AN INVESTIGATION OF FEMALE SEXUAL SELF-ESTEEM IN HETEROSEXUAL, PRE-MENOPAUSAL WOMEN ENGAGED IN CONTINUOUS LONG-TERM RELATIONSHIPS

by

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Abstract

Although research is beginning to expand the knowledge base surrounding female sexual issues, very little is actually known about what facilitates or hinders a woman's sexual self-esteem or what treatment options may be utilized by professionals to help with a low sexual self-esteem. In light of this lack of knowledge this study sought to explore what facilitates or hinders female sexual self-esteem. Seventeen participants were recruited through an informational TV show about the research study and by word of mouth. They were premenopausal females, aged from 24 to 39, who were in long term heterosexual relationships. Using the Critical Incident Technique (Flanagan, 1954; Woosley, 1986), individual semi-structured interviews were employed to explore the range of issues and circumstances that had a negative or positive impact on the women's present levels of sexual self-esteem. Demographic data were also collected through the use of a demographics survey form.

Data analysis revealed 31 total categories, 14 helpful and 17 hindering which affected female sexual self-esteem as described by the participants. The 31 categories were broken down into six main themes to facilitate greater understanding and discussion. The six themes found were: (a) Sexual Self-Esteem in Relation to Husbands, Boyfriends, and Other Males; (b) Sexual Self-Esteem in Relation to Women's Bodies, (c) Sexual Self-Esteem in Relation to Self-Empowerment, (d) Sexual Self-Esteem in Relation with Damaging Experiences and Learning, (e) Sexual Self-Esteem in Relation with Interference of Life stressors and Sexual Scripting, and (f) Sexual Self-Esteem in Relation to the Topic and Engagement of Sex. The results imply that female sexual self-esteem is impacted by many biopsychosocial factors and it is necessary to consider these

factors within a holistic view of and treatment approach for women. Furthermore, the results demonstrate the importance of learning more about female sexual self-esteem for women, their partners, and clinicians.

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Chapter 1: Introduction

Sex, sexuality, and sexual self-esteem are topics that have been widely discussed and researched but often the research and discussions have neglected to focus on female considerations that may arise. Sex or sexual activity pertains to the physical act of sexual intercourse while sexuality refers to "the quality or state of being sexual" (Merriam-Webster OnLine). This definition of sexuality will be used to discuss a holistic approach to the sexual experience that encompasses the spiritual, physical, mental and emotional levels of intimacy. Sexual self-perception and sexual self-esteem are often used interchangeably by researchers to discuss the "value that one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability" (Mayers, Heller, & Heller, 2003, p. 207). Researchers and women are moving together towards creating a voice for women to be involved in the construction of the meanings of female sexuality and sexual self-esteem (Andersen, 1999; Andersen & Cyranowski, 1995; Baumeister, 2000; Daniluk, 1993; Offman & Matheson, 2004; Potgieter & Khan, 2005; Shapiro & Schwarz, 1997). Current and future researchers have the opportunity to continue working with women to create an enhanced understanding of women's sexuality.

One way that some researchers are enhancing our understanding of female sexuality is through the medical model. The medical model has created a functional way in which sexuality is viewed and in many cases has become the current basis for treating women's sexuality. Even popular media is permeated by a medical model, or functional perspective, of sexuality and sexual issues. For example, it is very common to see advertising in newspapers or hear advertising on the radio and on television for new

pharmaceutical options to treat sexual problems. Sildenafil (Viagra) has become one of the most advertised medications, concerning problems of sexual dysfunction, over the past few years (Hartley & Tiefer, 2003). Furthermore, Tiefer (1996) proposes that the promoted course of action, within the media, for perceived sexual difficulties is for individuals to go to see their physician.

Pharmaceutical companies are continually researching and producing new medications for functionally defined sexual concerns (Nijland, Davis, Laan, & Schultz, 2006) and this stems greatly from the medical model. Additionally, sexual concerns have traditionally been treated using behavioural approaches such as those proposed by Kaplan (1974). Behavioural approaches attempt to work with physiological problems by altering the sexual behaviour of the affected individuals or their partners. As Tiefer (1996) discusses there has been a medicalization of sexuality and a movement towards "sexual problems [being defined] as matters of sexual disease and dysfunction" (p. 265). But can all sexual issues be treated from a functional perspective? Is it possible to define and research sexual self-esteem only from a functional perspective? No! There needs to be a great deal more research, outside a functional context, about sexuality and sexual self-esteem. This study is an attempt to add to the research by examining female sexual self-esteem from a qualitative empirical approach to provide further knowledge of the concept of sexual self-esteem and details about what has helped or hindered females in their sexual self-esteem.

Issues surrounding female sexuality and sexual self-esteem may also include considerations of the self. There has been a great deal of research completed within the field of psychology about the self. This research started with William James in the late

1890's (Leary & Tagney, 2003) and has been continued by each generation of psychologists since. Special emphasis has been placed on the female self, socialization theories and the self in relation theory. While a complete literature review on the self is beyond the scope of this thesis a brief introduction to the self and the female self is provided.

The foundational topic for this thesis is the topic of sexuality. Sexuality has been explored with consideration to both biological essentialism and social constructionism (Kelly, 2001). Biological essentialism is a theoretical perspective which focuses on the biological aspects that are present throughout an individual's sexual experience. Social constructionism acknowledges the biological aspects of sexuality but places a much greater emphasis on the influence that social experiences have in shaping an individual's sexuality (Kelly, 2001).

Female sexuality is considered by some to be suppressed in Western Culture (Baumeister & Twenge, 2002) but over the past century there has been substantial movement towards a more open expression of female sexuality. While Baumeister and Twenge (2002) do not specifically define Western culture, they appear to be discussing issues within a North American context. Research and researchers within the field of psychology have been an instrumental part of this movement towards a more open expression of female sexuality. Individuals such as Judith Daniluk (1998, 1993) and Tiefer, Hall, & Tavris (2002) have been instrumental in promoting a holistic approach to women's sexuality as well as creating opportunities for women to explore their own voice about their sexuality. A portion of their work is reviewed within this thesis. Note

that the work by Daniluk (1998, 1993) is cited heavily throughout this thesis as the findings within this study correspond strongly to her discussion of female sexuality.

In addition to the discussion about female sexuality, female sexual self-esteem will be discussed in detail. The discussion of sexual self-esteem within this thesis is not an attempt to split sexual self-esteem away from the global concept of self-esteem, "an affectively laden self-evaluation" or "how a person feels about him- or herself" (Leary & MacDonald, 2003, p. 401); however, it is an attempt to provide an opportunity to consider one unique aspect of self-esteem in greater detail.

While there has been some research on the topic of sexual self-esteem it is evident that there are gaps within the literature. The current body of literature provides substantial evidence for the existence of sexual self-esteem as a unique concept (Breakwell & Millward, 1997; Mayers et al., 2003; Offman & Matheson, 2004; Potgieter & Khan, 2005; Shapiro & Schwarz, 1997). There is a need for further research concerning female sexual self-esteem. In particular, there is opportunity for research focusing on what has facilitated or hindered heterosexual females' sexual self-esteem.

The Critical Incident Technique (CIT) formulated by Flanagan (1954) and Woosley (1986) was used within this study to further explore the concept of female sexual self-esteem. The CIT provided the researcher with an opportunity to advance the current understanding of sexual self-esteem as well as providing each participant the opportunity to share, with the researcher, her own view of what has facilitated or hindered her sexual self-esteem. The research question that was used to elicit information about the participant's experience of sexual self-esteem was "what helps or hinders your sexual self-esteem or what facilitates or hinders your sexual self-esteem?" This open

ended question provided each participant the opportunity to consider her life up until that point and then express to the researcher the specific incidents that had impacted her sexual self-esteem. Thus, the interview and the results were guided by the information that was shared by the participants rather than a set of specific research questions.

This study has furthered the literature and the research base concerning female sexual self-esteem. It provided 17 females with the opportunity to explore what has facilitated or hindered their sexual self-esteem. The outcomes of the study offer an opportunity for women, other than the participants, to consider these results and discover what is congruent with them and their own experience. The research presented an opportunity for the researcher and the participants to explore a topic that has not been widely researched within the general heterosexual female population. Furthermore, the themes discovered through this research process will assist clinical practitioners and counsellors in their treatment of women struggling with issues of sexual self-esteem. The results will also bring greater awareness to the issues that influence sexual self-esteem and contribute to a female's experience and understanding of her sexual self-esteem.

Chapter 2: Literature Review

This chapter discusses the basis for this research study. It provides an overview of the general concept of self in psychology, the female self, sexuality, female sexuality, and sexual self-esteem. There is an emphasis on the concepts of the female self, female sexuality, and sexual self-esteem.

General Concept of the Self in Psychology

The concept of the self has been widely researched in the fields of psychology and sociology. To review the entire literature is beyond the scope of this thesis and so only a basic overview will be provided.

William James in the 1890s is credited with some of the initial writing on the self in psychology (Leary & Tagney, 2003). In fact, James described and introduced a distinction of the self that has lasted from 1890 until today. James made the distinction that there are multiple aspects to the self and that these aspects are intertwined--the self as subject and the self as object (Leary & Tagney, 2003). For James the self as subject meant that individuals could know themselves as the *I* or that there was an inherent psychological process which accounted for self-awareness and self-knowledge of an individual. The different parts of the self developed by James have facilitated the use of the *self* by writers "to refer to the inner psychological entity that is the center or subject of a person's experience" (Leary & Tagney, 2003, p. 7).

James postulated that individuals may choose to self-disclose and through this process share information about what they know about themselves, in other words self-knowledge, with other people (Leary & Tagney, 2003). Persons are able to identify parts of themselves at a moment and therefore move away from having to discuss or disclose

the whole person. James identified other terms that also relate to the self as self-image, self-schema, and self-beliefs (Leary & Tagney, 2003).

Many researchers have commented on James' perceptions of the self, theorised about the self and completed further research on the self. The attention that researchers have placed upon the self has created a very large body of literature. While a complete review of the literature is beyond the scope of this research study, a brief overview of two relevant theorists and their theories of the self will be reviewed. Also, a brief overview of the literature on the female self will be included following the general discussion of the self.

One potentially relevant researcher to this research study is Carl Rogers (1977). Rogers developed his theory of personality through the lens of phenomenology. The phenomenological perspective focuses on the way in which the person responds to the objects around him or her (Engler, 1995). Rogers (1977) utilized this perspective and emphasized the importance of the individual's experience and the way in which this is remembered. The individual thus became the only one who could truly know and understand his or her own experience and would gain and maintain self-ownership.

Rogers (1959/1990) proposed that the self is created through an interaction of the environment and the individual. The individual is able to change, to choose, and may be termed a *trustworthy organism* (Rogers, 1977). He stressed that the self is largely affected by the interactions of significant others with the individual and that through these interactions there gradually emerges a concept of the self (Engler, 1995). Individuals have a "natural tendency toward complete development…the actualizing tendency" (Rogers, 1977, p. 7). This concept of the self may be thought of as *who I am* or

a perception of who the individual believes that he or she is. Therefore, it is the process rather than the cause that may be responsible for change within an individual (Rogers, 1959/1990).

Rogers (1959/1990) postulated that over the life span individuals' self-concept is partially developed by the way in which they value themselves. There is an inherent *organismic valuing process* that takes place over the course of an individual's life. It is thought that the valuing process may also serve as a *guide* to the individual's life course. Thus, within the "Client-Centered" approach proposed by Rogers, there is an essential component of self-worth or self-valuing that will affect the way an individual feels about his or herself.

A second personality theory that has developed since the work by James is the Personal Construct Theory. Personal Construct Theory (PCT) was developed by George Kelly in 1955. His approach to each individual's distinctive experience of the world was that the experience and perception of the world was unique. Each individual engages in the development of his or her own view of the world through his or her interpretation of the world around them (Green, 2005). This process is identified by Kelly through the use of the metaphor of *Person as Scientist* (Engler, 1995). In science, information is tested and then revised with changing constructs arising from this process. It is the same with human beings. Each individual constructs, tests, and then revises the information and experiences to which he or she is exposed. In this way every individual is responsible for the interpretation of his or her life experiences and the construction of the experience. PCT may then be noted to "celebrate the uniqueness" (Green, 2005, p. 34) of the individual rather than celebrating the common normed experience.

According to Kelly the construct systems of each individual are organized in a hierarchical manner in that there are various levels of importance attached to ideas (Green, 2005). Therefore some of the ideas or constructs will be more important to an individual and will have more impact on the choices the person makes. The hierarchy of the constructs and the impact that the constructs have on an individual influences his or her willingness to change or conversely his or her resistance to change. There is greater resistance to change when the construct being accessed is higher in the hierarchy and is of more importance to the individual (Green, 2005). Therefore, "the theory predicts that individuals will opt to stay in the same position on the construct that has more personal importance for them" (Green, 2005, p. 37).

The work completed by Rogers and Kelly has provided a foundation for further research concerning aspects of the self. Views about oneself are intricately interwoven into individuals' conceptualization of themselves and impact not only the view they hold of themselves but their actions in every day life. The focus on self-worth and self-valuing provides a basis for understanding differences between individuals in their concept of worth. The concept of the *I* self and the *me* self are important to this study in that they help to provide a basis for why individuals may act a certain way or believe things about themselves, whether or not the belief is true. The beliefs that an individual holds about him or her self will also affect the way in which he or she views his or her sexual self.

An Introduction to Self-Esteem Across the Life-Span

Self-esteem may be described or defined as "a confidence and satisfaction in oneself" (Mirriam Webster, Online. October 15, 2006). Academic researchers have proceeded to incorporate an evaluative component to the definition of self-esteem. Kling

and Hyde (2001, as cited in Matlin, 2004) conclude that self-esteem is "your evaluation of yourself on a scale that ranges from positive to negative" (p. 125). Is this evaluation of oneself stable across the life-span? Are there any differences for females and males in the way in which they evaluate themselves?

Current research has found trends relating to self-esteem across the life-span as well as differences in the self-esteem of males and females. Robins, Trzesniewski, Tracy, Gosling, and Potter (2002) completed quantitative research which outlined the general trends of self-esteem across the life-span. Their study sampled 326, 641 individuals between the ages of 9 to 90 years old through an on-line questionnaire on an interactive site on the World Wide Web. Of the 326, 641 participants 140, 249 were male and 186,392 were female. The breakdown of participants in each age group is as follows:(a) 7,670 participants aged 9-12 (b) 83,188 participants aged 13-17 (c) 84,754 participants aged 18-22 (d) 80,982 participants aged 18-22 (e) 80,982 participants aged 23-29 (f) 43,371 participants aged 30-39 (g) 18,049 participants aged 40-49 (h) 6,905 participants aged 50-59 (i) 1,322 participants aged 60-69, and (j) 400 participants aged 70-90. The sample was dominantly white but did contain individuals of the Asian, Black or African, Latino and Middle Eastern populations. Approximately two thirds of the sample population was from the United States and the remaining one third was listed as Non-United States.

Robins et al. (2002) found that self-esteem seems to be at its highest level in childhood then drops substantially as children enter into adolescence and continues on a gradual decline before beginning to rise as the adolescent moves towards the college period. At the college period self-esteem levels increased until they hit a plateau in the

thirties, then there was an increase from the forties to the fifties and the fifties to the sixties. Robins et al. proposed that these changes indicated a “gradual increase in self-esteem throughout adulthood” (p. 427). Following this increase in self-esteem throughout adulthood self-esteem levels decreased noticeably from the age of sixty to eighty although the decrease in self-esteem did not seem to fall below a moderate level.

With regards to the differences in self-esteem between males and females, Robins et al. (2002) found that the amount of difference in self-esteem differed with relation to the age of the participants. The general results indicated that both girls and boys had high levels of self-esteem in childhood, which dropped in the adolescent years with girls dropping almost twice as much as boys’ self-esteem. The gender differences remained throughout adulthood, with some variance, and into old age with the gender gap in levels of self-esteem lessening. Finally, the gender difference reversed in late old age, over eighty, with females reporting higher levels of self-esteem than men.

The work by Trazesniewski, Donnellan, and Robins (2003) is a combination of two studies. The first study was a meta-analysis of relevant studies, which included studies pertaining mainly to self-esteem. In this study Trazesniewski et al. looked at the following study variables: rank-order stability, age, time interval, gender, self-esteem measure, sample size, reliability, nationality, and year of assessment. The second study was completed in an effort to replicate and then extend the findings of their first study. In order to accomplish this Trazesniewski et al. obtained data from four national samples and created a database. The total number of participants within this sample was 74,381 with female participants accounting for 52% of the population. With respect to these two

studies Trazesniewski et al. concluded that self-esteem continually shifting across the life span.

The results of Robins et al. (2002) in conjunction with research by Trazesniewski et al. (2003) indicate that self-esteem is not a static and stable phenomenon for individuals across the life-span. In contrast, self-esteem is a dynamic, ever changing, phenomena which can grow or decline within an individual. Overall, Trzesniewski et al. and Robins et al. reported that self-esteem was the least stable in childhood, declined into adolescence and then gradually increased as the adolescent moved into early adulthood. Self-esteem then decreased from middle age into old age. Results seemed to indicate that there was continuity in the way in which self-esteem changed across the life-span.

Interesting research by Josephs, Markus, and Tafarodi (1992) indicated that there may be a difference in the way in which females and males construct self-esteem. Josephs et al. completed three quantitative studies about gender and self-esteem. The first study incorporated 43 male and 47 female introductory college students and had the students complete paper and pencil assessments. The assessments required the participants to provide information about their best overall skill and assess the skill with respect to their view of themselves. The second study included 30 male and 35 female introductory psychology students. Participants in this study were given a list of 48 target words and told to write a sentence in which the participant interacted with the word, then another student in the group, which the participant felt most strongly about, interacted with the word, then a sentence in which the participant's best friend interacted with the word, and finally a sentence in which Ronald Reagan interacted with the word. These target words were presented one at a time every thirty seconds, then the participants were

presented with an interference task for 5 minutes and then asked to recall as many of the target words as possible within another 10 minutes. The third research study included 93 participants. Each participant was tested individually and was subjected to a deception task with fake feedback supposedly related to levels of independent thinking and a phoney personality test. After receiving the feedback the subjects were asked to rate themselves with regard to their levels of high or low independent thinking.

The overall results from the three research studies by Josephs et al. (1992) propose that "women are often concerned with interdependence and with maintaining good connections and good relations with others. Men are relatively more concerned with maintaining some distinctiveness or uniqueness with respect to those around them" (p. 398). The research by Josephs et al. seems to indicate that females tend to develop their self-esteem through the process of being connected or collectivistic with other individuals, while males tend to develop their self-esteem through being independent or individualistic.

The way in which females and males construct their ideas of self-esteem as well as the experience of self-esteem over the life-span may have an important role in the way in which aspects of the self are viewed. As such it is possible that there is a need for a different theorization about the female and male self and the various tasks that each gender engages in over their life-span.

An Introduction to the Female Self

The female self may share some of the same underlying principles as the male self but has unique characteristics which differentiate the female from the male. For example, both females and males are affected by their present cultural situation as well as the

cultural traditions that define them but the way in which they are affected varies. “A culture’s attitudes and practices regarding gender are deeply embedded in its history, environment, economy, and survival needs” (Wade & Tavris, 1994/1999, p. 24). Various theories exist regarding the self of the female and a complete discussion of each theory is broader than the context of this research question. The author will therefore endeavour to discuss the important elements found within socialization based theories of the female self as these appear to be the most relevant to the overall topic of female sexual self-esteem.

Socialization Theories

Gilligan (1982) focused on the differences between men and women. She provided a look at gender based differences that was ground breaking and relatively new in the field of psychology. Gilligan postulated that problems which may be seen in female development are problems that emerge from relational issues. Theories of personality and development, such as Erickson or Freud, do not necessarily account for all of the gender differences that can occur within personality and development for females and males (Gilligan, 1982). Thus, it is important to go beyond the current prevailing theories and emphasize certain aspects of female development of the self that may differ from male development. The most glaring difference that was emphasized by various theorists within the literature on the female self, as compared to a combined discussion of the both genders and the self, was the focus on the aspect of the female self as a relational being (Daniluk, 1998; Gilligan, 1982; Jack, 1991; Katz, Boggiano, & Silvern, 1993).

The self-in-relation theory, as postulated by Miller in 1984, focused on the early emotional interactions of individuals that form a basis of all subsequent relationships. It is this focus on the importance of early socializations that may also account for gender based characteristics (Katz et al., 1993). Unlike other personality developmental theorists, Jack (1991) and Katz et al. (1993) suggest the goal of development is not autonomy or independence but it is a sense of human connectedness or relatedness to others. It is not only in children that the need for relatedness or connectedness is seen but it is also in adults. There are "biosocial motivations to make secure, intimate connection with others" (Jack, 1991, p. 11). Surrey (1991) enriches this focus on the development of women by stating that the "conception of the self-in-relation involves the recognition that, for women, the primary experience of self is relational, that is, the self is organized and developed in the context of important relationships" (p. 52).

Miller (as cited in Katz et al., 1993) postulated that although both sexes are in relationship with others throughout the developmental process it is the female that is more motivated to stay in relation and connected with others. This relationship and connection with others becomes part of a woman's idea of self-esteem. Thus, her capacity for connectedness and nurturing are important for her to be in relationship with others. Miller (as cited in Katz et al., 1993) proposed that females from a very young age are encouraged into relationship and connectedness while males are discouraged from feeling what another may feel or becoming too connected with that individual.

Furthermore, theorists of the self-in-relation theory postulated that the emphasis placed on connectedness and relationship may also be responsible for the low self-esteem that is often experienced by females (Katz et al., 1993). They proposed that female self-

esteem is based on connectedness, and yet this connectedness is often negatively viewed by society, thus the female self is often in turmoil and devalued by the society that created her. Within popular culture the need of the female for relationship or connectedness "has often been negatively perceived as dependency, deference, or acquiescence" (Katz et al., 1993, p. 268). Negative perceptions as well as the devaluation of a central aspect of the female self places the female at risk for many mental illnesses, low self-esteem, and relationship conflict.

Within the context of relationship women may also experience or report a loss of self (Jack, 1991). Loss of self in the female, as described by Jack, has three explanations. First, the woman may report a loss of self as a result of her loss of voice within the relationship. In this explanation the woman is no longer able to voice her own independent sense of self and she slips into a feeling of *we* with her husband or significant other instead of maintaining the sense of *I* that is essential for maintaining her own voice. Secondly, Jack proposes that a woman may lose her sense of self as she tries "to fit into an image provided by someone else" (p. 32). The *someone else* in this context is not necessarily the image provided by her significant other but may also be her parents or the culture in which she is living. A third explanation for the loss of self is that females fear that "they may be wrong" (Jack, 1991, p. 33). It is through this fear that females lose their voice in an effort to fit in. Females may even begin to "discount femininity itself - its knowledge, its perspectives, its values" (Jack, 1991, p. 33). Females may then, in an effort to attain connectedness or relatedness, begin to alter and decrease her sense of self.

It is important to note that although this review focuses primarily on the self-in-relation theory, alternative theories for female development also exist. Enns (1991)

identified four female specific theories of self-development: (a) Gilligan's Moral development, (b) women's ways of knowing as proposed by Belenky, Clinchy, Goldberger and Tarule, (c) women's identity status resolution as proposed by Josselson, and (d) Eichenbaum and Orbach's feminist perspective on object relations theory. Additionally, other researchers have applied the phases in Cross's Black Identity Theory to female identity development (Downing & Roush, 1985).

Relational theories, as well as other feminist theories of female development, have been critiqued within the literature. Individuals such as Kerl and Duffey (2001) comment that relational theories may fall short of fully discussing hierarchical power imbalances in relationships, and the way in which culture may impact the power imbalances. Additionally, Kerl and Duffey note that the experience of the self-in-relation may differ for individuals depending on their hierarchical placing within their specific culture.

Others have raised the concern that the theories focused on women may create, or recreate a somewhat fictitious dichotomy between the identities of men and women (Mendick, 1989). Mendick also discusses how the focus on female-specific issues and the emergence of some of the theories of female development may be in response to political agendas. Consequently, she proposes that as the political climate changes, so will the agendas for female issues, and in turn theories about the development of female identity.

Enns (1991) reviews some of the literature about feminist theories of female development and expresses a concern about the way in which theorists group all women into one category. This grouping minimizes the variety of experiences of women.

Additionally, Enns critiqued feminist models of development for creating a polarized view of femininity or masculinity.

In addition to the critiques within the literature on relational theories there are other discourses that inform understanding on female sexual esteem, including critical theory and narratives from women in the arts, which are acknowledged but not unpacked, due to the psychological focus of this thesis. Relational theories propose and account for various gender differences. These theories also incorporate cultural differences between the treatment of men and women that may influence the development of the self, loss of self, and self-esteem. Relational theories may also account for what facilitates or hinders female sexual self-esteem. An important foundational concept for understanding female sexual self-esteem is a basic understanding of sexuality.

An Introduction to Sexuality

Sex and sexuality are two of the most talked about, thought about, and controversial topics today and these topics move beyond popular media into the medical world and the sociological world. Yet while there is an abundance of conversation surrounding sexuality, there is still a great deal more that can be discovered about female sexuality and sexual self-esteem. Professionals in most medical fields have an opinion about sexuality and the treatment of sexual conditions or dysfunctions. The medical model provides a functional explanation of sexuality while sociological viewpoints take into account not only the functionality of sexuality but the social influences that influence the female sexuality and female sexual self-esteem. A brief overview and comparison of the biological perspective with the social constructionist perspectives will be reviewed.

Biological Essentialism

One way of looking at sexuality is through the biological theoretical perspective. This perspective postulates that everything to do with sexuality is based on the biological perspective. Therefore, human behaviours, traits and sexual physical characteristics are all created through the underlying biological characteristics of the human being. Sexuality is determined by our genes and hormones rather than through any impact that the environment may have on an individual (Kelly, 2001). Masters, Johnson, and Kolodny (1986), as well as Kaplan (1974), have developed phase models in an attempt to outline the biological perspective of human sexual response.

Masters et al. (1986) outlined a four phase model of human sexual responses. Included in this model were the phases of: excitement, plateau, orgasm or climax, and resolution. The first phase of excitement includes the physiological arousal. Secondly, there is the plateau phase in which the excitement levels have stabilized or levelled off. Thirdly, there is an orgasm or climax phase in which the build up of sexual tension is released. Lastly, there is a resolution phase which is the time of relaxation that follows an orgasm or climax.

Kaplan also outlined a phase model for human sexual response but only included three phases in the model: desire, physical arousal, and orgasmic release (as cited in Kelly, 2001). The first phase, desire, incorporates the psychological components of sexual response. The second phase is the physical response, marked by vasocongestion in the genital area. Lastly, the third phase is triggered by an orgasmic release and the decrease of vasocongestion. While Kaplan does begin to integrate the psychological

component, the emphasis in her three phase model is centered on the biological changes that may be found in the human sexual response.

While the biological perspective takes into account the functional aspects of sexuality it neglects to discuss or consider any other factors that may influence female sexuality. It is plausible that human sexuality is not fully based on the functional or biological attributes of the human body but also on the emotional response and other sociological factors discussed within the social constructionist view of sexuality.

Social Constructionist

In contrast to the biological perspective, the social constructionist perspective of sexuality is that the environment influences an individual's traits and behaviour while acknowledging the biological forces that may impact a person (Kelly, 2001). The social constructionist perspective broadens the biological perspective presented above by incorporating the knowledge of the underlying biological functions, which determine the physical characteristics, with the supposition that these traits are influenced by environmental factors. Therefore, it is possible to postulate that factors such as relationships may influence an individual's sexuality and be responsible for differences in sexuality. Gender differences may also be accounted for by these environmental factors.

The social constructionist perspective also emphasizes cross cultural variation to account for the variance that is seen between cultures (Baumeister, 2000). The use of language and the impact that it has on individuals may also be discussed in the context of the social constructionist perspective as language may be seen as an intricate part of any culture (Baumeister, 2000). Importantly, biological functions are not dismissed and are

accepted as foundational to sexuality but the impact that culture and socialization factors have on sexuality is emphasized.

Within the literature there has been research on the way in which sexuality develops within the social context. Research by Daugherty and Burger (1984) found that both males and females learned about their sexuality within the social context. However, within this study females, more than males, seem to be more influenced by their peers as compared to their parents. While the parental influence within this study was reported to be less than the influence of peers it is still apparent that parents have a role in the development of their child's sexuality. Socialization of sexual attitudes was further noted by Lottes and Kuriloff (1992). Lottes and Kuriloff (1992) suggest in their work that attitudes about sexuality are impacted by political orientation, race, and religious affiliation. Moreover, Lottes and Kuriloff (1994) completed further research on the impact that college can have on the attitudes of college students. In this research study Lottes and Kuriloff (1994) found that college students demonstrated a change in their attitudes by becoming more "liberal, socially conscious, feminist, anti-male dominant and tolerant of homosexuality" (p. 50).

Jackson and Scott (2001) described how female sexuality has changed over time due to the ever changing social construction of sexuality. It is the way in which culture views gender or the social divisions of masculinity and femininity which partially define the way in which sexuality is viewed (Jackson & Scott, 2001). For example, the body itself is not necessarily a sexual object but becomes sexualized by the meanings constructed by society and attached to one's physical appearance. Meanings of eroticism, sexual activity culminating in orgasm as well as the way in which female orgasm is

expressed are also socially constructed (Jackson & Scott, 2001). Jackson and Scott discussed the way in which the biological sequencing of sexual acts are discussed as fluid from one phase to the next (Masters et al., 1986) which then implies that anyone who does not move through this sequence or complete the sequence has a problem or sexual dysfunction.

Blackwood (2000) provided evidence from various cultures that culturally based activities are constructed through differences in the beliefs about genders and that these activities vary based on the cultural setting. While the exact manifestation of sexuality may vary from setting to setting it is clear that there are broad linking themes. Specifically, Blackwood proposes that "the way sexuality is constructed…has everything to do with concepts of gender, selfhood, kinship, and marriage, among others" (p. 236). As such sociological constructs work together to produce sexual meanings.

The social constructionist perspective provides a plausible explanation for issues surrounding female sexuality and female sexual self-esteem. When the meanings of sexuality are constructed by the society in which an individual lives it is then difficult to separate oneself from the ever present definitions. Socially defined understandings of femininity, beauty, orgasm, sexual activity, as well as other sexual attitudes would impact and possibly underlie the way in which a woman would view herself as a woman and as a sexual being. For example, a woman may feel sexually inadequate due to her choice to remain sexually inactive or may feel that her sexual performance does not meet the standards constructed by others in society. Hence, adopting socially constructed meanings of sexuality could hinder a woman's sexuality.

An Introduction to Female Sexuality

Women's sexuality is considered by some to be suppressed in Western Culture (Baumeister & Twenge, 2002) but over the past century there has been substantial movement towards a more open expression of women's sexuality. Kelly (2001) noted that one significant sexual transformation in Western cultures may be attributed to the sexual revolution during the mid 1900s. This revolution brought with it changes in the dominant culture that were seen in sexual attitudes, values and behaviours of both women and men. Advances in science have provided women more choices about methods of birth control as well as increased access to birth control methods, such as oral contraceptives (Baird & Glasier, 1999; Kubba, Guillebaud, Anderson & MacGregor, 2000). At the same time advances in cinematography and photography increased the availability of pornography. Women entered the workforce and moved away from the traditionally defined role of the house wife (Rollins, 1996). Foundational research into human sexuality emerged headed by Alfred C. Kinsey which paved the way for the research by Masters and Johnson which followed some years later. Research by Kinsey, Masters and Johnson, and other researchers to follow provide the opportunity for current researchers to continue investigating female sexuality (Kelly, 2001).

One present day researcher who has furthered the investigation of female sexuality is Judith Daniluk (1998). Daniluk utilized a holistic definition of women's sexuality which encompasses all aspects of a woman's life rather than just the physical sexual element. She suggested that some of the aspects of a woman's sexuality are: sex appeal, attitude, body language, relationships, emotions, intimacy, and self perceptions. She also postulated that sexuality and sexual experience influence whether the woman

ascribes meaning to the experience and defines the experience as a sexual experience. Therefore, it is important that each woman be given the opportunity to place meaning upon experiences and respond to these experiences in which ever way that she deems appropriate. Additional comments on the holistic nature of female sexuality have been postulated by Tiefer et al. (2002). Specifically, these researchers noted that there are "sociocultural, political, psychological, social, [and] relationship bases [for] women's sexual problems" (p. 227).

Daniluk (1998) concluded that due to the variation of sexual meanings that a woman may place upon her experiences there is then no one meaning that can be given as a complete definition of women's sexuality. Sexual meanings are therefore relative and emergent for each woman, although commonalities may be found within these meanings (Daniluk, 1998). Importantly, the meanings that a woman may ascribe to her sexual experience are also defined with respect to her interaction with the world in which she lives. In Western cultures the meanings have occurred "within a social context in which language, culture, and behaviour have interacted to reinforce the values and beliefs of the dominant culture" (Daniluk, 1993, p. 54). As such, Daniluk ascribes to a socially constructed view of sexuality.

Daniluk (1993) completed a qualitative research study designed to provide an opportunity for women to give voice to what her experience of sexuality was as well as to define the meanings associated with the experiences. Daniluk's goal was to begin addressing the construction of meaning that is the female sexual experience. The research study was conducted utilizing phenomenological methodology through a group format.

Ten women, including the researcher, met for 11 weeks to discuss the experience of sexuality and the meanings associated with it.

The participants ranged in age from 30 to 66 years. Daniluk (1993) noted that the women were selected based on their "ability to articulate their lived experience of their sexuality" (p. 56) and the "willingness to commit to attending all group sessions" (p. 56). The participants were mainly Caucasian women descending from a European American background. Participants were mainly from working class or middle class families with 2 participants being from upper-middle-class families. Within this sample 4 women were single, 3 were married or cohabitating, and 3 were divorced. Lastly, 8 women identified themselves as heterosexual, 1 as lesbian and 1 as bisexual.

The findings specified several themes which were seen as "structural and institutional barriers to the development of female sexual health" (Daniluk, 1993, p. 53). These barriers were the women's experiences of medicine and medical professionals, religious institutions, sexual violence, and media. Furthermore, the women identified sexual development within a patriarchal system as being of importance to her sexual experience. Development within a patriarchal system meant that for some women in the study their sexual needs were secondary to the sexual needs of their male partners or that men were entitled to their bodies. Other themes which were identified within a patriarchal setting were the women's own sexual expression, the cycle of reproduction, body image (experience of self as insufficient and the experience of integration and wholeness), and intimate relationships. It also became evident from the research that "the experiences of shame and self-blame were themes that were consistently interwoven in each

participant's account of her sexuality, experiences that served to impair and thwart their emotional and sexual development" (Daniluk, 1993, p. 65).

In 1993 Daniluk endeavoured to uncover the meaning and experience of sexuality in the lives of 10 women. The experiences of these 10 women provide foundations for future research and opportunities for other women to relate their experiences of sexuality. While the themes of this study provide a basis for an understanding of female sexuality further research on female sexual self-esteem is needed to understand the specifics of sexual self-esteem. Themes created by this group interview format (Daniluk, 1993) may have been influenced by specific members of the group. Therefore, research utilizing an individual interview method may reveal various themes not mentioned in the results of this research.

In Daniluk's 1993 study the women ranged in age from 30 to 66 years old. It is possible that some of the participants may have been experiencing changes in their sexuality due to physical changes that occur during menopause (Palacios, Tobar, & Menendez, 2002). The present study endeavoured to eliminate the menopausal factor and explore the issue of female sexual self-esteem in heterosexual premenopausal women. Furthermore, the 1993 study by Daniluk included women who represented diverse sexual orientations. Current research indicates that there may be substantial differences in the sexual experiences of heterosexual women as compared to homosexual women (Diamond & Savin-Williams, 2000). The present research study furthers the work of Daniluk and attempts to gain more specific knowledge about what facilitates of hinders heterosexual premenopausal female sexual self-esteem.

An Introduction to Sexual Self-Esteem

The research areas of psychology are expanding to incorporate both quantitative and qualitative research on various issues surrounding sexual self-esteem. Sexual self-esteem refers to the "value that one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability" (Mayers et al., 2003, p. 207). While sexual self-esteem is linked to self-esteem in that it is one of the many components of the global concept of self-esteem, sexual self-esteem attempts to isolate and illuminate those feelings, thoughts, and experiences that an individual has about his or her sexual self. Discussing sexual self-esteem provides a medium for individuals to process and explore the sexual aspects of his or her life.

Significantly, research studies are being completed that focus on both male and female genders as well as various populations and their sexual self-esteem. Even with the broad base of research the concept has not yet been well represented in the literature. Various approaches have been taken in studying sexual self-esteem in different populations such as studies on sexual self-esteem and body image in spinal cord injury patients (Potgieter & Khan, 2005), surviving cancer patients and the importance of sexual self-concept (Andersen, 1999), sexual self-esteem as a predictor of sexual and psychological adjustment following a spinal cord injury (Mona, 1998), date rape and its relationships to trauma symptoms and sexual self-esteem (Shapiro & Schwarz, 1997), sexual revictimization and the role of sexual self-esteem and dysfunctional sexual behaviours (Van Bruggen, Runtz, & Kadlec, 2006), or sexual self-concept and sexual risk-taking in 16-19 year olds (Breakwell & Millward, 1997). While these studies have assisted in the forward movement of the concept of sexual self-esteem, the results pertain

to very specific populations. Sexual self-esteem has also been researched with respect to condom use in college students (Squiers, 1998). The lack of representation that heterosexual premenopausal women have in the literature provides an opportunity for this researcher through this research study to explore and further the knowledge base about sexual self-esteem, the role that sexual self-esteem has for women, and the various implications for treatment that may come out of exploratory research.

Mayers et al. (2003) completed qualitative research on the issue of damaged sexual self-esteem. Specifically, the researchers presented five cases which described a situation in which damaged sexual self-esteem disabled an individual. Two of the five cases presented by Mayers et al. “describe situations that were adjudicated by courts of law” (p. 275) while the other three cases were ones that may be seen in a clinician’s office at any point in time. Of the five cases, two were about males while the remaining three were based on female cases. Mayers et al. completed research on both genders and attempted to identify the effect that negative events may have on sexual self-esteem. The researchers present the argument that “verbal statements or sexually insulting actions by another person” (Mayers et al., 2003, p. 280) decrease the value that one places on oneself as a sexual being and produce a unique range of responses experienced by an individual with damaged sexual self-esteem.

Mayers et al. (2003) propose that an individual’s vulnerability to “verbal statements or sexually insulting actions by another person” (p. 280) varies depending upon the person. Also, not only will the individual’s reaction to the incident vary, but the impact that the negative event has on the person varies. For example, some individuals may feel shame or humiliation and will modify their behaviour while others will

experience a decrease in feelings of attractiveness and lose interest in sexual engagements (Mayers et al., 2003). The impact of the negative event on the individual's sexual self-esteem may actually develop into a disability for some individuals. However, Mayers et al. do not suggest an explanation as to why this apparent disparity exists. Rather, they simply state that it exists.

Using a qualitative approach, Offman and Matheson (2004) also address the issue of negative events, such as physical or psychological abuse, on a female. Their research included 108 women, ranging in age from 18 to 26 years old, who were, at the beginning of the study, involved in heterosexual relationships. The length of the relationship varied from a few months to 5 years. According to Offman and Matheson "approximately 38% of participants withdrew before the final session of the study, which left a total of 78 women at the second measurement time, and 66 women in the third phase" (p. 553). Three phases were involved in the research study and each session was conducted in a small group format. Paper and pencil assessments were completed at each session. Assessments completed included a measure of sexual self-perceptions, the Revised Conflict Tactics Scale, the Beck Depression Inventory, the State Self-Esteem Scale and a Traumatic Life Events Questionnaire.

Offman and Matheson (2004) appear to move beyond the research of Mayers et al. (2003) and address the concept of negative sexual self-perceptions versus positive self-perceptions. Offman and Matheson comment that the negative event may or may not impact an individual in multiple ways and propose that the determining factor in an individual's response to a negative event, physical or psychological abuse, is whether they have a negative sexual self-perception or a positive sexual self-perception. Their

results indicate that females with positive sexual self-perceptions appear to be less vulnerable or in fact more resistant to the effects of physical or psychological abuse on their sexual self-perception than females with primarily negative sexual self-perceptions.

The conclusion of Offman and Matheson (2004) that females with positive sexual self-perceptions appear to be less vulnerable or more resistant to the effects of physical or psychological abuse is consistent with the literature surrounding ego strength and resiliency. Current literature surrounding coping strategies identifies personal resources as a stable factor when an individual is dealing with stress (Agaibi & Wilson, 2005). Thus it would seem that positive sexual self-perceptions are important factors when discussing or reviewing female sexual self-esteem.

Mayers et al. (2003) and Offman and Matheson (2004) provide research studies with results that will likely stimulate future research studies on sexual self-esteem. Interestingly, both studies report on the damage that can be done to an individual's sexual self-perception or sexual self-esteem, each utilizing different methods to access this information. Both studies address the impact that aversive or negative events may have on sexuality. Specifically, these articles provide relevant background to the present research study investigating what facilitates or hinders females in their sexual self-esteem.

The above studies by Mayers et al. (2003) and Offman & Matheson (2004) indicate that sexual self-esteem influences the way in which a woman relates to negative or positive sexual experiences throughout her life, that sexual self esteem is interwoven with her overall sense of self-esteem, and that negative sexual self-esteem may become a disability. This potentially impacts her relationships and her view of her own worthiness

for fulfilling relationships. Thus, her ability to engage in a successful and happy relationship with a partner, others in her life, or with herself may be greatly influenced by her negative or positive sexual self-esteem. Recovery from traumatic sexual events may be influenced by the value she places on herself and her worthiness as a sexual being.

Research by Anderson (1999), Mona (1998), and Potgieter & Khan (2005) demonstrate there are implications for sexual self-esteem in relation to medical issues. Inferences for sexual self-esteem, sexual revictimization, and dysfunctional sexual behaviours (Van Bruggen et al., 2006), and the relationship of date rape to sexual self-esteem (Shapiro & Schwarz, 1997) have also been documented. Implications for sexual self-esteem with respect to sexual self-concept and sexual risk-taking in 16-19 year olds and with respect to condom use in college students (Squiers, 1998) have been discussed.

The wide variety of research and results about the impact of sexual self-esteem in a woman's life provides credence to the argument that it is important for women and clinicians to understand what helps or hinders a woman's sexual self-esteem. Sexual self-esteem appears to have influence in many aspects of a woman's life and understanding these influences in a premenopausal, heterosexual population may provide changes in the way female sexual self-esteem issues are discussed as well as the way in which treatment options are approached. Moreover, understanding what helps or hinders female sexual self-esteem may assist women in developing and deepening connections with their partners, themselves, or others in their lives.

Chapter 3: Methodology

The research question within this study is “What helps or hinders female sexual self-esteem?” This question is explored within the study with heterosexual, pre-menopausal, females who are engaged in continuous long-term relationships. The Critical Incident Technique (CIT) is suitable to answer this research question in that it enables the researcher to work within a structured method and yet exercise flexibility within the research. The flexibility of the research strategy provided the researcher the opportunity to delve into the richness of the data provided by the participants as well as provided the participants the opportunity to provide full and detailed descriptions of the incidents they were reporting. The format of the CIT approach enabled the researcher to move the data into helping and hindering categories, and subcategories for participants in their female sexual self-esteem.

This chapter contains a brief history of CIT as well as an overview of its evolution, the application of CIT to this research question, participant demographic data and recruitment strategies, data collection methods, reliability and validity checks, as well as an information on the role of the researcher.

Overview of Research Strategy

The qualitative research strategy used in this study was the Critical Incident Technique (e.g., Flanagan, 1954; Woosley, 1986). The CIT was originally developed by Flanagan, in 1954, as an alternative method of inquiry used to investigate the requirements of people applying for specific jobs. Specifically, Flanagan was interested in exploring both the critical experiences of individuals, and finding common patterns across incidents provided by entire samples of people (Gremler, 2004). “The Critical

Incident Technique consists of a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (Flanagan, 1954, p. 327). The researcher's questions are answered through examination of the patterns, themes, or categories that emerge during analysis.

Since introduced by Flanagan in 1954, the CIT approach has been utilized by many disciplines and has expanded to incorporate research into psychological states as well as phenomenological experiences. Examples of the variety of research conducted using the CIT methodology include: nursing research to investigate communication between patients and nurses (Carelock & Innerarity, 2001) and patients' experiences of support while waiting for cardiac surgery (Ivarsson, Larsson, & Sjoberg, 2004); psychotherapy research to identify differences between clients (Plutchik, Conte, & Karasu, 1994) and cultural self-awareness of therapists (Roysircar, 2004); and a variety of topic in the social sciences, including exploring what facilitates homeless people's transition off the streets (MacKnee & Mervyn, 2002), investigating the acquiring of knowledge by senior arts administrators (Zach, 2005), and defining service leader interaction (Testa & Ehrhart, 2005). Butterfield, Borgen, Amundson, and Maglio (2005), in their recent review of the method, attest to the diversity of application of the CIT by providing an even more comprehensive listing of disciplines and ways in which the CIT has been used.

Originally, CIT was developed by Flanagan (1954) within a positivistic paradigm, which suited his purpose of focusing on researching directly observable and measurable behaviours fit. Over time, research using CIT has featured a shift in paradigms to a

constructivist approach (Butterfield et al., 2005). A constructivist paradigm enables the participants to place subjective meanings on what they are reporting (Creswell, 2003). The focus on subjective meanings leads to complex and rich results. Additionally, many of these meanings may be formed in relation to others, and so may be identified as being socially constructed. In the constructivist approach to CIT, the goal of the researcher is then to interact with the reports from the participants and "interpret the meanings others have about the world" (Creswell, 2003, p. 9).

Woosley (1986) summarized the CIT methodology as encompassing the following five steps: (a) determining the aim of the activity to be studied, (b) setting plans, specification, and criteria for the information to be obtained, (c) collecting data, (d) analyzing the thematic content of the data, and (e) reporting the findings. In this study, determination of the aim of the activity studied in this research was difficult in that the area of female sexual self-esteem as the topic is very abstract. Nevertheless, the aim of activity was determined for this study. Participants were asked to describe incidents which helped or hindered their experience of sexual self-esteem. The remaining four steps are discussed in detail throughout the remainder of this chapter.

Definition of Critical Incident

Within CIT, *critical incidents* are defined as "any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act" (Flanagan, 1954, p. 327). The criticalness of the incident is defined by the individual reporting the incident. Flanagan stated that "to be critical an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt

concerning its effects" (p. 327). In this way the reported incident provides insight into the topic being researched. Critical incidents may also be defined as "extreme behaviour, either outstandingly effective or ineffective with respect to attaining the general aims of the activity" (p. 338). While Flanagan places the greatest emphasis on observable behaviours, he also creates flexibility for critical incidents to be defined as a feeling or an orientation that may be reported by the participants. Woosley (1986) commented on the flexibility of CIT.

> The critical incident methodology is highly flexible. It can be used to study a wide range of phenomena, for example, relationships, decision making, self-actualization, vocational choice, and group process. It can be modified to collect data on factual happenings (rather than restricting its used to "critical" incidents), and on qualities or attributes; to use prototypes to span the various levels or the aim or attribute (low, medium, high); and critical or factual incidents to explore differences or turning points (p. 251).

In addition to observable behaviours, feelings, or orientations, preconditions, predisposing emotional or attitudinal conditions may have also facilitated the experience and therefore may be included within the CIT study. This research study used Woolsey's (1986) broader approach of defining critical incidents. Therefore, the incidents included behaviours, feelings, beliefs, specific events or experiences, pre-conditions, predisposing emotional or attitudinal conditions or relationships that may have facilitated or hindered the experience that the participant was reporting.

Appropriateness of CIT as a Research Methodology

There are several reasons why CIT is an appropriate method for this study. First, the purpose of this study was to understand and describe what females consider to be helpful or hindering in their sexual self-esteem. The CIT method is designed for researchers to explore, and understand, these aspects of any concept under study. Secondly, CIT employs a flexible approach that allows the researcher an opportunity to follow the lead of the individual participants. The researcher used follow up questions to clarify the answers from participants and gave participants the opportunity to confirm or correct the researcher. This flexible, exploratory approach is effective when studying phenomena for which there is little established knowledge. Thirdly, as with other qualitative research methods, CIT results are emergent in nature and are not predetermined or preconceived by the researcher. This fits with the exploratory nature of the research topic under investigation. Fourthly, CIT has been demonstrated to be a reliable and valid method for conducting psychological research (Butterfield et al., 2005). Lastly, the CIT has been argued by Butterfield et al. (2005) and Woosley (1986) to be a suitable method for use in counselling psychology research and, as such, was appropriate for use with the topic of female sexual self-esteem. Woosley stated that “the critical incident technique is entirely consistent with the skills, experience and values of counselling psychology practitioners” (p.252).

Role of the Researcher

The researcher for this study is a female Masters of Counselling Psychology student who has previously been involved in pharmaceutically based research on female sexual dysfunction. The previous research was completed from a biological perspective

and created a curiosity within me as to the other possible explanations for female sexual problems. Furthermore, I wondered if there could be a link between female sexual self-esteem and sexual activity or an impact on the woman's overall self-esteem. Biases which I brought to this study were that there had to be more than a biological basis for issues with female sexual self-esteem and that sexual self-esteem may be affected by popular values within society such as thinness, physical appearance and perceived "sexiness" of the woman, as well as religious attitudes or belief systems.

I worked with the participants from a collaborative approach and a place of curiosity, wanting to know and understand how each participant understood and experienced their sexual self-esteem. Attempts were made to set aside my biases and preconceptions, in order to access the participants' own subjective experience. In this research study I was not an expert and did not attempt to influence the responses of the participants in the interviews or in the writing of the results.

Data Collection Procedures

Recruitment

The participants for the study were recruited mainly through word of mouth, a television interview in which the researcher described her research project, and the snowball approach (i.e., the process of acquiring participants by one individual telling another, and then the second individual telling a third individual and so on). Of the 17 participants who were in the final sample, 2 responded through a television show which featured the researcher discussing the topic of Female Sexual Self-Esteem, 10 responded through word of mouth from colleagues and friends of the researcher, and 5 were obtained through snowballing.

In terms of the recruitment process, women who were interested in participating in the study contacted the researcher by phone at a confidential research number for further information, and to express their interest. During this recruitment telephone call, potential participants were administered the first page of a demographics information questionnaire (see Appendix B), which was subsequently used to screen-out women who failed to meet the inclusion criteria for this study. No remuneration or honoraria were provided to the participants for their participation in the study.

Participants

The final group of participants consisted of 17 women currently in sexually active romantic relationships. As can be seen from Table 1, there was some diversity among the participants, in terms of age, religious affiliation, occupation, length of relationship, and the frequency of sexual activity. There was also some variation in marital status, although them majority of participants were married, and some variation in ethnicity, although most of the women were Canadian-born, and of European heritage.

Table 1

Summary of demographic information

Age	*Country of birth*	*Religious affiliation*	*Occupation*	*Marital status*	*Length of relationship (years)*	*Sexual activity (times per month)*
34	Canada	Protestant	Bookkeeper	Married	15 - 20	5 - 10
36	Canada	Protestant	Housewife	Married	10 - 15	5 - 10
37	Canada	Other	Homemaker	Married	5 - 10	3 - 10
39	Poland	Catholic	Accountant	Married	15 - 20	3 - 5
31	Canada	Sikh	Pharmacist	Married	5 - 10	3 - 5
26	Canada	Catholic Christian	Optometric Assistant	Common-law	5 - 10	5 - 10
37	Canada	Atheist/Non-believer	Call Center Manager	Married	15 - 20	1 - 2
27	Canada	Spiritualist	Psychiatric Nurse	Married	5 - 10	1 - 2
37	India	Protestant	Registered Nurse	Married	10 - 15	5 - 10

Age	*Country of birth*	*Religious affiliation*	*Occupation*	*Marital status*	*Length of relationship (years)*	*Sexual activity (times per month)*
24	Canada	Atheist/Non-believer	Psychiatric Nurse	Common-law	5 - 10	5 - 10
29	Canada	Other	Homemaker	Married	10 - 15	10+
29	Canada	Atheist/Non-believer	Registered Nurse	Married	5 - 10	5 - 10
39	Canada	Catholic	Registered Nurse	Married	15 - 20	3 - 5
26	Poland	Other	Registered Nurse	Married	5 - 10	5 - 10
32	Canada	Protestant	Homemaker / Educational Assistant	Married	5 - 10	20+
26	Canada	Atheist/Non-believer	Early Childhood Educator	Married	5 - 10	5 - 10
35	Canada	Other	Information Officer	Married	10 - 15	1 - 2

Note that adequacy of sample size within the CIT is determined not by the number of persons included in the study, but by the point of exhaustion within the critical incidents themselves. The phrase *point of exhaustion* refers to the stage in the interviewing of participants when adequate coverage of the incidents has been obtained. This is normally considered to be when out of 100 incidents there are only 2 or 3 incidents that add any new data (Flanagan, 1954). Exhaustion was reached within the 301 incidents generated by the 17 participants.

Data Collection and Recording

Data collection interviews occurred from January 13, 2006 until June 7, 2006. Demographic data was collected at the time of recruitment (see Appendix B). All participants signed an informed consent form prior to completing the research related procedures (see Appendix D). Open ended semi-structured interviews were used to elicit responses from the research participants. All interviews were conducted by the principal investigator, and were conducted with one participant at a time. On average, each interview lasted between 30 – 60 minutes. Interviews took place in interview rooms at Fraser River Counselling Center, a community counselling service located on the campus of Trinity Western University, or at an agreed upon alternative location, such as the participants home, or through a telephone interview. In every case the utmost care was used to provide privacy and confidentiality for the contributor.

Each interview began with a personal introduction of the researcher, and then followed the guidelines specified on the Interview Guide (see Appendix C). Following the introduction statement, each participant was asked “what facilitates or hinders your sexual self-esteem or what helps or hinders your sexual self-esteem?” The researcher

used active listening skills, clarifying, empathy, reflecting, and summarizing in an effort to ensure understanding between the researcher and the participant. Following the response and clarification for one incident, the researcher repeated the original question to identify other incidents. This repetition was conducted to ensure the full understanding of the participant's response. The researcher continued this process until no new incidents, events, or preconditions were reported by the participant.

In addition to the main research question, additional prompts were used to elicit more information and clarification of the response from the participant. Prompts included questions such as "can you tell me more about that," "tell me about a time when…what was that like for you," and "how did that affect your sexual self-esteem?" These questions helped the researcher to gain an increased understanding of the incident discussed by the participant, as well as an opportunity for the participant to express her voice in greater depth.

Female sexual self-esteem may have been a very sensitive issue for some of the participants that participated in this research study. Consequently, effort was made to ensure that, prior to the beginning of each interview and throughout the entirety of the interview, each participant was comfortable with the researcher and that an effective working relationship had been established. Also, following the formal interview, the participants were provided an opportunity to ask any questions that they may have had and were provided appropriate referrals from the researcher regarding any of their concerns.

The interviews were digitally recorded on an audio voice recorder. Following the completion of each interview the researcher paid to have the interviews transcribed

verbatim. Interviews were transcribed by two female transcriptionists. To preserve participant confidentiality, transcriptionists signed a nondisclosure agreement (see Appendix E), participants were identified only by code numbers, digital recordings were erased following the transcription, interviews were transferred through the use of a secure ftp website, and transcripts were protected by password during data transfer.

Note that, although the interviews were transcribed verbatim, quotations within the results chapter have been altered to make them more comprehensible in written form. These quotations remain reflective of the participants' intent and meaning.

Data Analysis Procedures

Throughout the data analysis process, the researcher adhered to the standards and practices outlined by Woosley (1986). Woosley stated that data analysis should "consist of an analysis of thematic content, arrived at by inductive reasoning" (p. 248). The goal of the data analysis was to "provide a detailed, comprehensive and valid description of the activity studied" (p. 248). To this end there were three steps this researcher followed: (a) selecting a frame of reference, (b) forming categories, and (c) establishing the level of specificity-generality to be used in reporting the findings.

In CIT, a frame of reference is defined as the general classification scheme from which the researcher will work (Kain, 2004), and should be chosen based on the proposed use of the results (Woosley, 1986). For this study specifically, the frame of reference was to explore what facilitated or hindered female sexual self-esteem in heterosexual, pre-menopausal women, engaged in long term relationships. This frame of reference partially defined the categories and the way that the information was then processed.

In light of this frame of reference, the researcher read through each of the transcripts several times to gain a good understanding of the content in the transcripts. The researcher extracted critical incidents or preconditions from the transcripts, always keeping in mind the context that had been defined for the research study (Woosley, 1986). Critical incidents were identified by the participant number, interview number, and incident number. The formulation of categories, or themes, was completed through inductive methods: extraction of categories based on the researcher's interpretation of the underlying content and meaning of each reported incident.

To facilitate this inductive formulation of categories, the researcher employed Woosley's (1986) strategy of using a word processing program to track the critical incidents and then print out each of the extracted critical incidents onto 4 x 6 cards. For ease of categorization, only one incident was included on each card. Categories began with a small number of critical incidents, and the categories became more clarified as the number of incidents grew, with incidents which seemed to fit together being grouped together. The themes found within the critical incidents were written in pencil on the front of the cards so that the researcher was able to return to the card and the theme at a moments glance. This initial categorization process occurred in the same general time frame as the interviews, permitting the researcher to begin the categorization processes as soon as an interview was completed and transcribed, rather than waiting for all the interviews to be completed before beginning the analysis.

The final stage of the analysis involved the process of establishing the level of specificity-generality that can be used when reporting the findings (Woosley, 1986). Specificity-generality refers to the depth of detail within the levels that is created by the

categories and the subcategories. Within this study the researcher began by developing broad categories and working towards subcategories. Categories and subcategories were grouped together based on commonalities in thoughts, feelings, emotions, and experiences expressed by the participants. Reporting within the categories was characterized by a listing of the subcategories. Subcategories provided detailed descriptions of the incidents as well as examples of the incidents included in the subcategory. Subcategories were deemed necessary because the main categories seemed to provide a general overview of the results without providing an opportunity for specific variations to be discussed. All incidents included in the categories and subcategories pertained to what helps or hinders female sexual self-esteem.

Reliability and Validity

Andersson and Nilsson (1964) described three aspects of reliability that need to be taken into account when conducting a CIT study: (a) reliability of the collecting procedure, (b) saturation or comprehensiveness of the data, and (c) control of categorization.

Andersson and Nilsson (1964) recommend that the data collection procedures remain consistent throughout the interviews, to prevent discrepancies in the way in which data was collected by various interviewers. In this study, data was collected by a single interviewer, the researcher, in an effort to minimize discrepancies in data collection procedures. Additionally, the use of a semi-structured interview guide facilitated the maintenance of a consistent protocol for each interview. It should be noted, however, that no independent audit of the consistency of the interview process was conducted.

The second consideration discussed by Andersson and Nilsson (1964) pertained to the saturation or comprehensiveness of the categories. Specifically, saturation or comprehensiveness was assessed in this study by extracting the incidents that emerged from two interviews, one in the middle and the last interview, and having an independent rater place these incidents into the categories. The two interviews contained 33 incidents, which comprised 11% of the total 301 incidents. These incidents were easily categorized by an independent rater (a graduate student in Counselling Psychology) into the categories formed from the other fifteen interviews. The independent rater identified no new categories of incidents. Therefore, the categorization was considered to have reached saturation.

The final reliability consideration discussed by Andersson and Nilsson (1964) pertains to the control of categorization. “The essential thing seems therefore to be that the category system chosen is an obvious one, and with as small a degree of arbitrariness and chance as possible” (Andersson & Nilsson, 1964, p. 400). It is important that the incidents fit with the categories, and the categories fit with the incidents. To accomplish this, the categories were reviewed by three independent raters (two graduate students in Counselling Psychology and one graduate student in Education), to determine the percentage of agreement between their categorization of the incidents and the researcher’s. The independent raters were provided with a listing of the categories and subcategories, as well as a short explanation of the categories prior to their attempt at categorizing the incidents. Each category was represented by the random incidents that had been chosen for sorting and categorization. The raters sorted and categorized 126 incidents (42% of the total number of incidents) into the 15 helping and 17 hindering

categories. The overall percentage of agreement that was reached for all three independent raters was 90%, which exceeds the 75% interrater agreement rate proposed by Andersson and Nilsson to indicate a satisfactory rate of reliability.

In CIT, validity is understood as the trueness of the categories; that is, whether or not the categories correctly capture the real meaning of the incidents expressed by the participants (Andersson & Nilsson, 1964). In this study, several validity checks were used to establish the validity of the results, based on Butterfield et al.'s (2005) recommendations for validity in CIT research.

The first validity check involved the researcher taking the tentative categories to an expert in the field, and discussing the placement of incidents, categories, titles and descriptions in order to obtain an independent evaluation of the analysis. The expert reviewer was Dr. Chuck MacKnee, a registered psychologist who has taught and conducted research in the area of human sexuality over 20 years. His publications in this area include research on female sexual anxiety (MacKnee, in press), male sexual anxiety (MacKnee, in press), Christian sexual and spiritual connection (MacKnee, 2004), profound sexual and spiritual encounters (MacKnee, 2002), sexuality and spirituality (MacKnee, 1997) and peak sexual and spiritual performance (MacKnee, 1996). Relevant clinical experience includes 24 years of experience as a certified counsellor working with men and women and various aspects of sexual functioning. Relevant issues covered in counselling include sexual health, premarital sex, sexual abuse, and marital sex. He is also well versed in the CIT methodology. He was in agreement with the proposed categories and the usefulness of the proposed categories.

The second validity check completed by the researcher was in relation to theoretical and descriptive validity. Theoretical validity was determined by comparing the results of the research study to the current literature in a check of cross validation. This validity check was completed as part of the process of writing the discussion chapter, and is demonstrated primarily by the linkages between the results and literature that is described in that chapter.

Finally, a descriptive validity check was completed in that the researcher worked directly from the transcripts and was able to listen to the audio recording when additional clarification was needed. Transcripts were read by the researcher in their entirety and then reread to identify critical incidents, and to ensure that the descriptions provided by the participants were accurately and adequately captured in the analyses.

In addition, Wong (2000) discusses validity within the CIT in relation to the concept of construct validity. She states that “construct validity of the categories is partially established by the fact that the purpose of the study is well defined and clearly established” (p. 50). Efforts were made at all stages of the research process to ensure that the purpose of this study was clearly defined and established. For example, a clear, focused research question was developed in consultation with a thesis supervisor; the interview guidelines were developed and refined to accurately reflect that clear question; all participants had clear instructions to report incidents which were pertinent to the research topic; and the results and conclusions have been located in the existing research on women’s sexual self-esteem.

Chapter IV: Results

From the 17 interviews, a total of 301 incidents were collected. Of the 301 incidents, 130 were found to be helpful to the experience of female sexual self-esteem, while 171 were found to be hindering to the experience of female sexual self-esteem. The 301 incidents were sorted into 31 categories: 14 that were helpful, and 17 that were hindering. The categories were given names that attempted to capture the information provided by the incidents included in each one. These categories will be discussed in detail throughout the rest of this chapter.

Categories that Describe What Helps Female Sexual Self-Esteem

The fourteen categories under this heading were identified by participants as helpful to their experience of female sexual self-esteem. The categories are described in order of frequency of incidents, with those of the highest degree of frequency being described first. This does not indicate importance of certain categories and incidents, but is simply meant to indicate a high level of commonality occurring within these categories, which may therefore generalize more readily to other individuals.

Category 1: Experience of a Loving, Open, Stable and Respectful Relationship with their Partner (43 incidents, 15 participants)

The experience of a loving, open, stable and respectful relationship with a partner was a large category. Thus, it has been divided into four subcategories, in order to provide clarity. As each of the four subcategories fall within this larger category, it is probable that the reader will find some overlap between the subcategories. The four subcategories are: (a) Love and Care in a Relationship, (b) Stability and Commitment in

the Relationship, (c) Openness in Communication in the Relationship, and (d) Demonstrated Respect from the Partner to the Participant and Other Women.

Category 1a: Love and care in a relationship. The exemplification of love and care in a relationship with a sexual partner was one of the most frequently noted elements that helped sexual self-esteem. Love, care, and honour between sexual partners helped sexual self-esteem, and participants discussed a variety of ways in which these characteristics were demonstrated in their relationships. Spending time together, hearing from their sexual partners that they are loved, having a positive relationship, and hearing positive comments from their sexual partners all helped participants' sexual self-esteem. One participant discussed the way that her husband accepts her for who she is.

> Well, my husband has helped totally because just making me feel beautiful anytime, all the time and it doesn't have to be sexual right. Like it's just the things he does, just that he loves me for me. He doesn't care how much baggage I have.

Another participant commented on the way in which her partner shows his love and care for her by viewing her as a whole person. His acceptance promoted her acceptance of herself and helped her sexual self-esteem.

> I guess the biggest thing is my husband and that since we started dating he was always very positive and always looked at me as a whole. So with that experience I feel better about myself and accepting myself as how I am, how I look and this and that. So I guess with his help I started accepting myself more.

Emotional attachment between the partners in the relationship was also identified as something that was helpful in a woman's sexual self-esteem. One participant described it as the following.

> [My husband] broke through the [the wall around my heart]. I think breaking through the barrier really helped my self-esteem, sexually self-esteem, because then I felt very confident. All the sudden I had all these emotions and this attachment to this man. I was invisible. I felt so good about myself. I felt very sexually, I was very confident sexually. And I was just very confident period. I felt so good about myself. I remember thinking, you know I'm glad I waited for him to break that wall down because he was, I knew he was going to be the one I was going to marry.

Category 1b: Stability and commitment in the relationship. "I think the fact that knowing your husband is there no matter what makes a huge impact on you." This statement succinctly summarizes the comments from many participants regarding stability and commitment in their relationships. Participants commented on how the stability and commitment they felt in their relationships positively impacted their sexual self-esteem. Another participant phrased it in the following way:

> More commitment. Feeling your partner's commitment to you affects your self-esteem huge time. If there's, if you feel like it's shaky, if you feel like, there's no long-term commitment there I think that affects you. For women even more than men. Knowing that when you understand this relationship is strong enough to survive trials and tribulations, or you could see yourself twenty years down the road…bald and fat and still loving each other. There's security in that. And this world right now doesn't have any security. He says, "when I get old and fat I'm going to divorce you and I'm going to get a younger model unless you get

> surgery." There's no security in that and therefore I think there's no sexual self-esteem. Your sexual self-esteem must be nil.

This participant pointed out that when there is security and commitment in the relationship, then sexual self-esteem is able to manifest itself in the woman. When there is not security and commitment in the relationship, then the sexual self-esteem that she may have felt diminishes, possibly even ceases to be. The feeling that comes with knowing that her sexual partner is unconditionally there for her, in conjunction with the tangible experience of that commitment, helps a woman's sexual self-esteem.

Category 1c: Openness in communication in the relationship. Participants talked about the fact that openness and communication about matters concerning sexuality, as well as any other matters that arose in the relationship, was helpful to their sexual self-esteem. Openness from partners to matters concerning sexuality promoted levels of overall comfort within the relationship, and helped sexual self-esteem. One participant stated,

> [My partner] is very helpful in the fact that he's very outgoing and very easy to talk to and if there is something that I have, if I ever had any concerns about anything I wouldn't feel weird or uncomfortable talking to him about it.

Another participant said, "…and because he was so open about [sexuality] and would actually listen to me and I was so in love with him and we were comfortable with each other then." The ability of couples to discuss matters surrounding sexuality in an open and positive way also plays a role in helping female sexual self-esteem.

> I've been married for six years. We've been together for seven years and certainly we have very open communication. It's certainly increased my self-esteem as a

> person. And let me express that there is nothing that I can't say to my husband. There is nothing, so if there ever was something that would occur sexually, that I didn't feel comfortable with, I would be able to say that. If I am just feeling bad about my body or whatever, I can say that. He's caring enough to respect my wishes and to help me feel better about myself.

Category 1d: Demonstrated respect from the partner to the participant and other women. A man demonstrating respect toward his partner, as well as toward other women, was expressed by participants as being helpful to their sexual self-esteem. One participant remarked, "…he's respectful. He talks very highly of me to his family, to his friends. He's not derogatory. He just seems to have very good respect for women. He's nice to his mom, he speaks highly of his sister." A second participant commented on respect in the relationship by sharing how a boyfriend who respected her helped her sexual self-esteem.

> I had a boyfriend in high school, like all through from grade ten pretty much to grade twelve, and we're still, we're best friends now actually. And so he was very good in developing my, he was always very supportive and respectful and we worked for each other. And so I think he played a big part in making me feel confident about, kind of what I looked like and how I was.

In this instance, the participant shared how the respect of her partner not only helped her to develop, but also increased her levels of confidence. This, in turn, seems to have helped in her developing sexual self-esteem.

Still another participant commented on the help that mutual respect in the relationship can have on sexuality and sexual self-esteem.

> I think it's a mutual thing that you have to have in a partnership. You know I respect him, he respects me. Like I said, no relationship's perfect, but you know there's give and take. So as for it being a sexual thing, I think it does help [sexual self-esteem].

This participant demonstrates that respect, shown by mutual give and take between partners, helps a woman's sexual self-esteem. This demonstration of respect promotes positive feelings of self-worth, as well as increased levels of self-confidence. Respect from one's partner towards other women also seems to promote women's sexual self-esteem. Perhaps it is both the experience and witnessing of a man's ability to demonstrate respect towards others that helps a woman's sexual self-esteem.

Category 2: Confidence in Self and Autonomy (22 incidents, 11 participants)

Participants described that having self-confidence and personal autonomy was helpful in regards to their sexual self-esteem. Two subcategories have emerged under this broad heading and will be described in more detail to provide further understanding. The two subcategories are (a) Self-confidence, and (b) Personal Autonomy.

Category 2a: Self-confidence. Participants discussed elements of self-confidence that helped them in their sexual self-esteem. One of the most common comments from participants about how self-confidence helped in their sexual self-esteem was that it contributed to feelings of independence, satisfaction and comfort with self, increased self-expression, increased sexual self-expression, and the ability to be involved in leadership roles. One participant provided the following explanation by saying,

> I think self-confidence has a huge amount to do with the way things happen to you, when you become involved in a partner or your sexuality. More confidence

> in yourself, so you're more confident in who you are and then that in turn goes with your sexual self-esteem and the ability to express yourself.

Another participant commented on the comfort she felt within herself in the following way.

> The hugest thing I think for me is confidence and knowing. Being comfortable with who I am because I always find that if I'm not comfortable with who I am, then everything else kind of falls apart - regardless of relationships with friends, husband…boyfriends in the past…whatever. So I would say for me, it's who I am. Me being comfortable with me. And then other things can fall into place.

The experience of self-confidence and levels of comfort experienced by females can also be influenced by their partner's actions. One participant described how her self-confidence and sexual self-esteem was helped when her husband stopped looking at pornography.

> As soon as he stopped there was just such a difference. In my character, also I felt sexually, more, you know, my self-esteem was huge. Self-esteem…sexually, I just felt better. I felt more confident, I was more willing to have sex late in the night when normally it's like "go away."

Gaining self-confidence in a variety of aspects of their lives helped participants in their sexual self-esteem. The link between sexual self-esteem and confidence in self was consistent and viewed by the participants as very strong.

Category 2b: Personal autonomy. Participants spoke about the experience of being empowered and gaining personal autonomy in an assortment of circumstances. One topic that was frequently commented on was the ability of participants to reclaim interest

in themselves, and to maintain control over their own decisions. The reclaiming of the self and control over their own decisions helped their sexual self-esteem. Participant's reasons for needing to regain control or interest in their own self differed, yet the act of doing so resulted in the same outcome. In each case experiencing personal autonomy helped the participant's sexual self-esteem. One participant said,

> For me, I don't know if [control] is for everybody, but it definitely is for me. Not that I have to be the control person but just feeling myself. If I feel good about myself then I am more willing to go out and have a talk…talk to somebody that maybe if I wasn't feeling good about myself I'd be like, "I don't really feel like talking to them." I think that has made a huge difference sexually for sure.

Another participant commented on how gaining personal autonomy through self-interest positively affected her sexual self-esteem.

> Well I've been really conscientious of [sexual self-esteem] lately and I know that I have to start making changes in my life too. Not even the whole sex part, to get re-interested in myself and start, if I'm re-interested in myself things will start to change.

Other participants commented on how being able to empower themselves to say no, explore their independence, watch their mother model autonomy, and regaining an experience of self after having children helped their sexual self-esteem. One participant expressed changes in her personal autonomy and empowerment after having children in the following way.

> When [sexual desire & arousal are] working you feel more empowered than I ever remember before I had kids. When everything comes together, I'd say the power

> you feel or the strength you are in the bedroom, in that way, is greater than it was before I had kids, when I was still a little shy about my body and my body's responses. Now I'm not, at all. I know all about it now.

Personal autonomy enables women to make decisions that empower them as individuals, helping them to feel that they are in control of their own lives. Personal autonomy and empowerment appears to provide women with a feeling of being in control of their lives both in mundane day-to-day activities, as well as with their sexuality. This enhanced feeling of control and personal autonomy helps their sexual self-esteem.

Category 3: Openness and Comfort about Sexuality (17 incidents, 7 participants)

Openness and comfort about sexuality is a relatively large category. Therefore, it has been broken down into three subcategories to aid in the discussion of the topic. Three subcategories which emerged from participants' discussions about openness and comfort about sexuality are: (a) Openness from Parents and Friends about Sexuality, (b) Increased Personal Comfort with Sexuality due to Maturational Processes, and (c) Increased Personal Comfort with the Issue of Sexuality Leading to Greater Personal Openness.

Category 3a: Openness from parents and friends about sexuality. Many participants commented on the extent to which openness about sexuality from parents and friends was helpful to them. Openness about this typically sensitive topic seemed to provide a normalization of sex and its surrounding issues, while providing positive experiences for the participants that were the result of being supported by others. One participant summarized this experience by saying, "I think having good support - good girlfriends, a good mom who I can talk to about things - has been helpful." Another

participant expressed the helpfulness of openness from her mother about sexuality in the following way.

> I had a very good relationship with my mom and she's always spoken very candidly about sex right from the time I was a teenager, younger…and it's always been in the very positive kind of light that sex is something that is very…between two people who love each other and she exhibited that with her relationship with my dad. That's been a big factor in making me feel good about what I do and the relationship that I have with my partner.

Furthermore, participants expressed the openness of both parents as being helpful to their sexual self-esteem. One participant stated,

> I always grew up with the idea that being a sexual being was okay and I had very open parents. I always grew up believing that there's one person that you should be with and that when you did have sex with someone, you were really giving a big part of your heart to that person.

Another participant commented,

> I think [openness in the family about sexuality] helped in my being more open probably with my partner but also just in my mind frame. That there are not things that you should never do or anything like that. I guess being able to accept, not feeling ashamed about anything you do. In that kind of realm. It's a normal part of life. It's good. There's nothing to be ashamed of. I think some people do feel ashamed of that and whatever. I was just raised in a family where it was "this is very normal, it's a good thing. It's a way to express yourself."

Some participants commented on the fact that simply hearing other people talk about sexuality was helpful for them.

> You know, it's funny, listening to other mom's say, "You know what? Sometimes it can be…my husband can just be trying so hard and you're like...my body doesn't want that." And then other times you're like "come on over!" And hearing this is even in the school waiting to pick up our kids from kindergarten.

Such openness about sexuality, and willingness of people to talk about sexuality, increases individuals' personal comfort levels, leading to their own willingness to be open about matters concerning sexuality. This process of being open then helps their sexual self-esteem.

Category 3b: Increased personal comfort with sexuality due to maturational processes. A second subcategory, concerning openness and comfort with sexuality, emerged from what the participants expressed regarding age and maturity. As participants matured, they experienced increasing levels of openness and comfort with sexuality, which was also a helpful factor in their sexual self-esteem. As one participant said, "I think just growing up, just maturing, I feel more comfortable with myself sexually and just overall as a human being." Another participant stated it this way.

> I think age has a lot to do with it. Just simply because I've gotten older and I've gotten way more comfortable with myself as opposed to when I was 18 years old. That has a lot to do with [sexual self-esteem]. I don't really care what people think now.

This participant succinctly summarizes how the aging process contributes to increased sexual self-esteem; as one grows into comfort with oneself as a person, so one grows in comfort as a sexual being.

Category 3c: Increased personal comfort with the issue of sexuality leading to greater personal openness. One participant with a medical problem discussed how, as she became more comfortable with herself, she was able to be more open with the doctors and professionals about her experiences. This enabled her to work with the professionals towards finding out what was going on with her body, as well as increased her self-confidence and helped her sexual self-esteem.

> The positive is that I became more comfortable with myself in being able to talk to professionals about it, talk to the doctor and tell him exactly what was going on and not be embarrassed about it. I even got to see with a camera everything inside, which I thought was very cool. I think I became more self-confident in being able to express exactly the way I felt about everything.

Openness and comfort about matters of sexuality by some promotes a culture of openness and comfort that is a benefit to many. As acceptance in the realm of freedom of expression through sexuality increases, comfort levels and individuals' sexual self esteem is increased.

Category 4: Advances, Attention or Interest from Males (10 incidents, 4 participants)

Participants discussed positive advances, attention, or interest from males, whether their partners or other men, as helping their sexual self-esteem. Two subcategories emerged under this overarching category and will be discussed in detail below. The two subcategories are: (a) Advances, Attention or Interest Demonstrated by

Partner; and (b) Advances, Attention or Interest Demonstrated by a Male other than the Sexual Partner.

Category 4a: Advances, attention or interest demonstrated by partner. Being the recipient of positive male attention, advances, or interest from their sexual partners was described by participants as being very helpful for their sexual self-esteem. Partners who provided positive comments about appearance, demonstrated sexual interest outside of the bedroom, provided physical attention, and gave reassurance of interest in the participant helped the participant's sexual self-esteem. One participant spoke about the interest and attention from her partner in this way.

> [My husband is] always chasing me around the house or just telling me that I look good no matter how I feel. I can have the frumpiest of days and he'll still say that I look good. I mean nine months pregnant and still you know the "leave me alone" type thing. That always made you feel good right no matter what.

Another participant spoke about the demonstrated sexual interest from her partner and the acceptance of her just as she is in the following way.

> I would say when my husband looks at me…looks like nibbling from the toes up regardless of the fact that my hair is pulled back in a pony-tail and I have supper spilled on my shirt. That definitely helps. Because it's not the outside he sees on me, it's the inside. And knowing that it really doesn't matter if I don't have any socks on or my heels are rough or I didn't shave my legs. Things that we were taught as women that you have to be buffed and polished and smooth and silky and all that. I won't say he doesn't care but that isn't what he sees. He doesn't care that there is cellulite and he doesn't care that there are stretch marks.

Participants talked about the attention that they received from their partners as something that helped to build them up, increased their sexual self-confidence, and increased the confidence in their relationships, thus raising their sexual self-esteem.

Category 4b: Advances, attention or interest demonstrated by a male other than the sexual partner. In addition to the positive effects that result from attention from their partners, the women in the study also commented on the positive effect that attention, advances, or interest from males other than their sexual partners had on their sexual self-esteem. Participants talked about their sexual self-esteem being helped by looks, remarks, compliments, or flirtatiousness from a variety of males. One participant expressed it as, "If someone shows an interest in you, it could be sexually or just flirtatious - I find if someone kind of flirts with me, I am feeling so good." Another participant commented on the appropriateness of the attention from the male as being a decisive factor in its help to her sexual self-esteem.

> What would help, well obviously, taking the acceptance from the other sex definitely. Their approving looks or remarks that are not overly vulgar…or in any way diminutive or which has a negative context. If it's in any way that I sense that it is positive obviously that definitely helps keeping it up.

One participant pointed out that the positive attention and flirtatiousness from a male other than her husband helped her realize that she was a person, "…'Cause a lot of my life is lived for other people and when some sees me just as me it made me feel really warm."

The attention that is given to women by men other than their sexual partners assists them in feeling wanted and desirable. They feel visible and complimented, which is helpful to their sexual self-esteem.

Category 5: Enhancement of and Satisfaction with Physical Appearance (9 incidents, 4 participants)

Being satisfied with physical appearance was discussed by participants as being helpful to their sexual self-esteem. This category has been divided into three subcategories, so as to provide a more in-depth explanation of how female sexual self-esteem was helped by the enhancement of, and satisfaction with, physical appearance. These subcategories are: (a) Exercise, (b) Satisfaction with Clothing and Appearance, and (c) Acceptance and Working through Physical Changes Associated with Pregnancy.

Category 5a: Exercise. Several participants commented on the fact that engaging in exercise helped their sexual self-esteem by improving mood, increasing levels of optimism, increasing levels of satisfaction with physical appearance, improving eating habits, and assisting in controlling weight. One participant shared the following.

> When I stay more active and I eat better I do feel more attractive. Of course ‘cause when you are walking or jogging or having some fun outside you have more energy and you just feel better about yourself, right. So that makes you feel better. When I try to eat better I feel better about myself. I don’t feel so sluggish. So then I feel better as a sexual human being because then I feel more energetic and I just feel more optimistic about how I look and about life.

Another participant stated, “I work out every day, for half an hour a day and I find that really helps, because it makes me feel better about myself. It makes me feel prettier.”

Overall, exercise benefits sexual self-esteem by improving various facets of a woman's experience and view of herself, perhaps allowing her to share herself more readily with a partner.

Category 5b: Satisfaction with clothing and appearance. Some participants noted that wearing clothing that they liked made them feel good, or spending time on their hair or make up, helped their sexual self-esteem. When women feel attractive, it helps their overall self-esteem, as well as sexual self-esteem. One participant commented that, "if I do my hair or I have make-up on…or when I do more things like that I feel better about myself. I feel more attractive." Another, when asked what helps or hinders her sexual self-esteem, talked about the effect which clothing can have on her. "When I wear something that looks good on me…I feel sexy in it."

With the ability to care for their physical appearance came feelings of satisfaction over the way they looked, consequently improving their sexual self-esteem.

Category 5c: Acceptance and working through physical changes associated with pregnancy. Participants also shared that accepting changes associated with pregnancy and childbirth has positive effects on sexual self-esteem. These effects were further enhanced when women were able to change physical characteristics with which they were unsatisfied, during the pregnancy or when change occurred naturally following their child's birth. For example one participant said, "when I felt better about myself then I felt very comfortable sexually. Because of the fact that my boobs weren't leaking anymore with the kids, I had lost some more weight…"

Category 6: Positive Modelling of Relationships (7 incidents, 4 participants)

Two subcategories emerged under the category of positive modeling of relationships, and will be discussed in further detail in order to provide greater understanding of this process. The two subcategories are: (a) Positive Modelling of Handling Relational Challenges, and (b) Positive Male Role Models.

Category 6a: Positive modelling of handling of relational challenges. Participants noted that the positive modelling of relationship difficulties from their own parents, or from their parents-in-law, was helpful to their sexual self-esteem. The modelling of positive relationship difficulties provided participants with opportunities to see effective ways to resolve problems, normalizing difficulties that may be present in the participants' relationships. "They had their troubles when they were younger and they told us about that. So they said they grew up, they grew closer and emotionally closer later on in their marriage." The process of working through difficulties and then experiencing emotional closeness provides opportunities for females to experience growth in their sexual self-esteem.

Category 6b: Positive male role models. Incidents in this category pertain directly to the influence that fathers and brothers are able to have on a female's sexual self-esteem while she is still in childhood. Specifically, attention from male role models may affect the way a woman feels about how she is viewed by men throughout her life. One participant said, "I think that experiences as a child, experiences with a male role model, affects self-esteem or sexual self-esteem; how you feel…you are viewed by men, and that comes from childhood." Another participant stated, "My dad was not a perfect man but he did a lot of things right in my life. He always praised me, he always told me I was

pretty. If I dressed up he would always acknowledge that. If he bought my mom flowers he would buy me some too."

Such positive male attention from role models provided a guideline by which the women were able to judge their relationships with men throughout life. "I acknowledge [male role models] over the years, helped me recognize why I wasn't willing to settle for less than I deserved. Cause I was getting attention from a good source. I didn't have to seek boys, immature boys."

Category 7: Self-Defined Positive Sexual Choices (6 incidents, 4 participants)

The participants spoke about how they viewed their sexual choices as being positive choices. Three subcategories have been outlined in an effort to explore the category of self-defined positive sexual choices in a more thorough manner. The three subcategories are: (a) Waiting until Older to Become Sexually Active, (b) Positive First Sexual Experience, and (c) Maintaining Virginity.

Category 7a: Waiting until older to become sexually active. One positive sexual choice delineated by participants was waiting until they were older to become sexually active. This choice provided them the opportunity to be more mature and more emotionally stable, than if they had become sexually active at a younger age.

> I was glad that I was twenty and older and not wanted to [become sexually active] earlier. I think there would have been a lot of peer pressure…I don't think I could have emotionally handled that. So now that I think back I'm glad that I was older and on my own and living on my own…it was my decision to make.

A second participant described how waiting to become sexually active until an older age, as well as feeling more mature, was helpful to her sexual self-esteem.

> I'm glad that I didn't have any sexual relationships in high school because I think that really would have hindered my confidence because I was trying to grow as a woman. I think if I had brought sex into that, that would have really screwed me up. It helped me be stronger in judging what relationship I don't want to be in. If someone treats me badly then why would I want to be with them? And it made me stronger that way to make a choice of leaving that person – eventually, I would break it off. I had friends that would go back and forth, back and forth for years with guys, but they were sexually active way younger than me. So I think for me, holding off sexually, made me confident sexually.

Category 7b: Positive first sexual experience. Another self-defined positive sexual choice was having a positive first sexual experience. Characteristics of a positive first sexual experience as described by the participants were that the first sexual experience was filled with love, it was a choice made by both partners, and there was no pressure in the relationship for the participant to become sexually active.

> For me my first sexual experience was a positive one, and that impacted my sexual self-esteem lots and that was the same with my husband. It was many many years ago and that was a positive thing for me because along with us being sexually active, there came a lot of love and that was really positive for me. It made me feel good about myself, in my self-esteem and in my sexual self-esteem.

Category 7c: Maintaining virginity.

One participant described how keeping her virginity and being taught to value her sexuality was helpful for her sexual self-esteem. She expressed how girls, who had lost their virginity, by their own choice or by another's choice, experience this as a huge

detriment to their sexual self-esteem. For this participant it was important to maintain her virginity until marriage and doing so was helpful to her sexual self-esteem.

Category 8: Sexual Empowerment (4 incidents, 3 participants)

Development of sexual empowerment occurred through various means for the participants who participated in this category. One way of gaining perceived sexual empowerment was based on the confidence gained as a sexual person by being able to exert some sexual strength, control, and dominance in the sexual relationship. One participant said,

> We used to have sex all the time. A couple times a day, every day. I felt very sexually strong, almost as if I was more sexually experienced than him. I remember actually, for quite a few years I used to think "he's not as sexually strong or as good as other partners that I had had" and I almost felt strengthened by that. Almost like I was the more dominant person and that turned him on so much and I used to make sure we had oral sex and did all kinds of things. So where I was more in control and felt so confident about myself.

Participants also discussed gaining perceived sexual empowerment through knowing that they were wanted by other people (other than their current sexual partner), and that their current sexual partner knew they were wanted. "I felt very beautiful and I felt very wanted by other people. So I was sexually empowered having that single partner and him knowing that I was wanted by so many other men."

Another way in which perceived sexual empowerment was gained was through lack of sexual self-confidence and experience on the part of the participant's partner. This

provided the participant with the opportunity to feel more comfortable with her partner. As one participant said,

> The person I'm with now was never really sexually active himself, not really confident himself ever. For me, it was helpful, obviously. For someone who didn't know what wrong was or to my mind didn't know what right and wrong was, made it easier for me to start to maybe enjoy something. Him not knowing was a whole lot easier for me, for not knowing much.

Discovering and maintaining a feeling of sexual strength and empowerment as a woman encouraged sexual self-esteem.

Category 9: Bonding Through Crisis (3 incidents, 2 participants)

The experience of a crisis provided the opportunity for bonding between participants and their partners. Bonding through crisis provided opportunities for participants and their partners to experience greater emotional closeness, which in turn helped their sexual self-esteem and sexual intimacy. The emotional connection that was felt with their partners let the women experience greater stability, as well as freedom, in the sexual relationship.

> After that [the miscarriage] we went through together it was a huge new dimension in our marriage. It felt deeper. We were really emotionally bonded, even more so than six years into our marriage. Six years of pretty stable, nothing ruffling your feathers. It's good, but you don't get that deeper thing until you face a tragedy together…Depending on how you handle it together it can bond you together or tear you apart…I felt more secure in our relationship so I felt more free to maybe let my guard down more. I guess it all adds up to helping because

you feel anything that solidifies your relationship gives you more freedom in your sexual relationship.

Another aspect of bonding through crisis that was talked about by one participant was the support demonstrated to her by her husband, which assisted her participation and functioning in both the overall relationship, as well as in her sexual self-esteem. “If I had gotten rid of [the sexual reproductive organs] that would have been okay too, but dealing with all that I think kept us together sexually and as a couple it all helped.”

Category 10: Understanding the Needs of their Partner (3 incidents, 2 participants)

Two participants talked about how understanding the needs of their partners was helpful for their sexual self-esteem. Two subcategories emerged under this category in an effort to provide a more detailed explanation of the incidents presented by the participants: (a) Understanding Needs, and (b) Matching of Physical Responsiveness.

Category 10a: Understanding the needs of the partner. One participant talked about how her sexual self-esteem is helped by having a greater understanding of what her partner needs. “[Finding a balance between our sex drives] helps a lot because if you think that a guy is going to want sex every night and he doesn’t, you think ‘what’s wrong with me? Am I not desirable?” Simply knowing how to balance her needs with her partner’s needs is beneficial in her own experience of female sexual self-esteem, as it enables her to have reassurance of her own desirability to her partner, as well as an understanding of their compatibility. This, in turn, decreases her negative questioning of herself.

Secondly, understanding the needs of her partner assists in finding fulfillment in the relationship, leading to finding fulfillment for herself. “I’m finding fulfillment in

understanding his needs, because when his needs are filled, I'm fulfilled." The greater fulfillment of her partner and herself seems to help the participant in her sexual self-esteem by encouraging a good relationship, which enhances feelings of satisfaction.

Category 10b: Matching physical responsiveness. One participant commented on the physical compatibility between her and her partner, which increases the attractiveness the participant feels, in turn increasing her sexual self-esteem.

> Some people have nice soft hands and some have sweaty cold hands and you don't want to touch them. So I think it's something of that matter that with my husband it was a good match. He was just simply better to hug, better to do everything with and I think really seriously I felt totally good with him. I felt good about myself being with him and I felt like I was attractive sexually and I think that it sort of emanated from me in some ways.

The experience of having a matched physical response between her and her partner provides a feeling of comfort with him, as well as with herself, increasing her sense of attractiveness.

Overall, the experience of understanding the needs of the partner, as well as matching physical responsiveness between partners, creates feelings of connection in the relationship, in turn helping female sexual self-esteem.

Category 11: Engaging in Sexual Intercourse (2 incidents, 2 participants)

Two participants discussed how actually engaging in sexual intercourse helped their sexual self-esteem. "When I have engaged in [sexual intercourse] the night before I feel good." Participating in sexual intercourse seems to promote sexual self-esteem

possibly by providing positive sexual experiences, sexual connection with one's partner and affirmation about one's sexuality.

Category 12: Dealing with the Past (2 incidents, 2 participants)

Two participants shared how dealing with past histories of abuse helped their sexual self-esteem. One participant shared that, "counselling for sexual abuse helped my sexual self-esteem because it helped me work with the issue. I learned it wasn't my fault and I didn't ask for it." Another participant commented that she "wanted to be a more honest person in myself and I had to accept the childhood abuse as part of me, but it didn't have to control me. I understood that it wasn't normal and it wasn't right but I could still enjoy sex. It isn't a bad thing and you can still feel good about yourself and how you protected yourself."

Learning how to deal with past histories of abuse was important for these two participants in aiding their sexual self-esteem.

Category 13: Relief from Physical, Emotional and Mental Symptoms (2 incidents, 2 participants)

One participant talked about the relief she feels physically and emotionally after her monthly cycle. "After my period I do feel better and I think even in the middle of my period I start feeling better. Then I usually feel better when my period's gone and for the first week or two weeks before PMS begins." The relief that comes when the physical and emotional symptoms of menstruation have subsided assist this participant in her sexual self-esteem.

Category 14: Relief Brought by Diagnosis of Depression (1 incident, 1 participant)

Another participant found the relief that was brought to her through a formal diagnosis of depression helpful to her sexual self-esteem. The formal diagnosis provided a reason for the sexual changes she was experiencing; instead of needing to take on guilt, she was provided a plausible explanation for the changes.

> The diagnosis made me feel better because problems were occurring before the diagnosis, so our sex life had gone down. I had felt bad about myself, about myself sexually, my own self-esteem, and so knowing there was an actual diagnosis of the problem was a good thing because it gave me a reason for what was going on. Maybe it wasn't just me being a bad wife or me just not being interested. There was an actual reason for it happening and so in some ways it was a positive thing.

It seems that providing a reason for the sexual changes was important to this participant in helping her to not only understand the changes were occurring, but to also help her sexual self-esteem.

Categories that Describe what Hinders Female Sexual Self-Esteem

Participants identified the 17 categories under this heading as being hindrances to their sexual self-esteem. The categories are described in order of frequency of incidents with categories having a higher degree of frequency being described first. Again, this is in no way meant to place additional importance upon these categories but it is to simply notice that there is a high level of commonality within these categories.

Category 1: Disrespect and Judgment from Partners and Others (22 incidents, 12 participants)

This category describes how disrespect and judgement from partners or others, in which participants came in contact with, was hindering to their sexuality. Four subcategories were identified within the incidents discussed by the participants. The four subcategories are (a) Disrespect from Partner Directed Towards the Participant, (b) Disrespect Towards Females in General, (c) Unwanted Male Attention and Sexual Objectification of Women, and (d) Negative Comments or Actions from Partners and Others.

Category 1a: Disrespect from partner directed towards the participant. Participants commented on the disrespect from their partner that was directed towards them as being hindering to their sexual self-esteem. Partners who were derogatory, critical, verbally or emotionally abusive, or threatening towards participants influenced the participants towards thinking that they were inadequate, or not worthwhile. It affected their self-esteem in combination with their sexual self-esteem, causing decreased self-confidence and self-worth. Following are two examples.

> I got into some negative relationships. Never physically abusive. I think I would have still been able to stop at that. But certainly emotionally not the best type of relationship. And that, I think, certainly did play into hindering my sexual self-esteem because I just felt so low about myself, period, that it was like “oh well.” You know, “I’m not worth it. I’m not worth standing up for yourself in my environment” or anything like that. So I think that certainly affected my sexual self-esteem.

Another participant stated that,

> Actually my daughter's father he used to always tell me that nobody else would want me when we were dating, so why would anybody else…even though he was eight years older than me and I was still a high school student, he would say that I wouldn't get anything better, so he was trying to downplay it right.

Category 1b: Disrespect towards females in general. One participant talked about the impact that disrespect towards females in general had on hindering her sexual self-esteem. For her, this turned her off of marrying someone from her own ethnicity because she did not wish to be treated in the manner often associated with males from her culture. In her words,

> My relatives are mostly from India and I could see how they treat the women. They don't treat them well. And I thought, "I'm not going to be in a relationship that's like that." So that turned me off of East Indian people in general. So that's why I married a Caucasian person.

The disrespect demonstrated to women by men that the participant came into contact with served as a hindrance to her sexual self-esteem.

Category 1c: Unwanted male attention and sexual objectification of women. Participants commented on the hindering effect that unwanted male attention and sexual objectification of women had on their sexual self-esteem. This type of attention made them feel uncomfortable, sexualized, self-conscious, dirty, and negative about themselves. One participant talked about feeling repulsed by her partner because of his unwanted attention when he was drinking. The unwanted male attention and sexual objectification of women did not build the participants up or create feelings of security or

stability. In fact, it had the opposite effect, and participants wanted to get out of such situations. For example,

> If [men are] looking at you it seems like, it seems like when they're just looking at you physically they don't know you at all; what you're like. And it's just very physical and it seems very, it just felt like I wanted to, like disappear. Cause I didn't want them to look at me that way because it just made me feel even, like it was degrading. It made me feel, even in a way dirty as well.

So while male attention in some instances may help female sexual self-esteem, unwanted male attention or the sexual objectification of women seems to have the opposite effect, hindering female sexual self-esteem.

Category 1d: Negative comments or actions from partners and others. Participants spoke about the hindering effects that negative comments or actions from partners or others had on their sexual self-esteem. Participants noted being snubbed by someone throughout the day, inappropriate sexual comments, looks of disgust from individuals, comments on weight gain or physical appearance, and rejection from a male were all factors that hindered their sexual self-esteem. In each case, participants felt worse about themselves, self-conscious, and became emotionally closed as a result. Thus, their sexual self-esteem was hindered by the negative interactions they had with others. Following are two examples.

> When I was swimming, of course I'm a bigger girl, and wearing a swimsuit, somebody kind of looked and kind of shook their head and kind of did the little shiver like "oh yuck" and turned away. I was so down I could barely even give

> my husband a kiss goodnight. I just kind of sat there and you almost cry yourself to sleep. And you know it just, it just, broke you.

Another participant stated that,

> I guess it would just be the current relationship – him stating specifically that he noticed I gained a lot of weight. You know, we're working through that now but…I guess him stating that he noticed himself that I gained a lot of weight and that he didn't enjoy me as much anymore, really hurt for a long time. Knowing that he didn't want to see me.

The experience of negative comments or actions from anyone has a devastating effect on a woman's' self-worth, self-esteem, emotional availability, and is hindering to their sexual self-esteem.

Category 2: Lack of Openness and Appropriate/Positive Education about Sexuality (22 incidents, 11 participants)

Many participants discussed the hindering effect that a lack of openness and appropriate, positive education about sexuality had on their sexual self-esteem. Four subcategories are used to provide further description of this category: (a) Lack of Discussion or Openness about Sexuality in the Home, (b) Lack of Discussion about Sexuality with Others or in Society, (c) Misunderstanding of Sexuality or Erroneous Sex Education, and (d) Poor Parental Role Models.

Category 2a: Lack of discussion or openness about sexuality in the home. Participants talked about the hindering effects that a lack of discussion or openness about sexuality in their childhood homes had on their sexual self-esteem. The closed atmosphere about sexuality in the home created feelings of isolation in the participants, or

drove them to seek out other sources of information when questions regarding sexuality arose. A lack of openness from their parents also seemed to contribute to the participants themselves being closed about sexual matters. One participant stated,

> [Parents not openly talking about sexuality] hindered [my sexual self-esteem] because I mean, even though as a parent you don't encourage someone to do it before they're married doesn't mean that you can't talk about it and [it] be a positive thing…

Category 2b: Lack of discussion about sexuality with others or in society. Participants described a lack of discussion about sexuality with others, or in society in general, as debilitating and isolating. Such a lack of openness creates discomfort with sexuality, leaving individuals feeling as if sexuality is taboo, and that they will be shunned for being sexually active or even discussing sexual matters. One participant said, "I think society hinders [sexual self-esteem] a lot. I think the fact that people can't be open about it or talk about it except for with a close group of friends [makes] it become such a taboo." A second participant stated,

> I was hindered up to [my relationship with my first boyfriend] because you have no one to talk to, no one to ask questions, even, I was so scared to tell my sister when we did have a sexual relationship because I thought she would shun me because I didn't know if she was having one.

Category 2c: Misunderstanding of sexuality or erroneous sex education. Also hindering to participants' sexual self-esteem was a misunderstanding of sexuality, or being provided with an erroneous sex education. A misunderstanding of sexuality decreased the amount of sexual self-confidence held by participants, causing confusion

about the role of sex, and, in some cases, seemed to have led to participants engaging in sexual acts that had a hindering effect on them. One participant's misunderstanding of sexuality affected the length of relationship that she was able to maintain, in conjunction with affecting her sexual self-confidence.

> I think the longest one I ever had was three months just because something would happen or I didn't realize that sexually it wasn't what I thought it was supposed to be. So I would leave, or they would leave or whatever. So I did not have long relationships just because I thought that having sex was supposed to be this big magical, wonderful, everything's great and like the movies. That's what I thought it was supposed to be like. It wasn't like that and the relationship would crumble pretty much immediately.…Thinking, "Sexually maybe I'm not experienced enough for them…." Starting to think that it kind of hindered me also.

Other participants used sex as power, for a personal boost, or engaged in sexually promiscuous behaviour in an effort to find some sort of love. Each of these three outcomes of a misunderstanding of sexuality were identified by participants as being hindering to their sexual self-esteem. For example,

> And so I was very promiscuous as a teenager. I was looking for someone to love me and that was the only way I knew how. So I would say I had a lot of that to get through and move on to. That was the only way, sex was the only way I related to other men, and I didn't have a sexual self-esteem. It wasn't a commodity. It was a self-esteem and I didn't feel good about what I was doing.

In addition to the negative effects that a misunderstanding of sexuality had on participants, erroneous education about sexuality was also very damaging. Erroneous sex

education included not only inaccurate information about the physical aspects of sexuality, but also fostered erroneous sexual scripting for women. Misinformation promoted a lack of understanding, as well as fostered negative attitudes and fears regarding sexuality. The combination of these factors hindered participants' sexual self-esteem. The following quote further exemplifies this experience.

> I know [my mom] used to tell us horror stories about…I remember her telling us about the neighbour, the little girl that lived up the street. "Oh my gosh! Did you know that she has something wrong with her? She used to masturbate; they would find her to the point of where she passed out!" Stuff like this, where I would just be like, "Oh my!" Where before I even knew what I was thinking, "That can make you pass out!" You know what I mean? I was thinking, "Oh my! What if somebody caught me passed out because I did something like that?"

Misunderstanding of sexuality and erroneous sex education can contribute to attitudes of fear and negativity towards sexuality, while failing to understand the positive aspects of sexuality contribute to hindered sexual self-esteem.

Category 2d: Poor parental role models. Participants talked about the hindrance that poor parental role modelling had on their sexual self-esteem. Parents who were unable to express appropriate physical affection towards one another and their children passed this behaviour on to their daughters. For example,

> So I guess since she's my role model…I guess [the lack of affection] rubbed off on me as well….I mean you just didn't see it as a…express it at all or not too much in the house. I mean like being affectionate or having kisses or this or that.

> Like we didn't see that too much, and when we did see it, it seemed awkward because…you didn't see it much.

Another participant talked about how watching her parents' behaviours caused her to be closed in her relationships with others, in order to protect herself. "I think [watching my parents relationship] made me…kind of not open because I don't want to get hurt." She described her mother as controlling and abusive, driving her to establish independence. As a result, she struggles in her current relationships due to a belief that all aspects of the relationship must be evenly divided. "I'm not cooking for you, cleaning for you, like I'll do what I gotta do but it's going to be fifty-fifty." Though independence has its positive attributes, it has also served to hinder her sexual self-esteem by limiting her ability to be emotionally involved and open with her partner, pushing her toward such independence that her ability to remain within a loving relationship may be threatened.

Category 3: Physical Changes and the Female Sexual Cycle (18 incidents, 11 participants)

This category has been broken down into four subcategories which were described by participants in relation to physical changes and the female sexual cycle that have been hindrances to their sexual self-esteem. The four subcategories are: (a) Maturational Processes, (b) Physical Pain and Discomfort, (c) Physical Changes Associated with Childbirth, and (d) Changes and Difficulties Associated with Pregnancy.

Category 3a: Maturational processes. Participants talked about the hindering effects that maturational processes can have on female sexual self-esteem. They noted that normal weight gain in junior high associated with maturation, pre-menstrual syndrome causing moodiness and depression, as well as hormonal and sexual changes

due to aging, were significant factors in the sexuality of the participants. Each of these milestones represented a challenge they had faced, or were currently facing, as a hindrance to their sexual self-esteem. Illustrations of the challenges posed by natural maturational processes are provided by these next two examples. One participant said, "In junior high you do put on extra weight, just to form into a female…and the female curves…also hindered."

A second example discussing maturational processes is found in this participant's statement.

> Often times for most married couples it doesn't come back, but I think…there's a point in your life where, when you first engage in sexual activity your hormones are there; you feel like "I want sex." And then that leave you, I mean you think it will never leave you. Like, "okay my body's not responding?" You're like "what's wrong with me? Am I going through menopause already?"

As was identified by these participants, women may be hindered in their sexual self-esteem by the natural maturational processes that all women go through.

Category 3b: Physical pain and discomfort. Participants commented on the hindering impact which physical pain and discomfort can have on their sexual self-esteem. As one participant stated, "If I have a body ache or a body pain, especially during my period time, I just feel down so then I don't feel that I am sexually up to where I should be." The physical pain and discomfort the participant feels during her period seem to be impacted by her personal beliefs of where her levels of sexuality seemingly ought to be. It may be that the combination of her personal beliefs combined with physical pain and discomfort is what is hindering to her sexual self-esteem.

Category 3c: Physical changes associated with childbirth. Participants also talked about the hindering effects that physical changes and challenges associated with childbirth can have on their sexual self-esteem. Participants described changes such as weight gain, leaking breasts, physical discomfort, stretch marks, and having their belly buttons pushed out as being hindering. For example,

> Having kids changes your body. Your boobs don't want to stay where they're supposed to be. You get stretch marks. And so then you become very aware of them. Like your stomach isn't as, well mine isn't, as firm as it was before. I kind of miss having a belly button.

Category 3d: Changes and difficulties associated with pregnancy. Participants described some of the changes and difficulties associated with pregnancy as being hindering to their sexual self-esteem. Especially challenging was the process of trying to conceive, and the pressure of having to engage in intercourse solely for that purpose. Sex driven only by the desire to conceive changed the emotional nature of engaging in intercourse, robbing it of much of its pleasure. As one participant described,

> Right now [sex is] a bit different because we're trying to make kids. We're trying to have a baby so that kind of puts pressure on that because we have to do it at the right time, so in that respect it's not that much fun. But that's the only hindering thing; otherwise it's fine.

One participant commented on the experience of having problems with her pregnancy. She was unable to carry her baby to full term. The participant stated that it was the fact that she was "able to conceive, but to conceive and not being able to carry it through" was a frightening state, and hindering to her sexual self-esteem.

Lastly, one woman commented on the fact that once she had children, she felt that her purpose had been fulfilled; she did not feel like a sexual being any more. A dramatic shift occurred, where she felt she had lost her sexuality. Naturally, this hindered her sexual self-esteem. In her words,

> To tell you the truth, I feel I don't remember the last time I was interested in anything sexual. And it's been going on for quite a few years. I know when I was younger before I was married, during my marriage and even trying to have children…I had a huge sexual drive but I knew that I wanted to; it had a purpose then. So I knew that I wanted to be with somebody and have that life and have kids and…when I became a mother, instantly as soon as I had children I was no longer interested in any sort of sex. It was almost taboo. Like, "I can't be doing this. What if the kids walk in?" I completely viewed myself as a different person and even now that they're older it's almost like I don't know my place.

The changes and difficulties that can occur in association with a pregnancy can prove to be hindering to female's sexual self-esteem.

Category 4: Distractions of Life Stressors (17 incidents, 7 participants)

This category contains three main subcategories: (a) External Stressors, (b) Fatigue or Tiredness, and (c) Childcare.

Category 4a: External stressors. Participants in this category described some of the hindering effects that financial or work stresses had on their sexual self-esteem. One participant relayed how moving to Canada from Europe posed tremendous financial challenges to her and her husband. As stress grew and financial challenges mounted,

these two individuals engaged less frequently in intercourse, hindering her sexual self-esteem. Still another participant shared this,

> And financially too, I mean we're okay, but…because I've not gone back to work full-time, we have a lot of financial stress going on right now and with the two kids and just the changes of what you need to buy and you know spend your money on and that whole focus shifts to the kids and that hasn't helped….

The external stresses felt by participants on their lives hinder their sexual self-esteem. As one participant summed up about various life stressors, "I feel then not that good about myself and not interested and don't even think about myself in a sexual aspect or context in any way then."

Category 4b: Fatigue or tiredness. Two participants commented that increased fatigue or tiredness decreases effort towards, and spontaneity in, their sexual relationships, hindering their sexual self-esteem. As one participant stated,

> Sometimes it's almost…you're too tired to make an effort. And sometimes you have to make an effort and sometimes you're just too tired or someone's you know…waking up or making noise and, "Wait, is that someone getting up?" And after a couple times like that you're like, "You know what? It's just not worth it."

Decreased effort and spontaneity, and increased fatigue, can create a frustrating, negative atmosphere for the sexually active couple, and, over time, hinder female sexual self-esteem.

Category 4c: Childcare. Participants talked about the hindrances that childcare can have on sexual self-esteem. None of the participants spoke about their children as directly hindering sexual self-esteem. Rather, it was specific aspects of childcare that

were hindering. Hindering aspects of childcare that arose were the busyness and complexity of schedules for both adults and children, decreasing time for mothers to have alone time with their partners. One participant described the challenges of scheduling in the following way.

> [Having children] hinders because between working and…I have three children and they're very active in activities so you're running them around and going…that has hindered because by the time you're going to bed you're tired. Also, I work shift work. So, working evenings, I do that because of the children. I've worked a lot. When they were small I worked evenings primarily. So that hindered because you know, my husband is away in the day and I'm away in the evening.

Another participant commented on the responsibility of childcare and the challenges that it presents in the following way.

> And I feel guilty saying that my kids hinder my sexual self-esteem, but they do and I think you know it's a bad thing to say, but they do and of no fault of theirs. But there's just so much to do and not enough time in the day and that's what's frustrating. At the end of the day you think "do I even want to think about it, having sex" and it's like, "nah ah".

In addition to the challenges surrounding schedules and time, participants also commented on the fact that they always have the role of mom to fill. "I'm always somebody's mom. And not necessarily somebody's wife because [my husband] is gone a lot. It's somebody's mom." The difficulty of having to balance roles, schedules,

childcare, and all other daily stressors, was hindering to the participants' sexual self-esteem.

Category 5: Cultural or Societal Expectations (13 incidents, 8 participants)

Participants described various cultural or societal expectations that were hindering to their sexual self-esteem. These incidents are described in three subcategories: (a) Cultural Expectations for Women, (b) Societal Expectations for Body Image, and (c) Societal Expectations for Sexual Activity.

Category 5a: Cultural expectations for women. Women described cultural double standards for both men and women, cultural expectations to be submissive and non-aggressive in relationships, and not being permitted to date, as hindrances. One participant commented on the hindrance that she felt to her sexual self-esteem when she tried to break out of the common cultural mould.

> I think that generally speaking, the sexual culture in Poland was not a culture at all, it was just…this thing happening to people without them taking their lives in their own hands, because women were often just simply waiting for something to happen and the only thing that women could do was to either accept or reject the advances. There was not much and women who were a bit more sexually aggressive were, you know, they were talked about behind their back and you know all kinds of stuff. So it was very prude and very judgemental and very bigger than life.

In addition to this, the cultural double standard between women and men was also frustrating to participants. One participant explained it this way.

> It isn't a religious thing either it's more a cultural thing. It's not a religious thing cause in my culture guys can go sleep around and there is no problem. If a woman did it she would be shunned and she couldn't get married. But a guy can sleep around.

The cultural expectations placed upon women create boundaries that hinder women and their sexual self-esteem by potentially limiting their freedom and creating expectations that women may feel they need to live up to.

Category 5b: Societal expectations for body image. "[Society] is totally hindering…just making me feel poor as a sexual human being." This statement sums up what participants stated about society and the hindering affect that it had on their sexual self-esteem. Society's portrayal of a woman's body, the glorification of having a slender figure, and an obsession with weight-loss were considered to be hindrances to women's sexual self-esteem. One participant described that society has affected her in the following way.

> Today's society is all about thinness, which is a terrible thing, because I think I get kind of more obsessive about things probably because of my past, because I have some control issues and weight's one of them for me. Not that I don't feed myself so I stay skinny, but that's all I think about. [It] consume[s] my thought[s] and that can sometimes hinder it, hinder my sexual being, because if I let myself go away with it in my head it would hinder it because then I'd feel so rotten about myself.

Category 5c: Societal expectations for sexual activity. Two participants discussed the hindering impact that societal expectations concerning sexual activity had on their

sexual self-esteem. The instances for each participant were very different from one another, yet the results are markedly similar in the ways in which sexual self-esteem was hindered.

The first participant described how having a baby at a young age was hindering to her sexual self-esteem due to the way others reacted to her pregnancy. While she was attempting to cope and adapt to the changes in her life, individuals in society hindered her by way of their own reactions.

> All I can say is hindrance was having a child very young hindered [sexual self-esteem]. I was only 17 and I found out I was pregnant. That hindered it a bit because people classified it as you know you're another statistic on the wall and you're not going to do anything with your life and oh look, you got caught kind of thing. I didn't look at it that way but that's the way everyone else did.

Another participant commented on the hindrance of not being sexually active when others expected her to be. In her words,

> In high school there were a lot of my friends and the people that I hung out with that were kind of more sexually active. So I thought, "Oh well what's wrong with me that I'm not really…" And kind of doubting that, even though I had a boyfriend and that kind of stuff, doubting about, "Oh why aren't I sleeping with more people or sleeping with him or…" Like that kind of peer pressure…that "Oh what's wrong with me that I'm not doing what all of the other girls are seemingly doing?"

Both of these participants provided examples of the ways in which society and its expectations for sexual activity in women can hinder sexual self-esteem.

Category 6: Dissatisfaction with Physical Appearance (13 incidents, 7 participants)

This category contains three subcategories within it to assist in explaining the various aspects of dissatisfaction with physical appearance that can hinder female sexual self-esteem: (a) Weight, (b) Body Image, and (c) Comparison of Physical Self to Others.

Category 6a: Weight. In this category, participants described the hindering impact that weight can have on their sexual self-esteem. Weight gain caused increased self-consciousness, decreased self-comfort, as well as was noted to be one of the most hindering stressors for one participant. She said,

> Exercise and weight have a big thing…even with other stresses and financial and social and whatever, that this is about exercise and weight gain. If I gain weight then I just feel really down and I just, sexually and self-esteem goes down.

While this participant commented on the way in which weight affects her daily life, other participants elaborated on the way in which their weight and dissatisfaction with their physical appearance hindered their enjoyment of sexual activity. The discomfort that the participants felt with their own bodies stopped them from allowing their partners to look at them or touch them.

> I know I never used to be so self-conscious about myself sexually. I was never one of those girls that was into any crazy stuff, but still, I at least enjoyed myself. You know, I enjoyed being in that moment but now even when my husband touches me I hate the way I feel under his hands. And then that's all I'm thinking about. Like he'll touch just certain parts of me and I'm just like, "Oh yuck!" And here he thinks I'm stiffening because he revolts me. But it's not that. It's actually,

> I'm like, "It's not you touching me, it's me being touched." So no it's not good. I don't like to [un]dress and see myself naked.

These participants clearly describe that the way they feel about their weight is a hindrance, not only to their own sexual self-esteem, but its impact on their partners as well.

Category 6b: Body image. In this subcategory, the participants described how their insecurities with their own body image and dissatisfaction with their physical appearance hindered their sexual self-esteem. As one participant stated, "hindrances would be my own insecurities about body image." The way one feels about her body can cause self-consciousness and discomfort. One participant said,

> I think it mostly is kind of body image, in high school for sure, I wasn't tall and skinny and blonde and have big boobs and kind of typical attractiveness that people look for. So I felt self conscious about that.

Another participant commented on her fears of her partner's reaction to her.

> He wanted to have sex with the lights on and I didn't feel comfortable with that or there has been a couple of those times. I felt embarrassed and a little bit uncomfortable that he was going to look at me and say "Oh that's not…I don't want to be with you anymore." Or whatever, kind of ridiculous things looking back on it.

The sense of distorted body image within the participant creates feelings of embarrassment, discomfort and self-consciousness in front of her partner, in turn hindering her sexual self-esteem.

Category 6c: Comparison of physical self to others. One participant discussed how a comparison of her physical self to others hindered her sexual self-esteem. Certain situational cues created fostered frustrations, and proved to be hindering to her sexual self-esteem. Specifically, she noted shopping and comparing the way clothes look on her as compared to the mannequin, as well as being in a bar and comparing herself to the other women there. In her own words,

> …when I go to a store… and you know you look at how they look on the mannequin and they look really nice and then you try them on and they don't look anything like they look on the mannequin. So it's a depressing experience for me. So after that I feel…I don't feel too good sexually about myself.

Category 7: Inhibition of Autonomy, Self-Confidence and Emotions (12 incidents, 6 participants)

This category has been divided into three: (a) Inhibition of Autonomy, (b) Inhibition of Self-Confidence and (c) Inhibition of Emotions.

Category 7a: Inhibition of autonomy. Participants expressed how the inhibition of autonomy through lack of expression of self, or feeling incapable of saying, "No," has hindered their sexual self-esteem. For example:

> It's also in the past partners or people I've been dating or whatever, want to be intimate…I feel like I can't even say no just because I'm with them for five years or whatever, and they want to be intimate. I feel like I don't have the power to say no and that I should just do it and that's what I'm supposed to be and that's what I'm here for.

For individuals who struggle to openly express themselves, and who do not feel free to make their own choices, their sense of autonomy is greatly inhibited. They seem to feel responsible for other people and their wishes, rather than being able to rely on their own strength and state their own wishes. For example,

> Having my mother living in the same city here affects me every time I go shopping and buy clothes. There are things that I'd like to buy, then I think and then there are things I have in my closet I just don't wear around [my mom] because she might think it's a little bit too revealing and she'd make comments. Spaghetti strap tank tops and it's like okay, I'm a slim person…it's covered up, it's not like [my breasts] are hanging out, but now I purposely won't wear them in front of her. So I think that hinders me too; I can't dress.

Category 7b: Inhibition of self-confidence. Participants described how an inhibition of self-confidence and being able to stand up for themselves had a hindering impact on their sexual self-esteem. The lack of self-confidence created the impossibility for the participants to believe in themselves and their self-worth. They were made to feel small and insignificant through circumstances in their lives such as abuse, their partners looking at pornography, or by not being valued as an individual. One participant said,

> To believe in yourself again and that would probably be one of my bigger issues I guess. Self-esteem-wise is when everybody walks all over you and you're so used to it…you try to stand up for yourself and feel better about yourself…and you know someone tells you that you don't look good or you're not good or anything…it just hits you after a while.

The inhibition of self-confidence affected the participants not only by hindering their sexual self-esteem but also by promoting a devaluation of self among the participants and hindering them in many other areas of their lives.

Category 7c: Inhibition of emotions. One participant shared about how inhibiting her emotional availability to her partner and being emotionally closed hindered her sexual self-esteem. For this participant, it seemed essential to keep her partner at arms' length in order to protect herself, until they were closer to engagement and marriage. It seems as if she needed to provide protection for herself until there was more stability and security within the established relationship.

> When I started the relationship I told him how it's going to be. You know not to be mean but this is how I am type of thing. So I was kind of honest with stuff. It made me more honest and open in that way but also kind of closed off because I didn't want to give a hundred percent until we were actually closer to getting engaged and married. Even though we bought a house together it still doesn't mean much.

Category 8: Difficulties with Physiological and Emotional Arousal (10 incidents, 4 participants)

This category captures the thoughts of participants surrounding difficulties with physiological and emotional arousal of sexuality. The three subcategories are: (a) Infrequency of Sex, (b) Anxiety or Inability to Relax during Sexual Intercourse, and (c) Inability to Engage in Masturbation.

Category 8a: Infrequency of sex. One participant spoke about the hindrance that the infrequency of sex is to her physiological and emotional arousal and, in turn, to her

sexual self-esteem. The lack of sexual activity causes her to come down on her self, and on her ability to perform. One participant said,

> I think, "Oh we only have sex this often and that's not good enough and it should be more often, it used to be more often." It used to be more often, it used to be better and if I was better then our sex life would be better.

Category 8b: Anxiety or inability to relax during sexual intercourse.

The inability to relax or the experience of anxiety during sexual intercourse was discussed as being hindering to sexual self-esteem. Some participants attributed this inability to relax, and the anxiety felt throughout intercourse to be due to previous histories of abuse. "Really I can't relax because of [childhood sexual abuse]. My mind constantly thinks about…I can't think about something else…" One participant shared about it this way.

> I guess in the past I felt that I've never really known my own body or what I'm doing or...because I can't relax and I can't think about what the other person wants sort of… I feel I've never been able to make anybody happy, sexually."

Another participant shared that on her husband's lack of interest in her lead to her inability to relax during intercourse, increasing her anxiety surrounding sexual intercourse.

> Our relationship and the way…yet he's interested in me sexually, but that's the only time I get any attention, touching from him, anything. So, we could go for weeks sleeping on separate sides of our king size bed, and the second his hand is on me is to grope me and I just like I tense right up. And then he feels it right and he's like "How can I disgust you?" And then I feel terrible because I'm hurting

> him, yeah. But I feel like I can't perform or act and that's exactly what it is at that point…

The inability to relax or the experience of anxiety during sexual intercourse hinders sexual intimacy between the partners as well as sexual self-esteem.

Category 8c: Inability to engage in masturbation. One participant talked about the inability to engage in masturbation as hindering to her sexual self-esteem. She feels incapable of exploring herself sexually, and is therefore unable to guide anyone else in sexually pleasing her. In her words,

> Not knowing, for me anyway, not knowing or believing that what I know and enjoy about my body, what other people say is normal, to enjoy yourself and I, I feel like I can't do that. I've always been told, "You shouldn't be touching yourself," and, "That's all wrong and dirty," ... So me not getting to know myself and what I want physically to start with. I can't enjoy myself either so if I can't know what I want and know what is right for me, I can't tell anybody else what I enjoy. And I guess I found that hard, not being able to know what I would like, cause I really don't. I know I don't. I don't know what I enjoy. I'm just there. I try to make someone as happy as I can and I get nothing out of it.

The participant points out that, for her, not knowing her own body and its responses contributes directly to her lack of arousal and ability to engage in pleasurable intercourse. She is inhibited in her own sexuality and hindered in her sexual self-esteem.

Category 9: Being Used Sexually (9 incidents, 5 participants)

In this category, participants talked about being used sexually. Each one of the participants described some sort of sexual usage, ranging from being a "booty call" in the

middle of the night, to being cheated on by her partner. Each type of sexual use served to hinder the participant's sexual self-esteem. One participant described the way in which she was sexually used like this.

> I dated another guy and he kind of just used me, so I let him right. I mean there was only really once or twice that I full out had sex with him otherwise more kind of touchy feely you know like that kind of a thing. But I felt like I was just a kind of almost booty girl for him, so that didn't make me feel good.

Another participant described the use from her boyfriend in the following way,

> I had a boyfriend. …he went out one night to the bar and of course he didn't invite me and when he came home he called me over, basically, you know, just to have some fun, kind of thing. And I didn't you know have enough self-esteem myself to say, "No, that's not, you can't invite me out for the night, I'm not coming over." You know and so I would go over and just sort of be his little toy and then that would be the end of it. Even though, which looking back, he didn't invite me out for the night so why would I…if it was now and I was in that kind of relationship I'd be like, "I don't think so!" That kind of thing really just…"Oh come on over, I'll use you for sex or whatever and then you can go back home."

Being used only for sex by male partners was hindering to the participants' sexual self-esteem. Not only was there inappropriate physical use of their bodies, but it also took an emotional toll on them, negatively impacting their self-esteem and sexual self-esteem.

Category 10: Guilt (7 incidents, 6 participants)

This category is about experiencing guilt for various reasons, and the hindering effect that it has on sexual self-esteem. Two subcategories fall under this one broad

heading: (a) Guilt Related to Premarital Sexual Intercourse, and (b) Guilt Related to Inadequate Frequency of Sexual Intercourse.

Category 10a: Guilt related to premarital sexual intercourse. Participants talked about the hindrance that engaging in premarital sexual intercourse had on their sexual self-esteem. It did not seem to make a difference if the intercourse was with their current husbands, or with a pervious partner whom they did not marry. The act of engaging in premarital sexual intercourse was hindering for some participants, as it produced a significant amount of guilt.

> I had such guilt over [premarital sex] too that I felt like I couldn't express myself like I could now….I mean I feel guilty that I did and I wished I wouldn't have slept with my husband before we were married because I think anytime you have sex with somebody else before you are with the person, like your husband or whatever person you're with for a long time, it affects your self-esteem. You're always going to think about, "Okay they've been with other people…"

One participant also commented that the guilt created by having premarital sex was not only produced by engaging in the act of intercourse, but also enhanced by the stress of lying to her parents about her sexual activity. She was unable to be open and honest with her parents, and yet felt a strong pull to be able to live her life in the way that she saw fit. Her guilt was hindering to her sexual self-esteem.

Category 10b: Guilt related to inadequate frequency of sexual intercourse. Furthermore, participants expressed feelings of guilt, which were hindering to their sexual self-esteem, as resulting from their perceived inadequate frequency of sexual intercourse with their partners. One participant stated,

> The number of times I have sex has changed too, so that alone has decreased which makes me feel worse and yeah, that's been a huge issue because my self-esteem has been low, so with that being low it also affects my sexual self-esteem, it carries over. So not only do I feel bad about myself and guilty and you know you feel worthless and low and all that, then I feel like I'm not a good wife, I'm not good sexually, I'm not interested something must be wrong with me and that. So I guess that's been the biggest hindrance that I've found.

The participants expressed feelings of inadequacy as women, and as a sexual partner. The feeling of guilt that she, as a woman, could not properly satisfy the sexual needs of her partner hindered her sexual self-esteem.

Category 11: Abuse (7 incidents, 4 participants)

The incidents described by the participants for this category fall into the three subcategories of: (a) Childhood Abuse, (b) Adulthood Abuse, and (c) Inappropriate Response to Childhood Abuse.

Category 11a: Childhood abuse. Participants talked about the hindering effects that childhood verbal, physical, and sexual abuse had on them and their sexual self-esteem. The emotional damage that was caused by the abuse has been carried by the participants for years, and in some cases, is still affecting them to this day. One participant shared about her abuse and its consequences in the following way,

> I used to have a lot of difficulty, and I still will, opening up and trusting my partner. And I was abused as a child, and that is something that I really took a long time to overcome, and I still have a lot of trust issues with that.

Another participant talked about a different effect of the abuse,

> I left home when I was young; when I was fourteen. My father and I didn't see eye to eye on certain things; on most things. He physically abused a lot so he would holler and scream and hit and that type of thing. And, he would abuse me over and over again to get what he wanted or…and I just find that I was stepped on a lot and it's hard to get back up again after so many years.

As reported by these participants, childhood abuse was hindering to their sexual self-esteem by damaging their ability to trust and be open with other individuals. They also described how challenging it can be to be confident and "get back up again" after experiencing repeated childhood abuse and that this seemed to hinder their sexual self-esteem.

Category 11b: Adulthood abuse. Participants talked about the negative effects of experiencing abuse in adulthood by a partner. One of the negative outcomes associated with verbal, sexual, physical, and emotional abuse in adulthood is that it hinders sexual self-esteem. One participant shared this experience.

> My daughter's father…was very verbally abusive, very controlling and almost sexually abusive in a way too because he knew my past, that I was sexually abused, but he still used it against me. So that whole experience was negative....it was basically I would just kind of lay there, let him get his fill so I could go on.

This type of relationship with a sexual partner creates feelings of mistrust, and lowers self-esteem as well as sexual self-esteem.

Category 11c: Inappropriate response to childhood abuse. One participant talked about how an inappropriate response from her parents to her ongoing sexual abuse affected her.

> And then my parents found out [about the sexual abuse] when I was younger, but nothing really, back then they didn't really know, like I'm 32, they didn't really know what to do. We lived in a very small community and they didn't know I should need counselling. I didn't get counselling until I was a teen and even then it wasn't good counselling. So like that has a lot to do with how I see things sometimes right. So that gave me a bad rap already of what sex is.

The lack of immediate response from others regarding the well being of the participant at a vulnerable age, combined with a lack of appropriate services provided her with no way to appropriately deal with the sexual abuse. As such, she gained a distorted view of sexuality, which hindered her sexual self-esteem.

Category 12: Experience of Depression or Depressed Mood (7 incidents, 3 participants)

This category describes the negative impact that clinical depression or depressed mood can have on sexual self-esteem. One participant talked about its impact on her sexual self-esteem and her ideals of herself as a woman.

> [Depression] makes me feel lower, it makes my self-esteem lower. It makes me less confident, less willing to put myself out there. It makes me frustrated and you know it's difficult because you got to take the pills…I know I've got to take the pills to feel better and that eventually this will get better, but it weighs really hard on me. I've just been married for a year, so this isn't my honeymoon – it stopped feeling like my honeymoon! It makes me feel like I'm not a very good wife.

The effect of the depression and a diagnosis of clinical depression was felt keenly by one participant, due, in part, to the response of her husband.

> The whole thing with my husband learning about me being depressed and that diagnosis – that was more of a hindrance. It was very hard for him to understand what was going on and it was hard for him to understand that I was depressed and that something was wrong with me and something was different after knowing me for so many years. So in his whole view of it, you know at first, was I don't know if he quite believes that I was depressed or quite bought into it or understood what that meant and that that could affect my sexual self-esteem. So that impacted it again negatively because then I felt like he didn't understand and he wasn't there and then I just felt worse about myself and more guilty.

Depression itself is not the only thing that can negatively affect sexual self-esteem. One participant talked about the effect that the medications had on her sexuality.

> The medications [for depression] really lower my sex drive, so it's like I have very little sex drive and it's very hard for me to get interested in sex. It's hard for me to get to that place where I want to make love and do those things, so it kind of just gets avoided.

Depression as talked about by the participants has hindered their sexual self-esteem by negatively impacting their self-confidence levels, interest in sexuality, self-worth and relationships with their partners. In addition, the medication taken for depression had a negative influence on sexual self-esteem by lowering the sex drive of the participants.

Category 13: Lack of Interest from Partner (6 incidents, 4 participants)

Lack of interest and attention from the partner is hindering to the participants' sexual self-esteem. In this category, participants commented on the way in which they

felt their sexual self-esteem was hindered by their partners not showing interest in them as sexual women, in their careers, or as an individual woman. One woman talked about the lack of interest in the following way.

> I used to love it when my hair was blonde. I felt young. I wanted it short. And you know, just the style. And I didn't tell [my husband]. I wanted to surprise him. I left work early, went and did this. I was so excited to see him. He's home, his friend's truck was there. I go running in the door and I popped up the stairs, like to surprise him…and nothing. And you know, it was so obvious what I did, but he literally ignored it, instead of even insulting me he didn't say anything. Look it, I might as well have not done anything. And his friend was like, "Wow! What did you do to your hair? That looks awesome!" Here come my kids up the stairs, "Mom, awesome hair!" And he still has not even mentioned it.

Another participant commented on the following, "I think it would help if he could just recognize little things and recognize the person I am, that I'm not…yeah just a sexual being."

Whatever the reason for the lack of attention towards the woman, the result is the same -- there is hurt on the part of the female. She keenly feels the lack of interest in her from her partner, which creates distance in the relationship, enhancing the hindering effects that it has on her sexual self-esteem.

Category 14: Feeling Dirty or Shamed about their Sexuality (3 incidents, 3 participants)

This category discusses the experience participants had of feeling dirty or shamed about their sexuality or their bodies. The persons who were identified in these incidents were the mothers of the participants, which appeared to have a strong hindering impact

on the participants. One participant shared how her mother always made her ‘cover up’, and this was hindering to her sexual self-esteem by making her feel ashamed about her body.

> All through my childhood I was told to cover up and made to almost feel like...I know my mom didn’t intentionally do it, but she almost made me feel like, even still to this day, that it’s not okay to dress certain ways if you know you might, you know your top is a little bit too low cut. Heaven forbid I show any skin, never being able to walk around in a bathing suit. So all throughout my childhood I’ve got that on me, plus the sexual abuse, and then come 13 where they’re making comments that I felt like I couldn’t dress enough. Like I wanted to cover up; even though you want to feel pretty because you’re into boys. I didn’t know quite what was ok and what was not.

Another way in which participants were made to feel dirty or ashamed of their sexuality was by their mothers either alleging sexual activity when none was occurring, or by becoming furious when they found out that their daughters were engaging in sexual intercourse. One participant talked about the effect that her mother’s opinion regarding her alleged sexual activity had on her.

> One time my mom did express her opinion, and it was kind of a negative impact. She was worried that I was having sex when I wasn’t, and I was really young. She was really worried and she made me feel bad about myself for even wanting to have sex or having sexual feelings. Basically that you know you’re too young, you shouldn’t have these, this isn’t a good idea. Later I can look back and say she was just trying to look out for me and protect my heart more than anything right.

> But it affected my sexual self-esteem because then I must be dirty or bad or awful if I even think about this let alone I'm not even doing it, because I was young.

Participants were made to feel ashamed, or dirty in their sexuality, which hindered their sexual self-esteem. As these participants pointed out, mothers, as well as other influential people, have the opportunity to significantly negatively impact a young woman's sexual self-esteem by their reactions to matters surrounding sexuality.

Category 15: Selfishness and Negative Attitudes (2 incidents, 1 participant)

One participant mentioned that selfishness and negative attitudes towards her partner was hindering to her sexual self-esteem. These sentiments seemed to creep into the sexual relationship of the couple. The negative thoughts and negative impact on the sexual relationship can become a vicious cycle, hindering sexual self-esteem. This participant stated,

> I think your attitude towards your mate hinders your sexual life for sure. If you let bad thoughts and bad bitterness creep in, then it's a cycle of…you don't feel like you're attractive. And of course you're not attractive. Why would your husband want to have sex with you when you're mean, bitter, cranky old woman? So attitudes, if you allow that to creep in and stay it will ruin your sex life.

Category 16: Partner's Sexual Inhibition (1 incident, 1 participant)

This category discusses how one participant found her partner's sexual inhibition hindering to her sexual self-esteem. The lack of freedom demonstrated by her partner created a lack of openness in the sexual relationship shared by these two people.

> I guess the one negative aspect is he doesn't like to do other things. He doesn't be open to other sexual, just, be more open. My first relationship we could do

> whatever and this one he likes to reach his one way. Not like position or anything but just not as sexually open.

The lack of freedom on the part of the partner inhibits the sexual expression of the participant and, in turn, hinders her sexual self-esteem.

Category 17: Experience of Having a Sexually Transmitted Disease (1 incident, 1 participant)

One participant shared her experience of having a sexually transmitted disease (STD) as hindering to her sexual self-esteem. The participant described herself as "total damaged goods", and feared telling her current sexual partner that a previous sexual partner had given her a STD because of fear of rejection. "That was hard for me because catching, it was venereal warts, catching that made me feel so small." The negative impact which having an STD had on her emotional self as well as her sexual self was damaging to her sexual self-esteem.

Summary

From the 17 interviews that were completed 301 incidents were extracted. Of the 301, 130 incidents were found to be helpful while 171 incidents were found to be hindering in the experience of female sexual self-esteem. Reliability procedures were used to ensure the comprehensiveness of the categorization process and validity procedures were used to ensure the trustworthiness of the categories.

The following table is a summary of the categories and participant participation in each of the categories that were described above. The table contains the category name, incident and participant frequencies. These frequencies are the number of incidents and

participants which each category had. In the table the frequencies are also provided as a percentage.

Table 2

Incidents that Help the Experience of Female Sexual Self-Esteem

Category of Incident	*Frequency and rate of incident*	*Frequency and rate of participant*
Experience of a loving, open, stable, and respectful relationship with partner	*43, 33%*	*15, 88%*
Confidence in self and autonomy	*22, 17%*	*11, 65%*
Openness and comfort about sexuality	*17, 13%*	*7, 41%*
Advances, attention or interest from males	*10, 8%*	*4, 24%*
Enhancement of and satisfaction with physical appearance	*9, 7%*	*4, 24%*
Positive modeling of relationships	*7, 5%*	*4, 24%*
Self-defined positive sexual choices	*6, 5%*	*4, 24%*
Sexual empowerment	*4, 3%*	*3, 18%*
Bonding through crisis	*3, 2%*	*2, 12%*
Understanding the needs of their partner	*3, 2%*	*2, 12%*
Engaging in sexual intercourse	*2, 2%*	*2, 12%*

Category of Incident	*Frequency and rate of incident*	*Frequency and rate of participant*
Dealing with the past	*2, 2%*	*2, 12%*
Relief from physical and emotional Symptoms	*2, 2%*	*2, 12%*
Relief brought by diagnosis of depression	*1, 1%*	*1, 6%*

Table 3

Incidents that Hinder the Experience of Female Sexual Self-Esteem

Category of Incident	*Frequency and rate of incident*	*Frequency and rate of participant*
Disrespect and judgement from partners and others	*22, 13%*	*12, 71%*
Lack of openness and appropriate/ positive education about sexuality	*22, 13%*	*11, 65%*
Physical changes and the female sexual cycle	*18, 11%*	*11, 65%*
Distractions of life stressors	*17, 10%*	*7, 41%*
Cultural or societal expectations	*13, 8%*	*8, 47%*
Dissatisfaction with physical appearance	*13, 8%*	*7, 41%*
Inhibition of autonomy, self-confidence, and emotions	*12, 7%*	*6, 35%*
Difficulties with physiological and emotional arousal	*10, 6%*	*4, 24%*
Being used sexually	*9, 5%*	*5, 29%*

Category of Incident	*Frequency and rate of incident*	*Frequency and rate of participant*
Guilt	*7, 4%*	*6, 35%*
Abuse	*7, 4%*	*4, 24%*
Experience of depression or depressed mood	*7, 4%*	*3, 18%*
Lack of interest from partner	*6, 4%*	*4, 24%*
Feeling dirty or shamed about their sexuality	*3, 2%*	*3, 18%*
Selfish and negative attitudes	*2, 1%*	*1, 6%*
Partner's sexual inhibition	*1, 1%*	*1, 6%*
Experience of having a sexually transmitted disease	*1, 1%*	*1, 6%*

Chapter V: Discussion

The critical incident technique was used to explore the topic of female sexual self-esteem through a semi-structured, open-ended interview format. By engaging with the researcher in this process, the 17 participants were able to explore, articulate, and expound upon their experiences. These women shared their views about what was helpful, or hindering, to their experiences of sexual self-esteem. Of the 301 incidents derived from the interviews, 130 were found to be helpful, while 171 were hindering to the experience of female sexual self-esteem. These incidents were then sorted into a total of 31 different categories, with 14 categories described as being helpful to the experience of female sexual self-esteem, and 17 as being hindering to female sexual self-esteem.

This chapter is a discussion of these 31 categories, with respect to the current research. As noted by Andersson and Nilsson (1964), this is also a means of cross-validation, as it allows the researcher to know "whether the critical incident method succeeded in including all the important aspects…" (p. 401). In their 2005 work, Butterfield et al. describe this comparison process as the concept of theoretical validity. Theoretical validity provides an opportunity for the terms, ideas, concepts and categories to be checked against the literature base. Furthermore, Butterfield et al. note that if a concept is not found in the literature, this is not to say that the category or concept is invalid. Rather, as is congruent with the exploratory nature of the CIT, it is possible that a new concept or category has been discovered.

This discussion chapter focuses on the categories by breaking the categories into six main themes, which were selected in order to capture the fundamental nature of the 31 categories. These six emergent themes are: (a) Sexual Self-Esteem in Relation to

Husbands, Boyfriends, and Other Males; (b) Sexual Self-Esteem in Relation to Women's Bodies, (c) Sexual Self-Esteem in Relation to Self-Empowerment, (d) Sexual Self-Esteem in Relation with Damaging Experiences and Learning, (e) Sexual Self-Esteem in Relation with Interference of Life stressors and Sexual Scripting, and (f) Sexual Self-Esteem in Relation to the Topic and Engagement of Sex. To facilitate clear understanding and ease of reading, the 31 categories will be discussed within these six themes. As all helping and hindering categories are numbered between 1 and 17, they will be referred to by these numbers. A positive (+) sign will be placed with the helpful category number and a negative sign (-) with the hindering categories to provide clarity when the categories are discussed. Also included in this chapter are new findings, practical applications, limitations of the research, and future research implications.

Literature Cross-Validation/Theoretical Validity

Sexual Self-Esteem in Relation to Husbands, Boyfriends and Other Males

Relation to male significant others was found to be a common theme across several categories. The categories which are discussed within this theme are: Experience of a loving, stable, open and respectful relationship (1+); advances, attention, or interest from partners or other males (4+); bonding through crisis (9+), understanding the needs of her partner (10+), disrespect and judgement from partner or others (1-), lack of interest from partner (13-), selfishness and negative attitudes (15-), partner's sexual inhibition (16-).

The concept of women recognizing, valuing and perceiving themselves in relation to others has been an expanding body of research over the past 30 years (Jack, 1991; Katz et al., 1993). All adults have "biosocial motivations to make secure, intimate connection

with others" (Jack, 1991, p. 11). The need for connection with others, or to be a relational being, is demonstrated to a greater extent by females than it is by males (Daniluk, 1998; Gilligan, 1982; Jack, 1991; Katz et al., 1993; Surrey, 1991). This ability to be connected to others is thought by Miller (Katz et al., 1993) and Jack (1991), to be related to a female's concept of her self-esteem. Specifically, being in relation with others and maintaining a positive connection may help in fulfilling the need within a woman to be in relationship with others, and, in turn, to be validated. The theoretical construct of the female self-concept in relation to other was demonstrated by Josephs et al. (1992) as a research-supported concept.

This particular research project found that there seems to be a connection between a female's ability to be in a positive relationship with her significant male partner or other males, and her experience of sexual self-esteem. The experience of a loving, stable, open, and respectful relationship (1+) was found to be helpful to female sexual self-esteem. Qualities such as love, care, stability, openness, and respect in a relationship enhanced the ability of participants to see themselves as being valued within relationships. This seemed to enhance their emotional attachment and, in turn, helped their sexual self-esteem. The tangible experience of commitment and stability in the relationship enabled participants to make themselves vulnerable to another individual, and helped their sexual self-esteem. Conversely, disrespect and judgement from partners or others (1-), as well as lack of interest from the partner (13-), fostered an insecure environment and relationship which females experienced as hindering to their sexual self-esteem. These findings support the concept of the female seeing herself as a relational being, and that being in a

confirming relationship enhances her sense of personal and sexual value (Daniluk, 1998; Gilligan, 1982; Jack, 1991; Katz et al., 1993).

It might be said that as women are in positive relationships with others, they are able to feel more self-confidence both within themselves, and within the relationship. So it is in turn that, as women develop a deeper connection and relationship to another individual (in this case, their male partners), their levels of self-esteem and sexual self-esteem increase. Thus it follows that as the trust and openness in a relationship deepen, there is an increase in the level of sexual vulnerability which the female can comfortably engage in. As she experiences a positive response to this vulnerability, she is able to engage further, while increasingly feeling better about herself. Conversely to this increase in trust helping sexual self-esteem, participants in the study described disrespect and judgement from others as being hindering to their sexual self-esteem (1-). In these circumstances, females needed to withdraw from connection and from the relationship. This would, presumably, be an unsafe place in which to display vulnerability of any kind; there has been a negative response from her partner and therefore further withdrawal from the relationship could take place. It is possible that, in these cases, it is difficult for females to see themselves as being valued by a male. As such, they find that both their sexual self-esteem and self-esteem are hindered.

Perhaps it was the positive and deepening connection to one's partner that could enable her to experience bonding through crisis (9+) and understanding the needs of her partner (10+) as helpful to her sexual self esteem. Through greater understanding, and a deepening connection to a partner, a female is able to find meaning and comfort within the relationship which, in turn, helps her sexual self-esteem. Sharing crisis together seems

to build trust in and reliance on those involved. Conversely, when a woman is inhibited in the relationship by the expression of selfishness and negative attitudes (15-), she is unable to experience a deepening connection, leaving her with a sense of frustration with the relationship. She may then be unable or unwilling to freely express herself in the relationship in a sexual way. Within the relationship each partner may begin to feel closed off from each other due to the underlying feelings between the couple. Furthermore, the partner's sexual inhibition (16-) may also lead to feelings of being cut off from one another, and be hindering to female sexual self-esteem. She may feel that she is unable to freely express herself sexually, as her partner does not openly express his sexuality. A woman may also wonder if her partner's inhibition is her fault, thus feeling less esteem towards herself.

Another experience that bolstered participants' sexual self-esteem was advances, attention, or interest from males (4+). Participants who experienced this felt that the interest displayed by others, whether sexual or nonsexual, assisted them in gaining a positive view of themselves. Participants were able to see themselves as attractive and complimented by male interest directed toward them. The increase in confidence that participants felt within themselves may have assisted them in their interactions with males or significant others, and helped their sexual self-esteem.

Sexual Self-Esteem in Relation to Women's Bodies

Sexual self-esteem in relation to a woman's body was found to be a common theme across several categories. The categories which are discussed under this theme are: Enhancement of and satisfaction with physical appearance (5+), relief from physical and emotional symptoms (13+), physical changes and the female sexual cycle (3-),

dissatisfaction with physical appearance (6-), difficulties with physiological and emotional arousal (8-), and the experience of having a sexually transmitted disease (17-).

Relationship to the body seemed to be an integral component of sexual self-esteem for the participants in this study. Various connections in previous research have been made between the female body and her sexual self-esteem (Andersen, 1999; Muehrer, Keller, Powwattana, & Pornchaikate, 2006; Potgieter & Khan, 2005; Wiedermand & Hurst, 1998). These connections have often focused on participants with disabilities or illnesses of some sort. For example, Andersen (1999) addressed surviving cancer and the importance of sexual self-concept. In her research, she suggested that a schema-guided intervention could be used to challenge and engage a woman's self-concept and help with her sexual dysfunction. Potgieter and Khan (2005) discussed the implications of spinal cord injury on sexual self-esteem and body image in adolescents. The challenge of maintaining a positive sexual self-esteem and body image after suffering a spinal cord injury proved to be extremely difficult for many of the participants. Muehrer et al. (2006) discussed the impact of a pancreas and kidney transplant on sexuality and sexual self-esteem in women. Overall, the research that focuses on the female body and female sexual self-esteem relates to specific populations which have a specific medical diagnosis. As will be discussed below participants in the current study also confirmed the importance of the relationship between the female body and sexual self-esteem but did so outside of the context of a specific medical diagnosis or condition.

Ussher (2003) completed research discussing the impact that premenstrual syndrome and the silencing of women in families can have on a woman. She explored the

ways in which women self-silence during certain times of their menstrual cycle as well as the familial expectations and attributions which construct women's emotions and behaviour as she experiences premenstrual syndrome. Ussher (2003) found that premenstrual syndrome can be closely tied to relationship difficulties, self-silencing, and distancing from others. In further research by Ussher (2004), she continued the discussion on premenstrual syndrome and female self-policing. She found that women were pathologized by others and the culture when experiencing premenstrual syndrome and this had negative effects on various psychosocial aspects of a woman's life. Women were unable to express themselves in an effort to avoid upsetting others and maintained a care-giving role. In order to do this they adhered to strict self-surveillance. Research by Douma, Husband, O'Donnell, Barwin, and Woodend (2005) makes a case for evidence of mood disorders in women in relation to their levels of estrogen. The connection between the research by Ussher (2004) and the present study seemed to be that the participants experienced a change in themselves sexually during their menstrual cycle (3b-), leading to negative thoughts about their sexuality. These negative thoughts about a woman's sexuality may be damaging to her relationship with her partner. In turn, this may lead to a woman feeling a need to increasingly self-monitor, and decrease expression of her lack of desire for sexual activity.

Research by Gokyildiz and Beji (2005) and Olsson, Lundqvist, Faxelid, and Nissen (2005) indicate that pregnancy and childbirth have various effects on the female sexual life. Gokyildiz and Beji described how sexual satisfaction, ability to orgasm, and general stimulation during coitus decreased throughout pregnancy. It was also found that women experience a decrease in body image satisfaction over this time period. Olsson et

al. found that after childbirth, women experienced changes in body image, sexual desire, stresses of family life, and levels of reassurance needed.

The present research study advances the current literature base about the menstrual cycle, pregnancy, childbirth, and body changes by incorporating a new aspect into the discussion - that of female sexual self-esteem. Participants in this study commented on the hindering impact on sexual self-esteem from physical changes and the female sexual cycle (3-). Participants found that pregnancy (3d-) and changes associated with childbirth (3c-), as well as changes associated with maturational processes (3a-), decreased their sexual self-esteem. However, one participant described how pregnancy was actually helpful to her sexual self-esteem, as the respite from premenstrual syndrome and menstruation allotted by her pregnancy provided relief. Such relief from the physical and emotional symptoms (13+) related to the female menstrual cycle was helpful for her. This seems to support the literature on the changes experienced by women that may be associated with the female sexual cycle.

Perhaps the physical changes associated with maturation, menstruation, pregnancy, and childbirth – such as weight gain and change of shape – are experienced by women as being negatively viewed within society. These changes constitute milestones for females to pass through, yet are not necessarily heralded as positive experiences within Western cultures. For example, Daniluk (1998) considered that for adolescent females, menarche may often be met with an attitude of disgust by people at large. Females are often shaped to believe that aspects of their sexuality are “dirty” and therefore closed to open discussion. Conceivably, it is the cultural response to menstruation, premenstrual syndrome, and various changes associated with pregnancy

and childbirth that are hindering towards female sexual self-esteem. An additional challenge for women within the Western Culture, which may be viewed by many as negative, is that Jewish and Judeo-Christian scripture forbids intercourse during menstruation, due to being "unclean." This belief may add to the struggles of women by furthering a culture of disgust regarding female sexuality and perpetuating the view that menstruation is dirty.

Similarly, participants described the hindering effects of dissatisfaction with physical appearance (6-), unrelated to the female sexual cycle. It is plausible to hypothesize that females can be affected at every stage of life by dissatisfaction with their physical appearance. This may become heightened, or have varying challenges, for women during pregnancy, childbirth, and throughout the female sexual cycle. These results support the discussion of Daniluk (1998, 1993) on the impact which societal standards can have on the way in which a woman views herself. It seems that "sexy" is related to a particular figure deemed attractive by men, and women are influenced by that perception.

Participants also described the helping effect that the enhancement of and satisfaction with physical appearance (5+) can have on sexual self-esteem. As described by the participants, it seemed that part of the helping aspect of this was that they were in control of several factors. For example, women who described exercise as helpful (5a+) were taking charge of their time and life by engaging in physical activity. The element of control also appeared to be present for women who had satisfaction with their clothing and appearance (5b+). These women were able to choose what they would like to wear or how they would look, and made choices that boosted their sexual self-esteem.

Furthermore, participants also described the benefit of accepting and working through physical changes associated with childbirth (5c-). It seemed as if these women were slowly reclaiming their bodies through natural processes, as well as choosing to embrace their new looks.

Directly related to physical or biological aspects of sexuality and sexual self-esteem were the categories of difficulties with physiological and emotional arousal (8-), and the experience of having a sexually transmitted disease (17-). These two hindering categories assist in emphasizing the relationship between female sexual self-esteem and the female body. As the female struggles through the knowledge, and physical symptoms, of having an STD, she may begin to feel that she is unclean or dirty. Perhaps she questions what she, as a woman, would have to offer any sexual partner now. Feelings of guilt and shame may accompany distressing feelings for women dealing with an STD. In addition to this, females who have had to deal with difficulties of physiological and emotional arousal may have felt frustration with their bodies, inhibitions stemming from their lack of understanding of their own bodies, or inabilities to fully express their sexuality due to anxiety. They were unable to gain an understanding of and appreciation for their bodies, which seems to be important in enjoying sexual intimacy and helping sexual self-esteem.

Participants in this study provided a view of female sexual self-esteem in pre-menopausal, heterosexual females. They demonstrated that there is, in fact, a relationship between a woman's body and her sexual self-esteem. The relationship between a woman's body and sexual self-esteem includes aspects such as STD's, frustrations with physiological or psychological arousal, changes in physical appearance, the menstrual

cycle and maturational processes. Perhaps this link is so strong because the sexual culture of North America appears to be permeated with messages about the female body. Very little time is spent emphasizing other aspects of sexuality.

Sexual Self-Esteem in Relation to Self-Empowerment

Relation to self-empowerment was found to be a common theme across several categories. The categories which are discussed under this theme are: Confidence in self and autonomy (2+), self-defined positive sexual choices (7+), sexual empowerment (8+), inhibition of autonomy, self-confidence, and emotions (7-).

For Jordan (2004), the expression of independence and self-confidence outside of relationship did not seem to be a good fit for women, in that the expression of independence and self-confidence outside of a relationship does not seem plausible as women continually identify themselves within relationship. Jordan emphasizes that a woman develops as an individual in a relationship, and as such, seeks confidence within the relationship and in trusting the other person. “A personal sense of worth or confidence ideally is not just feeling good about oneself but also involves a sense that one has something meaningful to contribute to others and that one is part of a meaningful relationship” (Jordan, 2004, p. 35). That is, in engaging in a relationship that fosters a sense of worth, a woman’s self-confidence may grow. The growth in self-confidence may also lead to an increase in her sense of personal meaning and well-being.

Surrey (1991) characterized empowerment as being a mutual shifting of impact on the individuals within the relationship. When there is a mutual shifting “both people feel able to have an impact on each other…[which leads to] increased awareness and understanding” (p. 167). It is through this empowering process that awareness of the self,

as well as energy and genuineness, are created. Each individual is empowered by the relationship as she or he is able to influence one another in a positive way, with freedom from a *power over* dynamic within the relationship. As individuals flourish in this type of relationship, they will be empowered and able to act or move within the relationship. Surrey (1991) also noted that "the willingness to be moved through emotion depends on each person's willingness to and capacity to be open to her or his own feelings and to receive the feelings of others" (p. 172).

Participants in this study talked about the way in which personal choice (7+), sexual empowerment (8+), and confidence in self and autonomy (2+), were helpful to their sexual self-esteem. Conversely, the inhibition of autonomy, self-confidence and emotions hindered their sexual self-esteem (7-). Participants emphasized the ways in which they needed to be able to make their own decisions, have or reclaim interest in themselves, be involved in leadership roles, and feel comfortable with themselves. Some participants also described how feeling positive about their sexual choices seemed to empower them. It was as though when they were comfortable with themselves and their choices, they felt that they were growing, moving forward, or being empowered. Perhaps these participants were experiencing increased awareness and understanding of themselves through relationship, providing support for Surrey's (1991) discussion of empowerment.

The results of this study contribute to the work by Jordan (2004) about self-confidence. These results emphasize the importance for women to have the ability to make decisions and have control over their own lives which was not limited to being formed only within a relational context. One participant commented on the way in which

watching her mother model autonomy assisted her in developing personal autonomy. This would indicate that perhaps this difference between the participant's descriptions and Jordan's (2004) work is due to the way in which participants expressed their need for autonomy and confidence, rather than the way in which self-confidence is actually formed. Participants were very clear when interviewed by the researcher that personal choice, autonomy and self-confidence were helpful to their sexual self-esteem.

Conversely, participants noted that the inhibition of their autonomy, self-confidence, or emotions hindered their sexual self-esteem (7-). This rendered them incapable of openly expressing themselves, and they often engaged in a devaluation of themselves whereby these women were not able to easily engage in relationship with themselves or others. One participant illustrated this by commenting on how her inhibited emotions forced her to keep her partner at arm's length for protection of her emotions until they were married. Others noted how abuse, their partner's use of pornography, or lack of valuing as an individual specifically hindered their sexual self-esteem through the inhibition of self-confidence. It seemed plausible that the participants who described the inhibition of their sexual self-esteem through the inhibition of their autonomy, self-confidence or emotions were experiencing a lack of power or influence within their relationships. That being the case, these results support Jordan's (2004) discussion of the formation of self-confidence as well as Surrey's (1991) discussion of empowerment. Specifically, these results validate the notion that it is important for women to experience empowerment and to develop self-confidence, as underdevelopment in these areas leads to a hindrance of female sexual self-esteem, and possibly a hindrance in other areas of her life.

Lastly, participants expressed how feelings of sexual empowerment helped their sexual self-esteem. Sexual empowerment seemed to be gained through being able to exert control over their partner, influence their partner, or by gaining confidence through knowing that men wanted them. Perhaps the ability to exert control over or to influence a partner provided females with the opportunity to express themselves more thoroughly in the relationship, and to build an increased understanding and awareness of themselves. This, in turn, supports Surrey's (1991) hypothesis on building empowerment through relationship. Influencing their partners to meet their needs would legitimatize and validate their needs, increasing sexual self-esteem.

Sexual Self-Esteem in Relation with Damaging Experiences and Learning

Sexual self-esteem was found to relate to damaging experiences and learning across several categories. This theme takes into consideration the experiences, understanding, or learning which affected the sexual self-esteem of participants. The categories which are discussed under this theme are: Dealing with the past (12+), relief brought by diagnosis of depression (14+), being used sexually (9-), guilt (10-), abuse (11-), experience of depression or depressed mood (12-), and feeling dirty or shamed about their sexuality (14-).

The finding that a history of abuse (11-) was hindering to sexual self-esteem is supported in the literature by Van Bruggen et al., (2006). In the research by Van Bruggen et al., women with a history of child abuse reported lower sexual self-esteem when compared with women without a history of child abuse. Offman and Matheson (2004) found that women who experienced abuse in dating relationships or experienced sexual coercion had increased negative sexual self-perceptions. The participants in the present

study spoke of the experience of being used sexually (9-) as hindering to their sexual self-esteem. It would seem that the experience of abuse, whether as a child or as an adult, has the capacity to diminish female sexual self-esteem.

Perhaps the experience of abuse and sexual coercion creates a feeling of worthlessness or decreased value in females, encouraging them to view themselves as worth less than other women. As such, it is possible that the internalization of these perceptions decreases the value they see in themselves and will hinder their sexual self-esteem. Such devaluing may lead to an even more difficult time (than as reported by women who had not been sexually abused) in asking for what they need within a relationship, or in making decisions that are beneficial to their sexual self-esteem.

Furthermore, Mayers et al. (2003) discusses damage to sexual self-esteem as coming from others. These authors included a variety of incidents that could damage sexual self-esteem such as sexual insults, name calling, sexual assault, threats, and insults to the gender group. Mayers et al. determined that “sexual self-esteem is determined in part by the manner in which others view us and communicate about or to us regarding their views” (p. 281). This appears to be supported by the current research in that participants reported that feeling dirty or shamed about their sexuality (14-) hindered their sexual self-esteem. The negating effects from others is also supported in the categories of abuse (11-) and being used sexually (9-).

The concept of feeling dirty or shamed about their sexuality (14-) expands upon the literature in that the participants focused on the way in which feeling dirty or shamed about their sexuality seemed to be taught to them by their mothers. In such instances, the learning that hindered their sexual self-esteem was communicated to them by others in

their lives. Perhaps the communication of sexuality as being something that was dirty or shameful was then internalized by the female contributors. The message may move beyond generalizing sexuality as dirty and shameful, to their personal sexuality as something that is dirty or shameful. Behaviours, thoughts, feelings, emotions, and wishes regarding sexuality became something to be hidden and not acknowledged within them. Perhaps sexuality and issues surrounding sexuality make these women feel unclean, impure, or tainted. These negative feelings about sexuality could prove to be hindering to a female's sexual self-esteem.

Mayers et al. (2003) proposed that individuals have varying levels of vulnerability with regards to the damage that can be done to their sexual self-esteem, and that in some cases, "psychological intervention may be able to repair damage to sexual self-esteem" (p. 281). Participants from this study affirmed this supposition by commenting on the benefit of dealing with the past (12+). Participants who have been able to effectively deal with past abuse or challenges had the ability to use this experience in an effort to help their sexual self-esteem. In these instances, perhaps women were able to learn and experience a different response to the negative and horrible experiences that they had been through, no longer allowing the past to dictate their present or futures. The experience of taking control and owning their history may have been what helped their sexual self-esteem, as in doing so; they learned that they were not victims, but survivors who had control over their lives.

Lynkins, Janssen, and Graham (2006) demonstrated in their results that the majority of heterosexual women report that there is a negative effect on sexual response when low mood or depression is being experienced. The participants in this study

concurred with previous research in that depression negatively affected sexuality. Specifically, the experience of depression (12-), including the effects of medication taken for depression, was hindering to female sexual self-esteem. This may have been hindering in part because depression and medication inhibited sexual response which, in turn, lowered sexual self-esteem.

However, participants also reported in this study that there was relief brought to their experience of sexual self-esteem by the formal diagnosis of depression (14+). Perhaps this relief was brought about because the label of depression provided an explanation for the changes in sexual response that they were experiencing. No longer did the woman feel that she was to blame for her sexual inhibition. The blame was now placed upon the depression or the medications taken to combat depression. Perhaps a further explanation for the positive impact is that a formal diagnosis of depression provided the woman something to fight against and confront, or in other words, the participants now had a purpose. The problem was not them, it was the depression, and perhaps such externalization empowered them to have hope to overcome this obstacle.

Lastly, guilt (10-) was found to be part of the overall theme of sexual self-esteem in relation to damaging experiences and learning. These findings support Van Berlo and Ensink (2000) in their statement that “guilt and shame inhibit sexual feelings [in women]” (p. 250). Also, Birnbaum, Glaubman, and Mikulincer (2001) found that heterosexual women experience negative emotionality related to intercourse. Within this research, feelings of guilt, shame, disgust, as well as the experience of intercourse as a sinful and immoral act was reported by female participants. In addition, participants

noted feelings of emptiness, loneliness, and vulnerability during intercourse (Birnbaum et al., 2001).

Participants in the current study supported the results of Birnbaum et al. (2001) and Van Berlo and Ensink (2000) in that their experience of guilt hindered their sexual self-esteem. Participants expressed feeling inadequate both as women and as sexual partners, accompanied by feelings of guilt over feeling they did not engage in intercourse frequently enough to satisfy their partners' needs (10b-). Guilt related to premarital sexual activity (10a-) hindered sexual self-esteem, and the negative effects were intensified for one participant when she lied to her parents about her sexual activity. The guilt which was expressed by participants may be hindering to their sexual self-esteem, as it decreased their feelings of worthiness while associating negativity with sex. These negative feelings and associations with sex can be damaging to a woman's experience of sexuality.

Sexual Self-Esteem in Relation with Interference of Life Stressors and Sexual-Scripting

Relation with interference of life stressors and sexual scripting was found to be a common theme across two categories. The categories which are discussed under this theme are distraction of life stressors (4-), and cultural or societal expectations (5-).

Barbach and Geisinger (1991) discuss how various stressors can impact sexual activity and relationships, such as becoming a primary caregiver or experiencing financial strain. Transitional stresses such as career development, family growth, midlife, the empty nest, and retirement may wreak havoc on a couple's life. Barbach and Geisinger discuss how these stressors can impact a woman, leading to isolation, emotional disconnection, lack of communication, and withdrawal from the relationship. The

ultimate result of such reactions to stress on the relationship may be to throw the relationship into crisis and a permanent downward cycle (Barbach & Geisinger, 1991). Stress raises anxiety levels, decreases one's ability to cope, and reduces the ability to engage in a meaningful sexual relationship. With relation to the impact that the stress of a family and children can have on a relationship, Barbach and Geisinger comment that with children comes a lack of privacy, a change in sleep schedules, and often a redirection of the couple's focus and energies from the core of their relationship to raising the children. Thus it happens that the needs of the parents may be neglected, leading to stress on all aspects of the relationship, including sexually. It would seem that the experience of any kind of stress, including that of adding children to the family unit, may cause interference in the sexual relationship of the couple.

The results of the current study echo this discourse of Barbach and Geisinger (1991), as the impact of stress, in its many forms, was identified as having a negative effect on the relationship and to a woman's sexual self-esteem. Participants in this study identified the hindering effects that the distractions of life stressors (4-) had on their sexual self-esteem. Specifically, participants identified external stressors (4a-) such as financial stress or moving, fatigue or tiredness (4b-), and childcare (4c-) as hindering to their sexual self-esteem. Similarly to the research of Barbach and Geisinger, participants described emotional disconnection from their spouses, and withdrawal resulting from stress, as key factors to the hindrance of their sexual self-esteem. In addition, participants described fatigue or tiredness (4b-) as contributing to decreased spontaneity and effort in the sexual relationship, leading to increased frustration and negativity in the sexual relationship. These changes lead to a hindering effect on female sexual self-esteem. It

seems that childcare, external stressors, and fatigue or tiredness may all serve as distracters from females sexually engaging with their partners. Such distracters may also serve to create a sexual situation for the female where she is unable to fully relax and let herself go in sexual connection.

Participants shared specific items related to childcare (4c-) such as lack of time, complexity of schedules, attempting to balance roles, lack of time for the self, and always seeming to be stuck in a mother role, as hindering to their sexual self-esteem. It may also be that the role of mother is perceived as being a less sexual role than that of being wife or lover. Females who feel stuck in the role of being mom and experience difficulty switching from role to role may be unable to adjust from a non-sexual or less sexual role, into a role that may be very sexual.

Roles were commented on by participants as seeming to be never ceasing and constantly defining the participant at every moment of the day. This, in turn, inhibited women from simply engaging in time for themselves, and from even truly knowing and acknowledging themselves as individual women in ways that was not related to their roles. It seemed that not knowing who they were as women outside of their various roles created a void in the lives of participants, hindering their sexual self-esteem. Roles that seemed to be most prevalent as hindering within this sample of participants were those of wife and mother.

Perhaps it is the case that, for women, time is needed to assist in transitioning from one role to another, and that personal time is needed for a woman to become comfortable with and knowledgeable about herself. It would seem to this researcher that one’s lack of understanding of herself, as well as lack of time for herself, would impair a

woman's ability to move beyond the socially defined roles which she engages in. Time to transition between roles would perhaps permit the woman an opportunity to shift her thought processes from one focus to another, or to take time to shift into a more sensual state of mind than being a mother may allow.

Other considerations for the way in which childcare may inhibit sexual self-esteem and sexuality in women may be the inability to feel fully sexually engaged while children are in the house. Thoughts that the children may come in, or that they may hear the parents engaging in sexual activity, were noted by participants in this study to be hindering to their sexual self-esteem. Perhaps there is the potential of embarrassment for both the woman and her children, or maybe it is that she wants to protect them from knowing about sexual issues. Possibly there is also a lack of comfort for some women surrounding the issue of sexuality, and the thought of decreased privacy due to children living in the house leads to her to shutting down due to feelings of discomfort.

Sexual scripting stemming from cultural and societal expectations also seemed to negatively impact participants' sexual self-esteem (5-). Else-Quest, Hyde, and DeLamater (2005), and Rollins (1996), conducted research inquiring into sexual scripting in North American culture. Such research addressed aspects of sexual scripting prevalent in today's society, as well as the issue of sexuality as a double standard for men and women. Rollins described the concept that "premarital sexual intercourse is more acceptable for males than it is for females" (p. 350), and went on to discuss that such a double standard may lead women to deny participation in, or even the desire for, sexual intercourse. Else-Quest et al. presented a link between the notion of sexual guilt and this double standard, where the former (in women) is caused by the latter. Sexual scripting within society may

inhibit and, at the same time, dictate the responses which females have towards sexuality. One message which sexual scripting may tell a woman is that she shouldn't need sex as much as males, or enjoy her own sexual nature.

Furthermore, Wiederman (2005) provided an in-depth commentary on the gendered nature of sexual scripts in a North American context. Within this discussion, Wiederman contends that sexual scripts aid individuals by providing set explanations for what a particular behaviour means within the societal context. Female sexual scripting seems to promote the idea that female sexuality should be based around restraint and personal control. These sexual scripts also seem to lend themselves to girls receiving more communication or warnings about sex. Another common theme is that female genitals are dirty and difficult. Additionally, Wiederman contends that within North American sexual scripts, females are given the role of gatekeeper, wherein they must be responsible for limiting sexual encounters within a relationship. These responsibilities rob women from some of the freedoms of celebrating the joys of sex.

Wiederman's (2005) discussion on sexual scripting supports the results of the present research study. Participants in this study commented on the cultural expectations for women (5a-), as well as the societal expectations for sexual activity (5c-). Comments about sexual scripting encompassed participants not only of a North American background, but also of East Indian and Polish background. In each incident of sexual scripting as cultural expectations for women (5a-) and societal expectations for sexual activity (5c-), the cultural sexual scripting for females served to be a hindrance to female sexual self-esteem. For example, one participant from Poland described that the sexual culture in Poland seemed to be that there simply was no sexual culture for women.

Women were expected to be sexually passive within relationships, while the male was the aggressor. For the participant this was hindering, as she found herself to be more sexually aggressive than her culture permitted. She seemed to fight constantly against the standards and scripts that were in place for Polish women. An East Indian Canadian participant described the way in which her culture's expectations for her inhibited her sexuality and hindered her sexual self-esteem. For this participant, sexuality was something that was fine for males to engage in and explore, but was something that was unacceptable for women to become involved in, especially outside of marriage. Sexual scripts, no matter which culture they are emerging from, hinder female sexual self-esteem by providing expectations and guidelines which inhibit women.

Furthermore, sexual scripting about expectations for sexual activity and females complicates matters for females who do not follow the expectations of society. Participants in this study expressed how other individuals' reactions to the participant engaging in sexual activity or not choosing to engage in sexual activity was hindering to their sexual self-esteem. This finding supports previous research on sexual scripting.

Similarly to previous research by Daniluk (1998), this research exemplified how societal portrayals of the female body were also found to have negative effects on women's sexual self-esteem. Daniluk considered research that indicated how society is still having a negative effect on women through the portrayal of the female body. Females tend to be self-conscious about their shape, appearance, weight, and aging in ways that negatively affect them. Media messages about what is "normal" and how women are "supposed" to look, or how they can look younger, are invasive and overwhelming for many women. Daniluk found that women experience the self as

insufficient in relation to body image and cultural standards. It seems that this experience of the self as insufficient pertains to an internalized expectation of the women to be "sexier" and to have sexier bodies. The results of the current study continue to indicate that the societal expectations for body image (5b-) are negatively affecting women, as women described the way society's obsession with thinness, weight-loss, and its portrayals of women's bodies, hinder female sexual self-esteem.

Wiederman and Hurst (1998) conducted research relating to body size, physical attractiveness, and body image in young adult women. In their study, women who were rated as less physically attractive were found to be less sexually active or involved in dating relationships. Ratings of physical attractiveness were completed independently by a male and female research assistant. There could be some relation between these findings and the sexual scripting in the culture. It may be that these women minimize their own sexual appeal which perhaps, in turn, hinders their own sexual self-esteem. They internalize supposed standards, and come to treat themselves in relation to this standard. In the present study, female sexual self-esteem was hindered by societal expectations for body image, supporting the literature in respect to the negative or hindering impact which society can have on female sexuality.

Women in North America are bombarded by never-ending messages about body image. As time progresses, perhaps it becomes easier to integrate messages about thinness into a personal ideal of the self. These messages impact the way in which a woman feels about and views herself. Perhaps she starts to feel less sexually attractive as a woman, and less confident about her physical appearance, which begins to hinder her sexual self-esteem. The results of the current research affirm what previous literature has

purported regarding societal expectations, as well as reinforced the reality that sexual scripting is still part of the culture, even after the sexual revolution.

Sexual Self-Esteem in Relation to the Topic and Engagement of Sex

Sexual self-esteem's relation to the topic and engagement of sex was found to be a theme across several categories. The categories which are discussed under this theme are openness and comfort about sexuality (3+), positive modelling of relationships (6+), engaging in sexual intercourse (11+), and lack of openness and appropriate or positive education about sexuality (2-).

Daniluk (1998) discussed the various ways in which parents interact with their daughters as puberty commences. Part of Daniluk's discussion centers around sexual scripting, which has previously been discussed, but there is an aspect of her discussion about communication with girls that is related to the present research study. As girls grow and mature, their parents have the opportunity to influence through inadvertent messages, as well as through concrete information that is passed on. Specifically, Daniluk comments on the way in which mothers can "implicitly or explicitly" (p. 105) communicate with their daughters about sexuality. Fathers communicate with their daughters as well, passing on messages about the way in which sexuality should be engaged in or their own personal biases towards sexual behaviour. Daniluk briefly mentions research surrounding the comfort levels of mothers and daughters talking openly about sexuality, noting that mothers and daughters may not be fully comfortable being open with one another about all aspects of sexuality.

Daniluk (1993) found that "intimate relationships with parents, siblings, friends, partners, and children were viewed as highly defining in [the participants'] experiences of

their sexuality" (p. 64). Communication through interactions with significant others in their lives either enhanced or negated the experience of sexuality. Specifically, experiences of a betrayal of trust or dishonesty by male or female loved ones were damaging to women (Daniluk, 1993). Conversely, it was through relationships with other women that these participants were able to experience "validation, empowerment, and growth" (p. 64).

The current research results support Daniluk's (1993) study. Participants specifically spoke about the way in which openness and comfort about sexuality (3+) was helpful to their experience of sexual self-esteem, while the opposite was also true; a lack of openness and appropriate or positive education about sexuality (2-) was hindering to the experience of sexual self-esteem. Expanding upon Daniluk's results, participants described how openness and comfort about sexuality increased their own personal comfort, normalized sexuality, and facilitated openness within them (3a+). Openness and comfort was facilitated through maturational processes of the participants (3b+). By growing older and more mature, these females were able to become comfortable with themselves sexually, and as persons overall. Lastly, participants noted that increased personal comfort with issues about sexuality led to greater personal comfort (3c+).

It would seem that participants' abilities to learn openness and comfort about sexuality from others in their lives served to enable them to seek or create positive environments in which they could explore or recognize their sexuality. This positive environment would, perhaps, allow and enable one's exploration and ownership of personal sexuality and sexual self-esteem. Furthermore, a positive environment characterized by openness could facilitate deeper understanding of sexuality and the

various factors which may impact sexual self-esteem, fostered by a sense of security within those involved. This may also increase one's sexual expression. On the other hand, a closed, uninviting, or hostile environment may promote insecurity within females. In such a situation, it would seem that there could be no safety in exploring sexuality or expressing sexuality, thus sexual self-esteem would be hindered by a lack of trust and security. The lack of openness in the home may teach females to be closed about their sexuality, preventing them from learning that openness about sexuality can be a positive experience.

Additionally, inappropriate information or lack of information regarding sexuality was damaging to female sexual self-esteem. Perhaps it was because not having enough information or having erroneous information fostered an environment of misunderstanding and mystery surrounding female sexuality. It was as if female sexuality was something that could not be understood. Moreover, after a female has learned wrong or inappropriate information about sexuality, she may be more likely to engage in sexual acts that she would not have engaged in if she had had the appropriate information about sexuality. Females without appropriate education regarding sexuality are at a distinct disadvantage, being more prone to negative experiences with sexuality, which could prove to be hindering to sexual self-esteem.

Important Findings

The new finding that seemed evident within this research is that the results of the current study demonstrated a significant psychosocial underpinning to the experience of female sexual self-esteem. Manifestations of sexual dysfunction or biological symptoms may be linked to low female sexual self-esteem, and it would seem that sexuality is not

purely a biological function. That is, it contains a strong emotional component. This focus on sexuality and sexual self-esteem as a biopsychosocial reality, instead of a purely biological function, is relatively new within research on sexuality, and provides a more holistic understanding of female sexual self-esteem.

As described by the participants in this research study, struggles with sexual self-esteem are the catalyst for many of the sexual difficulties that they experience. Logically, one could surmise that a purely biological approach to dealing with female issues surrounding sexuality is profoundly lacking, and fails to provide an appropriate, healing, or beneficial approach to feminine issues of sexuality. Thus, moving beyond a biological, pharmaceutical, or behavioural problem-solving approach to sexuality to an approach that requires delving into the emotional aspects of sexuality would be a reasonable endeavour. It is a distinct possibility that some females need assistance with their sexuality in ways that go beyond what a purely medical solution can offer.

Female sexual self-esteem is an influential concept which pushes the practices of medicine and therapeutics into new realms of treatment. The results of this study indicate that sexuality is not merely a behavioural manifestation of an internal drive. A strictly behavioural approach to sexuality can no longer serve as an adequate awareness and treatment of female sexual concerns. Female sexual self-esteem and its psychosocial components give evidence of the need for treatments that move beyond traditional behavioural approaches to sexuality. Perhaps an incorporation of the behavioural approaches as well as a biological approach into a gestalt of understanding which includes social and emotional components of sexual self-esteem would be effective for women.

Another way in which this research study contributes new findings to the literature base is that heterosexual females in long term relationships were given the opportunity to speak directly to the issue of what helps or hinders their sexual self-esteem. To the best of this researcher's knowledge, such a study has not been conducted before, and it was a novel experience to provide 17 participants the chance to share about such an important, intimate topic. The honesty and completeness with which the participants addressed the issue of female sexual self-esteem has proved to be a useful addition to the knowledge, understanding and awareness within existing literature.

Additionally, this research study has provided for a more holistic view of female sexual self-esteem. While it confirms and expands existing literature, the previous literature explored only specific aspects of sexual self-esteem, whereas this particular work provides for a broader, more holistic approach. The concept of sexual self-esteem has been broadly explored within one study, to hopefully bring clarity to the female population, clinicians, and others who may come into contact with this research about what helps and hinders female sexual self-esteem. This research has provided an overview of female sexual self-esteem as described by heterosexual, pre-menopausal females in long term relationships.

In conjunction with this overview, expansions and clarification of the literature also seem to have emerged from one particular category. The relief brought by the diagnosis of depression (14+) as a helpful factor for female sexual self-esteem seems to be a relatively new finding. That is, little, if any, consideration has been given to the impact that the diagnosis of depression can have on sexuality or sexual self-esteem. There

is the subjective understanding that there may be positive effects to diagnosing a mood disorder, but not much time has been given this in the literature.

Practical Implications

One practical implication of this research is that it may provide beneficial insights to the layperson. The results of this study may be of comfort to women who are struggling with their sexual self-esteem, normalizing their experiences by confirming that there are other women who are experiencing both helping and hindering conditions to their sexual self-esteem. In short, there is healing in knowing that one is not alone in her struggles. Simply knowing the other experiences of women may be therapeutic in its ability to increase awareness in women about sexual self-esteem. The results of this study may also provide women with the opportunity to learn about themselves from the experiences of others. This increased awareness and knowledge may be the key, for some women, to break through the barriers preventing the discussion of matters relating to sexuality and sexual self-esteem.

In addition, clinicians may benefit from the results of this research by way of its attempt to provide a holistic, nonpharmaceutical approach to understanding sexual self-esteem. By being aware of some of the psychosocial factors that may be impacting their clients' sexual self-esteem, clinicians will have a better framework with which to understanding clients' struggles, thus will be able to plan treatment more effectively. The 31 categories explored in this research may serve to provide possible explanations or areas for exploration with female clients when discussing sexuality, or any issues surrounding it. For example, it may be worthwhile to explore a client's understanding of sexuality and the expectations that she holds based upon her understanding. As was

identified by the participants in this research study, misinformation or misunderstandings of sexuality may greatly hinder female sexual self-esteem. Helping a client to identify her misunderstandings and modify the way in which she understands her sexuality may lead to greater freedom as a sexual being. Furthermore, correcting misunderstandings may release the client from unrealistic expectations which she holds for herself and, possibly, her sexual partner.

A second way in which these categories may serve to be useful would be in exploring with the client how she experiences sexual scripting within her surrounding environment. Sexual scripting and societal expectations seem to be something which almost every woman experiences as having an impact on her sexuality. Also, discussing the ways in which women are dealing with current life stressors may help to shed some light on underlying reasons for struggles with sexuality.

Discussing relationship issues may be a commonplace event in a counselling setting, but counsellors may want to consider helping the client focus on relationships that she has, or has had, with her partner and others. Since women express deep needs to be in relationship, exploration of the relationships that she has engaged, sexual or otherwise, may help her to explore reasons for her feelings about sexuality and sexual self-esteem. Through this process, she may discover ways in which relationships have led to her being closed her towards sexual matters. Such insights may allow for her to be able to make changes in her own relationships, based on her new learnings.

A practical implication from the results indicates that counsellors need to be able to speak openly and honestly about sexuality. Providing a safe place where females can come and address their concerns about sexuality helps female sexual self-esteem.

Counsellors who are able to do this promote a culture of openness about sexuality, and endorse the message that sexuality is not something that is dirty or shameful. Additionally, females who see that others are comfortable speaking about sexuality may learn this behaviour and apply it within their own lives. The openness experienced by being in relationship with the counsellor may serve to empower these women.

It also seems important that counsellors begin to empower women in their sexuality, as well as all aspects of their lives. Within the sexual relationship, it may be helpful for women to be able to give voice to their desires and likes. As they begin to take more control within the sexual relationship, women may find that they are able to improve communication in general with their partners, through the experience of being empowered to be free in her sexuality.

Couples' therapy, which would include encouraging male partners to talk more openly about sex and their needs with their female partners, as well as discovering what she needs to feel sexually affirmed, would be critical to include in counselling with women. This process, facilitated by the clinician, may provide a safe environment in which the couple can begin to learn ways of communicating about their sexual needs. Furthermore, the clinician may be able to help both individuals engage in the process by asking questions, and demonstrating openness and comfort with sex and issues of sexuality. This process will enable the female to explore her sexuality, while honouring herself.

A further practical implication of this research may be that it will assist in clinicians, and others, knowing about the importance of educating and assisting mothers to help their daughters have accepting and affirming views about themselves as sexual

beings. This change in communication about sexuality between mothers and daughters could provide daughters with the tools they need, through relationship with their mothers, to prevent some of the damaging experiences many women have regarding sexual self-esteem, body image, and self-esteem. Moreover, this would lead to promoting a culture of openness and acceptance of sexuality and sexual self-esteem amongst future generations of women. It would seem that communication between mothers and daughters about sexuality could be beneficial at all stages of development.

Finally, another practical implication of this research is that the when a female takes time to explore what helps or hinders her sexual self-esteem, she may discover or be challenged to see a part of her life that she previously had limited or outside of her awareness. This new discovery, or increased awareness, may be instrumental in assisting females to claim their sexuality for themselves. Perhaps it will mean discovering hidden away dreams, wishes, regrets, and aspirations, or perhaps it will mean choosing to move away from previously adopted roles and life circumstances. Exploration of female sexual self-esteem may cause change in the females who take the time to engage in this process. Part of this journey to new discoveries about herself may be that a women may begin to define her sexual role in liberating and empowering ways and not limit her understanding of herself to stereotypical mother or wife roles. She may also need to learn to take more time to transition from one female role to another.

Limitations of this Research

As with any research study there are limitations. Within this research study there were several limitations due to the number and nature of participants in the study. Seventeen participants were interviewed for this research but this is a fairly small

number. Although saturation was reached, and the categories represent commonalities across women, it cannot be assumed that the findings represent all the experiences of female sexual self-esteem. Practitioners should consider the demographic characteristics of the participating women when assessing the transferability of the results to their clients. In particular, the sample included mostly Canadian born Caucasian females, two East Indian females, and one Polish female. Since the concepts of self-esteem and sexuality may vary considerably across cultures, the various ethnicities represented by the participants must be taken into account when interpreting the findings. Although this limits the generalizability of the results, it must be recognized that most forms of qualitative research, including CIT, are not meant to be generalizable to populations, in the quantitative sense. CIT is designed to provide greater understanding and knowledge about the way in which individuals are affected, which may be useful in shedding light on the experience of other individuals. In this instance, the quality of the findings from these 17 females has successfully expanded existing understanding of women's sexual self-esteem. Quantitative follow-up studies can now be conducted to test the generalizability of the results, with various populations of women.

This study was descriptive in nature. It was not designed to identify causal links between different categories and female sexual self-esteem. Therefore, a direct causal relationship between any category and sexual self-esteem levels cannot be assumed. However, now that the categories are known hypotheses can be offered for potential variables that could cause increases or decreases in sexual self-esteem. For example, a woman's flexibility or inflexibility when moving in-between roles may be a variable which causes an increase or decrease in her sexual self-esteem.

A further consideration is that the sensitive nature of the topic may have made some participants hesitate in sharing their experiences. In an effort to combat this, the researcher attempted to create an open and comfortable relationship with each participant as well as offered reassurance throughout the interview as necessary. However, it is still possible that some women would have held back info on hindering experiences such as abuse, depression, or having an STD. Therefore, it cannot be assumed that the percentages of participant mentioning incidents truly represent how exactly often these categories occur. However, this doesn't negate the important categories that did emerge.

Sexual self-esteem is an abstract rather than concrete concept and it is possible that some women had different understandings of sexual self-esteem than each other or the researcher. In order to limit this type of misunderstanding a definition of female sexual self-esteem was included in the dialogue which occurred prior to the beginning of each interview. This definition is included in the interview guide in Appendix C. Even with this precaution in place the researcher cannot guarantee that each participant was thinking about the same definition of sexual self-esteem throughout the interview or had the same understanding of sexual self-esteem. Different understanding of the abstract concept of female sexual self-esteem may have impacted the incidents reported by the participants as being helpful or hindering to their sexual self-esteem.

The incidents reported by the participants mainly addressed aspects of their lives that had occurred over time. As with any memory, it is possible that time allows for the altering of perceptions of details, or erodes facts. This may have been a limitation for this research study, due to incomplete or inaccurate memories. However, this may also have served as a benefit of the study, as engaging participants in retrospective remembrances

may actually allow for greater clarity in understanding. That is, participants have had time to thoughtfully consider the incidents that happened in the past, process them, and have insightful reflections surrounding those incidences.

Implications for Future Research

The implications for future research from this study are many. One way in which the research can be expanded upon would be to further clarify and expand upon the 31 categories presented in the present study. It may be interesting to have each of the categories written into a separate research question altogether and then further investigate it. For example, further research into the hindering impact that rapidly switching roles, without transitional periods, appears to have on women may be important and worthwhile research.

In addition, it may be highly valuable to repeat research about sexual self-esteem with other ethnic groups, individuals of various sexual orientations, as well as within the male population. Sexual self-esteem is a phenomenon that may encompass all individuals, and may have common aspects amongst people despite race, religion, demographics, and social status.

Future research may also wish to look more specifically at female sexual self-esteem through a religious lens. Perhaps a study investigating female sexual self-esteem in Christian, Jewish or Hindi women would provide deeper insights of the impact of different faith traditions. Another study could involve exploring the sexual self-esteem of menopausal or post-menopausal women. Perhaps a study of sexual self-esteem in the elderly would provide more information about how development affects sexual self-esteem. The sexual self-esteem of men may also be a topic for future research.

Comparisons between male and female sexual self-esteem may be lead to very interesting treatment options and discussions within the literature.

Finally, qualitative research is an indication of the phenomenon under investigation at a certain point in time. As the context surrounding the individuals and the phenomenon are changing every minute, research concerned with the phenomenon of sexual self-esteem will potentially elicit new information at different points in time.

Conclusion

This research was a critical incident study of what helps or hinders female sexual self-esteem. A modified version of Flanagan's (1954) critical incident technique was used to interview 17 heterosexual females about their sexual self-esteem. The interviews were transcribed, and the transcripts used to elicit incidents related to female sexual self-esteem. Three hundred and one incidents were elicited, 130 that were helpful and 171 that were hindering towards female sexual self-esteem. These incidents were then sorted into 14 helping and 17 hindering categories. Various reliability and validity checks were utilized to ensure the reliability and believability of the categories.

The results indicated that females are helped in their sexual self-esteem through the following: (a) The Experience of a Loving, Open, Stable and Respectful Relationship with their Partner; (b) Confidence in Self and Autonomy, (c) Openness and Comfort about Sexuality; (d) Advances, Attention or Interest from Males; (e) Enhancement of and Satisfaction with Physical Appearance, (f) Positive Modeling of Relationships, (g) Self-Defined Positive Sexual Choices, (h) Sexual Empowerment, (i) Bonding Through Crisis, (j) Understanding the Needs of their Partner, (k) Dealing with the Past, and (l) Relief from Physical, Emotional and Mental Symptoms.

The results indicated that females are hindered in their sexual self-esteem through the following: (a) Disrespect and Judgement from Partners and Others, (b) Lack of Openness and Appropriate Positive Education about Sexuality, (c) Physical Changes and the Female Sexual Cycle, (d) Distractions of Life Stressors, (e) Cultural or Societal Expectations, (f) Dissatisfaction with Physical Appearance, (g) Inhibition of Autonomy, Self-Confidence and Emotions, (h) Difficulties with Physiological and Emotional Arousal, (i) Being Used Sexually, (j) Guilt, (k) Abuse, (l) Experience of Depression or Depressed Mood, (m) Lack of Interest from Partner, (n) Feeling Dirty or Shamed about their Sexuality, (o) Selfishness and Negative Attitudes, (p) Partner's Sexual Inhibition, and (q) Experience of having a Sexually Transmitted Disease.

This study contributes to the field of Counselling Psychology in that it provides an exploration of what helps and hinders female sexual self-esteem. This information gives counsellors specific areas to investigate with female clients who may be struggling with their sexual self-esteem. In addition, the results provide potential areas and ideas for future research that will help expand the knowledge, awareness, and understanding of female sexual self-esteem. The study also provides insight into female sexual self-esteem for other women who may be unaware of their own sexual self-esteem. Furthermore, the study provides a holistic overview of heterosexual, pre-menopausal female sexual self-esteem that emphasizes the importance of the relational, social, emotional, and not just physical or biological qualities of this essential aspect of women's lives.

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Appendix A

Common-law Marriages in Canada

Common-Law Marriages in Canada as taken from the Citizen and Immigration website information. http://www.cic.gc.ca/english/sponsor/familymembers.html#common

Common-law partner

You are a common-law partner—either of opposite sex or same-sex—if you have been living with your sponsor in a conjugal relationship for at least one year. The year of living together must be a continuous 12-month period and cannot be intermittent periods that add up to one year. However, you are allowed temporary absences for short periods of time for business travel or family reasons.

You will have to provide documents that prove that you and your common-law partner have combined your affairs and have set up your household together in one home. This could include:

- joint bank accounts or credit cards;
- joint ownership of a home;
- joint residential leases;
- joint rental receipts;
- joint utilities (electricity, gas, telephone);
- joint management of household expenses;
- proof of joint purchases, especially for household items; or
- correspondence addressed to either person or both people at the same address

Appendix B

Demographic Data Collection Questionnaire

An Investigation of Female Sexual Self-Esteem
Demographics Questionnaire

Name: _____

Age: _____

Ethnicity: _____

Country of Birth: _____

Citizenship: _____

Current Occupation: _____

Number of Years in Your Current Occupation:

☐ 0-5

☐ 5-10

☐ 10-15

☐ 15-20

☐ Other: _____

Religious affiliation:

☐ Atheist/Non-believer

☐ Islamic

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Sikh

☐ Spiritualist

☐ Protestant Christian

☐ Catholic Christian

☐ Other: _____

Length of Current Relationship:

☐ 0-5

☐ 5-10

☐ 10-15

☐ 15-20

☐ Other: _____

Marital Status:

☐ Single

☐ Married

☐ Common-Law/Cohabitating

☐ Separated

☐ Divorced

☐ Widowed

☐ Remarried

☐ Other: _____

Are you currently sexually active with your partner?

☐ Yes

☐ No

How often are you sexually active with your partner?

☐ Less than once a month

☐ 1-2 times a month

☐ 3-5 times a month

☐ 5-10 times a month

☐ Other: _____

How would you describe your current level of self-esteem?

How would you describe sexual self-esteem?

How would you describe your current level of sexual self-esteem?

Please describe why you chose to participate in this study?

Appendix C

Interview Guide

This protocol is designed for the heterosexual adult participants of this study. Some wording may very with each participant.

INTERVIEW PROTOCOL(s)

Introduction:

Thank you for your willingness to speak with me about your experience of sexual self esteem. The purpose of this study is to gain a deeper understanding of female sexual self esteem.

The information gained from this research may be able to aid other women in a greater understanding of their sexuality and may provide them insight into the possible ways in which their sexual self-esteem is impacting their life. It may also provide clinicians with a greater understanding of the conceptualization and experience of female sexual self-esteem. This will help the clinician have a deeper understanding of female sexual self-esteem and greater insights into the way in which it affects females. This deeper understanding may enable clinicians to assist others within their sexual self-esteem.

When I talked to you on the phone, I told you what this project is about. I want you to try to remember what has facilitated or hindered your sexual self-esteem. I want to find out what you think has worked for you and what has not worked for you. I want to know **what you think as an individual woman.**

Starting Question(s)

Prior to beginning the full interview do you understand the term sexual self-esteem?

If the participant indicates they do not fully understand the researcher will provide the following definition of sexual self-esteem.

> The definition that I am working from is that: Sexual self-esteem refers to the "value that one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability" (Mayers, Heller, & Heller, 2003, p. 207). While sexual self-esteem is linked to self-esteem in that it is one of the many components of the global concept of self-esteem sexual self-esteem attempts to isolate and illuminate those feelings, thoughts, and experiences that an individual has about his or her sexual self. Discussing sexual self-esteem provides a medium for individuals to process and explore the sexual aspects of his or her life.

What facilitates or hinders your sexual self-esteem? Can you tell me about a specific incident that affected your sexual self-esteem? What helped or hindered you in that moment or in that experience? Please tell me about that.

Follow-up & Probing Questions

Tell me about a time when ...

1. what happened?
2. what went before?, after?
3. how did it turn out?

What was that like for you?
How has that affected your sexual self-esteem?
Can you tell me more about that?

Debriefing

I want to give you the opportunity at this point to ask any questions or raise any concerns you may have about your involvement in this study. I also want to be certain that you have had a chance to express yourself adequately. (The debriefing will be informal and will be done so as to ensure that participants are comfortable as they leave the interview setting, should anything upsetting have occurred during the session.)

If you would like to be informed of any of the results of this study, arrangements can be made to meet again with me, or to engage in a discussion over the phone following completion of transcription data analysis for debriefing. A formal copy of the study may be accessed through the Counselling Psychology Department at Trinity Western University, or through the Norma Marion Alloway Library at Trinity Western University.

Appendix D

Informed Consent

Trinity Western University
An Investigation of Female Sexual Self-Esteem
Consent Form for Research Project Participation

Kristelle D. Heinrichs - Principle Investigator (MA Counselling Psychology student)
(604) 513-2121 (ext. 2894)
Chuck Macknee, Ph.D. - Co-Investigator
Department of Counselling Psychology
(604) 513-2121 (ext. 3110)

This consent form outlines the basic purposes and procedures of this research project.

Purpose and Benefits

You are invited to participate in this study seeking to understand what facilitates or hinders sexual self-esteem. Your unique and valuable personal perspective on female sexual self-esteem as a mature female will be sought. The goal of this research is to provide women an opportunity to explore and further the knowledge base about sexual self-esteem, the role that sexual self-esteem has for women, and to help clinicians have a deeper understanding of female sexual self-esteem and greater insights into the way in which it affects females. This deeper understanding may enable clinicians to assist others within their sexual self-esteem. Furthermore, the information gained from this research may be able to aid other women, as well as yourself, in a greater understanding of their sexuality and may provide them insight into the possible ways in which their sexual self-esteem is impacting their life.

For the purposes of this study participants will need to be female, between the ages of 19 to 40, premenopausal and involved in a continuous long-term heterosexual relationship. All participants must be engaging in sexual activity with their partner at least once a month.

Procedures

You are being asked to participate in the following procedures.

1. Demographics Questionnaire – This survey will require between 10 and 15 minutes. The questionnaire will request basic background information such as your age, ethnicity, education, occupation, and relationship information .

2. Interview – This interview will require between 45 and 75 minutes. The interview will consist of the principal investigator asking some questions about what has helped or hindered your sexual self-esteem. The interview will be digitally recorded by an digital recorder.

Confidentiality

Your identity will be confidential within the limits of law. You will be assigned a case number for written documents and digital files. The list that matches the code numbers with your name will be kept in a fire proof, locked filing cabinet separate from the data. Any identifying information in oral recordings will be removed from transcripts (typed records of oral interviews). The only individuals who will have access to identifiable written or recorded data will be the researcher, and the research team. A group of Masters level independent raters, under doctoral supervision, will have access to transcripts for rating purposes following the removal of any identifying information. All questionnaires, interview recordings and interview transcripts will be securely stored in a fire proof, locked filing cabinet, in a locked room in the Counselling Psychology Department at Trinity Western University. Access to non-identifying records will be restricted to individuals directly involved in the research study. Data will be kept indefinitely. The data collected will be used for research and educational purposes.

Risks, Stress or Discomfort

As with any new experience, you may experience some minor anxiety or stress being involved in a research study. The principle investigator will aim to minimize any experienced anxiety or stress. Questions are welcomed and encouraged throughout your study involvement. Your well-being is of utmost importance throughout this process.

This study seeks to understand what has facilitated or hindered your sexual self-esteem and as such, seeks to employ a Critical Incident methodology to explore this concept.

Although efforts have been very carefully invested to ensure that the nature of the questionnaire and interview questions will not be emotionally concerning to you, there is a small possibility that a question might be difficult for you to answer. In the event that you feel an uncomfortable emotional response, inform the investigator immediately and you will be led through a series of relaxation exercises to allow you to return to a safe and comfortable emotional state.

_____

Signature of Principle Investigator

Participant's Statement

The research study above has been explained to me. I voluntarily consent to participate in this study. I have been given adequate opportunity to ask questions. I understand that any future questions that I may have about the research will be answered by the principle investigator listed above. I acknowledge that the results of this study, partially obtained by my data contribution, may be used for future research and educational purposes.

I also understand that I am free to refuse or withdraw participation at any time without any consequence.

_____ _____

Signature of Participant Date

Contact

Should you have questions at any time regarding the study or procedures (or if you experience adverse effects as a result of participating in the research) you are welcome to contact the Principle Investigator, Kristelle Heinrichs at (604)-513-2121 ext. 2894 or Dr. Chuck Macknee at (604) 513-2121 ext. 3110. If at any time you have questions about ethical issues involved in this project or about your rights as a participant do not hesitate to contact Ms. Sue Funk in the Office of Research at Trinity Western University at (604) 513-2142. If you are interested in the findings of this study please contact Kristelle Heinrichs.

Appendix E

Nondisclosure Agreement

This is to acknowledge that I, _____, will have access only to the digitally recorded interviews of each participant.

I, _____, hereby acknowledge that I will keep any and all information confidential that is contained in the digitally recorded interviews.

Name: _____ Date: _____

Witness: _____ Date: _____