

Intersectional Masturbation: A Content Analysis on Female Masturbation Studies Through a Sex Positive and Intersectional Lens

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Abstract

This content analysis examined the literature on female masturbation from 2000-2020. We sought to elucidate the demographics of women most often studied, whether scholarship favored people with more privileged identities, and the degree to which the literature is sex-positive. Our hypotheses were: a) there is a gap in sex research surrounding female masturbation for women with marginalized identities, and b) the literature will be predominantly sex-positive. Using the search terms “female masturbation” and “women & masturbation” we analyzed 85 articles. Results showed that female masturbation scholarship is primarily sex-positive; however, the samples’ demographics still tend to be less marginalized and more privileged. Further, the results varied based on the articles’ country of origin. This study highlights gaps in the study of female masturbation among marginalized women and the need to improve sex positivity within the literature. Future research directions are discussed.

Introduction

Colloquially described as, “flicking the bean,” “double-clicking the mouse,” and, “buttering your muffin” (Evans-Grimm, 2011, p. 28), masturbation is defined as the act of touching oneself to feel sexual pleasure and/or orgasm (Bowman, 2017). Pleasing oneself is a vital aspect of human sexuality, often debuting in childhood (Kayiran & Sonmez, 2020). For women, masturbation has been studied both in the individual and partnered context (Rowland et al., 2020). Studies present varying data on the percentage of women who masturbate, primarily depending on the study’s timeframe. For example, Herbenick et al. (2011) found that just over 40% of women aged 14-94 masturbated in the last year, while another study reported 40.8% of women masturbating in the last month and 21.8% never masturbating (Herbenick et al., 2017). Additionally, Bowman (2017) found that 73% of women have masturbated in their lifetime. Masturbation is a developmentally normal behavior, with researchers having records of female fetuses masturbating to orgasm in the womb (Brenot & Broussin, 1996; Giorgi & Siccardi, 1996). Additionally, masturbation has several psychological and physical benefits, including

increased self-esteem (Shulman & Horne, 2003), sexual pleasure, learning about one's body, sexual empowerment (Meiller & Hargons, 2019), decreased risk of pregnancy, and prevention of cervical infection (Bowman, 2014; 2017).

Although research suggests masturbating is natural and beneficial, there is still significant shame associated with it (Carvalho & Leal, 2015; Uca & Kozak, 2015). For example, in one study focusing on masturbation as a migraine-relief intervention, women noted feeling guilty and shameful for masturbating, especially when they had a partner or spouse (Uca & Kozak, 2015). Additionally, gendered double standards and societal responses to masturbating exist, such that women often feel more guilt and shame for masturbating than men, due to gender socialization (Kaestle & Allen, 2011). Historically, male masturbation has been centered in the field of sexuality research (Kaestle & Allen, 2011), and when women are included, they are often heterosexual and cisgender (Meiller & Hargons, 2019).

The current study is a content analysis of the literature on female masturbation. Although our focus was on women, our conceptualization of this term includes transgender and non-binary people with clitorises. However, we assumed that this group would have likely been excluded from the studies' participant pools. In our analysis of marginalized identities there were a few studies that included participants who were transgender or nonbinary, and these were still included in the data. Further, White people have been the most commonly studied race in sex research within counseling psychology journals (Hargons et al., 2017). A study of sex research overall found that over 68%-88% of samples are from WEIRD (Western, Educated, Industrialized, Rich, Democratic) populations and are androcentric (Klein et al., 2021). Thus, examining research on women's masturbation is a next step in extending the scholarship around sexuality to include diverse topics and peoples.

In 2006 the World Health Organization (WHO) recommended a shift into a sex-positive framework for the growing field of sexuality research. This shift centered the need to highlight and support, through the use of literature, programs, and policy change, the ways in which sexuality can positively impact the lives of individuals, which in turn could lead to a more inclusive "sexually healthy society" (World Health Organization, 2006). Sex positivity is a broad term often referenced in sex research. Recently, human sexuality experts have concluded that sex positivity can be best understood as an ideology surrounding sex which centers themes of consent, sexual autonomy, pleasure, education, and acceptance of all gender and sexual identities (Ivanski & Kohut, 2017). Sex positivity replaces the restrictive and limiting views that compulsory heterosexuality and an emphasis on procreative sex force onto people and allows for dynamic and fluid sexuality to bloom (Burnes et al., 2017). Allowing sexuality to develop freely can be helpful for people of all ages, starting in childhood and adolescence.

Early Messages Surrounding Sex and Masturbation

Like most non-reproductive sexual activities, masturbation is a topic that is not readily discussed in most contexts in Western society (Hogarth & Ingham, 2009). For some, a sense of shame related to masturbating is situated in complex historical legacies and misinformed science (Hogarth & Ingham, 2009). For example, due to Calvinist influence in the United States, seeking out pleasure is generally seen as shameful, much less giving it to yourself (Wise, 2020). These

messages have persisted through time. As an example, masturbation has been blamed for physical, mental, and spiritual problems (King & Ragan, 2019). In the 18th and 19th centuries, people believed masturbation could lead to blindness, vertigo, loss of hearing, and general loss of health and strength (Engelhardt, 1974).

Sex-Negativity and Shame Around Masturbation

There are differences in acceptability and normalization of masturbation between women and men (Kaestle & Allen, 2011). For example, one study found that with children as young as 18-months old, parents felt more discomfort with their daughter touching her genitals than they did with their son touching his (Geasler et al., 1995). Subsequent research shows that mothers tend to emphasize morality when discussing sex with their daughters more than sons (Martin & Luke, 2010). Traditionally, adolescent boys are perceived as more sexual and sexually exploratory with their bodies than their female counterparts (Kaestle & Allen, 2011). Often, masturbation is normalized among boys and men (Salaires et al., 2017), albeit not necessarily without shame. Girls, on the other hand, are typically raised to maintain sexual purity and refrain from partnered and solo sexual exploration (Kaestle & Allen, 2011) until they enter a committed relationship or marriage. If girls decide to masturbate, they risk both cultural and societal stigma (Salaires et al., 2017). This process of explicitly and implicitly teaching girls to avoid masturbating has implications for their sexual development into adulthood. These socialization messages situate women's pleasure, sex, and bodies in the context of partnered sex only (Kaestle & Allen, 2011; Tolman, 2002).

One study found that women's perceptions of masturbation are focused on the potential negative influences that masturbation may have on their relationship with a male partner, such that the partner might feel emasculated or excluded from the woman's sexual pleasure (Kılıç Onar et al., 2020). When women's sexualities are formed upon the basis of partnered, heterosexual sex, this may negatively affect the subjective feelings of sexual empowerment, wellbeing, and pleasure that women experience. This study also found that women's masturbatory habits change when single versus partnered and that perceptions of and motives to masturbate vary for women at different times in their lives (Kılıç Onar et al., 2020). This points to the need to further study and understand the relationship women have with masturbation.

Some women feel sexual shame that can take years to overcome (Ussher et al. 2017). However, in a society that privileges being in a relationship over being single (Pepping et al., 2018), masturbation-related shame may be overlooked because partnered sex can become the priority in partnered women's lives. In one qualitative study about shame and sexual embodiment, women described shame as the dominant shaping force of their sexual embodiment (Ussher et al. 2017). Some argue that societally, we are taught to be ambivalent to pleasure and that women experience more shame for seeking out pleasure when compared to men (Wise, 2020). Other research suggests that many women feel shame and guilt around masturbation (Bowman, 2014; Carvalheira & Leal, 2013). Hogarth and Ingham (2009) found that many women felt feelings of disgust, disinterest, and discomfort towards masturbation. When the shame of masturbation goes unchallenged, it can underpin a woman's life and prevent her from maximizing her pleasure and connection to her body. For some women and girls, many obstacles must be overcome to simply consider masturbating (Meiller & Hargons, 2019). There is some

research that explores the relationships that women have with masturbating, although a research gap exists in that few studies examine these relationships (Carvalho & Leal, 2013; Pinkerton, 2002; Towne, 2019; Yuxin & Ho Sik Ying, 2009). What research that does exist is narrowly focused on a few privileged identities, and excludes older women, women of color, trans and gender-diverse (TGD) folx with clitorises, and women with disabilities, to name a few.

To this end, the intersecting identities that women can hold have implications for their relationships to masturbating as well. For instance, Frank (2010) focuses on studies of black women's masturbation and argues that they reinforced White Supremacist and deviant notions of Black women's sexualities. This supports the notion that it is not simply the people who are studied that matter, but also how they are studied, as this has important implications for ongoing and overarching systems of oppression that impact women's lives and sexualities. The unique identities that women hold, in addition to their gender, have important impacts on the shame or sex negativity that they may face in their relationship to masturbation.

Sex Positivity and Celebration Around Masturbation

Despite this aforementioned history of shame and negativity around masturbation, more recent studies highlight the benefits of, and offer some positive messages around, female masturbation. For instance, Horne (2005) found that women who masturbated felt more entitled to sexual pleasure, either from themselves or a partner. Overall, the women in that study who gave themselves more orgasms had higher levels of healthy sexual self-development and a greater sense of sexual subjectivity, which is defined as their sense of sexual body-esteem, entitlement to pleasure from oneself and a partner, sexual self-efficacy, and sexual self-reflection (Horne & Zimmer-Gembeck, 2006). Huong (2018) studied women in Vietnam, where masturbating became a symbolic way for them to transition into modernity and break free of more domestic stereotypes women were thought to fulfill. Meiller and Hargons (2019) highlighted the reasons women masturbate, including a desire to better one's mental and physical health and improving sexual skills for future sexual partners. These studies point to the array of positive motivations and outcomes for women who masturbate. The results of these studies align with the sex positivity that, as a field, we should strive for. When masturbation is studied as a normative and healthy experience, rather than a pathological behavior, the experiences of women are centered and normalized, which aligns with a sex-positive framework.

Marginalized Identities

Understanding the recent shift towards sex positivity within psychology (Burnes, et al., 2017), it is pertinent to acknowledge marginalized identities often overlooked and/or understudied. Particularly, motivations to masturbate may vary by race, sexual identity and orientation, and other aspects of identity, yet there is little research on what motivates women to masturbate outside of a partnered context (Bowman, 2014; Meiller & Hargons, 2019; see Kılıç Onar et al., 2020). Race, gender expression, sexual orientation, ability status, class, and age are all salient aspects of a person's identity that impact their lived experiences. These identities require due consideration in sex-positive research. However, the lack of inclusive literature, particularly on women, shows that historically this consideration of identity has not been present. This is a significant issue because sex is a basic human function that all people encounter,

regardless of sexual identity. Intersectionality (Crenshaw, 1989) is also essential to recognize when conducting sex-positive research because these identities directly align with the various sexual experiences people will encounter throughout their lifetime, based on the systems of power and privilege from which they operate. Taking an intersectional lens to the study of female masturbation offers a tool to understanding how systems of oppression and privilege co-construct each other in this context (Grzanka, 2017). For example, the sexual experiences of an old Black, queer, atheist, able-bodied, high socioeconomic status, American woman may be drastically different from the experiences of a young Latinx, heterosexual, Catholic, disabled, middle class, Brazilian woman based on their social contexts and marginalization. When social identities do not receive due consideration, it reinforces traditionally non-inclusive sex research which does not accurately represent the evolving world in the 21st century. Furthermore, when marginalized identities are overlooked, it can lead to significant gaps of knowledge of communities where this research is needed (Alexander, 2019; Christensen, et al., 2017; Hargons, et al., 2017). In the study of sexuality, those with more privileged identities from the aforementioned list are centered in the literature, thus contributing to a system of marginalization in science (Hargons et al., 2020). This leaves much of the literature focusing on White, cisgender, able-bodied, heterosexual men, severely limiting the results' generalizability and applicability of the results to those not sharing those identities. This form of oppression demonstrates how individuals who hold marginalized identities are understudied, which is a significant point of concern. Historically, the voices and stories of the most marginalized are silenced by White narratives and stories of sexuality (Hargons et al., 2017), effectively erasing entire perspectives.

Sexuality research is beginning to expand and focus on more marginalized people, however. Meiller and Hargons (2019) studied curvy queer women's experiences of masturbation as a way to fill the gap surrounding those identities in the literature. This qualitative study included a sample of queer Black and White women with larger body sizes. Further, Haus and Thompson (2020) examined double standards around masturbation and the effect of the assumed motives to masturbate. This study highlighted the need to enrich sexual health within the United States by reducing double standards. These researchers specifically acknowledged and examined the potential racial and cultural differences that could arise within men's and women's judgments within their study. This recognition alone is a form of resistance against historically non-inclusive sex research (Haus & Thompson, 2020). Further, many masturbation studies are international, bringing diversity from other cultures (Baćak & Stulhofer, 2011; Huong & Liamputtong, 2018; Narayanan, 2015; Philippsohn & Hartmann, 2009; Wang et al., 2007). These examples show progress; however, there is still more to do. This content analysis seeks to provide a clearer picture of who is studied within female masturbation in order to inform ongoing research to fill those gaps.

Sex Positivity

Acknowledging the extensive shame and negativity surrounding sex throughout history, a shift towards sex positivity is now becoming apparent (Fahs, 2014). Burnes et al. (2017) published a special issue on sex positivity within counseling psychology and argued that this stance aligns with the field's core values, including social justice, resilience, and wellness. Fields outside of counseling psychology, including social work and medicine, are also seeing a call

from researchers for increasing their sex positivity (Alexander, 2019; Higgins, 2013; Kar, 2020; Prior et al., 2016).

A sex-positive framework can be used to enhance people's pleasure, and specifically women's pleasure. Sex-positive approaches emphasize ideal experiences by celebrating confidence, consent, and sexuality, whereas shaming experiences can reinforce fear (Singh et al., 2021). This room for growth in pleasure is evidenced by a significant orgasm gap between men and women (Mahar et al., 2020), meaning there is a difference in the number of orgasms cisgender women and men report resulting from partnered heterosexual sex, where men have more orgasms. Some researchers argue that this is the case due to a focus on penile-vaginal intercourse, instead of clitoris-focused sex acts between men and women (Mahar et al., 2020; Mintz, 2017). Furthermore, a sex-positive framework allows for individuals who hold marginalized identities, such as Black women, to reclaim sexual narratives that have been told about them for centuries, thus returning agency to them (Hargons, 2020; Morgan, 2015).

Because of this call for more sex positivity, this content analysis focuses only on the last 20 years of masturbation research, under the assumption that previous research would be inherently less sex-positive. This was done not to skew data in favor of our hypotheses, but instead to offer a more recent, and therefore accurate, account of the current state of research on this topic. In summary, this content analysis sought to elucidate, within the topic of female masturbation, who has primarily been studied and whether authors used a sex-positive framework from 2000-2020.

We hypothesized the following: a) there is a gap in sex research surrounding female masturbation for women with marginalized identities, and b) the literature will be predominantly sex-positive. Sex positivity, which is centered on underrepresented and marginalized populations, directly aligns with common values within many helping professions that focus on inclusivity and positive regard for clients, and multicultural and intersectional frameworks (Burnes et al., 2017).

Method

This content analysis examines the demographics typically studied in the realm of female masturbation within peer-reviewed journals from the years 2000 to 2020. Search engines used include EBSCOHost, and data were gathered from the Academic Search Complete, APA PsycInfo, and the Psychology and Behavioral Sciences databases using the search terms "female masturbation" and, "women & masturbation". Initially, 250 articles were found to analyze. After a preliminary review, 110 articles were eliminated due to overlap, leaving 140 articles to analyze (see Figure 1). The articles were divided amongst the three researchers to be selected or omitted from the analysis by abstract review. Then 100% agreement was achieved through rotating the sections once more to ensure consensus. At this stage, the researchers verified that the central focus of each study was on female masturbation. Studies that did not have this focus, but merely mentioned masturbation, were excluded. We also looked for duplicate articles and this step left researchers with 103 articles to analyze and excluded 37 articles due to overlap and irrelevance. Researchers then reviewed each article in-depth and 18 were excluded due to irrelevance and

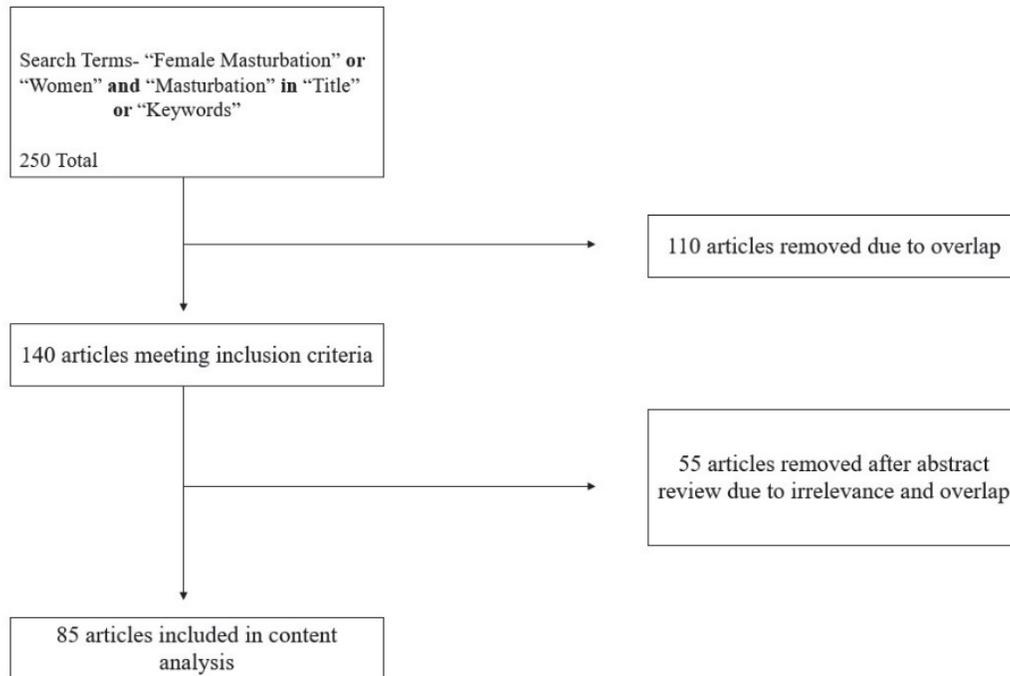


Figure 1. Process of inclusion/exclusion of articles for assessment.

overlap. Lastly, the remaining 85 articles were individually coded for sex positivity and inclusivity of marginalized participants within the categories of race, gender identity, sexual identity, ability status, and age.

Sex positivity in this analysis was coded as either eudaemonic (sex-positive), sex-neutral, or preventative (sex-negative), as previous studies have done (Hargons et al., 2017). Studies discussing sexual health and assuming sex is additive to one's life were coded as sex-positive. The studies that focused on preventative and fear-based sexual health messages were coded as negative, as they have an underpinning of sexuality detracting from someone. The studies that either had an equal combination of sex-positive and sex-negative messages or were neither positive nor negative were coded as sex-neutral. The research team divided the articles amongst the three coders, and each read their assigned articles to determine if the overall tone aligned with a sex-positive, neutral, or negative framework based on general impressions and the above criteria. Numbered coding was used to code the sex positivity of the articles. A "1" was used for sex-positive articles, "2" was used for sex-neutral articles, and a "3" was used for sex-negative articles. After an initial coding of 47 articles between the three coders, we then rotated the articles once amongst the coders. Initially, there were differences between raters, so the three coders discussed the difference until there was consensus on the appropriate code. We achieved 100% agreement by these discussions and repeated this coding process through rotation.

In order to quantify the diversity of the samples, the percentages of articles including primarily marginalized people in five identity categories was calculated. These categories included race, gender identity, sexual identity, ability status, and age. For each study, it was noted 1) whether or not the demographic category was reported and 2) if the individual categories contained primarily marginalized or privileged people. We conceptualized privileged identities as the White, cisgender, heterosexual, young (30 and below), and able-bodied due to

the global impact of White Supremacist Patriarchal Capitalistic power structures (hooks, 1995). This standard was used across studies, even if the country had a non-White majority because Whiteness is still privileged in countries throughout the world due to colonization, imperialism, and emphasis on White beauty standards. Whether the sample for a particular category was privileged or marginalized was determined by seeing which group held the majority (i.e., more than 50% of participants.) For example, a study looking at Black cis-women's sexuality would be coded as having marginalized people in the race category, privileged people in the gender category, and so on depending on the remaining demographics. Additionally, the coding based on age was determined using the median age reported in the studies. If the median was not provided, the mean was used in its place. Further, we coded the articles as international or US-based and noted if any differences exist between the two groups. Additionally, we noted whether articles focused on masturbation in a partnered or individual context, as well as a combination of the two.

For further analysis, we looked at each demographic category and calculated the percentage of marginalized and privileged participants overall. We then looked to see if there was a difference in the omission rates between international or US-based papers, per category. For example, we looked at all studies who reported the race category and calculated what percentage was marginalized versus privileged and then looked to see if international or US studies differed in their frequency of reporting this category. This allows us to see detailed results about differences in emphasizing marginalized or privileged people and the rates of reporting certain demographic categories.

Results

Demographics.

The first research question was whether the studies in this analysis had inclusive demographics of marginalized people. Overall, 48.2% ($n = 41$) of the articles were from international journals and the remainder were from the US. Many studies (62.2%) had at least one demographic category not reported. As a result, we organized our results by the number of categories that were reported, ranging from zero to five (see Table 1). Further, within each of these sections, we compare the results between international and US-based studies.

Table 1
Studies Organized by the Number of Categories Reported

Author	Year	Sex Positive /Neutral/ Negative (1=+, 2=neutral, 3=-)	International (yes/no)	Race (Marginalized = people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized=>30; Privileged= 30 and below is young)
0 Categories Reported								
Coleman, E.	2002	1 No	No					
Fuss et al.	2017	3 No	No					
Studd, J.	2007	1 No	No					
1 Category Reported								
Walthall, A.	2009	1 Yes	Yes	Marginalized				
2 Categories Reported								
Frohlich, P., & Meston, C.	2002	2 No	No		Privileged			Privileged
Herbenick et al.	2010	1 No	No		Privileged			Marginalized
Riley, A., & Riley, E.	2003	1 No	No		Privileged			Privileged
Robbins et al.	2011	1 No	No					Privileged
Schedlowski et al.	2003	2 No	No	Marginalized	Privileged	Privileged		
Uca, A., & Kozak, H.	2015	3 Yes	Yes		Privileged			Privileged
3 Categories Reported								
Abdel-Magied, A.	2007	1 Yes	Yes	Privileged	Privileged		Privileged	
Aras et al.	2007	3 Yes	Yes	Marginalized		Privileged		Privileged
Black, J. S.	2006	1 No	No	Marginalized	Privileged		Privileged	

Author	Year	Sex Positive/ Neutral/ Negative (1= +, 2= neutral, 3=-)	International (yes/no)	Race (Marginalized= people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized= >30; Privileged= 30 and below is young)
Brody et al.	2016	3	No		Privileged	Privileged	Privileged	
Brody et al.	2013	1	Yes	Privileged	Privileged			Privileged
Brody, S., & Krüger, T. H.	2006	2	No		Privileged	Privileged		Privileged
Brody, S., & Costa, R.	2011	2	Yes	Marginalized	Privileged			Privileged
Hensley et al.	2001	2	No	Marginalized	Privileged	Privileged		
Kaestle, C. E., & Allen, K. R.	2011	1	No	Privileged	Privileged			Privileged
Kontula, O., & Miettinen, A.	2016	1	Yes	Privileged	Privileged			Marginalized
Kraus, F.	2017	1	Yes	Marginalized	Privileged			Privileged
Mills et al.	2011	3	No	Privileged	Privileged			Privileged
Nappi, R. E.	2015	2	Yes	Marginalized	Privileged			Privileged
Rowland et al.	2018	1	No	Privileged	Privileged	Privileged		
Rowland et al.	2019	1	Yes	Privileged	Privileged			Privileged
Rowland et al.	2020	1	Yes	Marginalized	Privileged			Privileged
Shirazi et al.	2018	1	No		Privileged	Privileged		Marginalized
Shulman, J. L., & Horne, S. G.	2003	1	No	Marginalized	Privileged			Privileged
Tortorici, Z.	2007	3	Yes	Marginalized	Privileged	Marginalized		
van Anders, S. M.	2012	2	No	Privileged	Privileged			Privileged

Author	Year	Sex Positive/ Neutral/ Negative (1= +, 2= neutral, 3= -)	International (yes/no)	Race (Marginalized = people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized= >30; Privileged= 30 and below is young)
Wade et al.	2005	1	No		Privileged	Privileged		Privileged
Wright et al.	2020	1	Yes	Marginalized	Privileged			Marginalized
Zhang et al.	2012	2	Yes	Marginalized	Privileged			Privileged
4 Categories Reported								
Adaikan, P. G.	2017	1	Yes	Privileged	Privileged	Privileged		Marginalized
Alexander, M. G., & Fisher, T. D.	2003	2	No	Privileged	Privileged	Privileged		Privileged
Bowman, C. P.	2014	1	No	Privileged	Privileged	Privileged		Privileged
Das, A.	2007	1	No		Privileged	Privileged	Privileged	Marginalized
DeLamater, J., & Moorman, S. M.	2007	1	No		Privileged	Privileged	Privileged	Marginalized
Fahs, B., & Frank, E.	2014	1	No	Marginalized	Privileged	Privileged		Privileged
Herbenick et al.	2011	2	No	Privileged	Privileged	Privileged		Marginalized
Hess et al.	2007	2	Yes	Marginalized	Privileged		Privileged	Privileged
Hiller, J., & Hekster, B.	2007	3	Yes	Privileged	Privileged	Privileged		Marginalized
Kirschbaum, A. L., & Peterson, Z. D.	2018	1	No	Privileged	Privileged	Privileged		Marginalized

Author	Year	Sex Positive/ Neutral/ Negative (1= +, 2= neutral, 3= -)	International (yes/no)	Race (Marginalized = people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized= >30; Privileged= 30 and below is young)
Klapilová et al.	2015	1	Yes	Marginalized	Privileged	Privileged		Privileged
Martz, D.	2003	3	No	Privileged	Privileged		Privileged	Privileged
Morales et al.	2016	1	No		Privileged	Privileged	Marginalized	Privileged
O’Keefe et al.	2009	3	No	Privileged	Privileged	Privileged		Privileged
Philippsohn, S. & Hartmann, U.	2009	2	Yes	Privileged	Privileged	Privileged		Marginalized
Ready, K.	2019	3	No	Privileged	Privileged	Privileged	Marginalized	
Shelton, J. D.	2010	1	Yes	Marginalized	Privileged	Privileged	Privileged	
Smith et al.	2007	2	No	Privileged	Privileged	Privileged	Privileged	Marginalized
Træen et al.	2016	1	Yes	Marginalized	Privileged	Marginalized		Privileged
5 Categories Reported								
Abdolmanafi et al.	2015	1	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged
Bačák, V. & Stulhofer, A.	2011	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Blanc Molina, A., & Rojas Tejada, A.	2017	3	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged
Burri, A., & Carvalheira, A.	2019	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Burri, Andrea V.	2009	1	yes	Privileged	Privileged	Privileged	Privileged	Marginalized

Author	Year	Sex Positive/ Neutral/ Negative (1= +, 2= neutral, 3= -)	International (yes/no)	Race (Marginalized = people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized= >30; Privileged= 30 and below is young)
Carvalhoira, A., & Leal, I.	2013	1	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged
Couper, R. & Huynh, H.	2002	2	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Das et al.	2009	1	Yes	Privileged	Privileged	Privileged	Privileged	Marginalized
Dekker, A., & Schmidt, G.	2003	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Driemeyer et al.	2017	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Fahs, B. & Frank, E.	2014	1	No	Marginalized	Privileged	Marginalized	Privileged	Marginalized
Farramola Bello et al.	2011	1	Yes	Marginalized	Privileged	Privileged	Marginalized	Privileged
Goldey	2018	1	No	Privileged	Privileged	Privileged	Privileged	Privileged
Goldey et al.	2016	1	No	Marginalized	Privileged	Marginalized	Privileged	Marginalized
Gunduz et al.	2019	2	Yes	Marginalized	Privileged	Privileged	Privileged	Marginalized
Herbenick et al.	2018	1	No	Marginalized	Privileged	Privileged	Privileged	Marginalized
Herbenick, D. & Reece, M.	2010	1	No	Privileged	Privileged	Privileged	Privileged	Privileged
Hogarth, H., & Ingham, R.	2009	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged
Horne, S., & Zimmer-Gembeck, M. J.	2005	1	Yes	Privileged	Privileged	Privileged	Privileged	Privileged

Author	Year	Sex Positive/ Neutral/ Negative (1= +, 2= neutral, 3= -)	International (yes/no)	Race (Marginalized = people of color; Privileged= white people)	Gender (Marginalized = TNB; Privileged= Cisgender)	Sexuality (Marginalized= LGBT; Privileged= Heterosexual)	Ability Status (Marginalized = differently abled; Privileged= able-bodied)	Age (Marginalized= >30; Privileged= 30 and below is young)
Huong, B., & Liangputtong, P.	2018	1	Yes	Marginalized	Privileged	Privileged	Privileged	Marginalized
Keels et al.	2013	1	No	Marginalized	Privileged	Privileged	Privileged	Privileged
Kontula, O.	2017	1	Yes	Privileged	Privileged	Privileged	Privileged	Marginalized
Lorenz, T. K.	2020	2	No	Privileged	Privileged	Privileged	Privileged	Privileged
Meiller, C., & Hargons, C. N.	2019	1	No	Marginalized	Privileged	Marginalized	Privileged	Marginalized
Morales et al.	2016	2	Yes	Marginalized	Privileged	Privileged	Marginalized	Marginalized
Narayanan, A.	2015	1	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged
Pinkerton, S. D.	2002	1	No	Marginalized	Privileged	Privileged	Privileged	Privileged
Robinson et al.	2003	1	No	Marginalized	Privileged	Privileged	Privileged	Privileged
Towne, A.	2019	1	No	Marginalized	Privileged	Privileged	Privileged	Marginalized
Wang et al.	2007	1	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged
Wentland et al.	2009	1	No	Privileged	Privileged	Privileged	Privileged	Privileged
Willis et al.	2018	1	No	Privileged	Privileged	Marginalized	Privileged	Privileged
Yuxin, P., & Ho Sik Ying, P.	2009	1	Yes	Marginalized	Privileged	Privileged	Privileged	Privileged

Analysis of the Number of Categories Reported

Overall, 38.8% ($n=33$) of the studies reported demographic information for all five categories (See Figure 2), with 48.8% ($n=20$) of international studies reporting demographic information for all five categories compared to 29.5% ($n=13$) of U.S. studies. Of those that reported all demographic categories, 33.3% ($n=11$) had zero categories comprised primarily of marginalized people, 39.4% ($n=13$) had one, 18.1% ($n=6$) had two, 9.1% ($n=3$) had three and no studies had four or more categories consisting of marginalized people. Next, 22.4% ($n=19$) of the studies reported demographics information for four out of the five categories. Of those that reported four demographic categories, 21.1% ($n=4$) had zero categories comprised of marginalized people, 73.7% ($n=14$) had one, 5.3% ($n=1$) had two, and 0% had three or above. In total, 27.1% ($n=23$) of the studies reported demographics information for only three out of the five categories. Of these studies, 43.5% ($n=10$) had zero categories comprised of marginalized people, 47.8% ($n=11$) had one, 8.7% ($n=2$) had two, and 0% had three. 7.1% ($n=6$) of the studies reported demographics information for two out of the five categories. Of these, 66.7% ($n=4$) had no marginalized identities reported, while 33.3% ($n=2$) had only one category made up of marginalized people. One study only reported one demographic category, and this category was primarily marginalized. The remaining 3.5% of the total studies did not report any demographic information.

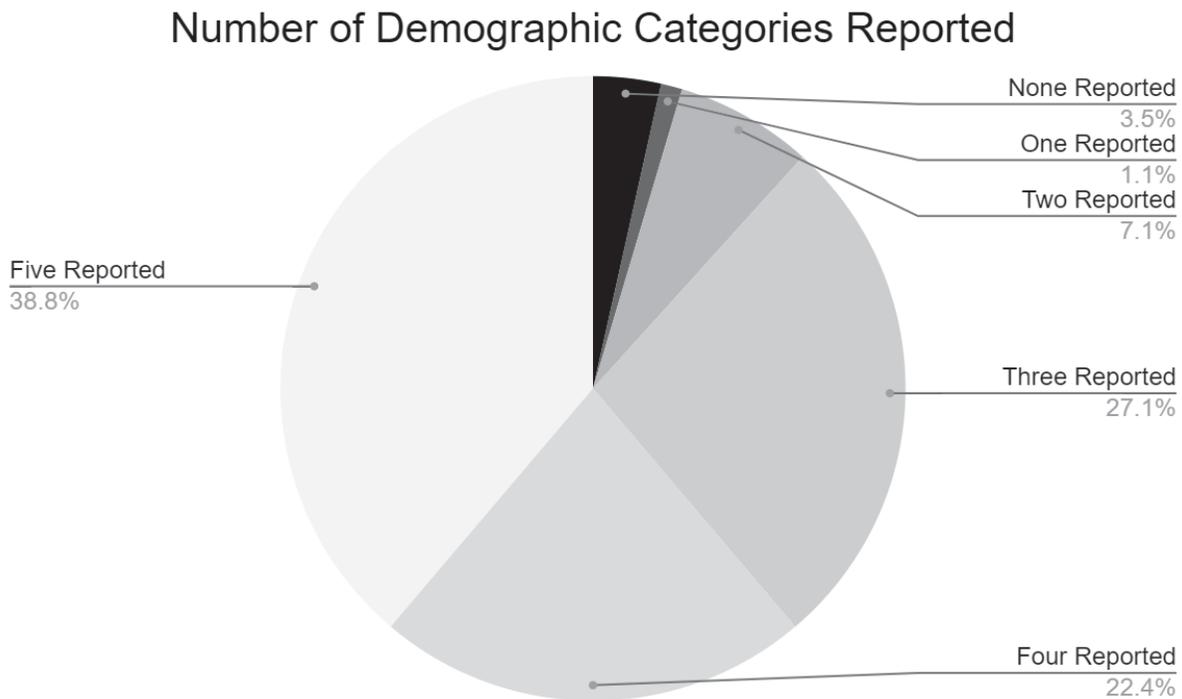


Figure 2. Number of Demographic Categories Reported.

Analysis of Individual Categories

For the next portion of the results, each individual category of demographics is discussed; and results are reported on: overall reporting of marginalized or privileged identities and trends in omission or reporting of the category, depending on the origin of the study. This is reported in percentages and will allow clearer comparisons and more nuanced conclusions to be made.

Race. In total, 82.4% ($n=70$) of the studies reported the race of their participants. Of those that reported this category, 51.4% ($n=36$) of the studies had a majority (>50%) their sample made up of people of color, with the remaining 48.6% ($n=34$) had majority-White samples. Within the 41 international studies, 56.1% ($n=23$) had a majority of their sample made up of people of color, 41.5% ($n=17$) had a majority White sample, and 2.4% ($n=1$) did not report race, whereas within the 44 U.S. studies, 29.5% ($n=13$) had a majority of their sample made up of people of color, 38.6% ($n=17$) had a majority White sample, and 31.8% ($n=14$) did not report race.

Gender. Overall, 92.9% ($n=9$) of the studies reported participants' gender identity. Of those that reported this category, 100% had primarily cisgender samples and none had primarily gender-expansive samples. A total of 7.1% ($n=6$) of the studies omitted gender identity from their demographic reporting. All but one of these studies with this omission were from the US.

Sexuality. Out of our sample, 68.2% ($n=58$) of studies reported the sexual orientation of their participants and 31.8% ($n=27$) did not. Of the studies that reported this, 89.7% ($n=52$) had primarily heterosexual people sampled. The remaining 10.3% ($n=6$) of the studies reporting this category focused on those with LGB identities. Within the 41 international studies, 4.9% ($n=2$) had a majority LGB sample, 61.0% ($n=25$) had a majority heterosexual sample, and 34.1% ($n=14$) did not report sexual orientation, whereas within the 44 U.S. studies, 9.1% ($n=4$) had a majority LGB sample, 61.4% ($n=27$) had a majority heterosexual sample, and 29.5% ($n=13$) did not report sexual orientation.

Ability Status. In sum, 51.8% ($n=44$) reported the ability status of their participants and of these, 90.9% ($n=40$) had primarily able-bodied people. Only 4 studies had most of their sample comprised of people with differing abilities. Additionally, 48.2% ($n=41$) of the studies did not report this category. Within the 41 international studies, 4.8% ($n=2$) had samples comprised mostly of people with disabilities, 51.2% ($n=21$) had a majority able-bodied sample, and 43.9% ($n=18$) did not report the participants' ability status. Within the 44 U.S. studies, 4.5% ($n=2$) had samples comprised mostly of people with disabilities, 36.4% ($n=16$) had a majority able-bodied sample, and 52.3% ($n=23$) did not report the participants' ability status.

Age. Last, out of our sample, 84.7% ($n=72$) of the studies reported the age of their participants and 15.3% ($n=13$) did not. Of those that reported age, 31.9% ($n=23$) featured primarily adults over the age of 30 and the remaining 68.1% ($n=49$) centered young people. Within the international studies, 24.4% ($n=10$) had samples comprised mostly of people over 30 years old, 43.9% ($n=18$) had a majority under-30 sample, and 9.8% ($n=4$) did not report the participants' age. Within the 44 U.S. studies, 27.3% ($n=12$) had samples comprised mostly of

people over 30 years old, 52.3% ($n=23$) had a majority under-30 sample, and 20.5% ($n=9$) did not report the participants' age.

Partnered-Status. Although not part of our main analysis, we noted the percentage of studies focusing on individual, partnered, or both when studying female masturbation. Overall, 80% ($n=68$) reported this categorization of their studies. We found that 83.8% ($n=57$) focused on masturbation in individual contexts while 5.9% ($n=4$) and 10.3% ($n=7$) focused on partnered and a combination of individual and partnered masturbation, respectively.

Sex Positivity

The second research question is what percentage of the literature is sex-positive? Overall, the analysis found that 67.1% ($n=57$) of the articles on female masturbation were sex-positive, 20.0% ($n=17$) were sex-neutral, and 12.9% ($n=11$) were sex-negative. Within the 41 international studies, 68.3% ($n=28$) were sex-positive, 19.5% ($n=8$) were sex-neutral, and 12.2% ($n=5$) were sex-negative, whereas within the 44 U.S. studies, 65.9% ($n=29$) were sex-positive, 20.5% ($n=9$) were sex-neutral, and 13.6% ($n=6$) were sex-negative. The overwhelming majority of the articles were sex-positive (see Figure 3), supporting our second hypothesis. Overall, 35.4% ($n=29$) of all of the studies that reported any demographics ($n=82$) in this analysis reported only privileged identities in their demographics while the remaining 64.6% ($n=53$) contained at least one reported category comprised of marginalized women. Additionally, 54.5% ($n=6$) of the sex-negative studies featured only privileged identities in the categories they reported. When examining the trend of sex positivity, there was an increase in the percentage of sex-positive articles from 2000-2020 such that from 2000-2004, 50.0% ($n=6$) of the 12 articles were sex-positive, from 2005-2009, 63.6% ($n=14$), from 2010-2015, 72.2% were sex-positive, and from 2016-2020, 72.7% ($n=37$) were sex-positive (see Figure 4).

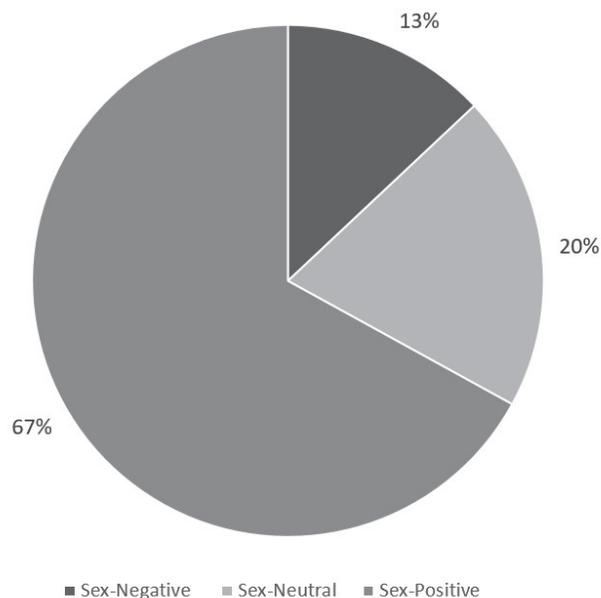


Figure 3. Percentage of studies that were categorized as sex-negative, sex-neutral, and sex-positive.

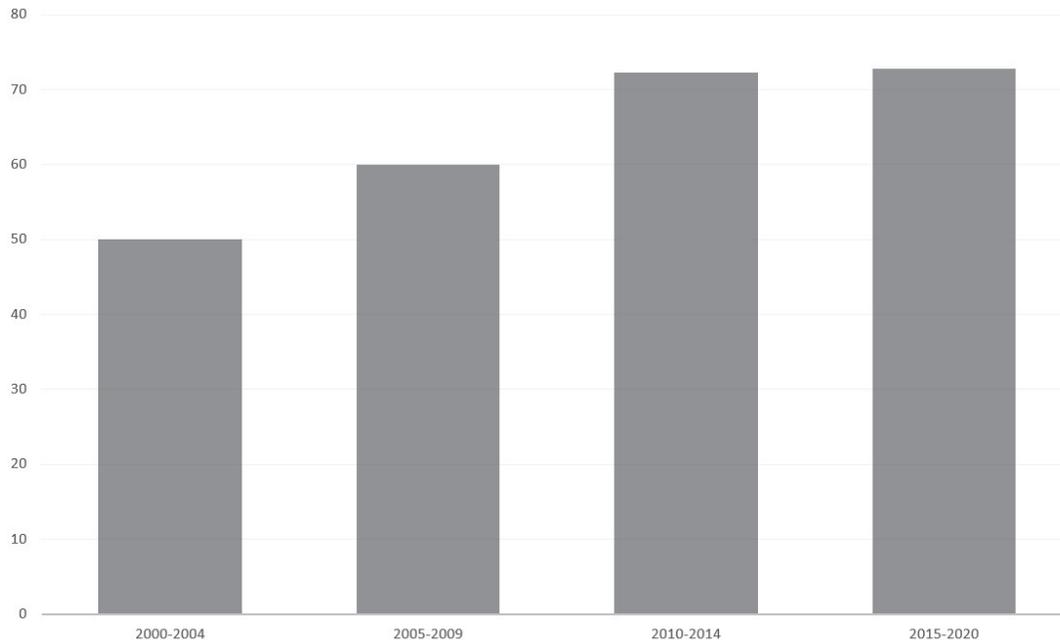


Figure 4. Percentage of sex-positive studies across time periods.

Framing of Sexuality and Identities

Additionally, we calculated what percentage of each demographic category was sex-positive, neutral, and negative to elucidate any trends between these variables. To start, 72.2% ($n=26$) of the studies with primarily people of color were sex-positive, followed by 19.4% ($n=7$) sex-neutral studies, and 8.3% ($n=3$) sex-negative articles. Of the studies with primarily White people in them, 64.7% ($n=22$) were sex-positive, 20.6% ($n=7$) were neutral and 14.7% ($n=5$) were negative. Of those that reported the gender of their participants, 67.1% ($n = 53$) were sex-positive, 21.5% ($n=17$) were sex-neutral, and 11.4% ($n=9$) were sex-negative. In the studies with a majority of their sample being from the LGBTQ+ community, 83.3% ($n=5$) of the articles were sex-positive and 16.7% ($n=1$) were sex-negative. Additionally, 69.2% ($n=36$) of the studies with mostly heterosexual participants were sex-positive, followed by 19.2% ($n = 10$) and 11.5% ($n=6$) being sex-neutral and negative, respectively. Of the studies with primarily able-bodied people, 80% ($n=32$) were positive, 12.5% ($n=5$) were neutral, and 7.5 ($n=3$) were sex negative. Only four studies had differently-abled participants primarily, but of those, two were sex-positive, one was neutral and the last was negative. Lastly, of the studies with most participants over the age of 30, 73.9% ($n=17$), 21.7% ($n=5$), and 4.3% ($n=1$) were sex-positive, sex neutral and sex negative, respectively. Of the studies with young people making up the majority of the samples, 67.3% ($n=33$) were sex-positive, 20.4% ($n=10$) sex-neutral, and 12.2% ($n=6$) sex-negative.

Discussion

This study aimed to examine the demographics of participants and the sex-positive discourse of female masturbation studies from 2000-2020. The gap in demographics of the literature reflects a historical bias against marginalized identities within research. However, this content analysis revealed strides towards sex-positive masturbation studies over the past ten years in both US and international journals, pointing to an improvement in the way researchers think about

and study masturbation by utilizing a more sex-positive framework. The results also clarify that there is much to be done to increase sex positivity in the literature, with over a quarter of the most recent articles not taking a sex-positive stance. Additionally, a previous content analysis found counseling psychology literature was overwhelmingly sex-negative (Hargons, 2017), so our findings suggest that either including other fields improves the prevalence of sex positivity, or that the coding and methodology of the two studies simply yielded conflicting results. The increase in sex-positive research, including female masturbation studies, directly adheres to the WHO's call for adopting a sex-positive framework when exploring and addressing sexual health (WHO, 2005). Further, a sex-positive framework can still include discussions of negative outcomes from sexual activity; however, when this deficit-based approach is not used alongside a sex-positive approach, the literature and our understanding of people's sexuality are harmed. Studies using this framework, while discussing tangible adverse outcomes, will lead to a more holistic and balanced way of experiencing, thinking about, and discussing human sexuality.

A few general trends within the study are worth mentioning. Approximately 48% of articles used samples from outside the United States but had a higher overall percentage of studies reporting all demographics. This may suggest an emphasis of reporting full demographics in countries outside of the US, however it is unclear what may be driving this trend. Another theme that emerged, likely due to the sex positivity in the literature, was a focus on pleasure and enjoyment from masturbation (Goldey et al., 2016; Meiller & Hargons, 2019; Rowland et al., 2019), rather than the focus being on shame and guilt that one might feel from partaking in the activity. Lastly, case studies tended to be sex-negative compared to other methodologies (Gündüz, 2019; Martz, 2003; Uca, 2015). In our sample, there were six case studies, five of which were from the medical field. The more sex-negative messaging in these studies may be due to the more pathologizing nature of their field of origin and its focus on diagnosis rather than other factors.

Omissions

Interestingly, in all but one category (sexuality), international studies made up a smaller percentage of those omitting demographic information than did US-based studies. This may be a manifestation of the myth of the American melting pot, described as the idea that the US is made up of many diverse identities that blend together to form a united nation (Smith, 2012). Researchers may then internalize this myth, leading to the erasure and nondisclosure of unique identities that participants may hold, due to a cultural devaluation of difference and diversity.

Intersecting Identities

Based on our findings there is a need to diversify the female masturbation literature by including narratives of individuals who may not hold privileged identities such as White, cis-gender, able-bodied, young, heterosexual women. One positive finding of ours is that more than half of the articles that reported race primarily had people of color in their samples. This is primarily due to the international studies, many of which were from countries where people of color are more prevalent. However, given the context of global impacts of White Supremacy and colonialism, this result still shows that research on female masturbation succeeds in centering women of color. Our findings partially confirm previous studies, which show that most

masturbation research focuses on heterosexual White women (Kaestle & Allen, 2011). However, as mentioned above, our results differ in that White women are no longer the majority. This change could be due to progress in sex research as more studies have centered Black sexuality and pleasure (e.g., Hargons et al., 2021; Malone et al., 2021; Thorpe et al., 2022a; Thorpe et al., 2022b). The remaining categories (gender, sexuality, ability status, and age) had fewer people of marginalized identities. None of the studies included non-cisgender women primarily, and this could be due to the search terms falling within the gender binary (i.e., “female” and “woman”). However, it could also be due to a lack of emphasis on this aspect of women’s identities and how that relates to masturbation. Diverse populations of female participants are necessary to unpack any potential identity-specific shame, guilt, and/or trauma surrounding female masturbation. Moreover, the literature rarely discusses people of color experiencing race-related stressors within systems of marginalization contributing to further levels of vulnerability within sexual relationships (Hargons et al., 2020). Importantly, understanding the experiences of pleasure and masturbation among women with marginalized identities is essential to promoting their sexual wellness. Using an intersectional lens, we can see how power and privilege is reified and shifted when differing demographics are reported and included in studies on female masturbation. Increasing the diversity of those studies will paint a clearer picture of masturbation across intersecting identities, thus amplifying the voices of marginalized populations.

Although research has shown that women of color are less likely to masturbate than their White counterparts (Herbenick et al., 2010; Shulman & Horne, 2003); the same is not true for female adolescents. Hispanic female adolescents are more likely than their White and Black counterparts to report a history of masturbation (Robbins et al., 2009). While considering these conflicting findings, it is vital to become familiar with barriers to masturbation and cultural norms surrounding masturbation among various races and ethnicities, so all women can engage in self-pleasure and reap the health benefits associated with masturbation (Das, 2007; Wyatt, Peters, & Guthrie, 1988). There are also significant differences in masturbation frequency and experiences by sexual orientation, with lesbian women reporting more frequent masturbation compared to bisexual women, as well as bisexual women reporting masturbating more than heterosexual women (Traeen et al., 2002). Nevertheless, little is known about the masturbation practices of transgender women. There are also age differences in masturbation research with most research focusing on girls from adolescence (Robbins et al., 2011) to mid adulthood (Herbenick et al., 2010), and neglecting older adult women. In order to take an intersectional lifespan approach to masturbation research, studies on people from various marginalized identities should be included.

The Future of Masturbation Research

The voices of marginalized populations in sex research have often been silenced by focusing primarily on disease prevention (Hargons et al., 2020). The high percentage of the sex-negative studies that only feature privileged identities confirm this trend. Further, the same silencing occurs within policy decision making in government. For example, in 1994, former U.S. Surgeon General Dr. Joycelyn Elders was fired for suggesting that masturbation be mentioned in school sexuality education programs. This decision solidified the United States’ stance on masturbation as a taboo topic that should not be discussed, particularly among adolescents. Nevertheless, the

late Betty Dodson (1929-2020), named the “godmother of masturbation”, taught classes since the 1970s focused on solo sex, self-pleasure, and masturbation. Betty Dodson believed that:

Masturbation is our first natural sexual activity. Masturbation is the ongoing love affair that each of us has with ourselves throughout our lifetime. Masturbation is an erotic meditation. Masturbation inspires creativity. Masturbation is a way to gain sexual self-knowledge. Cultural denial of masturbation is the basis of sexual repression. Sharing masturbation with a lover enhances sexual intimacy. Being responsible for our own orgasm gives us a choice when it comes to partner sex. (dodsonandross.com)

Sex researchers should continue to produce sex-positive research that illuminates the benefits and motivations of female masturbation, the experiences of masturbation for women of various intersecting identities and should continue to advocate for self-pleasure like many of the pioneers that came before them. Further, creating spaces for reflection, sexual liberation, community, and resistance of body shame and sex-negative messages is vital. Additionally, our findings offer a new perspective and hope in that the studies with primarily marginalized participants also were overwhelmingly sex-positive, showing an emphasis on positive aspects of sexuality when studying marginalized people. Should this trend continue and expand to center more marginalized people, then we will be closer to world that Betty Dodson fought for.

Limitations and Future Directions

Although this paper has many contributions, it is not without its limitations. First, this content analysis was limited to the search databases available at the host university. Future studies could capitalize on other databases (e.g., Microsoft Academic) to conduct forward citation searches of the articles included. Second, the articles in this paper were limited by date of publication within the years of 2000-2020. Third, the search terms used in the content analysis were limited to “female masturbation” and “women & masturbation” in the title and keyword searches. Future studies would benefit from a more comprehensive search approach that displays the visibility of all identities represented (i.e., utilizing search terms such as LGBTQ+, menopause, racial diversity, etc.). Fourth, many articles did not include more detailed information about the demographics, making it hard to report specifics. Fifth, we conceptualized privileged identities as White, cisgender, heterosexual, young, and able-bodied. This limits the analyses we can make of different forms of privilege and how this may present in cultures outside of the US. This was meant to standardize the coding; however, the authors recognize that privilege and marginalization are not simple concepts. Therefore, the generalizability of these results is limited. Finally, although we made efforts to avoid coding error there could still be human error in coding. Together, this content analysis provides readers with a glimpse of the whole picture and sheds light on the areas that need more focused research.

Future research should leverage this content analysis to apply sex-positive frameworks to studies of marginalized populations in order to increase their representation in sex-positive masturbation studies. Further, the fact that over 60% of the studies we looked at did not report one or more demographic categories points to a need to push for researchers to: 1) ask their subjects about their identities and 2) report, in detail, the identities and social locations of the people they study. Additionally, topics of sexual enrichment through masturbation, such as

understanding sexual anatomy and enhancing sexual pleasure, should be examined. Recommendations for future studies include emphasizing sexual pleasure and desire as tools of liberation for people with multiple marginalized identities through an intersectional approach. Ultimately, the information from this content analysis can be used to inform and develop sex counseling interventions and inclusive sexual education curricula.

Conclusion

This analysis highlights the importance of purposely seeking out more diverse and inclusive samples within masturbation research to increase the generalizability of the findings. Further, the results show that researchers have room to become more sex-positive in their methods and ways of discussing sexuality. Both findings implore researchers to take an active and mindful role in the recruitment and research design portions of the research process. It is crucial to recognize that women are not a monolith and having more diverse samples will reveal more accurate representations of women's experiences. For this reason, including all of the intersections of race, class, gender, ability, and sexual orientation remains relevant to ensure broader representation in sex research. Finally, our analysis highlights that women holding privileged identities are the focus of current research on female masturbation. The marginalized women who are not studied are silenced, and their experiences of sexual enrichment remain hidden, limiting our knowledge of their sexual lives. An intentional focus on sex-positive research is needed for marginalized groups of women to promote their humanity and reduce the disparity in who is studied or favored related to female masturbation.

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