasm oriented
 - Orgasm from pleasure to tyranny

Some clinical and sociological thought...

- In clinical practice sexual difficulties are not as depicted in the DSM, they are complex and multidimensional
- Sexual difficulties have different explanations and etiology
- The most common sexual concern in occidental women are the anxiety of performance, and anxiety of not being « normal »

A new view of women's sexual problems

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

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


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

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

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

Researches on sexual health

- What is our main paradigm of sexuality?
 - Medical medicine versus humanistic centered sexology
- Which and whom sexuality are we measuring?
- What do we do with...
 - ⊙ Gender ?
 - ⊙ Culture ?
 - ⊙ Non behavioral aspects of sexuality ?
 - ⊙ Embodiment ?
 - ⊙ Subjective, interpersonal, existential... meanings of sexuality?

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

Measures and concepts

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

Sexuality in a global view of health

- Not restricted to behavioral measures or levels of knowledge
- Sexuality and the way people express and experience it are **culturally and historically** determined
- **Somatic experience** is central but it has to be connected with a meaning in people's subjectivity (stimuli are nothing without emotional and cognitive elaboration)

Sexuality in a global view of health

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

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

Postmodern sexualities, William Simon, 1996: 29

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<http://www.cmaj.ca/cgi/content/full/172/10/1327>
- The marketing of a disease: female sexual dysfunction
<http://www.bmj.com/cgi/content/full/326/7379/45>
- And responses at
<http://www.bmj.com/cgi/content/full/326/7390/658>
- <http://www.medscape.com/viewarticle/528173>
- <http://www.medscape.com/resource/wsh/rc-wsh6> (lots of related links dedicated to the study, education and therapy focused on sexual health)

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