SEXUAL SCRIPTS ON VAGINISMUS: REWRITING WOMEN'S SEXUAL DIFFICULTIES FROM THEIR POINT OF VIEW

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ABSTRACT

SEXUAL SCRIPTS ON VAGINISMUS: REWRITING WOMEN'S SEXUAL DIFFICULTIES FROM THEIR POINT OF VIEW

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The purpose of the current study was to explore cultural, interpersonal, and intrapsychic sexual scripts framing vaginismus in Turkey and situate women's personal experiences of vaginismus in the patriarchal discourse rather than putting them into health and illness domain. In order to better capture women's subjective experiences of vaginismus, semi-structured in-depth interviews were conducted with 11 women who overcame vaginismus in the recent past in Turkey. In analyzing data, thematic analysis was used and feminist research practices were reflected upon research behavior. Six overarching sexual scripts at the cultural, interpersonal, and intrapsychic levels were identified from participants' reports. These sexual scripts included (1) fear and (2) virginity at the cultural level; (3) sexual incompatibility and (4) sexual performance at the interpersonal level; (5) sexual inhibition and (6) social comparison at the intrapsychic level. The results suggested that sexual scripts at three different levels were highly infected with sexual double standards, which had detrimental impact on women's sexual health and satisfaction. The results were discussed in terms of their implications for individual transformation and social change and they reflect the need for studying women's sexual problems from an interdisciplinary framework whereby the myths and discourses on female sexuality can be revealed.

Keywords: Vaginismus, Sexual Scripts, Sexual Double Standards, Feminism, Medicalization.

ÖZ

VAJİNİSMUS ÜZERİNE CİNSEL SENARYOLAR: KADINLARIN CİNSEL PROBLEMLERİNİ KENDİ BAKIŞ AÇILARIYLA TEKRARDAN YAZMA

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Bu çalışmanın amacı, Türkiye'de vajinismusu çerçeveleyen kültürel, diyadik ve içsel cinsel senaryoları keşfetmek ve kadınların bireysel vajinismus deneyimlerini sağlık/hastalık alanı içinde incelemek yerine ataerkil söylemin içine yerleştirmektir. Kadınların öznel vajinismus deneyimlerini daha iyi yakalamak için Türkiye'de yakın geçmişte vajinismusun üstesinden gelen 11 kadınla yarı-yapılandırılmış görüşmeler yapılmıştır. Verilerin analizinde tematik analiz kullanılmış ve feminist araştırma uygulamaları araştırma davranışına yansıtılmıştır. Katılımcıların raporlarından kültürel, diyadik ve içsel seviyelerde 6 genel cinsel senaryo ortaya çıkmıştır. Bu senaryolar kültürel seviyede (1) korku ve (2) bekaret; diyadik seviyede (3) cinsel uyumsuzluk ve (4) cinsel performans; içsel seviyede (5) cinsel ketlenme ve (6) sosyal kıyaslama şeklindedir. Araştırmanın sonuçları, üç farklı seviyedeki cinsel senaryoların kadınların cinsel sağlık ve doyumunu olumsuz yönde etkileyen çifte standartlardan oldukça etkilendiğini göstermektedir. Sonuçlar, bireysel dönüşüm ve toplumsal değişim üzerindeki etkileri açısından tartışılmış ve kadınların cinsel sorunlarını, kadın cinselliği hakkındaki mit ve söylemleri ortaya çıkarabilecek olan disiplinlerarası bir çerçeveden inceleme ihtiyacını yansıtmıştır.

Anahtar Kelimeler: Vajinismus, Cinsel Senaryolar, Çifte Standartlar, Feminizm, Tıbbileştirme.

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

"Sex" conveys different meanings for each individual. Some associate it with bodily pleasure, while for some it is a source of power. Still, for others sex excites fear, pain, shame, and guilt. Undisputedly, how one associates with sexuality influences the way s/he experiences it (Gagnon, 1990). There is a continual pressure on gender normativity both in western and non-western cultures, which has resulted in the development of different expectations for women and men engaging in sexual behavior (Vanwesenbeeck, 2009). As the studies on sexuality reveal, men are generally expected as having strong sex drives, desiring sex most of the time, taking sexual initiative, being sexually skilled, having multiple partners, preferring recreational sex, and having their first coitus at an early age (Masters, Casey, Wells, & Morrison, 2013). On the other hand, women are expected as not desiring sex but being desired by men, having weak sex drives and urges, preferring relational and procreational sex, being less experienced in sexuality, and experiencing first coitus with their husbands (Masters et al., 2013). Also, emotions and their expressions in sexuality are highly gendered and this gender differentiation in sexual emotions can be a potential force in sexual difficulties women experience. Embarrassment, shame, fear, and guilt are strong emotions women are socialized to relate with sexuality (DeLameter & Hyde, 2004). Men, likewise, are socialized to embrace some emotions like anger which legitimizes sexual coercion in close relationships (Byers, 1996; DeLameter & Hyde, 2004; Murnen, Wright, & Kaluzny, 2002). These set of divergent expectations are generally called "sexual double standards" (Sanchez, Fetterolf, & Rudman, 2012). The acknowledgement and enactment of gendered expectations, which stem from double standards of sexual behavior, are problematic since they are identified with a wide range of negative sexual health effects

(Crawford & Popp, 2003; MacKinnon, 1989; Sanchez et al., 2012, Tevlin & Leiblum, 1983). Therefore, when women strictly stick to sexual double standards, their sexual health and satisfaction[1] are under threat.

In Turkey, as it is in many countries, sexual double standards pervade individuals' sexual experiences. Turkey is a country in which sexuality is viewed as a physiological necessity for men while women are expected to experience it only after marriage (Kayır, 1990). By the same token, women's bodies are viewed as the asset of society rather than belonging to women themselves (Tezcan, 2000). The concept of "honor," translated mostly as *namus,* alludes to the sexual behavior of women (Kagitcibasi & Sunar, 1992). The communal nature of honor makes close ties of the individual with the family and kin inevitable (Ataca, 2006; Ozgur & Sunar, 1982). The traditional family structure in Turkey is characterized by close relations that consolidate restrictions on women's sexuality through socialization processes (Gelbal, Duyan, & Ozturk, 2008). It is very common tradition for socialization agents, like parents, relatives, and neighbors, to give negative reactions to the girl child when the issue is premarital sexuality (Kagitcibasi & Sunar, 1992). In general, male family members assume the responsibility for retaining women's chastity in the name of protecting family's honor (Cindoglu, 2000). Most women are raised as well aware of the fact that virginity is regarded as their family's honor (Ilkkaracan & Seral, 2000). They know that if they engage in sexual intercourse before marriage, they will be exposed to ill-treatment. Therefore, women are inclined to preserve their virginity until they marry (Parla, 2001). Most women not only abstain from sexual intercourse before marriage, they are hindered from being informed about sexuality, as well. The sexual information available to them is mostly misleading, distorted, and mythical, which serve to undermine, constraint, control, and silence women's sexuality (Ilkkaracan & Seral, 2000; Kayır, Yuksel, & Tukel, 1987). In Turkey, most women learn, internalize, and perform sexuality within this restrictive setting. Therefore, some women relate sexuality to pain, lack of control, violence, abuse (Ilkkaracan & Seral, 2000), and guilt (Kayır, 1990).

[1] In this study, sexual satisfaction is treated as a woman's satisfaction with various aspects of her sexual life, including frequency, quality, and variety of her sexual conduct.

As one of women's sexual problems, vaginismus, has been identified as the most common sexual problem of women in Turkey (Dogan, 2009; Kayır, 1990; Yasan, Essizoglu, & Yıldırım, 2009; Yıldırım-Hacıoglu, 2017; Yuksel, Tukel, Kayır, Sarımurat, 1988). The prevalence of vaginismus has been largely revealed by studies based on clinical samples of gynecologists and psychiatrists. Upon putting women's sexual complaints into health and illness discourse, these research and clinical interventions rely heavily on international diagnostic classification systems like the *International Classification of Diseases-10* (World Health Organization, 1992) and the *Diagnostic and Statistical Manual of Mental Disorders-5* (American Psychiatric Association, 2013). Within these diagnostic classification systems, women's sexual difficulties are viewed as mental illness or personal impairment. Moreover, in these systems the conception of vaginismus is hindered by a narrow definition of sexuality because much of what is said about sex is based on penile-vaginal intercourse. When women's sexual problems are studied within this narrow definition, their difficulty in having penetrative intercourse is addressed by improving sexual performance. One of the drawbacks of this kind of conceptualization is that it acknowledges only a few behaviors as "sexual" and disregards a number of behaviors subscribing to the physical and emotional intimacy. At the same time, most research on sexuality and treatments of sexual problems relying on these diagnostic classification systems neglect non-sexual aspects of women's problems (DeLameter & Hyde, 2004). Therefore, the research practices and therapeutic interventions, which draw on international diagnostic classification systems, tend to ignore the sociocultural factors like conflicting social messages and norms, available sexual information, and the role of socialization agents in experiencing and expressing sexuality (Tiefer, 2001a). In conceptualizing women's sexual difficulties these studies have used a language which is mostly objective, clinical, distant, and cool in that women, who do not desire sex or have difficulty in penetrative intercourse, are deemed to be described within the boundaries of their vaginal muscles, reflexes, and body secretions. Having gathered the data in traditional clinical way, gynecologists and psychiatrists have given some important information about the physiology of human sexual response, yet most of them have failed to include an explanation with regards to interpersonal and cultural influences, which are crucial components of sexual

response. Moreover, in the international diagnostic classification systems, the ordinary aspects of everyday life are prone to be put into health and illness categories. In doing so, the attention is distracted from contextual factors in examining women's sexual difficulties (Hartley & Tiefer, 2003). However, it is crucial to recognize that sexuality is more than an overt sexual behavior, and vaginismus, as one of women's sexual problems, likewise, is not just about a difficulty in penetration because sexuality and sexual problems embrace not only behaviors but also emotions, cognitions, interpersonal relationships, and sociocultural variables. Adopting only a behavioral approach to sexuality and sexual problems leads the research and clinical interventions to focus mainly on women's body and psyche (Gagnon, Giami, Michaels, de Colomby, 2001).

It is important to note that in Turkey, as it is in many countries, women are compelled to embrace passive and submissive behaviors, attitudes, and feelings related to sexuality. That women are sexually passive, emotional, fragile, and submissive is not so much related to their biology and psychology as it is related to the culture surrounding them. Sexual behaviors, attitudes, and feelings of women are affected by culture, interpersonal relationships, and intrapsychic motivations to a certain extent (Laws & Schwartz, 1977). When cultural and interpersonal variables are taken into consideration, vaginismus is hardly categorized as a mental illness or personal deficiency. Understanding the cultural and dyadic scripts enclosing vaginismus is more crucial than focusing on the failure of penetrative sexual intercourse because not being able to insert penis into vagina represents more than a physical and psychological fact; the cultural and interpersonal facets of it are of much importance.

Discontent with predominant psychiatric and biomedical approaches to the construction and classification of women's sexual problems motivated the present study. Hence, a critical stance is taken against the prevailing psychiatric and biomedical approaches, which are based on diagnostic classification systems like the *International Classification of Diseases-10* (World Health Organization, 1992) and the *Diagnostic and Statistical Manual of Mental Disorders-5* (American Psychiatric

Association, 2013) in constructing women's sexuality and female sexual problems. Based on sexual script theory of Gagnon and Simon (1973), this study explores cultural, interpersonal, and intrapsychic sexual scripts framing vaginismus in Turkish context.

Sexual script theory recognizes sexual conduct as everyday dramas that play out individuals' beliefs and assumptions about the expected sequence of sexual events and the roles each actor undertakes within a sexual encounter (Gagnon & Simon, 1973). Cognitions about individuals' social exchanges are described as bearing resemblance to stage directions actors pursue while performing improvisational theatre (Simon & Gagnon, 1986). According to this, sexual scripts mark the cast, action, setting, and motivation for different types of sexual activities (Gagnon & Simon, 1973). The scripting approach relies on cultural and societal sources, besides entailing interpersonal and mental processes about what/when/with whom/where/why and how to do certain things and what to expect from others in a particular sexual scenario (Wiederman, 2015). According to Gagnon and Simon (1973), sexuality is constructed at cultural, interpersonal, and intrapsychic levels, all of which are affected by and products of cultural and social interactions and practices. Sexual script theory (Gagnon & Simon, 1973; Simon & Gagnon, 1986) is useful and comprehensive theory for inquiring how women, experiencing difficulty in penetrative intercourse, conceptualize "sex," "sexuality," and related terms such as "sexual health" and "sexual success." This theoretical perspective is also useful for examining sexual scripts enclosing women's penetration difficulty, which is named as "vaginismus" by international diagnostic classification systems.

Gagnon and Simon's perspective is based on the assumption that gender is sexualized and sexuality is gendered; and exploring how gender is sexualized and sexuality is gendered lies at the core of their theorizing of sexuality. Through making this kind of an analytical distinction between sexuality and gender, they locate sexuality in a broader gendered social context, which allows for an analysis of sexuality as entwined with non-sexual motives. At the same time, Gagnon and Simon's theorization of sexuality not only includes sexual behaviors—doing sex, as

most commonly perceived—but also the meanings attached to those behaviors (Wiederman, 2005). This kind of a standpoint offers a possibility for feminist analysis of sexuality which seeks agency and reflexivity in constructing sexual selves, attitudes, behaviors, and feelings. Therefore, in the current study feminist research practices are used as an empowering tool.

1.1.1 Women's Sexuality in Turkey

After the Ottoman Empire ceased to exist, Turkey became a country that has a secular state. In the first years of Turkish Republic, Turkey underwent a modernization process in which conservative and patriarchal values were preserved (Kandiyoti, 1987). With the foundation of Turkish Republic, women began to be regarded as the instrument for modernization and westernization. "The new woman" began to symbolize the break with the Ottoman Empire in the republican nationalist rhetoric (Kandiyoti, 1987). In the agenda of Turkish republic the most crucial social reforms were based on women, sexuality, and family (Kandiyoti, 1989). The new Turkish women were expected to exemplify the ideals of the West and a rejection of an Ottoman past (Ozyegin, 2009). The release of the veil indicated women's freedom as well as their participation in public domain. The new woman was prescribed as "an enlightened" mother in the private domain and a "masculinized" one in public sphere (Kandiyoti, 1995). With the state's policy of gender equality, women were claimed to be desexualized (Parla, 2001). However, the preceding concerns and traditional virtues about women's sexuality were incorporated into the formation of the new women. Mothering and care-giving for the family members in need were still expected as women's primary roles and duties. This new status of women provided the state with the modern but chaste woman (Parla, 2001).

Kemalist reforms have made national values a current issue. Some reforms seemed to grant many rights to women and make them more active in the public domain. However, as long as the male dominance continued, these codes and reforms were not enough to emancipate women thoroughly (Keskin-Korumaz, 2015). Keskin-Korumaz argued that though women now appear more in the public domain when compared to the times before the Turkish Republic, men still dominate the public

sphere and they avoid taking active role in the private domain. She added that the traditional housekeeping roles are still reserved for women, which confine them to the traditional feminine roles. In other words, women have been liberated to take role in the working area, but at the same time they have been expected to keep their traditional feminine roles as being good wives and dedicated mothers (Keskin-Korumaz, 2015).

Turkey is situated in a place where the West and the East intersect and due to her geographical location, she is stuck between the values of the West and the East, which has an influence on gender roles and relationships (Ozkan & Lajunen, 2005). The progressive modern values on the one hand and the traditional and patriarchal norms on the other hand overlap in Turkey; therefore, although some variations subsist, the culture in Turkey has been characterized as modern, patriarchal and traditional (Ozyegin, 2009). In the past, Turkey was mostly characterized as a traditional, patriarchal, rural, and agricultural country. However, after having undergone a transformation, Turkey has been seen as modern, egalitarian, urban, and industrial in the twenty first century (Askun & Ataca, 2007). These claims are based on statistics demonstrating that a large proportion of population lives in cities. Yet, what is missed in this statistical discourse is that most of the people living in cities are village-born, or their parents and relatives were born in villages and there is a tendency to stick to the rural and traditional values and practices in this population (Kagitcibasi & Ataca, 2005). Therefore, it is important to acknowledge the cultural influences, which are largely patriarchal and traditional in nature, on this new generation (Kagitcibasi & Ataca, 2005). At the same time, these patriarchal and traditional features are not intrinsic to the people having rural origins, but they are common characteristics of Turkish culture (Ataca, 2006). As a result, despite some economic and social transformations and variations, cultural values and norms related to the interpersonal relationships, family, and gender relations have remained constant as those of traditional, patriarchal, and authoritarian (Parla, 2001).

Turkey is featured by a heterogeneous population, diverse cultural practices, and constant economic and social transformations, making it formidable to depict a

typical Turkish family (Ataca, 2006). Sunar (2002) argued that in traditional Turkish families, male family members are considered superior to their female counterparts; thus there exists a gender hierarchy in family relations. She stated that in a traditional Turkish family it is the father that has the utter authority, while women are thought of having less power and lower value than male members of the family. When the children are young, fathers are generally affectionate and playful with their children, but as children come of age, the father distances himself from his children and his communication with them lessens (Sunar, 2002). Control and nurturance of children are strong on the part of the mothers, but actually it is the father that maintains his authority by communicating the rules more with his wife than he does with the children (Fisek, 1995). This gender hierarchy results in gender role differentiation through which labor is divided as domestic and public. According to this gender differentiation in Turkish family structure, domestic labor is allocated to women while men are deemed suitable for the labor in public sphere (Ataca, 2006). Apart from the division of labor, this gender hierarchy within family leads male and female members to live in virtually separate worlds (Olson, 1982). In this family structure, which is named as "duofocal family" by Olson (1982), wives spend most of their time with female relatives and neighbors while husbands dwell in a world, including male relatives, neighbors, and colleagues.

The family structure in Turkey is mostly nuclear (Bastug, 2002), though the majority of Turkish households are "functionally extended" (Kagıtcıbası, 1982). In Turkish context, "functionally extended" family structure denotes a family type in which there is much social support and interaction among family members and relatives. Strong bonds exist between parents and children, as well as among siblings. The majority of young people incline to live with their parents up until they get marry. These strong ties between parents and children do not terminate with children's marriages, but proceed for life. The family members, as well as close relatives and distant kin, feel liable for each other. It is this sense of commitment that reinforces the ties among family members (Bastug, 2002). Therefore, high level of intimacy and interdependence among family members characterize the traditional Turkish family (Sunar, 2002).

It is important to note that the value given to male and female children are not the same in traditional Turkish households. Male children have instrumental value for families in that parents were found to prefer male children for their potential material contributions to the family's welfare (Kagitcibasi, 1982). Kagitcibasi added that male children are also valued for their potential to provide support for their parents when they get old. Therefore, depending on the gender of the offspring, traditional Turkish families are marked with both material and emotional interdependence. For this family structure to function properly, children are expected to accept parents' authority and subordinate their own desires and interests to the needs of others (Sunar & Fisek, 2005). Within this family structure, a child's personal fulfillment (Sunar & Fisek, 2005) and her/his autonomous activities are not desired goals (Fisek, 1982).

In general, close relations within the family consolidate restrictions on women's sexuality (Gelbal et al., 2008). Children are imbued with gendered notions of sexuality from the very beginning. It is a widespread tradition to encourage male children to display their penises to family members, neighbors and relatives. On the contrary, female children are constantly warned against displaying their genitals to the public by being told that it is a shame. Through displaying his sexual organ, the male child is regarded as proving his manhood and he is socialized to be proud of this, while the female child is socialized to embrace shame and fear when she displays her genitalia even by accident (Altınay & Arat, 2007).

Moreover, the expectations of family and society vary according to one's gender (Nolin & Peterson, 1992). In Turkey, while premarital sexual intercourse is strictly governed and restricted for women, male sexuality is widely encouraged, celebrated and regarded as an evidence of manhood (Essizoglu, Yasan, Yıldırım, Gurgen, & Ozkan, 2011). Keskin-Korumaz (2015) argued that the first sexual intercourse is viewed as a gain for man while it is regarded as a loss for women. As is understood from the discourse, women "lose" their virginity in their first coitus, while men become "*milli*" after their first sexual intercourse. Becoming "*milli*" has the implication of "becoming national" or "becoming first class person" (Keskin-

Korumaz, 2015, p. 432); therefore, it is something to be proud of for men. On the other hand, for women the first intercourse represents something important they "lose" as it is illustrated in "virginity loss" discourse.

In her study, Ozyegin (2009) demonstrated how based on women's hymen, a distinction is made between married and unmarried women as those of "*kadın*" and "*kız.*" The word "*kız*" stands for an unmarried woman whose hymen is expected to be intact. On the other hand, the word "*kadın*" denotes a woman who is not virgin due to connubiality (Ozyegin, 2009). These words imply that the transition from being "*kız*" to "*kadın*" should occur through marriage, indicating that women's sexual lives are confined to marriage. When viewed from this aspect, a non-virgin and unmarried woman does not fit into the category of "*kadın/kız*." However, "*kadın*" can also be used for woman who is not married but at the same time not virgin, yet this usage carries societal stigma because tacit in the notion of "*kadın*" for unmarried woman is that she has premarital sexual activity, and thus, she is not pure and innocent.

Within this context, the word "honor" is commonly perceived as a moral value and reduced to the notion of "sexual purity" (Tezcan, 2000) and "sexual purity" is a term often associated with women's virginity in Turkey. Therefore, the word "honor" which is "namus" in Turkish implies women's virginity at the same time (Gelbal et al., 2008). From this perspective, the hymen has both personal and societal importance, thereby having a ruling power on the sexual selves and sexual behavior of unmarried women (Ozyegin, 2009). That is, the hymen is not only a physical presence but it is also a moral expression of virginity. The blood on the wedding night indicates that the woman has protected her virginity, thus purity and honor, until marriage. Through displaying the bloodstained sheet, bride's virginity and groom's virility are thought of being proved. Though not commonly practiced in present Turkey, this custom is still one of the most apparent forms of social control of women's bodies (Keskin-Korumaz, 2015). Also, this custom shows that virginity is an asset of both bride and groom's families. If a bride cannot prove her virginity on the wedding night, several punishments, ranging from divorce to honor killings (Adana et al., 2011) may appear in traditional families. Thus, the first sexual

intercourse is a critical moment for some women living in Turkey (Altınay & Arat, 2007) and being virgin is one of the most important expectations for unmarried women in general (Cindoglu, 2000; Essizoglu et al., 2011; Ilkkaracan & Seral, 2000; Ozgur & Sunar, 1982). In sum, women in Turkey learn, internalize, and perform sexuality within this restrictive and punitive setting.

1.1.2 Medicalization of Women's Sexuality

As one of women's sexual problems, vaginismus has been identified as the most common sexual problem of women in Turkey (Dogan, 2009; Kayır, 1990; Yasan et al., 2009; Yıldırım-Hacıoglu, 2017). The prevalence of vaginismus has been largely revealed by studies based on clinical samples of gynecologists and psychiatrists. Upon putting women's sexual complaints and problems into health and illness discourse, these research and clinical interventions largely rely on international diagnostic classification systems like the *International Classification of Diseases-10* (World Health Organization, 1992) and the *Diagnostic and Statistical Manual of Mental Disorders-5* (American Psychiatric Association, 2013). In classifying and diagnosing sexual problems, the *DSM* and *ICD* rely heavily on sexual response cycle which was first conceptualized by sexologists Masters and Johnson (1966) and then refined by Kaplan (1979). In their study, Masters and Johnson (1966) divided human sexual response cycle into four basic phases: (1) the excitement; (2) the plateau; (3) orgasm; (4) resolution. According to the results of their laboratory study, the first phase of sexual response cycle, excitement, begins with the activation of dopamine-sensitive excitatory center and the serotonin-sensitive inhibitory center in the brain. The activation of these centers generates bodily response like expansion of the clitoris, enlargement of the inner two-thirds of the vaginal barrel, and vaginal lubrication that is controlled by estrogen hormone. The second phase, namely the plateau, is the progression of the excitement phase. As it is understood from the name itself, plateau stands for sexual excitement which is reached and kept until experiencing orgasm. In this phase, the inner two-thirds of the vagina continue to enlarge. Also, it is in this phase that the outer one-third of the vagina is congested with blood. These two important features of the plateau phase, which result in tightening and congested vagina, set the stage for the next phase that includes

orgasm. At this orgasmic phase, a number of vaginal muscle contractions happen, which are accompanied by increased heart rate and blood pleasure. These are followed by resolution phase in which the body returns to a state even before the excitement and arousal occurred (Masters & Johnson, 1966). The diagnostic classification systems for sexual problems, which have been later developed, mostly based on this sexual response cycle. Any failure on these four phases began to be diagnosed as "sexual dysfunction" which was categorized as an impairment and mental illness (Basson et al., 2000).

Helen Singer Kaplan (1974, 1979) regarded Masters and Johnson's four phases of human sexual response as lacking by claiming that the cycle did not have a psychological dimension. As a result, Kaplan came up with an alternative model of sexual response. Her version included a phase of sexual desire (Kaplan, 1974, 1979). According to Kaplan, before the excitement phase, there comes sexual desire stage that is psychological in nature. In natural sequence, this desire stage prepares the individual physiologically for the sexual encounter (Kaplan, 1979). At the same time, Kaplan found the plateau phase of Masters and Johnson as redundant and she included it in the excitement phase. This novel conceptualization of sexual response cycle as that of (1) desire; (2) excitement; (3) orgasm; and (4) resolution has been also in use in the present diagnostic systems, namely the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association and the *International Classification of Diseases* of the World Health Organization.

"Vaginismus" is classified by the *International Classification of Diseases* (ICD-10) under the category of "mental and behavioral disorders." Within this classification system vaginismus is defined as "spasm of the muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful" (World Health Organization, 1992, p. 194).

Diagnostic and Statistical Manual of Mental Disorders is the reference book for practitioners making psychiatric diagnosis in many countries. The *DSM* encapsulates a chapter devoted to sexual disorders and dysfunctions and it has different editions. The *DSM* diagnostic criteria in general is divided into two; the A and the B category.

In the *DSM-4* (American Psychiatric Association, 2000), the A category defined sexual problems without including extraneous factors, while the B category attached "marked stress or interpersonal difficulty" to diagnose all sexual dysfunctions. On the other hand, in the *DSM-5* the phrase "marked stress or interpersonal difficulty" in category B was replaced by the words "clinically significant distress or impairment" (American Psychiatric Association, 2013). With this new wording, sexual dysfunctions have been defined in personal more than interpersonal paradigms and this rephrasing shows the growing inclination to diagnose sexual difficulty as a disorder when it creates personal distress and impairment with clinical findings (Sungur & Gunduz, 2013).

Until the revised version of the *DSM* in 2013, *DSM-4* was in use in diagnosing female sexual dysfunctions. This version defined vaginismus as "the recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration with penis, finger, tampon, or speculum is attempted" (American Psychiatric Association, 2000, p. 513). In the *DSM-5* (American Psychiatric Association, 2013), which is the latest edition, vaginismus was reconceptualized as "genito-pelvic pain/penetration disorder" together with dyspareunia. Vaginismus and dyspareunia were united in this new version because the two were regarded as difficult to be differentiated (Reissing et al., 2014). According to this new edition, "vaginismus" was defined as "marked difficulty in having vaginal intercourse, marked vulvovaginal or pelvic pain during vaginal intercourse, marked fear or anxiety either about vulvovaginal or pelvic pain or vaginal penetration, and marked tensing or tightening of the pelvic floor muscles during attempt vaginal penetration, which may cause clinically significant distress or impairment" (American Psychiatric Association, 2013, p. 437). Diagnostic features of vaginismus include four dimensions which are (1) difficulty in vaginal penetration, (2) genito-pelvic pain, (3) fear of pain or vaginal penetration, and (4) tension of the pelvic floor muscles, respectively. To diagnose vaginismus, experiencing only one of these symptoms is enough (American Psychiatric Association, 2013). Therefore, fear, pain, anxiety, or anticipated pain has become precursors of vaginismus. This new conceptualization encompasses not only the

inability to perform penetrative intercourse or having pain which results from penetration attempts, but also the fear of pain or the fear in general about sexual intercourse. Through these new criteria for the diagnosis of vaginismus, it is likely and easy for some women, who experience fear, distress, and anxiety in an attempted penetrative intercourse, to be diagnosed as mentally ill.

Numerous studies exist regarding vaginismus. Most of these studies are conducted by gynecologists and obstetricians who have been interested in biological and physiological aspects of the problem (Oktay & Tombul, 2003; Ozdemir, Şimşek, Incesu, & Koç, 2006). Also, there are some research conducted by psychiatrists and psychologists most of whom posit the problem in women's psyche. In these studies, researchers have focused on etiological factors (Leiblum, 2000; Reissing, Binik, & Khalife, 1999; Reissing, Binik, Khalife, Cohen, & Amsel 2003; Tugrul & Kabakcı, 1997), the diagnosis of vaginismus (Reissing, Binik, Khalife, Cohen, & Amsel, 2004), its treatment choices (Kayır, Geyran, Tükel, & Kızıltuğ, 1990; Leiblum, Pervin, & Campbell, 1989), and sexual function and satisfaction of women with vaginismus (Konkan, Bayrak, Gonullu, Senormancı, & Sungur, 2012). A graphical representation of data about sexual behavior in a scientific and objective attitude is desirable for this kind of studies.

Also, vaginismus has been studied in relation to different variables. The role of some metabolic and hormonal features as potential determinants of vaginismus was investigated (Maseroli et al., 2017). The results revealed that gynecologic illnesses, hormonal, and metabolic changes do not have a part in the development of vaginismus; rather, vaginismus was related to "histrionic-hysterical" traits. In another study, attachment styles of women with vaginismus were investigated (Ozcan et al., 2015). The results revealed that the secure attachment style scores of vaginismic women are lower than the control group including women defining themselves as sexually healthy. The authors suggested that insecure attachment might be an important factor in the pathogenesis of vaginismus (Ozcan et al., 2015). Another study focused on the relevance of adherence to conservative values to the development and maintenance of vaginismus (Borg, de Jong, & Schultz, 2011). The

results showed that both the general and sex-related moral standards, which are conservative by their nature, restrict women's sexual repertoire, and increase the likelihood of experiencing negative feelings during a sexual encounter. Borg and his colleagues' (2011) study is valuable in relating the conservative values to the development/maintenance of vaginismus, but the study lacks explaining why women tend to be sexually conservative. Also, the study does not mention sexual double standards which are important predictor of women's abstinence from sexual intercourse, especially before marriage.

In a study the circumstances such as socio-demographic variables, medical and sexual development history, negative remarks about premarital sexual activity, and negative attitudes towards sexual organs and one's body were examined in relation to the development and in some cases maintenance of vaginismus (Konkan et al., 2012). Depending on the results, the researchers argued that vaginismus is accompanied by some other sexual problems. The researchers concluded that it is hard for women to have a satisfied sexual life without vaginal entry. These researchers reached this conclusion by reviewing other researchers' studies which cite family history as important in terms of both learned behaviors and genetic predisposition. However, no statistical difference between women with vaginismus and control group was found regarding negative sexual doctrines from family members and negative remarks about virginity. Also, no statistical difference was discovered in terms of medical history and sexual development of participants.

The studies noted above were mostly conducted by gynecologists and psychiatrists, thus have therapeutic implications. These traditional approaches and therapeutic interventions to sexual problems mostly depend on the sexual response cycle for defining healthy/unhealthy sexual behavior whilst overlooking other experiences and problems that opt out this universal sexual response cycle. These studies have similar methodologies and they are claimed to be objective, rational, testable, and verifiable because of their methodology and the status of the researchers. In spite of the efforts to define these kinds of research and their therapeutic reflections as the sole reality, their reliability and validity are far from being undisputable. Preeminently, the

concept of "sexual dysfunction" that these studies employ has been objected by some researchers (Tiefer, 2004, 2005, 2015; Ussher & Baker, 1993). The dominant medical model and nomenclature based on Masters and Johnson (1966) and Kaplan's (1974, 1979) works, which were encoded in the *DSM* and *ICD*, have been found insufficient in addressing the etiology of women's sexual problems (Dogan, 2009; Tiefer, 1995, 2015). This means that although the *DSM* and *ICD* provide the basis for psychiatric and medical interventions in sexual problems, they did not remain uncontested. In 2000, a group of clinicians and social scientists from different disciplines wrote a document through which they developed an alternative view of women's sexual difficulties (Tiefer, 2001b). In this document, women's sexual problems were largely based on cultural and relational contexts. In the "New View" classification system women's sexual difficulties were categorized as (1) those resulting from sociocultural, political or economic factors; (2) those related to partner and relationship issues; (3) those created by individual psychology; and (4) those caused by medical or physical factors (Kaschak & Tiefer, 2001). This classification system promoted the insight for researchers and practitioners by making cultural and relational factors contributing to women's sexual problems more visible.

Some critics studying in the field of psychology challenged the recent interventions with the questions of: "What constitutes a sexual disorder? How important is the degree or existence of personal distress as a diagnostic criterion? Who determines treatment success: clinician or patient? How do we evaluate treatment success? Greater sexual frequency? Increased feelings of satisfaction?" (Leiblum, 2007, p. 4) Psychologists, adopting critical point of view, are of the opinion that these universally accepted categories of sexual dysfunctions unjustly pathologize individuals (Kleinplatz, 2012). Some critics even argued that these diagnostic categories of healthy/unhealthy sexuality serve the purpose of biomedical market (Tiefer, 2010). These critics asserted that women's complaints and problems are not universal and generalizable; rather, they argued for a diverse discourse in which each woman's sexual problem is regarded as unique and subjective. They stated that a sexual difficulty is experienced in a distinct way and has different meanings for each individual. Therefore, they suggest therapeutic interventions acknowledge these

individual differences, unique experiences, and the personal meanings attached to these experiences (McCarthy & McDonald, 2009; Tiefer, 2010).

Some recent approaches to sexual problems are informed by these suggestions and they tend to understand the client within the framework of their subjective experiences (Kelinplatz, 2012). Some recent sex therapies are even known to employ psychological approach of social constructionism. With social constructionist point of view, these therapies acknowledge the broader social context in which subjective experiences are clothed (Seymour-Smith, 2015). In this kind of sex therapies, the therapists collaborate with the client on deciphering the sexual scripts that are available to them, pull out the maladaptive sexual scripts and replace them with the desired ones. These therapies make nothing or little of the universal diagnostic categories and criteria, rather, they focus on the subjective experiences and the meanings associated with those experiences (Kelinplatz, 2012).

The adequacy of the *DSM* and the *ICD* and the therapeutic interventions relying on these classification systems have been scrutinized by feminist critics, as well. Some feminists argued that within the discipline of psychiatry, women, who have difficulty in penetrative intercourse for some reason, are pathologized, sexualized, victimized, and disbelieved (Ussher & Baker, 1993; & Tiefer, 2004; Tosh & Carson, 2016). The diagnosis of female sexual dysfunctions was criticized on the grounds that heterosexism is inherent in it, which accepts penile-vaginal intercourse as the norm (Barker & Richards, 2013). It was also argued that the *DSM* criteria for women's sexual dysfunctions are biologically reductionist (Ussher, 2003). Moreover, traditional gynecologic and psychiatric approaches and interventions were criticized for their methodology through which sexuality is removed from the larger social context (Tiefer, 2004). Feminist critics questioned gynecologic and psychiatric interventions in women's sexual problems by asserting that these interventions, which take sexual desire, arousal and orgasm into consideration in generating "functional" sexuality (Basson et al., 2005), make socialization influences and the experiences of inequality invisible. Therefore, as Tiefer (2004) stated traditional sex therapies are oblivious to interpersonal relationships and psychosocial development

through which women are prone to be exploited and abused in both sexual and non-sexual aspects of everyday life. In diagnosing sexual problems, not only psychiatry but also gynecology focus on the quantifiable evidence and in the treatment of the problem they work on reversing the symptoms. By this way, psychiatrists and gynecologists rely more on pharmacological or surgical interventions for the treatment of vaginismus. Some feminist critics viewed the treatment choices within psychiatry as normalizing sexual coercion. The treatments' insistence on "successful" penetration, which is supported by woman's partner and carried out by practitioners, was interpreted as the men's request for maintaining on-going gender norms (Tosh & Carson, 2016). Within this perspective, therapeutic interventions were claimed as being coercive because in the context of heterosexual relationships, coitus is accepted as the central practice of woman's oppression. When viewed from this aspect, any failure of penetration impedes women's performance of normative heterogender. Therefore, for some feminists, vaginismus acquires meaning within hegemonic heterosexual context and they argued that the practices to overcome vaginismus are gendering themselves, which improves women's performance of heterogender (Stelko, 2015). This perspective related penetration to the inoculation of male values (Ussher & Baker, 1993) rather than regarding it as meeting the sexual needs of women with vaginismus. These feminist views designated the necessity of penile-vaginal intercourse as the "coital imperative" which is accepted as the most hegemonic practice of heterosexuality (Jackson, 1984).

In the present study I share similar concerns about the diagnosis of vaginismus and traditional sex therapies because the equation of sex with penile-vaginal intercourse is a flawed perspective. However, regarding coitus as the most hegemonic practice of heterosexuality is another faulty viewpoint regarding women's sexuality and their sexuality related problems because it is very normal and acceptable for women to desire penetrative intercourse, thus, when they face any problem in penetration, seeking help is reasonable. Therefore, in this study, I do not judge or criticize women searching for possible solutions to terminate their penetration difficulty and have vaginal intercourse because a woman's desire to have penetrative intercourse and to be a cultural and social being are not unfavorable things in themselves. In this study,

I argue that efforts to be a part of society are what make us "human." Therefore, in this study, rather than criticizing women's efforts to be part of culture and society, I scrutinized the cultural and social norms and examine the circumstances within which women experience sexuality and sexual problems. Through this study I call for a discourse of diversity rather than naming women's sexual difficulties as "sexual dysfunctions" which can imply that being non-penetrable is necessarily a problem.

It can be said that although medical and psychiatric research and interventions may bring an impression of validity to women's sexual difficulties, they mostly disregard gendered relations in the context of which women's sexual difficulties emerge. Therefore, sexual double standards, enclosing women's sexual experiences, are oblivious to medical and psychiatric discourse and therapeutic interventions. Although medicalized definitions of women's sexual problems have been under scrutiny, still the recent research continues to focus on the physiology of women's sexual difficulties (Tiefer, 2015). There was a feminist call for sexuality research to "raise up women's voices" (Tiefer, 1995). However, feminist perspectives on women's sexual problems are still marginalized within a context in which medical and psychiatric discourse and interventions prevail. It is clear that a sexual scripting and feminist discourse on women's sexual problems, especially vaginismus, is lacking. Therefore, in this study, sexual scripting and feminist perspective are hoped to move women's difficulty in vaginal penetration beyond biomedical approach and place it in cultural and interpersonal context, which include sexual double standards.

1.2 Purpose of the Study

The purpose of this study is to explore cultural, interpersonal, and intrapsychic sexual scripts surrounding vaginismus in Turkish context. Within this study, it is predicted that erroneous sexual beliefs and myths make women susceptible to sexual problems, in this case to vaginismus because as Simon and Gagnon (1986) suggested, sexual scripts produce cognitions and behaviors, which serve as self-fulfilling prophecies on behalf of the script itself. That is, most of the individuals act on their learned, developed and internalized scripts and there is a consistency between their cognitions and behaviors. However, this consistency can sometimes be

dysfunctional if the script is dysfunctional (Gagnon, Rosen, & Leiblum, 1982). In this study, traditional sexual scripts at the cultural level, which are predicted to be imbued with double standards of sexual behavior, are treated as dysfunctional sexual scripts. In line with this, the dysfunctional sexual scripts available to women are anticipated to guide women's difficulty in vaginal penetration.

Another purpose of the current study is to situate vaginismus within the socio-cultural and relationship context rather than putting it into health and illness domain. Therefore, the diagnosis and treatment of vaginismus are not the foci, rather the study is hoped to raise consciousness about the scripts surrounding vaginismus and the individual wording of it. Rather than reducing women's sexual problems into international diagnostic classifications, the scripting and feminist approaches are hoped to help women's sexual difficulties resemble more to their personal statements and experiences. Therefore, providing a viable scripting and feminist framework for examining women's sexual problems in general, and vaginismus in particular, is one of the most important purposes of the study. The results of this study are hoped to make scripting and feminist contributions to the existing literature on women's sexual problems.

1.3 Research Questions

The current study was designed to answer the following research questions:

RQ.1. What are the cultural, interpersonal, and intrapsychic sexual scripts that frame vaginismus in Turkey?

RQ.2. How are sexual scripts at three different levels imbued with sexual double standards?

RQ.3. To what extent do women having difficulty in penetrative intercourse endorse sexual double standards?

RQ.4. How would women experiencing penetration problem conceptualize sex, sexuality, and related terms such as "vaginismus," "sexual health," and "sexual success"?

1.4 Significance of the Study

Most women are not aware of the word "vaginismus." Some of them get acquainted with the term in their first coitus, while it takes years for some women to explore why they cannot have penetrative intercourse (Pacik, 2014). In the process of conducting this research, some people, including my friends, relatives, and students, asked me about my research topic. When I declared the topic, I recognized that for the majority of them vaginismus was an unknown term. Usually, a long pause followed after they learnt the subject and the meaning of vaginismus. Vaginismus is not a topic openly discussed in public; therefore, there exists an absence of meaning related to the problem. When I reviewed the existing literature on vaginismus, I recognized that this silence is not peculiar to my experience, yet a prevalent cultural practice. Stelko (2015) explained this lack of discourse on vaginismus as indicative of society's attitudes towards women's sexual problems because having difficulty in sexual intercourse is still viewed as a taboo subject, as well as sexuality itself. Vaginismus is silenced not only in public but also in private relationships of women (Stelko, 2015). With this in mind, I thought that sharing experiences about vaginismus would be a powerful social learning strategy and would be empowering for both the ones currently involving in the issue and the ones who can encounter the same problem in a period of their lives. The discussions, question-answers, and comments of women experiencing vaginismus are valuable in terms of sharing experiences and raising consciousness about the issue because as will be seen in the personal comments of participants, many women have overcome the problem through gaining knowledge about their body, female sexuality generally, and vaginismus particularly. Through sharing their experiences, participants reported to feel that they are not alone suffering from an extra-ordinary problem. When they recognized that the problem is common among women of different socio-cultural backgrounds, their anxiety decreased, as they report. On the plus side, by virtue of

vaginismus, some women begin to learn more about female sexual anatomy, function, and satisfaction that are otherwise not possible for them. The sexual knowledge they obtain empowers them both in private and public spheres because vaginismus is not only about learning how to relax pubococcygeus muscle (PC) but it is also about their whole selves. Relaxation is not restricted to their sexual behavior but becomes a habit of them.

Examining vaginismus from scripting and feminist perspectives provides this study with an opportunity to link what women think about their sexuality and what they do actually. Regarding the sexual conduct as "scripted" on the personal and relationship levels bestows the behavior the quality of a narrative. At the same time, scripting approach allows for regarding sexuality as more than an individual behavior because what is experienced sexually is an outcome of culture and the structure of non-sexual, which exist prior to the sexual. Also, studying vaginismus from sexual scripting and feminist perspectives endows the women in question with an opportunity to connect their sexual self and sexual behavior with the social world out of where the problem emerged, rather than to view their problem as solely situated in their psyche or body.

Women's sexual selves and their personal experiences are central to their sexuality. Therefore, in the current study I explored sexual experiences of vaginismic women that were told in their own words. To reach that end, I collected data through semi structured in-depth interviews. I tried to elucidate sexual scripts at cultural, interpersonal, and intrapsychic levels from women's individual reports. By virtue of this methodology, women's voices and their individual accounts of their experiences related to vaginismus have become salient. Thus, this study has an empowering, emancipatory, and liberating power for both the participants and me, as a woman and researcher.

1.5 Definitions of the Terms

In this part, the definitions of the terms used in the current study were presented in alphabetic order.

Medicalization is defined as "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders[2]" (Conrad, 1992, p. 209).

Sexual double standard is conceptualized as divergent set of expectations related to men and women's sexuality and evaluating the same sexual activities harshly when a woman involves in it (Sanchez et al., 2012).

Sexual double standard endorsement is defined as "the degree to which an individual's attitude reflects a divergent set of expectations for boys and girls, in that boys are expected to be relatively more sexually active, assertive, and knowledgeable and girls are expected to be relatively more sexually reserved, passive and inexperienced" (Emmerink, van den Eijnden, Ter Bogt, & Vanwesenbeeck, 2016, p. 289).

Vaginismus is classified by the *International Classification of Diseases* (ICD-10) under the category of "mental and behavioral disorders." Within this classification system vaginismus is defined as "spasm of the muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful" (World Health Organization, 1992, p. 194).

Vaginismus is also categorized by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) under "genito-pelvic pain/penetration disorder", which is defined as "marked difficulty in having vaginal intercourse, marked vulvovaginal or pelvic pain during vaginal intercourse, marked fear or anxiety either about vulvovaginal or pelvic pain or vaginal penetration, and marked tensing or tightening of the pelvic floor muscles during attempt vaginal penetration, which may cause clinically significant distress or impairment" (American Psychiatric Association, 2013, p. 437).

[2] In this study "medicalization" as a term is employed to underline the potential for redundant pathologization of women's sexual complaints. Therefore, the judgmental approach to biomedical research and interventions should not be confused with a total rejection of medicine.

Vaginismus is a medical term attributed to women's difficulty in vaginal penetration. In this study, I criticized medicalization of women's difficulty in having penetrative sex by making cultural and gendered variables more salient. Despite criticizing the medicalization of women's sexual problems, I used the word vaginismus to provide a common language and facilitate communication between diverse fields of studies because other disciplines and women having the complaints use the same language. Also, during the research process, in referring to women's difficulty in having penetrative sex, I used the word "vaginismus" because by using unfamiliar sexual terms, I would have risked encouraging participants and the goals of this research may have been stifled.

CHAPTER 2

THEORETICAL FRAMEWORK

In the present study, sexual script theory of Gagnon and Simon (1973) is the theoretical framework that guided the methodology and interpretation of research findings. In the following parts of this chapter, I demonstrated the tenets of sexual script theory.

2.1 Sexual Script Theory

An unmitigated social psychological analysis of sexuality began with the publication of *Sexual Conduct* in 1973 by John Gagnon and William Simon. Their standpoint for sexuality differed sharply from the essentialist and biological perspectives on sexual behavior. According to them, rather than being a hard-wired one, sexuality is affected by cultural norms, the continual interplay of the participants, and each actor's past experiences and present desires (Gagnon & Simon, 1973). Through their sexual scripting approach, Gagnon and Simon treated sexual cognitions, behaviors, attitudes and affect as social phenomena. The fundamental premise of sexual script theory is that all social behavior, including sexual behavior, is scripted. According to Gagnon and Simon (1973), behaviors and feelings are not sexual in themselves, yet become so through the formulation of scripting that infect them with sexual meaning. Therefore, it can be said that the sexual behaviors, attitudes, beliefs, and even feelings are all socially constructed. Gagnon and Simon defined the formulation of scripting as "without the proper elements of script that defines the situation, names the actors, and plots the behavior, nothing sexual is likely to happen" (1973, p. 17). That is to say that sexual conduct includes an organized cognitive schema which is required by individuals to identify a conduct as a sexual conduct. More importantly, such a notice is not a simple response to universal sexual sign; rather it involves a complex interaction between the individual and the context (Gagnon, 1990).

Therefore, sexual scripts are conceptualized as operating on three distinct levels as those of cultural, interpersonal, and intrapsychic; all of which are treated as crucial determinants of individuals' sexual behaviors, attitudes, beliefs, and feelings (Simon & Gagnon, 1986).

2.1.1 Cultural Sexual Scripts

Cultural sexual scripts are conceptualized as instructions at the cultural level about what an individual should and should not do sexually (Gagnon & Simon, 1973). These instructions can be normative like abstract norms, rules, values, and beliefs; and attitudinal (Gagnon & Simon, 1973; Wiederman, 2005). Individuals become personally acquainted with sexuality by being guided about what, how, why, when, and with whom to do certain things (Gagnon & Simon, 1973). These instructions provide the basis for sexual behaviors, attitudes, and even feelings of individuals (Gagnon, 1990). Cultural scripts are the most notional level of scripting and they create the appropriate environment for roles, places, times, and reasons for sexual conduct. They are transmitted through the ways in which cultural institutions are experienced on a daily basis. Among these institutions are; family, marriage, religion, education, government, law, etc. (Gagnon, 1990). These institutions operating at individual and interactional level instruct and encourage certain sexual behaviors whereas disclaim, discourage, and punish some other ones. Moreover, they affect the way individuals come to think about themselves as sexual beings and make behavioral adaptations (Laws & Schwartz, 1977). Thus, through institutional arrangements, sexuality related cultural scenarios provide the general context for sexual conduct and individuals are channeled into acquire "appropriate" sexual behavior and attribute meanings to that certain behavior.

Among the underpinnings of sexual scripts theory is that sexual conduct and gender conduct are related to each other to a certain degree (Wiederman, 2005). It is an observable fact that men and women follow different sexual scripts and they are treated differently even if they engage in the same behavior (Crawford & Popp, 2003). The different expectations related to men and women's sexuality and evaluating the same activities harshly when a woman involves in it is called "sexual

double standards" (Sanchez et al., 2012). Reiss was one of the first researchers to study sexual double standards through a large-scale (1967) in which he evaluated attitudes toward heterosexual permissiveness embedded in premarital sexual standards. Within the study, there were subcategories based on Reiss' previous research on premarital sexual intercourse (Reiss, 1960, 1964). The subcategories included abstinence (sexual intercourse before marriage was not approved for both women and men), double standard (men were accepted as having more liberty to engage in premarital intercourse), permissiveness without affection (without emotional investment in sexual partner, premarital intercourse was regarded right for both women and men), permissiveness with affection (premarital sexual activity was approved for both women and men when the intercourse was a part of a committed relationship). The results showed that women, more than men, reported the endorsement of abstinence; and men, more than women, were cited for the enactment of sexual double standards. The differences in the endorsement of subcategories made Reiss conclude that sexual conduct had not achieved an egalitarian feature yet.

There are also a number of studies which revealed that gender is among the most important variables of sexual conduct (Masters et al., 2013; Tolman, 2002; Wiederman, 2005). Wiederman (2005) claimed that sexual scripts at the cultural level differ according to one's gender. He added that traditionally available sexual scripts provide men with active, aggressive, and competitive roles in sexual contact while delineate women as passive and submissive in sexuality. In another study, it was asserted that in stark contrast to women, men's social status increases with the number of sexual partners they have (Masters et al., 2013). On the other hand, women are punished in different ways if they have premarital sexual intercourse, thus they are channeled into engaging in sexual activities within committed relationships (Fallon, 2013). Investment in romantic relationship is highly approved and expected for women in adolescence, whereas sexual contact and even talking about sexual desire meet with disapproval, especially before marriage (McCabe, Tanner, & Heiman, 2010). Young women are well aware of the fact that if they violate culturally available sexual scripts, they will get some kind of a backlash, thus

sexual gatekeeping incorporates into their sexual selves (Sakaluk, Todd, Milhausen, Lachowsky, 2014).

Several studies indicated that for women there are negative social consequences for actively engaging in premarital sexual activity. Women know that their social status as a woman declines if they are actively express and experience sexuality (Jackson & Cram, 2003). In their research on sexual script commitment in college aged women and men, Sakaluk and his colleagues (2014) put forward that these sexual double standards are accepted and reproduced by both women and men, who accept sexually autonomous women as 'sluts." These sexual scripts, including sexual double standards, leave little or no room to claim alternative sexual experiences for women (Tolman, 2002).

In order to figure out cultural sexual scripts available to women and men, it is essential to examine the impact of parents on children's identity and behaviors. As a study by Ward and Wyatt (1994) showed, women, who engage in risky sexual behavior, report negative verbal messages about sexuality transmitted by their parents. In her comparative study, Schalet (2011) noted that there is a "dramatized" attitude towards adolescent sexuality by parents who view sexuality as dangerous. She argued that this kind of an attitude towards sexuality makes parents control their children's behavior, particularly their daughters'. The negative connotations related to premarital female sexuality motivate parents to communicate sexual issues with their daughters more than they do with their sons (Nolin & Peterson, 1992). Through parental communication on "socio-sexual issues," sexual double standards are inoculated. As is clear from the studies, when compared with sons, daughters have more parental communication about sex, most of which focus on risks and dangers concerning sexual intercourse (Fisher, 2009). Parents mostly warn their daughters so as to be alert and defensive in the face of a sexual initiation made by their male partners (Nolin & Peterson, 1992). This kind of a sexual socialization transmits the message that women are sexually vulnerable and need to protect themselves from men's sexual advances. As a result, women are given the role of sexual "gatekeeper" in sexual conduct.

Due to the fact that sons receive less parental sexual socialization, they tend to turn to other sources of information. As Epstein and Ward (2008) revealed in their study, media and peer groups are the most important sources male children consult in order to be informed about sexuality. The researchers added that when compared with family, media and peer groups adopt more liberal values concerning sexuality, so what these sexual socialization agents transmit to the male child is less conservative than the sexuality related knowledge infused by parents. This can be one of many explanations of why men are endowed with more liberal values regarding sexuality.

In sum, cultural scenarios about sexuality are embedded in social institutions which offer viewpoints of what is sexually rewarded and punished (Gagnon, 1990). However, it is important to note that the cultural scenarios are not always hegemonic; rather, there is a constant struggle at interpersonal and personal levels to foster their own distinct scenarios (Wiederman, 2005). Therefore, cultural sexual scripts do not determine sexual conduct directly and they are rarely predictive of sexual behavior. In most cases, sexual scripts at the cultural level become "too abstract to be applied in all circumstances" (Simon & Gagnon, 1984, p. 53). These scripts become more concrete at interpersonal and intrapsychic levels of scripting.

2.1.2 Interpersonal Sexual Scripts

The relatively abstract scripts provided by culture need adaptation by the participants to the particular situations (Wiederman, 2005). This is when interpersonal sexual scripts become salient. According to Simon and Gagnon (1986), interpersonal scripts have a dyadic feature. Through the dyadic process, that is, interpersonal scripting, partners become partial scriptwriters and they negotiate sexual conduct by making it reciprocally acceptable. Correspondingly, each individual as a social actor brings interpersonal scripts into existence by adapting the general guidelines that she/he has learned by virtue of culture (Simon & Gagnon, 1986). It is this level of scripting that "allows two or more actors to participate in a complex act involving mutual dependence" (Gagnon & Simon, 1973, p. 18), that is, the actors create their sexual scripts mutually. These scripts include dyad's mutual wishes, desires, fantasies, beliefs, and behaviors.

There are some studies that have uncovered the relationship between cultural and interpersonal sexual scripts. Upon reviewing the published research, Eaton and Rose (2011) revealed that when compared with the past, heterosexual dating scripts become more egalitarian. Also, their study concluded that although heterosexual dating scripts among young adults in the United States remained highly gendered at the cultural level, there are some differences in interpersonal sexual scripts. Traditionally, men are bestowed with the role of initiators in a sexual intercourse while women are expected to be the passive receivers (Simon & Gagnon, 1984). On the other hand, some studies predicted that this pattern may be the other way round in a committed relationship. However, using a diary method with 31 men and 32 women, whose ages ranged from 18 to 24, Vannier and O'Sullivan (2011) reaffirmed that this traditional cultural sexual script for sexual initiation is not so different in a committed relationship because the results suggested that men make the first move to have sexual intercourse more than women do.

When interpersonal scripts are examined, it becomes clear that women participate in sexual activity passively. This sexual passivity goes as far as to include unwanted sexual intercourse (Impett & Peplau, 2003; Kiefer & Sanchez, 2007). As is noted before, for women, the negative consequences of sexual activity before marriage outweigh the rewards of it; therefore, they tend to abstain from sexuality as much as possible. When it is not much possible to refrain from it, they are subjected to unwanted sexuality. In a study with college women, Lewin (1985) found that women are exposed to unwanted sexual activity in at least one period of their lives. In the study, 30% of the participants reported that they experienced unwanted sexual intercourse due to the psychological pressure by their partners. Lewin explained the results according to the cultural norms available to men and women. According to this, there are not positive values about women's sexuality that can encourage female sexual autonomy (Lewin, 1985). The results of another study show that women often report having difficulty in saying "no" to unwanted sexual initiations and the most common reason cited for this compliant sexual behavior was found to be women's desire to preserve their relationships (Katz & Tirone, 2009). Another research on unwanted sexual activity suggests that men, who invest in masculine sexual scripts,

tend to adhere to the notion of token resistance (Muehlenhard & Hollabaugh, 1988). In a research, sociologists worked on the practice of "token resistance" which means saying "no" but implying "yes" to sex (Muehlenhard & Hollabaugh, 1988). The researchers concluded that 39% of the research participants (women) engage in token resistance. Muehlenhard and Hollabaugh argued that when sexual double standards are taken into consideration, "token resistance may be a rational behavior" (1988, p. 872). Women are guided to abstain from sexual contact as much as possible, so even if they are eager to say "yes" to sex they pretend not to desire it and say "no" to their partners. As the results suggest, women's gender role conditioning is a predictive factor for engaging in token resistance.

Some research reveals that making women engage in unwanted sexual activity suits well to traditional male script (Vannier & O'Sullivan, 2010). The result sheds light on the fact that there is a persistent gender difference in sexual initiation. This prevailing sexual initiation script suggests that women have less power, or at least they perceive themselves as having less power in sexual decision making process (Sanchez et al., 2012). Women's approach to contraceptive use is one example of how women perceive themselves as having less power in sexual encounters. Hynie, Lydon, Core and Wiener (1998) studied the effect of gendered scripts on women's contraceptive use. The results of the study showed that women regard themselves as lacking initiative to use condom in sexual intercourse. The study also revealed that the adherence to gendered sexual scripts affect protection from pregnancy and sexually transmitted diseases in a negative way. Thus, the study illustrated how women have less power or perceive themselves as having less control in a sexual encounter.

2.1.3 Intrapsychic Sexual Scripts

Finally, the third level of scripting within sexual script theory is intrapsychic[3] which operates on individual level and takes place in individual's psyche. Gagnon and

[3] In conceptualizing sexuality, psychoanalysis relies heavily on the unconscious that is mostly obscure. Therefore, psychoanalytic approach deems adult sexuality as unconsciously determined by a past which is not possible to access in consciousness. In contrast, Gagnon and Simon object to this excessive emphasis on the effect of unconscious and early life on

Simon described intrapsychic scripts as "the internal…, the motivational elements that produce arousal or at least a commitment to the activity" (1973, p. 20). Intrapsychic scripts include fantasies, thoughts, beliefs, and mental rehearsals about the behavior in question. Therefore, intrapsychic scripts are peculiar to each individual's sexuality and they are not inevitably put into words (Wiederman, 2015); nor are they necessarily reflected in overt behavior (Simon & Gagnon, 1986). In addition, there is no direct interface between cultural scenarios and interpersonal scripts; these are completely mediated by mental life, that is, the intrapsychic scripting.

Sexual scripts at the cultural level are conceptualized as informing intrapsychic sexual scripts (Simon & Gagnon, 1986). In some research, the impact of culture-level sexual scripts on sexual behaviors was examined and it was revealed that certain sexual behaviors, such as sexual initiation, may be consistent with traditional cultural sexual scripts (Bowleg, Lucas, Byers, 1996; Dworkin & O'Sullivan, 2005). However, it was also acknowledged that cultural scripts do not dictate intrapsychic ones (Simon & Gagnon, 1986; Wiederman, 2015). That is to say that even though cultural sexual scripts correspond with traditional masculine and feminine sexuality to a certain extent, some differences may exist in intrapsychic sexual scripts. In Krahe, Bieneck, and Sheinberger-Olwig's research (2007), participants were provided with prototypical elements of scripts for heterosexual interactions and they were expected to rate the elements. As the results suggested, in comparison with the cultural scripts, the intrapsychic scripts included lesser risk elements concerning sexual aggression. In another study conducted by Whittier and Melendez (2004), data was gathered through unstructured, longitudinal interviews with 23 gay men with

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adult sexuality by asserting that sexuality is perpetually and reflexively adapting to new circumstances in lifetime. The suggestion they make, as opposed to the assumptions of psychoanalytic approach, is that rather than the past determining the present, "the present significantly reshapes the past as we reconstruct our biographies to bring them into greater congruence with our current identities, roles, situations and available vocabularies" (Gagnon & Simon, 1973, p. 13). According to this approach, instead of the unconscious as the basis of the psyche, they have "intrapsychic" which is "a socially based form of mental life" (Gagnon, 2004, p. 276). Therefore, throughout this study when intrapsychic aspect of sexuality is referred, this does not mean that a reference is given to individual's unconscious mind. Intrapsychic aspect of sexuality is used within the boundaries of Gagnon and Simon's conception of it as a form of mental life which is socially based.

regards to their sexual behaviors, fantasies, and desires. The results showed that inter-subjectivity, or what people think others think of them, is a powerful factor in one's intrapsychic sexual scripting.

Sexual scripts are largely interwoven with gendered scripts (Wiederman, 2005) because each individual undergoes a process of gender and sexual socialization in which gender specific and differentiated scripts are learned prior to sexual scripts (Jackson, 2007). In other words, sexual scripts take their origins from previously learned gender scripts (Gagnon, 1979, 1990). Like all social conduct, sexuality is scripted, thus differences in men and women's sexuality are inevitable. As a result of the taken for granted feminine and masculine performances, women and men are expected to internalize different sexual scripts. As Wiederman (2005) claimed, gender roles encourage distinctive behaviors and feelings pertinent to sexuality. Therefore, the difference in internalizing different sexual scripts stems from the fact that women and men are socialized as separate but often complementary individuals.

Although most of the studies on traditional sexual scripts have shown that men are traditionally encouraged to be active and autonomous and accepted as having stronger sex drives than women, some studies revealed that men tend to move away from traditional sexual scripts and they are eager to adopt more egalitarian ones through developing alternative views and practices (Dworking, Beckford, & Ehrhardt, 2006; Dworkin & O'Sullivan, 2005). Seal and Ehrhardt (2003) argued that men tend to seek emotionality and commitment through sex as opposed to the traditional male sexual script in which men are expected to view sex as a conquest. In a similar way, although women are traditionally expected to be passive receivers of men's sexual advances (Bowleg et al. 2004; Ortiz-Torres et al., 2003; Wiederman, 2005), relatively recent studies challenged traditional submissive script for women at the individual level by revealing that women tend to move beyond adopting passive and submissive roles in sexual encounters by taking sexual initiative and seeking pleasure in sex (Vannier & O'Sullivan, 2011). Therefore, studies on sexual scripts have suggested that while traditional sexual scripts persist at the cultural level, there is a continual change and novelty at the individual level (Masters et al., 2013).

However, it is important to note that even if women and men are prone to change traditional sexual scripts and adopt new views, attitudes, and behaviors at the individual level, they are liable to regard themselves as engaging in the traditional sexual scripts (McCabe et al., 2010).

In examining intrapsychic sexual scripts it is important to acknowledge the social boundary mechanism through which cultural scenarios exercise power because the institutionalized sexual scripts at the cultural level are internalized by individuals at the intrapsychic level (Weis, 1998). Weiss asserted that "internalized scripts are cognitive organizations of beliefs, perceptions and meanings associated with some particular referent" (1998, p. 107). Internalized scripts and the self with reference to such scripts are flourished through a set of interdependent processes that include individual responses to human experience (Weis, 1998). Due to the fact these individual responses to human experience happen in a certain social environment, internalized scripts are asserted to mirror institutionalized scripts. In other words, the kinds of scripts, which can be internalized, are restricted by social environment. Within this framework, institutionalized scripts, which acquire a normative character, exercise control over individuals' behaviors, attitudes, beliefs, and feelings. This restrictive feature of institutionalized scripts is called "social boundary mechanism" of script development (Weis, 1998, pp. 107-108). Social boundary mechanism of script development does not imply that human behavior is determined by social order; rather, it is a referent for explaining how script development and internalization of particular scripts are limited by social order. In examining the intrapsychic sexual scripts, social boundary mechanism under which women's, as well as men's, sexuality is constructed, is of primary importance; therefore, in order to understand women's sexuality, it is necessary to examine both the script internalization and the social boundary mechanism in which the script internalization processes occur.

To sum up, cultural scenarios provide what is deemed as normative within a specific culture and intrapsychic scripts supply the maps for how to feel, think, and behave in a sexual encounter. This means that whereas sexual scripts at the cultural level

specify the general instructions with regard to sexuality, intrapsychic scripts provide the motivation for each individual's sexual behavior. As a result, it can be concluded that people are socialized as audiences of cultural scenarios first, but when they are to enact learned cultural scripts they modify them at the interpersonal and intrapsychic levels. As it is seen, the interaction among three levels of scripting is complex and more importantly there is not one formula for one level to be more dominant than the others because while some individuals exactly reproduce the instructions of cultural scenarios without any discomfort and often with delight, there are some people who can find the prevailing cultural scenarios as disturbing, thus they may tend to form their distinct scenarios (Wiederman, 2015). Accordingly, the scenarios behind sexuality cannot be restricted to one or another level of scripting; instead, the interplay among cultural, interpersonal, and intrapsychic scripts must be investigated. Therefore, in examining women's sexuality, as well as their sexual problems, it is notable to regard different levels of scripting.

CHAPTER 3

METHOD

3.1 Research Design

Through suggesting that sexuality is socially constructed (Gagnon & Simon, 1973; Tiefer, 1995) and the differences in men and women's sexuality are not so much related to the biology as they are related to the culture and interpersonal negotiations, the feminist perspective, together with sexual scripting approach, object to the portrayal of sexuality as merely instinctual and biological drive. Feminist perspective encourages research inclusive of sexual double standards which are invisible to mainstream sexuality research. In the current study I embarked on unfolding the negative effects of sexual double standards on women's sexual wellbeing and objected to the existing sexist bias within the social sciences and male dominated research practices. These two dimensions lend themselves well to a feminist analysis. Therefore, in this study, I used feminist perspective as an empowering tool and reflected feminist research practices upon my research behavior.

Although both quantitative and qualitative research methods are necessary to study social phenomena (Jayaratne & Stewart, 1991), qualitative methods are often preferred by feminist researchers because quantitative methods tend to reduce women's lived experiences into predetermined categories through which women's individual voices are lost and certain aspects of their experiences are silenced (Mies, 1983). In contrast, qualitative research, which is defined as a sort of social inquiry centering upon the way individuals interpret and give meaning to their experiences and the social world (Creswell, 1998), better captures the depth of individuals' experiences (Jayaratne & Stewart, 1991). Consistent with the scripting approach and feminist point of view, I aimed to obtain a deeper understanding of women's individual experiences of vaginismus. I thought that an appropriate method for examining woman's subjective experiences of vaginismus is the qualitative study,

which has the utmost potential to provide rich insight into women's subjective experiences of vaginismus and their individual wording of it. Among a number of qualitative data collection techniques, feminist researchers commonly conduct in-depth interviews because interviews are described as capturing the depth of a theme so that the researcher comprehend and interpret the participants' social world (Creswell, 1998). Therefore, in order to better understand women's subjective experiences of vaginismus, I conducted semi-structured in-depth interviews with women who overcame vaginismus in the recent past in Turkey. In analyzing data, I used thematic analysis (Braun & Clarke, 2006). Most importantly, feminist research practices guided the methodology of the study. In this chapter I presented the description of the methodological procedures of this research.

3.1.1 Feminist Research

The question of what constitutes feminist research has long been a matter of inquiry by feminist and social researchers. Although feminists do not completely agree on how to conduct social research, they are in a state whereby they share an assertion that there is no single definition of feminist research (Maynard, 1994). As Stanley and Wise (1993) argued there is no research method that can be regarded as distinctively feminist. The methods used in feminist research are similar to those used in other social research practices, but the only difference is in that feminist research methods are adapted to be in line with feminist ideology. That is to say, in feminist research, any method or technique can be used as far as it investigates the "condition of women in sexist society" (Stanley, 1990, p. 12). Therefore, it can be said that feminist social research is characterized by a series of assumptions and practices that examine the condition of women in a society, which is claimed to be infected with double standards. Although some others exist, sensitivity to gender issues, commitment to emancipation, creating non-hierarchical relationship between researcher and participants, linking emotions with knowledge, and practicing reflexivity (Fonow & Cook, 1991) are the feminist features I adopted and carried out throughout this study. In the following sections, I noted each of these characteristics in detail and presented their relevance to the current study. However, it is important

to recognize that all these principles of feminist research were not only presented in this written document, but they were located in the research behavior as well.

3.1.1.1 Sensitivity to Gender Issues

One of the defining features of feminist research is its sensitivity to gender issues. Upon focusing on the daily experiences of women and making silences in the mainstream research salient, the feminist research challenges mainstream social research (Mies, 1983). Feminist research practices are based on criticizing each discipline's biases, distortions, and misrepresentations in studying women's issues and gender relations (Cook, 1983). In line with this manner, feminist researchers embark upon eliminating sexist bias and seek to capture women's voices that are lost in traditional social research (Campbell & Wasco, 2000). It is a common practice for feminists to investigate the invisible and silenced aspects of women's experiences, as well as the gender relations in a given society. Therefore, it can be said that studying gender relations in a sexist society and women's subjective experiences, which are told in their own words, provide the basis for feminist research (Du Bois, 1983).

Feminists claim that what is known as reality is actually based on men's experiences and their ways of seeing the world (Spender, 1980; Smith, 1988). Therefore, feminist researchers argue that science echoes the values of dominant societal groups (Harding, 1987; Stanley & Wise, 1983). According to this, women are denied making of knowledge and their experiences and ways of knowing the world are represented in relation to men's (Spender, 1980). Moreover, feminists claim that some aspects of women's subjective experiences are either neglected or distorted in the name of sustaining objectivity in conventional social research (Smith, 1988). According to Stanley and Wise (1983), objectivity is a male practice to exercise control over the research process and the research participants. They went further by suggesting that the asserted objectivity in conventional social research functions as an excuse for sustaining power relations in which women are kept in subordinate position by researchers. Instead, feminists recognize the importance of subjective and personal experiences of research participants by approaching them as valid. Ultimately, the eventual goal of feminist research is to capture women's experiences

in a way that is respectful to their narratives and to legitimize their lived experiences as sources of knowledge (Campbell & Wasco, 2000).

The present study is sensitive to the gender issues within Turkish society and it is driven by the assumption that men and women are not given the same opportunities and they are judged differently even if they engage in the same behavior. Moreover, in this study I adopt a critical approach to the tools employed in mainstream sexuality research. I try to challenge the silence in mainstream research related to women's sexuality and their sexual problems by criticizing medical and psychiatric approaches in studying and "treating" women's sexual problems. In this study I argue that upon relying on diagnostic classification systems, like the *ICD* and the *DSM*, the medical and psychiatric approaches to women's sexual difficulties tend to regard women as unreliable witnesses to their own experiences. As a corollary, in this research I elucidated women's experiences related to their difficulty in vaginal penetration in their own words and validated their experiences as knowledge claims (Campbell & Wasco, 2000). Some participants were aware that their immediate accounts of sexual difficulties were usually deemed inadequate by authoritative voices, including gynecologists or psychiatrists. Therefore, I can say that studying women's sexual problems from feminist and scripting standpoints enabled the participants to feel that their accounts would resemble more to their own realities.

3.1.1.2 Commitment to Emancipation

Feminist research is conceptualized as feminist theory in action because feminism is both theory and practice, that is, praxis (Mies, 1983). In other words, feminist research has political commitment in that it is based on the daily experiences of women and it tries to carry out an action through individual and social change. Feminist research does not only search for collecting data and presenting the findings, it aims to mediate individual and societal changes as well. Women can be the subject of inquiry of any social research; however, feminist research is distinguished from traditional research practices in that it does not only conduct research *about* women, but it also does this *for* women (Mies, 1983). Therefore, the

results of a feminist research aim to emancipate, empower, and liberate women through changing the sexist practices in a given society.

Feminists claim that the portrayal of objectivity as the ideal of social research ignores important personal subjectivity-based knowledge (Letherby, 2003). This ignorance of mainstream social research has been compensated by feminist researchers through abandoning the aspiration for better "neutral" knowledge (Holland & Ramazanoglu, 1994) and adopting "an emancipatory commitment to knowledge from the standpoint of women's experiences" (McLennan, 1995, p. 392). In the present study, based on participants' subjective narratives, I positioned women's sexual difficulties to the gendered context. My ultimate goal was not to portray women's sexual difficulties only, but help to change the condition of them. Similarly, in this study, I treated consciousness-raising, which is connected with the process of self-awareness, as consistent with emancipatory aims of feminist research (Fonow & Cook, 1991). The emphasis on action and emancipation in the current study can be basically observed in the research questions I asked and the ways I engaged in the research process. In line with the feminist assertion that "knowledge brings power," in this study, I argued that the first and maybe the best way of empowerment is through gaining knowledge and recognizing that one's individual experiences are just one part of the broader social context. In order to reach that end, I tried to encourage participants to recognize what was previously taken for granted about men and women's sexualities. As the research findings suggest, participants' active engagement in the research process provided them with an opportunity to express themselves and evaluate their individual experiences critically. The participants reported to recognize some aspects of men and women's sexuality that had been invisible to them before. Moreover, some participants told that they started to question gender relations that were oblivious to them prior to this research. Thus, it is clear that the participants' commitment to the research process proved to facilitate individual transformation which was first aimed at. As for the societal changes that this study promised, I believed that even a self-conscious woman's everyday practices can be a source of resistance to the ongoing relationships and they can be means of social activism. This belief is in accordance with a feminist claim that "a study of change could produce

the kind of knowledge women themselves might use to challenge the status quo" (Fonow & Cook, 1991, p. 9). When all these consciousness-raising and empowerment objectives are taken into consideration, it can be said that this research sought after an emancipatory aim (Cook & Fonow, 1986; Oakley, 1998; Stanley, 1990).

3.1.1.3 Creating Non-hierarchical Relationships

Feminist researchers attempt to develop non-hierarchical and non-exploitative relationships between the researchers and research participants (Letherby, 2003). In traditional social research, a hierarchy exists between the researcher and the participants because the researcher assumes the role of all-knowing, while the participants do not (Reinharz, 1992). This hierarchy has been criticized by feminist researchers on three major grounds. Firstly, feminists argued that hierarchical relationships hinder establishing rapport and trust that are necessary to facilitate disclosure of information from the participants (Oakley, 1998; Reinharz, 1992). Secondly, feminist researchers regard hierarchical relationship in the research process as unethical because this kind of relationship is accepted as treating research participants as mere objects (Stanley & Wise, 1983). Thirdly, hierarchical relationship in the research process is regarded as depriving the researcher of collecting authentic and reliable knowledge because knowledge is accepted as being produced in a research context in which the subjects do not feel patronized (Hammersley, 1992).

In response to this, feminist researchers propose non-hierarchical relationships in which both the researcher's and participants' identities, emotions, as well as their personal experiences in the related subject are mutually shared (Oakley, 1998). The role of the researcher in feminist research is to generate knowledge which can promote global gender justice, alter women's subordination, and put an end to all forms of social inequalities (Fonow & Cook, 2005). Therefore, rather than building hierarchical relationships, feminist researchers advocate a participatory model for social research in which the researcher shares knowledge, answers questions, and provides feedback when needed (Oakley, 1998).

Similarly, in a participatory model, research process is not treated as a mere mode of gathering data, instead, it is accepted as an opportunity for both the researcher and the participants to share information (Stanley & Wise, 1983). Thus, in a feminist research, the researcher discloses her personal identity to a certain extent. Self-disclosure during the interview is believed to facilitate a true dialogue between the researcher and the participants (Reinharz, 1992). For this reason, it is a common practice for a feminist researcher to place herself/himself "within the frame of the picture that she/he attempts to paint" (Harding, 1987, p. 9). This type of research practice breaks the hierarchy between researcher and research participants, which makes the research process non-exploitative and non-authoritarian (Oakley, 1998).

In the present research, I situated myself in the research process, thus I became one of the subjects of my own research. In that way, I believe that the hierarchy between the participants and me was mitigated. Also, in establishing rapport with research participants, I did not take the role of counselor or expert "treating" women's sexual problems. In this way, participants were ensured not to feel patronized in the research process. Neither did I pretend like a friend during the interviews because the participants have already friends and family members whom they can trust and share their experiences. My status as a woman, interviewer, and stranger ensured participants to disclose freely about a private aspect of their lives because I was not a part of their private world and they would know that they would probably not see me again—or at least out of research context.

Finally, in order to ensure non-authoritarian and non-exploitative research practice, I requested all participants to provide feedback on the interviewing process and they confirmed the interpretations of their own words as legitimate. In this way, more than being mere objects of the research, the participants took active part in the research process.

3.1.1.4 Linking Emotions with Knowledge

Incorporating the emotional dimensions into the research process is another substantial feature of feminist research. Upon acknowledging the important impact of

emotions on knowledge production, feminist research objects to traditional research practices by including the emotions, values, and beliefs of the participants within the research context (Campbell & Wasco, 2000; Fonow & Cook, 1991). As a result, feminists do not ground the research process only on thinking but they also seek for revealing the feelings of the participants. The feelings of the researcher are also acknowledged in feminist research because in collecting the data, the researcher is inclined to face emotion-laden material (Campbell & Wasco, 2000). What feminist researchers do when they encounter emotion-laden materials is to link their and participants' emotions with knowledge.

Feminist researchers use their emotions as insights into their research (Fonow & Cook, 1991). Based on this argument, consciousness of oppression is treated as bringing along a creative insight which is produced by experiencing contradictions (Fonow & Cook, 1991). These contradictions are also named as "rupture points" (Mies, 1991). According to Mies, studying women's rupture points, such as divorce, physical abuse, and rape, unclothes aspects of women's lives which otherwise remain hidden; therefore, these crucial moments of both researchers and participants are employed as sources of creative insight that are transferred into the feminist research process (1991). In this study, a "rupture point" of my life, which was experiencing sexual difficulty, culminated in an emotional catharsis—an affective component of feminist research—and my experiences were transferred into the research process, which resulted in an intellectual product.

In acknowledging the affective components of social research, some feminist researchers indicate the therapeutic impact of the research process (Fonow & Cook, 1991; Mies, 1991). Feminist research has commitment to the welfare of its research participants. Therefore, participation in a feminist research has therapeutic implications for the interviewees. The current study had therapeutic implications for the participants because as it is understood from participants' feedbacks, participation in a feminist research relieved participants' stress and anxiety. When they were asked, participants revealed two basic motivations for involving in this research. The first group said they participated in the study to feel themselves better

because they had the opportunity to unravel what they experienced anonymously, while the others reported to have involved in study for the purpose of having a heart-to-heart talk with someone who share similar experiences. Women in the second group stated that they had previously received help from obstetricians or psychiatrists and felt overwhelmed by the authoritarian attitude of doctors. These participants added that they did not feel patronized during the interviews of the current research, thus they could express themselves sincerely. When I scrutinized participants' feelings about the research process and their motivations to become a part of this research, I cannot deny the therapeutic impact of participating in a feminist research.

3.1.1.5 Reflexivity

In mainstream social research, in the name of maintaining objectivity, the relevance of researcher's self to the research topic and her/his involvement within the process is largely denied (Letherby, 2003). At the same time, the so-called objectivist stance of traditional research in social sciences makes the researcher's cultural background invisible. However, feminist researchers claim that regarding a research as completely independent of researcher's self is impossible. In most of the feminist research, as an ontological position, it is rejected that there is a single, objective, and real world; and realities are suggested as being socially constructed. In a feminist research, which reject the notion of objective reality, detached and dispassionate manner are not desired. Therefore, so as to understand how reality is constructed and interpreted, the researcher's subjectivities, which include her/his identities, values, beliefs and emotions are centrally incorporated into research processes (Campbell & Wasco, 2000).

Ramazanoglu and Holland (2002) conceptualized reflexivity as the method of including and constructing the subjectivity of the researcher in the research process. They also defined reflexivity as a practice of critical consciousness situated in the subjectivity of the researcher because it includes reflecting critically on the consequences of researcher's presence throughout the research process. Therefore, rather than trying to eliminate subjective involvements in the research processes, feminist researchers promote subjective elements in their works (Stanley & Wise,

1990); because in a social research, it is highly accepted and appreciated that it is the researcher who has an important role in analytical process. Due to all these reasons, in feminist social research, the researchers are encouraged to reflect their subjectivities and locate themselves in social structures so as to make sense of their and others' experiences (Letherby, 2003).

In the current study, the feminist conceptualization of subjectivity is carried out through practicing reflexivity. This study is written in the first person in order to acknowledge the importance attached to the reflexivity in feminist research practices. In other words, the use of "I" in presenting the research is due to the academic and political necessity of a study adopting feminist perspective as an empowering tool. At the same time, using personal pronoun in an academic setting is a way to question the validity of knowledge claims of traditional academic authority. Although the use of "I" in an academic study might be charged as un-academic indulgence, thus vulnerable to be discredited, upon using "I" in presenting the research process, the writer refers to herself/himself, implying that she/he has personal involvement with the research process and takes the responsibility of what she/he has been doing (Letherby, 2003). In this study, as a researcher, I located myself within the research process because the study not only unravels things about the participants, but it tells much about me, as a researcher as well. Thus, the use of "I" is purposive and has particular value in this study.[4]

Roberts (1981) underlined the importance of locating the researcher's self in a feminist research by asserting that the use of the self allows the audience with an opportunity to gain insight into the research process because the researcher's intellectual and personal account provide better understanding of the theoretical, methodological, practical, and ethical issues surfaced in the research. Therefore, in order to provide rich insight into the contextually situated research process that brought about the outcome of this research, my intellectual biography was presented

[4] At the same time, the use of "I" in presenting the research process is in line with sexual script theory, which implies that the findings are not just discovered by the researcher, but they are co-constructed by her/him and the participants as well.

in the following section. In addition, my personal biography, the parts of which were thought as relevant to the research, was acknowledged. In that way, the knowledge produced in this study was contextualized.

To situate myself, I was born in İzmir to a mother, who was a typist and father who was a bank officer. I came of age as the youngest of three daughters of my family. I was raised in a moderate, open-minded, and caring family. In those days I had a consciousness of women's oppression in different types and settings. When I was a child, our upstairs neighbor would beat his wife nearly every night and we could not interfere because it is called "domestic affairs"; if there were many visitors for dinner, men would eat first; many times I heard my uncle scolding his wife as a proof of his manliness; I know some women who would not go out without their husbands' permission; most of my female relatives were subjected to the rules of their husbands; I also know some women who do not have equal rights of inheritance and property; and so on. These experiences of oppression resulting from sexism provided me with a discernment of social phenomena and these experiential reminiscences were transferred into my academic interests and studies.

As far as my education is concerned, my first degree was in American Culture and Literature that offered a broad range of courses on literature, history, philosophy, religion, art, politics, culture, and social life from multicultural and interdisciplinary perspectives. Through receiving an undergraduate education in the department of literature, I developed a critical insight into literary and cultural traditions. Gender issues and women's perspectives were integrated into different courses which offered gender topics in academic contexts. Thus, I can say that literature department equipped me with depth of provision in different fields.

I strongly think that literature is important in conceptualizing various social realities because books provide vivid illustrations of social and historical incidences. On a more personal level, upon reading books, I experienced some situations vicariously and learned how to react to different situations without experiencing them. At the same time, literature prompted empathy in me. I delved into the lives of different characters and identified with them. Fiction enabled me to see the world from

different perspectives and I began to look at the world, just like I look at a word or sentence, with a broader sense of detail and depth. By virtue of literature, I have visited different places, met various people, and witnessed incidences, which were otherwise impossible to do. I gave meaning to the lives of women as I could never have done from the removed perspective of history books. Through reading fiction, I had the chance of becoming someone that was otherwise impossible for me. Also, at emotional level, I was related to the experiences of characters. Therefore, I cannot deny the importance of literature in my academic and personal life.

My academic interest in women's issues grew in my undergraduate years. I recognized how gender studies made sense of my personal experiences. For master's degree, I was in a dilemma whether to choose a separate Gender and Women's Studies discipline, or continue in Literature department and integrate gender perspective into my academic studies and dissertation. Although each choice had its own advantages, I decided on getting my master's degree in Gender Studies program because I thought that having a literature degree and interest had a civilizing effect on studying women's lives. What I mean by "civilizing effect of literature" is that some people are educated to become sociologist, psychologist, doctor, lawyer, accountant, scientist, etc. but they may lack empathy that is critical in understanding what is going on around them. Some disciplines may deprive researchers and practitioners from having a discerning eye, which is necessary to comprehend everyday lives of individuals they encounter. When doctors, lawyers, and other occupational groups lack the capacity to empathize, they become more alienated, separated, and hostile to one another. As for me, having a degree in Literature went far beyond its immediate contribution when I engaged in studying women's lives from an interdisciplinary framework.

Notably, my undergraduate education familiarized me with different feminist perspectives and feminist literary theories. On the other hand, my graduate program provided me with an opportunity to indulge in feminist social research. These trainings are central to my methodological decisions in the current study. In studying women's sexuality I drew on Gagnon and Simon's (1973) sexual script theory which

uses the dramaturgic metaphor to capture the means by which individuals act out and experience their sexuality. Sexual scripting approach recognizes sexual conduct as everyday dramas that play out individuals' beliefs and assumptions about the expected sequence of sexual events and the roles each actor undertakes within a sexual encounter (Gagnon & Simon, 1973). Within this perspective, cognitions about individuals' social exchanges are described as bearing resemblance to stage directions actors pursue while performing improvisational theatre (Simon & Gagnon, 1986). Sexual scripts mark the cast, action, setting, and motivation for different types of sexual activities (Gagnon & Simon, 1973). Accordingly, sexual scripts frame the elements of who (sexual partners), what (behaviors), when (timing of sex), where (proper place), and why (the motivation). Therefore, in examining sexual conduct, scripting approach uses the elements of theatre like actor, scene, stage, script, and audience, which made the theory appealing to me, as someone having literature background.

On the other hand, my personal experiences and values gave way to the topic I selected and the way I conducted the research. The gendered culture and social interactions I have encountered served as critical insight into women's sexuality and their sexual problems. In other words, the consciousness of oppression proved to create critical insight in this study. To be more specific, I remember that sexuality was a topic that was not explicitly discussed within my family. The sexual information available to me was highly restricted and it was mostly distorted, misleading, and full of myths. I say "distorted," "misleading," and "full of myths" by using my adult, experienced, and feminist lenses but at that time it was impossible for me to question the validity of sexual information I obtained because I had few sources of sexual information at my disposal. There was rarely positive sexual information resembling more to the reality that I could replace with the negative ones I believed. I internalized some cultural sexual scripts to such an extent that they were reiterated through time and their origins became invisible to me. As a result, I experienced some sexual difficulties and it is by virtue of these difficulties that this study evolved. To overcome the problem, I received help from a psychological counselor by whom I was guided to discover not only sexuality but the meanings

attached to it, as well. Before the therapy, I lacked the vocabulary to describe my subjective and physical experiences. The process provided me with an opportunity to put my own experiences into words and afforded me the time to prepare for writing this thesis. Also, having an expanded vocabulary about sexual issues helped me better express my sexual needs and desires. My experiences increased my sensitivity to certain issues women face concerning their sexuality and my personal difficulties transcended the limits when I academically involved with the issue. Thus, I regard this process as instrumental to my present ability to conduct this research. The process was both empowering and liberating as I turned a negative experience into positive one not by overcoming the problem but writing this thesis because I came to know that "sexual health" and satisfaction are not only about achieving desired behavioral and attitudinal outcomes, they are also about giving meaning to those certain behaviors, attitudes, and feelings. It is through this thesis that I give meaning to what I experienced and felt sexually.

As a researcher, I drew on my autobiography when deciding on the research subject and likewise when collecting the data and analyzing them my own experiences accompanied me. This was an important dimension making this study feminist in that feminist research recognizes the researcher's self as an indispensable source for helping to give meaning to the lives of others (Stanley, 1993). However, it is important to realise that assuming all research as grounded on my autobiography is misleading because I did not necessarily identify with the participants even if we share similar cultural background and experiences (Letherby, 2003). I was socially close to my participants as it was suggested by feminist researchers. Yet, whatever my engagement with the subject and the participants, at some level I remained an "outsider" because as a woman and feminist, writing specifically *about* and *for* women, I was both an insider and outsider (Stanley, 1993).

3.2 Thematic Analysis

In the current study, data were analyzed in accordance with the thematic analysis of qualitative research, which was figured by Braun and Clarke (2006). The theoretical position of this study is sexual scripting and unlike IPA or grounded theory, Braun

and Clarke's (2006) thematic analysis is not theoretically bounded, thus, I thought thematic analysis as a feasible analytical method in this study. Thematic analysis is defined as a method for identifying, analyzing, and reporting themes, which are embedded in data (Braun & Clarke, 2006). According to Braun and Clarke, a theme "captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (2006, p. 82). Therefore, in line with Braun and Clarke's disposition, themes did not contingent upon quantifiable measures in this study. Notably, more utterances across cases were not inevitably identified as themes. Rather, I identified themes when an expression captured something crucial concerning the research questions and typified some level of patterned meaning within data set.

Braun and Clarke (2006) underlined the necessity to clearly present the process of generating themes in qualitative studies. In the current study, themes were theoretically extracted. Notably, sexual script theory of Gagnon and Simon (1973) guided the analysis of data. Upon transcending the semantic content of the data and analyzing the underlying assumptions and conceptualizations in the data set, I identified the themes at the latent (interpretative) level (Braun & Clarke, 2006), which comes from constructionist epistemology. Therefore in this study, theoretically driven, latent thematic analysis within constructionist paradigm was conducted.

3.3 Participants

In this study, vaginismus was regarded as any physiological or psychological difficulty (or both) that women associate with sex, especially with coitus, irrespective of currently held international diagnostic classification systems of sexual problems.

Vaginismus, by its very nature, is a personal subject to be studied; therefore, I used purposive sampling method in the process of participant selection. I collected data from August, 2018 to March, 2019. After conducting eight interviews, I attained rich insight into women's sexual experiences. The first eight interviews ended up with prosperous themes in three distinct levels of sexual scripts. The following three

interviews enlarged the previous themes with a few variances, hinting that no additional themes would likely to arise by conducting more interviews. Therefore, thematic saturation was reached at around eleven interviews. The sample size is in accordance with the guidelines of phenomenological studies, which are suitable for in-depth exploration of each individual's experience (Creswell, 1998).

I obtained all of the socio-demographic information about the participants at the beginning of each interview. In order to maintain confidentiality, I used pseudonyms in presenting the results of the study. The ages of the participants were between 22 and 32 (*M*=26, *SD*=2.9). All participants identified themselves as heterosexual and having difficulty in vaginal penetration. These women got different kinds of professional support to overcome vaginismus and different coping strategies adopted by participants in managing vaginismus were uttered. Participants referred to these strategies as "treatment choices" because nearly all of them were told that their complaints fell into illness category, thus were called "sexual dysfunction." Some of the participants received help from gynecologists while some women had psychological or psychiatric help. The rest was self-treated, that is, they solved the problem with their own effort. One participant consulted to a gynecologist first, but when she could not overcome the problem, she received help from a psychologist. Two participants reported that their problems resolved as they split up with their boyfriends and tried penetration with "understanding and indulgent" partners. The duration of vaginismus ranged from 7 to 24 months (M=18.8, SD=9.04). The remaining details about the socio-demographic characteristics of participants can be seen in Table 1.

3.4 Inclusion and Exclusion Criteria

So as to have a certain amount of homogeneity, I included specific criteria for recruiting participants. More specifically, participants were required:

a) To be in their twenties or thirties; married or unmarried

b) To be born and raised in Turkey

c) To have self-defined or diagnosed difficulty in vaginal penetration (vaginismus)

d) To regard vaginismus as a problem to be resolved

e) Not to have organic causes of vaginismus

f) To have overcome vaginismus in recent past

I aimed to examine women's difficulty in vaginal penetration within the Turkish context. Therefore, participants were required to be born and raised in Turkey. Also, marriage was not used as an inclusion criterion; both married and unmarried women, defining themselves as experiencing difficulty in vaginal penetration, were included in the study.

I added the third criterion (c) to ensure that the participants in the current study were those describing themselves as having difficulty in vaginal penetration which did not necessarily fit into diagnostic categories. In parallel with this, the participants were not required to seek expert help for their sexual difficulty.

As a rebellion against the sexual exploitation of women, some feminists are against the idea of sexual intercourse itself and they see heterosexual sexuality as a "political institution" (Atkinson, 1970), which serve the needs of men and exercise control over women. Within this perspective, penetration is viewed as an extension of male power and control of women's sexuality. Therefore, some radical feminists do not regard penetration difficulty as a problem to be fixed. Instead, they regard the problem as a feminist rebellion to male dominance. Despite acknowledging these concerns, I do not share the same perspective. I recognize that some women have difficulty in sexual conduct and they are not satisfied with their sexuality. I argue that these women desire penetration not as a symbol of phallus but as a source of sexual satisfaction. I also acknowledge that women's sexual problems exist and even if they are constructed at discursive level, they are too real for individual woman experiencing them. Therefore, I included the fourth criterion (d) to make sure that the participants regarded having difficulty in vaginal penetration as a *problem* that needs to be solved.

The fifth criterion (e) was required to assure that participants do not have organic causes like prolapsed uterus, endometriosis, infections, vaginal tumors, vulvar

vestibulitis, and hymenal remnants, which are accounted for the physical causes of vaginismus (Jeng, 2003).

Finally, I added the last criterion (f) because before conducting interviews, I thought that engaging in a conversation about negative experiences may create anxiety and distress in interviewees. Therefore, I preferred participants as those who overcame vaginismus in the recent past and willing to share their experiences.

Table 1

Sociodemographic Characteristics of Participants

Name of the Participant	Age	Relationship Status	Birth Place	Family Type	Education	Occupation	Socio-economic Status
Deniz	24	Single	Metropolis	Nuclear	Graduate student	Teacher	Middle
Gamze	26	Married	Small town	Nuclear	University graduate	Public relations specialist	Middle
Meltem	23	Married	Village	Extended	High school graduate	Housewife	Middle
Zeynep	26	Married	City	Nuclear	University graduate	Accountant	Middle
Selin	30	Single	Metropolis	Nuclear	University graduate	Teacher	Middle
Cansu	32	Divorced	Metropolis	Nuclear	High school graduate	Housewife	Middle
Yagmur	29	Married	Metropolis	Nuclear	Graduate student	Instructor	High
Pınar	22	Married	City	Nuclear	High school graduate	Cashier	Middle

Table 1 (cont'd)

Beren	25	Married	Village	Extended	High school graduate	Housewife	Low
Ebru	26	Married	City	Nuclear	High school graduate	Typographer	Middle
Ceren	28	Married	City	Extended	High school graduate	Housewife	Middle

3.5 Materials

All participants completed a socio-demographic questionnaire through which they provided information about their age, birth-place, relationship status, education, occupation, income level, and family type (see Appendix A). In the same questionnaire, the participants answered questions related to socio-demographic information about their partners.

In order to gather detailed information about respondents' lived experiences in their own words, semi-structured in depth-interview is suggested to be an appropriate method of data collection in qualitative research (Creswell, 2009). I regarded semi-structured interview questions, prepared by me and approved by my advisor, as fitting to the research purpose because in the present study the primary purpose was to delve into participants' lived experiences of vaginismus, which were aimed to be expressed in those women's own words and idioms. I prepared the interview questions to bolster reflexive, exploratory, and lengthy replies from the participants; therefore, I preferred open-ended questions. The interview questions addressed research questions of the study. Therefore, all interview questions were subsumed under four interrelated subheadings, which were guided by the research questions (see Appendix B for interview questions).

Firstly, guided by Gagnon and Simon's (1973) sexual scripting approach, I prepared questions to evince participants' cultural, interpersonal, and intrapsychic sexual scripts, which I suggested as framing those women's difficulty in vaginal penetration. Secondly, in line with the feminist research practices I adopted in this study, I prepared a number of questions to unravel sexual double standards, which I anticipated to infect participants' sexual scripts at three different levels. Thirdly, some questions addressed to reveal the extent to which women experiencing difficulty in vaginal penetration invest in sexual double standards. Finally, I arranged some questions to attain participants' individual definitions of certain terms like sex, sexuality, vaginismus, sexual health, and sexual success. When participants did not provide direct and clear definitions of these words, as well as answers to certain

questions, they were prompted to be more direct and clear by giving additional details.

3.6 Procedure

In conducting the current research, the biggest challenge was to reach women who experienced and overcame vaginismus and willing to share their experiences. Contacting doctors and therapists to reach their ex-clients seemed reasonable at first. I sent e-mails to nearly all the practitioners treating vaginismus in Ankara. Most of them did not reply and the ones who returned were not enthusiastic about collaboration or they were not interested in the study. Finally, I contacted with two well-known gynecologists treating vaginismus in Ankara to recruit otherwise hard-to-reach participants. At first, they were enthusiastic about the study. After obtaining ethical approval from Middle East Technical University Human Subjects Ethics Committee, as agreed before, I asked the clinicians to refer their ex-clients, who overcame vaginismus in recent past and willing to share their experiences, to me (see Appendix C for the approval letter of HSEC). However, one of the gynecologists said "you do not need to ask women's opinions about why the problem occurs; nor do you need to learn their experiences. I know all the answers, so I can share my clinical experiences." This was the moment once again I realized the importance and the aim of my study as that of providing a space for women's individual voices. Rather than reducing women's sexual problems into diagnostic classifications and the clinical experiences of the physicians, in the current study, the adopted scripting and feminist approaches were hoped to help women's sexual difficulties resemble more to their personal statements and experiences of sexual difficulties. Therefore, providing a viable scripting and feminist perspectives for assessing women's sexual problems in general, and vaginismus in particular, was reassured as one of the most important purposes of my study.

On the other hand, the other gynecologist accepted to collaborate on condition that the name of his private clinic was to be put into this research. However, this study did not pursue a goal of advertising; nor was it driven by careerist motives. I did not want my research objectives to be tainted based on commercialism and exploitation.

Therefore, I decided not to involve clinicians in the study. The exclusionary mechanisms limited my access to the research participants because there is a strong assumption that sexual difficulties can only be studied by psychiatrists and gynecologists. In studying women's sexual difficulties, a researcher from an interdisciplinary department having feminist point of view is excluded because the subject matter is regarded as more appropriate for statistical analysis. However, the recovery that physicians aim to achieve through sex therapies can only be achieved with the inclusion of interdisciplinary perspective into the research processes and therapeutic interventions. It is my goal that this research will serve such a purpose.

As a result, I turned my attention to the internet blogs in which women share their experiences about vaginismus. I joined the blogs that required membership for posting or sending direct messages to other users. Through this way, I communicated with a number of women but none of them wanted to participate in my study. Two of them said their husbands would not allow them to participate in this kind of a research. Some of them just said "no" and did not give any reason while the rest did not even reply. In the process, I realized that I had underestimated the silence concerning vaginismus. I was really disappointed.

Later on, I turned to my immediate environment for participant recruitment and tried to reach participants through my personal network. Word-of-mouth was used as the recruitment method. The participant recruitment process, which took months, confirmed the silence regarding vaginismus, as well as women's sexuality.

Interested women, meeting the inclusion criteria, contacted me via mobile phone and I gave information related to the aim of the study and the interview process. I arranged the appointments with those who were willing to participate in study. I conducted the interviews in different cities of Turkey at a location convenient for the respondents; including respondents' workplaces and their homes. Before the interviews, I obtained both verbal and written informed consent from the participants. The aim and process of the study, ethical considerations, as well as confidentiality principles were included in the written consent form (see Appendix D). With participants' permissions I recorded all interviews digitally. In the first

three interviews, socio-demographic information that participants provided were not audio-taped. However, in the following interviews, I activated the tape recorder after I obtained verbal and written consent; thus, socio-demographic information of eight participants was also included in the tape record. Based on participants' answers, socio-demographic information form was read and filled in by me.

After obtaining demographic information, I conducted semi-structured in-depth interviews, compatible with the guidelines of thematic analysis (Braun & Clarke, 2006) and feminist research practices. Although much of the interviews had a conversational flow, some interventions and efforts were made by me to reach all relevant levels of sexual scripts. I gave open-ended prompts to participants in order to unravel the depth of their lived experiences. I asked participants to talk about positive and negative sexual experiences and feelings, their beliefs about sexuality in general, how men and women behave sexually, and how they feel themselves sexually. I tried to encourage participants to talk about the possible reasons leading to the sexual difficulty they had experienced. Based on participants' answers, I changed the order of the questions.

Throughout the interviews, some terms like sex, sexuality, and vaginismus were used by both the participants and me. If the participants had not already defined these terms, I asked them to give some individual definitions and express what these terms meant to them. Due to its medical connotation, I did not use the term "sexual dysfunction" during the interviews. Rather, I preferred saying "sexual problem" and "sexual difficulty" when talking about the sexual difficulties participants have had. I acknowledged that "vaginismus" is a medical term attributed to women's difficulty in vaginal penetration. Despite criticizing the medicalization of women's sexuality, I used the word "vaginismus" in this study to provide a common language and facilitate communication between diverse fields of studies because other fields, and women having the complaints, use the same language.

Depending on the conversational flow, the interviews ranged from 25 to 90 minutes in length. The average time for all interviews was 65 minutes. After each interview ended, I summarized what the participant talked about to ensure credibility and to

reassure the participant about the interview process. Finally, I answered participants' questions regarding the study and the participants provided feedback on both the study and the interview process. At the end, I requested participants' contact numbers to share research findings with them. All the participants shared their mobile phone numbers in order to be informed about the results.

3.7 Data Analysis

The interviews were digitally recorded and transcribed verbatim. The transcription process began after each interview was over. The immediate transcription allowed for more precise transmission of both the words and non-verbal expressions of the participants. The transcription process really took time, but this does not mean that the time was wasted because each transcription informed me about the prospective findings of the study. Through putting spoken sounds on paper, I immersed in the data, which is accepted as an initial part of data analysis by Braun and Clarke (2006).

I analyzed transcripts in line with the thematic analysis method of qualitative research (Braun and Clarke 2006). In order to reach themes, I coded the entire data. I coded the data manually with the aim of concentrating more on the data rather than being overwhelmed by multiple functions of computer aided qualitative data analysis programs. More importantly, coding participants' expressions in pencil provided me with a sense of ownership of the data and ensured more control over the data itself. It is this sense of "touching" the data that I first aimed at.

In coding the data, I used "eclectic coding" in that I did not employ a single coding method. Rather, I used different coding methods ranging from "descriptive" to "in vivo" to encompass the richness of participants' individual expressions. As one of women's sexual difficulties, vaginismus has an affective dimension. In the interviewing process lots of emotions, values, conflicts, judgments, belief systems, and attitudes were uttered. So as to capture the essence of the affections, I used "emotion coding" as a part of "affective methods" of coding. "Emotion coding" provided the study with an opportunity to "tap into the inner cognitive systems of participants" (Saldana, 2009, p. 86). Also, "emotion coding" is an important tool of a

research which focuses on interpersonal and intrapsychic aspects of a certain phenomenon (Corbin & Strauss, 2008). Therefore, for this study, which examined the interpersonal and intrapsychic sexual scripts of vaginismic women, "emotion coding" was indispensable. In some instances, I coded the extracts related to the emotions simultaneously with "descriptive" or "process code" to contextualize women's emotional experiences (Saldana, 2009).

At the same time, as a part of "affective methods" of coding, I used "values coding", which illustrated participants' values, attitudes, belief systems, and their worldview. This coding method was found to be useful in studies in which cultural values, interpersonal and intrapersonal issues are examined (Saldana, 2009). Due to the importance this study attached to the cultural, interpersonal, and intrapsychic scripts enclosing vaginismus, "values coding" method was of utmost importance in data analysis process.

In accordance with the feminist aims of the study as that of prioritizing women's individual wording of vaginismus, I used "in vivo coding" frequently. This method of coding provided the study to "crystallize and condense meaning" (Charmaz, 2006, p. 57). Moreover, in some parts, I used simultaneous coding when a single datum gave insight into more than one level of scripting. This coding method gave a chance to examine the interplay between three different levels of scripting. Notably, it is important to acknowledge that these coding methods are not mechanical, since they are intensely "hermeneutic" and depend on my judgment and interpretation (Brinkmann, 2013). Therefore, they cannot be viewed as being independent of my predispositions and commitments.

Thematic analysis includes six phases, which are researcher's familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006). It is important to note that following these phases is not a linear process because the process of data analysis consists of moving back and forth between the data set. In this study, firstly, the data were transcribed verbatim by me. In order to be acquainted with data, I read the entire data set actively before coding it. Through active and close reading, I

focused on possible patterns and meanings embedded in transcriptions and based on reading and rereading data, I noted the initial ideas. After that, I formed the initial codes, which was followed by collating codes into potential themes. Then, I devised a number of tentative themes. In this phase, I reviewed and refined potential themes. That is, some themes having conceptual similarity merged together, while some "marginal" and "redundant" ones, which I thought as not serving purpose, were left out. In this phase I employed internal homogeneity and external heterogeneity, which are two basic principles of qualitative analysis, to enhance validity of research findings. Firstly, I reviewed the collated extracts pertinent to each theme to see whether they were meaningfully related to each other. When examined, I recognized that some coded data extracts under a certain theme did not fit there. Also, there were some coded data extracts under themes which I later recognized as not having a coherent pattern. I either left out those data extracts or placed them under another related theme. In this way, data within themes became more coherent. Secondly, the extracted codes related to each theme were ensured to have distinguished distinctions among themes. I merged some codes and extracted data together, which I regarded as having conceptual similarities and I was ensured that each theme stands on its own. At the end of this phase, I formed a thematic map. After having a sufficient thematic map, I refined the themes further through which I identified their essences. In the process of refinement, I identified sub-themes. Finally, I defined and reported the overarching and subthemes (see Table 2). In line with the theoretical framework of this study, themes were later named as "scripts." As a result, I identified six overarching sexual scripts in participants' reports. Those scripts belonged to the different levels of sexual scripts of Gagnon and Simon (1973); therefore, I grouped each script depending on the level it belonged to. Accordingly, "fear" and "virginity" scripts at the cultural level; "sexual incompatibility" and "sexual performance" scripts at the interpersonal level; and "sexual inhibition" and "social comparison" scripts at the intrapersonal level were identified. In reporting the results, I paid special attention to the wording of sexual scripts by including the words, phrases, and idioms uttered by participants. I wrote sexual scripts at three different levels almost verbatim. I reviewed each extract under a certain script for checking their relevance and clarity. I selected the extracts which best represent the scripts and presented the

findings in results chapter. To keep the authenticity of participants' experiences, as well as for providing space for their individual expressions in their mother tongue, I wrote the original parts of participants' speech related to each extract as footnote. I used pseudonyms to protect participants' anonymity and confidentiality. However, I reported participants' socio-demographic characteristics like age, birth place, relationship status, education, occupation, income level, and family type literatim so as to provide transparency and to demonstrate comparisons and contrasts between participants.

3.8 Trustworthiness

In order to reach credible research findings, qualitative research method has standards of trustworthiness, involving subjectivity, reflexivity, adequacy of data, and adequacy of interpretation (Morrow, 2005). In the present study, I tried to meet each standard of trustworthiness.

In contrast to quantitative research traditions, which set objectivity as the final goal, researchers using qualitative method acknowledge that the process of data analysis, as well as the data itself, is based on subjectivity (Morrow, 2005). Depending on the conceptual framework of the study, I tried to control, limit, manage, and in some cases readily embrace and treat my subjectivity as data (Fischer, 2009) because I recognized that the qualitative research cannot be independent of researcher's perspective (Creswell, 2009). Therefore, I was an active participant in the process of data collection and analysis.

In a similar vein, reflexivity was conceptualized as "thoughtful and conscious self-awareness" (Finlay, 2002, p. 532). With the aim of allowing the audience to engage in the research process, as well as encouraging alternative readings of the data, the researcher adopting qualitative method is expected to become transparent and recount the processes she has undergone as a part of practicing reflexivity (Fischer, 2009). In order to better transfer my perspective, as well as my subjectivity, I reported my cultural background, personal experiences related to the topic, and my assumptions under the title of "Reflexivity."

The adequacy of data is the third standard of trustworthiness (Morrow, 2005). Although the term "the adequacy of data" implies the number of participants in a research, Morrow (2005) asserts that rather than the number of participants, which has alone little to do with the adequacy of data, the sampling procedures like quality, length, and depth of each interview are important. In order to meet this criterion, I used purposive and criterion-based sampling and included an adequate number of participants until thematic saturation was reached. Apart from these, I tried to keep interview questions short to bolster longer answers and elicit deeper meanings. Also, in order to reach quality standard, during the interview, I tried to clarify participants' answers as much as possible.

Lastly, in order to ensure adequacy of interpretation, I followed some principles of Morrow (2005). Putting spoken sounds on paper first, and then listening to audio-records and reading the transcripts several times helped me immersed in the data. Immersion in data provided me with a deeper understanding of each participant's inner world. Finally, as an important part of ensuring adequacy of interpretation, my interpretations were tried to be grounded on participants' individual experiences through providing adequate quotations relevant to the interpretations.

CHAPTER 4

FINDINGS AND DISCUSSION

In the current study, four research questions guiding the study were: (1) What are the cultural, interpersonal, and intrapsychic sexual scripts that frame vaginismus in Turkey? (2) How are sexual scripts at three different levels imbued with sexual double standards? (3) To what extent do women having difficulty in penetrative intercourse endorse sexual double standards? (4) How would women experiencing penetration problem conceptualize sex, sexuality, and related terms such as vaginismus, sexual health and sexual success? The results of the study were driven by these questions. This chapter has five sections; I dedicated the first section to contextualize each participant's story and I designed the remaining four to address each research question.

Having difficulty in vaginal intercourse is the general context common to all respondents' accounts. However, each woman's account of vaginismus happens in a context of its own. In the data set, there are some important findings that are applicable across the cases. However, there are also some aspects of women's experiences that are peculiar to particular respondent. Therefore, not to lose the authenticity of women's experiences of the phenomenon as well as to contextualize cases, I tried to illustrate each woman's individual story related to having difficulty in vaginal intercourse in a narrative form in the first section of this chapter.

In the second section, I demonstrated sexual scripts at the cultural, interpersonal, and intrapsychic levels that I identified from eleven interviews. In order to better illustrate the emerging scripts, I supported each script by presenting verbatim quotations from participants, which best describe that script. In giving reference to participants, I used pseudonyms.

As is stated earlier, in the present study sexual scripts at the cultural, interpersonal, and intrapsychic levels were anticipated to be framed by sexual double standards. Therefore, the second research question addressed how participants' learned, developed, negotiated, and internalized sexual scripts at three distinct levels were imbued with the double standards of sexual behavior. In the third section, I illustrated participants' perceptions of societal double standards.

In this study, I predicted that commitment to gendered scripts, which present double standards of sexual behavior, has negative outcomes for women's sexuality. Therefore, the third research question investigated the extent to which women having difficulty in vaginal penetration endorse sexual double standards. I noted the results related to participants' investment in sexual double standards in the fourth section of this chapter.

Lastly, how participants conceptualize "sex," "sexuality," and related terms, such as "vaginismus," "sexual health," and "sexual success" was of utmost importance in this study, because I argued that cultural and relational aspects of these terms were lost in the face of health and illness discourse. I also argued that women's sexuality and their sex-related difficulties can be better understood when they themselves define and contextualize these terms. Therefore, I tried to encourage participants to define and conceptualize sex, sexuality, vaginismus, sexual health, and sexual success respectively. Also, I asked participants to express what these terms meant to them. I presented the definitional, semantic, and contextual information participants conveyed regarding these terms in the final section of this chapter.

4.1 Narratives on Participants' Experiences

Experiencing vaginismus and overcoming it is a long journey; it does not start with the failed penetration attempts, nor does it end with "victorious" copulation because it is more than penile-vaginal intercourse. Vaginismus encapsulates non-sexual motives as well as the sexual ones. Therefore, in order to better place vaginismus in a particular context, I illustrated each participant's personal account in a narrative form below.

Meltem

Meltem was born and grew up in a traditional Turkish household. Her father is a farmer and mother is a housewife. Meltem has one brother who is older than her. As she recalls, she was socialized in a sex differentiated environment:

> I was playing with dolls… I would prepare meal for my dolls and even breastfeed them… Nurturance and obedience were taught to me through toys and games… On the other hand, my brother would play with guns and cars. When we played together, my brother would be encouraged to strive for achievement by my parents… I think these toys and games set the stage for my eventual domestic role.[5]

She also claims that her parents would not treat their children equally:

> I think my brother would feel himself superior because my mother would call him "pasha." My parents would value my brother for his potential financial contributions to our family. At the same time, my parents would value my brother more than me because of the support they expect from male child as they get old. Because of the caring and material support the male child promises, my parents wanted my brother to either stay with them or live near them after he got married. I think they regard male child as old age insurance. Therefore, I and my brother were not treated equally by our parents.[6]

Meltem says that she could barely complete high school due to the fact that she was a *girl*:

> We would live far from school… When I was about to start high school, my father did not allow me to go because I had to take the routes that were considered dangerous for girls. However, my brother would go to school by travelling long distances. It was not considered as a problem for boys…

[5] Oyuncak bebeklerle oynardım… Bebeklerime yemekler hazırlar onları emzirirdim bile. Bakım ve itaat bana oyuncak ve oyunlarla öğretilmişti… Öte yandan erkek kardeşim silahlarla arabalarla oynardı. Beraber oynadığımızda erkek kardeşim anne babam tarafından kazanmaya teşvik edilirdi… Bence bu oyun ve oyuncaklar benim sonraki domestik rolüme zemin hazırladı.

[6] Bence erkek kardeşim kendini üstün hissediyordu çünkü annem ona "paşa" derdi. Annemle babam ekek kardeşime onun ailemize yapacağı maddi katkılardan dolayı değer verirdi. Hem de erkek kardeşime benden daha fazla değer verirlerdi çünkü erkek çocuktan yaşladıklarında destek bekliyorlardı. Erkek çocuğun vaat ettiği bakım ve maddi destekten dolayı annemler erkek kardeşim evlendikten sonra onun ya onlarla kalması ya da yakın yaşamasını istiyorlardı. Bence onlar erkek çocuğu yaşlılık sigortası olarak görüyorlardı. Bu yüzden annemler tarafından benle erkek kardeşim eşit davranılmadık.

> Fortunately, my uncle found a job in the city center and he drove me to school every day. Only in this way could I go to high school.[7]

Meltem was a successful student in high school and she wanted to have college degree. However, she was not allowed to continue her education because of the financial reasons, which were also framed by sexual double standards:

> My university education was a financial detriment for my family because education was viewed as waste of time and money for girls. Also, marriage of a daughter is regarded as a loss for family because women are thought as belonging to their husbands' families. Therefore, when it comes to education, families do not want to invest in female children. On the other hand, my family thought that providing education to my brother was a sound investment because it is the male children that are expected to take care of their parents…[8]

As Meltem asserts, marriage was regarded as a higher priority than education for female children. Therefore, she got married before she turned nineteen. Actually, Meltem's marriage was not a registered civil marriage because both sides objected to Meltem and her boyfriend's matrimony. As a result, in mutual agreement they run away. "I can say that our marriage was a 'kaçarak evlenme' [runaway match], which was regarded as dishonor to our families,"[9] Meltem says. They married in an unregistered religious ceremony. In their first sexual intercourse attempt, they "could not do it." She says that "when my husband tried to penetrate, I burst into tears and

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[7] Okuldan uzakta oturuyorduk… Liseye başlayacakken babam gitmeme izin vermedi çünkü kızlar için tehlikeli olduğu düşünülen yerlerden gidecektim. Ama erkek kardeşim uzun mesafeler giderek okula gidiyordu. Erkekler için bu sorun olarak görülmüyordu… İyi ki amcam şehir merkezinde iş buldu da beni de her gün okula bırakabildi. Ancak bu şekilde liseye gidebildim.

[8] Benim üniversite eğitimim ailem için maddi bir yüktü çünkü eğitim kızlar için zaman ve para kaybı olarak düşünülüyordu. Hem de kız çocuğun evliliği ailesi için kayıp olarak görülüyordu çünkü kadınlar eşlerinin ailesine ait diye düşünülürdü. Bu yüzden iş eğitime geldiğinde aileler kız çocuğa yatırım yapmak istemiyorlar. Ama benim ailem erkek kardeşime yatırım yapmanın sağlam yatırım olduğunu düşündüler çünkü anne babasına bakması gereken erkek çocuktur.

[9] Evliliğimizin kaçarak evlenme olduğunu söyleyebilirim. Bu ailelerimiz için şerefini sarsan bir şeydi.

cried out in pain… His penis was like hitting a wall."[10] They could not comprehend why they "failed" but Meltem claims that the lack of privacy was something that fueled their sexual problems because they would live with their in-laws.

Although he was supportive initially, after the first three months, Meltem's husband told her that he "was tired of failed sex." She was offended and wanted to return to her family. However, she knew that divorce was out of the question:

> I could not go and live with my parents anymore; because I knew that once a woman marries, she does not belong to her father's family anymore. My marriage was not a civil marriage but a religious one; so it was easier to break away but my family did not accept it anyway… At the same time, a woman's remarriage is not welcomed in my family. But I must admit that men are treated differently… My brother got divorced… His divorce was approved and his return to family home was applauded. My parents and relatives were eager to find a new wife for my brother.[11]

As a married woman, Meltem was assumed to be the under the surveillance of her husband. "I didn't have a skill I can use to support myself and I didn't have economic independence; thus have no alternative,"[12] she adds. She was financially dependent on her husband. As a result, she continued to live with him. Firstly, she thought that over time and with more trial, they could overcome the problem. However, things did not get better and after six months, she finally summoned her courage to get help from a gynecologist:

> The gynecological examination did not go well and the doctor said I had vaginismus, which is a medical condition… The doctor prescribed progressively larger dilators and assigned some homework like inserting tampon or my fingers into my vagina. Yet these were too much for me… I could not even touch my vaginal entry. How could I have done these

[10] Eşim içe girmek istediğinde gözyaşlarına boğuldum ve acı içinde haykırdım… Penisi duvara çarpıyor gibiydi.

[11] Artık annemlere gidip onlarla yaşayamazdım çünkü kadınlar bir kez evlenince artık baba evine ait değil; bunu biliyordum. Benim evliliğim resmi evlilik değil dini nikahtı. Bu yüzden kaçıp kurtulmak daha kolaydı ama ailem yine de bunu kabul etmediler… Aynı şekilde, bir kadının tekrardan evlenmesi benim ailemde hoş karşılanmaz. Ama kabul etmeliyim ki erkeklere farklı davranılıyor… Erkek kardeşim boşandı… Onun boşanması onaylandı ve onun baba evine dönmesi coşkuyla karşılandı. Annemler ve akrabalarım ona yeni bir karı bulmak konusunda pek bir hevesliydiler.

[12] Altın bileziğim yoktu ve ekonomik özgürlüğüm yoktu; bu yüzden alternatifim de yoktu.

> exercises? I didn't have personal space at home to practice these assignments… Moreover, I couldn't buy dilators because someone could see them at home... I told my doctor that I couldn't practice stretching because of the reasons I mentioned. But she didn't understand me because she thought I was making excuses. My doctor was in a state hospital, I think this is why she behaved like that. Going to private clinic was another choice for us but we couldn't afford it…[13]

Vaginismus was an isolating experience for her and she had nobody around her to ask for advice. As a result, internet became the only source she turned to solve her sexual difficulty. Through the internet she learnt some ways like examining her vagina by using a mirror and touching her vagina with her fingers. Finally, she began to work through this problem on her own and "could do it" [penetrative sex] in the following six months. However, "certain problems still exist" and she does not "enjoy sex," she reports.

Zeynep

Zeynep is the oldest of four sisters. Her parents wanted to have a son to further the family name; therefore, they tried to conceive a boy for fifteen years. However, after having four daughters, they decided to stop trying to have a baby boy. From the very beginning, Zeynep was aware of all the methods her parents used to have a son and she began to think that being a girl is not as valuable as being a boy. As a result, she reports to have felt unworthy and inferior:

> I am the oldest of my sisters and I witnessed all the process of how my parents tried to have a baby boy. My parents tried several ways to increase their chances of having a baby boy… They tried a diet high in potassium and sodium and they had sexual intercourse closed to the time of my mother's ovulation. I was a little child and I would feel sorry for being a girl. I would feel unworthy in the eyes of my parents. To gain my parent's acceptance, I

[13] Jinekolojik muayene iyi gitmedi ve doktor vajinismus olduğumu söyledi ki bu da tıbbi bir durumdu. Doktor bana giderek büyüyen dilatörler verdi ve tampon kullanma ve parmaklarımı vajinaya sokma gibi bazı ev ödevleri verdi. Ama bunlar benim için çok fazlaydı… Vajinanın girişine bile dokunamıyordum. Bu ödevleri nasıl yapabilirdim? Evde bu ödevleri yapmak için kişisel bir alanım yoktu… Hem de dilatörleri alamazdım çünkü evde birileri görebilirdi. Bahsettim sebeplerden dolayı bu germe ödevlerini yapamadığımı doktoruma söyledim. Ama beni anlamadı çünkü bahane uyduruyorum diye düşündü. Doktorum devlet hastanesindeydi bence bu yüzden böyle davrandı. Özel bir kliniğe gitmek başka bir seçenekti bizim için ama paramız yetmedi.

> would try things boys do that girls should not or cannot do like using short hair, playing with cars, watching news, wearing trousers, and playing with boys.[14]

Zeynep was raised rather ignorant about female body and sexuality. When she had her first menses she thought she had cut herself:

> When I saw the blood I thought I cut myself. My mother did not inform me about menstruation beforehand; so the first time was traumatizing for me, worse still, my mother told me that I became a *woman*. And she added that "if you marry now, you can have a baby." I hated that idea because I was just eleven and I wanted to play with dolls and go to school… Also, my mother would call menstruation an illness. Each month she would ask me whether I became ill, which means having my period… In those days [when she was on her period], I would not want to attend school because I would think I was ill.[15]

This negative connotation about the physiology of female reproductive system made Zeynep negatively associate with sexuality:

> I would feel that being a woman is a negative thing in itself… When I would be on my period I would feel dirty… Marriage was not my dream but menses hinted that some suitors may want to marry me. And it also implied my reproductive capacity, which I would hate at that time… I associated menstruation with sexuality and I did not want to have sex because I knew that if girls have premarital sexual activity, they are exposed to cultural

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[14] Kız kardeşlerimin en büyüğüyüm ve anne babamın nasıl erkek çocuk sahibi olmaya çalıştıkları tüm sürece şahit oldum. Annemler erkek çocuk sahip olma şanslarını arttırmak için birçok şey denediler… Potasyum ve sodyumu fazla olan bir diyet denediler ve annemin yumurtlamasına yakın cinsel ilişkiye girdiler. Küçük bir çocuktum ve kız olduğum için üzgün hissediyordum. Annemlerin gözünde kendimi değersiz hissediyordum. Annemlerin gözüne girmek için erkeklerin yapıp kızların yapamadıkları ya da yapmamaları gereken şeyleri yapıyordum. Yani kısa saç kullanıyordum, arabalarla oynuyordum, haberleri izliyordum, pantolon giyiyordum, erkeklerle oynuyordum.

[15] Kanı gördüğümde kendimi kestiğimi düşündüm. Önceden annem beni adet konusunda bilgilendirmemişti bu yüzden ilk sefer benim için travmatikti. Daha da kötüsü annem bana *kadın* olduğumu söyledi. Ve dediki "şimdi evlensen çocuğun olur." Bu fikirden nefret ettim çünkü sadece on bir yaşındaydım ve bebeklerle oynamak, okula gitmek istiyordum… Bide annem adet görmeye "hastalık" derdi. Her ay hasta olup olmadığımı sorardı. Bu adet anlamına gelirdi… O günlerde [adet olduğu günlerde] okula gitmek istemezdim çünkü "hastayım" diye düşünürdüm.

> practices like early marriage or they are thought as prostitutions. I was not ready for these kinds of things...[16]

As Zeynep reports, she was an introverted girl in adolescence and she did not start dating until university. "University education loosened me up a little but I was still shy and introverted"[17] she says. During her university years, she met her husband. After she graduated from university, Zeynep and her boyfriend decided to marry because "Turkish traditions require this." However, it was on her way to marriage that she began to hate sexuality:

> I would love my boyfriend when we were just lovers but things have changed when we were about to get married. I began to hate marriage, sexuality, and my boyfriend… We followed every custom and tradition on our wedding… Firstly, when my husband's family came to "kız isteme" [ask her parents to "give" her as a bride] my father-in-law asked three times… And my father replied three times by saying that he "gave" me. I felt less than a human… This was the first thing I hated about marriage… On the wedding day, before leaving my parent's home, my father wrapped a red ribbon which is known as "bekaret kemeri" [maidenhood belt] around my waist three times before he finally tied it. I felt embarrassed because the belt represented my virginity and I felt like being wrapped as a present to my husband… The present was to be given from one man [her father] to another [her husband], which was degrading for me. I did not want the red ribbon to be tied around my waist but I knew that the absence of it would result in local gossip; therefore, I wore it on my wedding night… When I was about to leave my parent's home, my head was covered with a red veil and I could not see anything but heard my mother's crying… I felt that something bad would happen… I hate the veil I wore on my wedding day… My father covered my face with that veil and my husband lifted it by giving me gold which is known as "yüz görümlüğü" [present given by a bridegroom to his bride after he has unveiled and seen her face for the first time]. I felt like a property of my father and it was as if my husband had bought me… I also hate the white wedding gown I wore because it represents women's virginity and purity. If it is your second marriage for

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[16] Kadın olmanın başlı başına olumsuz bir şey olduğunu hissederdim… Adet günlerimde kendimi kirli hissederdim… Evlilik benim hayalim değildi ama ilk adet görüşüm artık bazı adayların benimle evlenmek isteyeceği anlamına geliyordu. Aynı zamanda benim artık doğurgan olduğum anlamına da geliyordu ki ben o zamanlar bundan nefret ediyordum… Adeti cinsellik ile ilişkilendirmiştim ve seks yapmak istemiyordum çünkü kızların evlilikten önce cinsellik yaşarlarsa erken evlilik ve orospu olarak düşünülme gibi kültürel şeylere maruz kalacağını biliyordum. Bu tarz şeylere hazır değildim…

[17] Üniversite eğitimi beni biraz açtı ama yine de utangaç ve içine kapanıktım.

> example, you are not expected to wear white dress because you are not pure anymore… I liked a cream wedding dress but my mother-in-law said that I could not buy this because people would think that this is my second marriage…[18]

As a result of these wedding traditions and customs, Zeynep pulled back from her partner sexually. She experienced difficulty in vaginal penetration for six months and finally got help from a psychiatrist who "did not care those degrading wedding traditions." She adds that "the treatment process was unsuccessful and he [psychiatrist] was worsening my condition." As a result, Zeynep decided to receive help from a psychologist. As she states the psychologist wanted her husband to take part in the therapy because the psychologist said vaginismus is a shared problem. She felt relieved because her husband also took the responsibility. Only by overcoming the degrading impact of marriage traditions and customs, as well as the relationship problems, did vaginismus resolve, she says.

Deniz

Deniz was born and raised in a western city of Turkey. She received college education and currently works as a teacher. Her story does not follow the expected traditional path for women living in Turkey. As Deniz reveals, traditionally, a "respected" woman in Turkey is expected not to engage in premarital sexuality.

[18] Sadece sevgiliyken erkek arkadaşımı severdim ama evlenecekken işler değişti. Evlilikten, cinsellikten ve erkek arkadaşımdan nefret etmeye başladım… Düğünümüzde tüm gelenek ve göreneklerimizi takip ettik… İlk olarak eşimin ailesi kız istemeye geldiğinde kayınpederim üç defa sordu… Babam da üç kez cevap verdi "verdik gitti" diye. Kendimi insan gibi hissetmedim… Bu evlilikle ilgili nefret ettiğim ilk şeydi… Düğün gecemizde ailemin evinden ayrılmadan babam belime üç defa dolandırarak bekaret kemeri olarak bilinen kırmızı kuşak bağladı. Utandım çünkü o kuşak benim bekaretimi simgeliyordu. Ve sanki eşime verilecek bir hediye gibi paketlendiğimi hissettim. Hediye bir erkekten [babasından] diğer erkeğe [eşine] verilecekti. Bu benim için onur kırıcı bir şeydi. Kırmızı kuşağın belime bağlanmasını istemedim ama bağlanmamasının dedikodu malzemesi olacağını biliyordum bu yüzden onu düğün günümde taktım… Annemlerin evinden ayrılacakken kafam kırmızı bir örtü ile kapandı ve hiçbir şey göremedim—annemin ağlayışını duydum… Sanki kötü bir şey olacakmış gibi hissettim. Düğün günü taktığım örtüden nefret ediyorum… Örtüyü babam kapattı kocam "yüz görümlüğü" dediğimiz altını vererek açtı. Babamın bir malıymış gibi eşim de beni satın almış gibi hissettim… Giydiğim beyaz düğün elbisesinden de nefret ederim çünkü kadınların bekaretini ve saflığını gösterir. Eğer ikinci evliliğinse mesela beyaz elbise giymen beklenmez çünkü artık saf değilsin… Krem rengi bir elbise beğenmiştim ama kaynanam bunu alamayacağımı söyledi çünkü insanlar benim ikinci evliliğim gibi düşünürmüş…

Moreover, "a respectable woman is expected to offer her virginity to her husband as a wedding present."[19] She tells that it is woman's virginity that is thought as keeping the honor of her family and society in general. Despite acknowledging these expectations, Deniz followed a different route by giving into her sexual desires out of marriage context. Her premarital sexual involvement made her create an exception to the foregoing traditional expectations from women.

As she reveals, she had a very conventional upbringing in which sexuality was not a topic openly discussed in her family. In her childhood sexuality was a taboo subject to such an extent that she "experienced trauma" when she learnt her parents had sexual intercourse to bring her and her brother into the world:

> When I learned from my biology textbook that my parents had sex, I went through a trauma and said "how is it possible? My mom and dad, how so?" I was angry with them and I pulled back from my parents. This is how I first met sexuality.[20]

In adolescence, she was deprived of straight and accurate sexual information. The sexual knowledge available to her was misleading and distorted because she received some negative messages concerning sexuality, especially about the first coitus. She recalls having heard that "penis gets stuck inside vagina" and "sexual coitus can end up in hospital." Among her concerns regarding the first intercourse were "too much bleeding, too much pain; a pain comparable to giving birth." Apart from these negative physical outcomes associated with the first sexual intercourse, she was constantly reminded of the moral burden premarital sexual involvement would bring. She remembers having heard numerous gendered expectations through which women's sexuality is restricted while men's is empowered. She does not remember from whom she learnt these negative messages; so the sources and origins of her sexual knowledge became invisible to her. She did not strictly stick to the gendered expectations regarding sexuality but she bore the burden of being condemned because of her premarital sexual involvements with her boyfriend. Despite some

[19] Hanım hanımcık bir kadından bekaretini eşine düğün hediyesi olarak vermesi beklenir.

[20] Biyoloji kitabımdan annemlerin seks yaptığını öğrendiğimde bir travma yaşamıştım; "bu nasıl mümkün olabilir? Annem ve babam, nasıl ya" demiştim. Onlara sinirlendim ve onlardan uzaklaştım. Cinsellikle ilk defa böyle tanıştım.

possible negative reactions from her family, she followed her own path through premarital sexual engagement. However, these restrictive and negative connotations gave her a sense of guilt and she was not content with what she would do sexually. As a result she kept her sexual life a secret, as well as the sexual problem she experienced.

It was within this restrictive and even punitive setting she learnt sex and sexuality. Under these circumstances it did not take too long to experience sexual problems with her boyfriend. She mostly held her boyfriend responsible for the sexual difficulty she experienced because they had relationship problems including infidelity. In their sexual intercourse attempts, she constantly thought that "he was not the right man." This is why she defined vaginismus as "my subconscious said *no* because he was not the right man; my subconscious controlled my body."

She experienced vaginismus for six months with the same partner and received professional help firstly from a gynecologist and then a psychologist. However, she asserted that neither of them helped her resolve the problem. She overcame the problem only when she broke up with her boyfriend and tried vaginal penetration with her later boyfriend who "was compassionate enough," as she depicts.

Selin

Selin was one of three daughters of her family. She was born and raised in a western city of Turkey. She received university education in another city and her family moved to that city with her. As she testifies, Selin's parents would keep her too close and rule over every aspect of her life. It was her parents who mostly chose her friends. They tended to force her into friendships that she did not want. Mostly, the girlfriends her family chose for her were introverted and domestic girls, whom were devoted to their families. Also, as Selin reveals, her parents did not let her make her own decisions. She confesses that she would have preferred to be more independent person.

In her childhood, Selin was exposed to negative knowledge regarding sexuality. She heard her mother and aunt talking about their negative sexual experiences and feelings. Her aunt was complaining about having sexual intercourse despite not desiring it. Her aunt was subjected to unwanted sex many times and Selin overheard these negative experiences. Besides these negative memories, Selin was aware of the sexual double standards surrounding her:

> Women are not expected to be sexually active before marriage, and if they become so, they will be called "kaşar" [slut] and if a woman pretends to be experienced on their wedding night, her husband can doubt his wife's purity and think that she had premarital sexual coitus, which is bad for her… On the other hand, men's premarital sexual life does not even become a subject; they [society] focus only on women's virginity when the subject is sexuality.[21]

Apart from the sexual double standards, there were also some non-sexual gendered expectations she reveals, as those of "women cannot go outside after a certain hour and they cannot drink alcohol."[22] She adds "women cannot follow their own inclinations and they restrict themselves, especially if they are single."[23] She mourns for being denied of self-actualization. Within this restrictive conditions, Selin did nothing but concealed her sexual advances, besides some non-sexual conducts like drinking alcohol and going outside at nights because she was afraid of negative reactions from her family, relatives, and neighbors. She had to misrepresent what she would do sexually, as well as her non-sexual acts which surpassed gendered expectations. Although she was aware of the possible negative reactions and despite her desire not to disappoint her family and relatives, Selin engaged in premarital sexual activity. As a result, she experienced an internal conflict because she felt guilty when she looked back on.

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[21] Evlilikten önce kadınların cinsel olarak aktif olması beklenmez ve eğer olurlarsa onlara "kaşar" denir. Ve eğer bir kadın gerdek gecesinde deneyimliymiş gibi yaparsa kocası karısının saflığından şüphe duyabilir ve evlenmeden önce karsının cinsel ilişkiye girdiğini düşünebilir. Bu da kadın için kötüdür… Diğer yandan erkeğin evlilik öncesi cinsel hayatı söz konusu bile olmaz; konu cinsellikse sadece kadınların bekaretine odaklanırlar.

[22] Kadınlar belli bir saatten sonra dışarı çıkamaz ve alkol içemez.

[23] Kadınlar kendi istekleri peşinde gidemiyorlar ve özellikle bekarlarsa kendilerini kısıtlıyorlar.

Selin tried penile-vaginal intercourse several times with her boyfriend, who was a medical doctor. In all these attempts, they "failed" because her partner was not "kind and understanding but angry, accusatory, and oppressive." As a result of the pressure she was exposed to in her sexual encounters, she felt oppressed and started to regard vaginal penetration as obligatory for a good sex. After a number of failed penetration attempts, their sexuality began to be "mechanical and result-oriented." As she remembers, copulation was their primary focus whenever they were in private. She often ruminated over the unsuccessful penetration attempts. After a while, she pulled back from her partner sexually. In all penetration attempts, they "failed" and each time her boyfriend accounted her for the failure. Moreover, he accused her of being sexually inadequate. As time passed by, like her partner, Selin also would think she was the only one responsible for the problem and as a result she felt sexually inadequate:

> I worried about too much pain and too much bleeding… Yet, since my partner accused me of unsuccessful sexuality, I also put the blame on myself. I remember him saying that "you are inadequate as a woman." After a while, I began to feel sexually inadequate.[24]

She thinks her relationship with her partner reinforced her sexual difficulty because they had some relationship problems which were not necessarily based on sexuality. It is for this reason that she defined vaginismus as "my body did not want him, thus rejected him… It was not related to the vaginal muscles but to the emotions."[25] Within this context, their non-sexual relationship dynamics were reflected on their intimate involvements.

For her sexual difficulties, Selin did not receive any professional help. Nor did she share the problem with someone who can help her. Internet was the only source to gain knowledge about how to solve the problem. She tried some methods she learnt

[24] Çok fazla acı ve kan olacağı konusunda endişeleniyordum… Ama partnerim beni başarısız cinsellikle suçladığı için ben de kendimi suçladım. Bana "sen kadın olarak yetersizsin" dediğini hatırlıyorum. Bir süre sonra ben de cinsel olarak yetersiz hissetmeye başladım.

[25] Vücudum onu istemedi, bu yüzden onu reddetti… Vajina kaslarımızla ilgili değil duygularımız ile ilgili.

from the internet but none of them worked. The problem was resolved only when she broke up with him and had vaginal penetration with her present boyfriend.

Yagmur

Yagmur is the youngest of three daughters of her parents. In her childhood and adolescence, she would compare herself to other girls of her age. She remembers that her parents evaluated Yagmur's personal worth based on the extent to which she adhered to the gendered norms. She recalls being compared to some girls who were "hanım hanımcık" [proper mistress], as well as the girls who "don't wear revealing clothes, not getting their eyebrow threaded or getting their hair dyed."[26] She was taught that "a proper mistress was expected to experience all of these things after she got married."[27] She knew that keeping up these expectations would bring prestige to a young girl.

As she remembers, neither her parents nor her sisters did explicitly inform her about physical changes during puberty. Even menstruation was regarded as a taboo subject in her family:

> I had my first menstrual bleeding when I was twelve. My mother had not told me anything about menarche before, thus I was too scared when I saw my blood-stained panties. My mother made me feel ashamed because without my permission, she called my aunts and told the news about my menstruation. After she put down the telephone, she told me that this new bodily function is what makes a woman *woman,* implying that the menarche is the onset of women's reproductive capacity… I can say that menstruation and "being woman" aroused embarrassment in me.[28]

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[26] […] açık kıyafetler giymeyen, kaşını aldırmayan ya da saçını boyatmayan.

[27] […] hanım kızlardan tüm bunları evlendikten sonra yapmaları beklenir.

[28] İlk adet kanamamı on iki yaşımdayken oldum; adet hakkında annem bana daha önce hiçbir şey söylememişti bu yüzden iç çamaşırımda kan görünce çok korktum. Annem beni utandırdı çünkü benim iznim olmadan teyzemleri aradı ve adet olmamla ilgili haberleri verdi. Telefonu kapattıktan sonra bu yeni fiziksel fonksiyonun kadını *kadın* yapan şey olduğunu söyledi. Artık doğurgan olduğumu demek istemişti… Adet görmenin ve "kadın olmanın" bende utanç uyandırdığını söyleyebilirim.

Similarly, although she was surrounded by girls of her age, she did not account her girlfriends for sharing any information related to their bodily changes or sex and sexuality. Internet was the only source she relied on to find answers to her certain questions like "what would happen on the wedding night?" and "Is it going to bleed too much or hurt too much?" Through searching answers to these kinds of questions she reached nothing but negative sexual messages, especially about first sexual intercourse. She learnt that "the first time hurts too much and there can be too much blood." Due to the unreliable information she learnt from the internet, her worries about too much pain and too much blood regarding first sexual intercourse were reinforced.

As a result of the ignorance of her parents and sisters concerning sexual issues and the distorted and misleading sexual messages she received through internet, Yagmur began to think that danger was inherent in sexuality. In addition, Yagmur admits that when she experienced difficulty in vaginal penetration, she would make a distinction between love and sexuality because she thought these two could not exist together. She assumed that if she had "successful" sexual intercourse, her husband would have valued her for her body only. Therefore, she regarded penetrative sex as an instrument for "losing value."

Although not completely agree with them, Yagmur acknowledges sexual double standards prevailing in Turkish society. She reveals that the expectations concerning sexuality are not the same for men and women, especially before marriage:

> Sexuality before marriage is highly appreciated for men and it is regarded as a proof of virility. This expectation is magnified to such an extent that if men do not have sexual intercourse before marriage, they risk their manliness. However, it is just the opposite for women. Society does not have a positive look on women's premarital sexuality… Neither minor intimate involvements like kissing and touching, nor penetration is approved for unmarried women. If they do so, they can be called "kaşar" [slut] and cast out. Rumor can also spread and these women are prone to be "evde kalmış" [old maid]. If people learn that a young girl is not a virgin, they don't regard her as a woman to be married, thus nobody marries her… Apart from risking marriage, this woman risks her life because in some conservative parts of Turkey women die of honor killings… Therefore, even if a woman is sexually experienced, she

> needs to hide it and pretend to know nothing about sexuality on the wedding night… If she is good at sex, her husband can question her purity.[29]

Yagmur lived up to some of these expectations and thinks that it is possibly these double standards of sexual behavior that acted as the predisposing factor for her sexual difficulty. Even before marriage, and without any sexual experience, she would think she had vaginismus. In her first penetrative sex attempt with her husband, she proved herself that she really had vaginismus. Due to the fact that she did not share the problem with anybody, internet became the sole source she consulted to solve her sexual difficulty. However, the knowledge on the internet was mostly misleading, as she admits:

> I used a gel which was said to increase sexual desire in women… In my first experience with the gel, I understood it would not work… Then I used an anesthetic spray not to feel my vagina during the sexual intercourse… The spray led nothing but vaginal burning… I also learned from the internet that muscle relaxants help women solve the problem… But I slept after taking the drug.[30]

None of these probable solutions worked to cease her penetration problem; so after having waited two years, she had professional help from a psychologist, whom used systematic desensitization therapy and contributed a lot to solve the problem, as she mentions with great appreciation.

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[29] Erkekler evlilikten önce cinsellik yaşayınca bu çok takdir edilir. Bu erkekliğin bir kanıtı olarak görülür. Bu beklenti o kadar abartılmıştır ki eğer erkekler cinsel ilişkiye girmezse erkekliklerini riske atarlar. Ama kadınlar için tam tersidir. Toplum kadının evlilik öncesi cinsel ilişki yaşamasına olumlu bakmaz… Ne öpme dokunma gibi ufak tefek yakınlaşmalar ne de giriş evlenmemiş kadınlar için onaylanmaz. Eğer yaparlarsa onlara "kaşar" denir ve dışlanırlar. Dedikodu da yayılır ve bu kadınlar evde kalmış olmaya mahkum olur. Eğer insanlar onun bakire olmadığını öğrenirlerse, onu evlenilecek kadın olarak görmezler, bu yüzden kimse onla evlenmez… Evliliğini riske atmanın yanısıra bu kadın hayatını da riske atar çünkü Türkiye'de bazı tutucu kesimlerde kadınlar namus cinayetinden ölürler… Bu yüzden eğer bir kadın cinsel olarak deneyimliyse bile, kadın bunu saklama gereği duyar ve gerdek gecesinde hiçbir şey bilmiyormuş gibi yapar… Eğer cinsellikte iyiyse kocası saflığını sorgulayabilir.

[30] Kadınlarda cinsel isteği arttırdığı söylenen bir jel kullandım… Jelle ilk deneyimimde işe yaramayacağını anladım. Daha sonra cinsellik esnasında vajinamı hissetmemek için anestezi jeli kullandım… Jel vajina yanmasından başka hiçbir işe yaramadı… İnternetten aynı zamanda bu problemi [vajinismus] çözmek için kas gevşeticilerin işe yaradığını öğrenmiştim… Ama ilacı içtikten sonra uyudum.

Cansu

Cansu is the oldest of four siblings; including two brothers and two sisters. Since her childhood, she has been well aware of the fact that men and women are not treated in the same way. She puts forward different societal expectations from men and women with regards to premarital sexual activity. "Women should not have premarital sexual intercourse; while he is a *man,* he can do,"[31] she was taught. She knew that if she had had premarital sexual intercourse, her parents "would have got angry and yelled at" her, and "the neighbors would have spread rumors." Her family and neighbors believed that a woman must reserve her virginity for her husband. The social pressure was strong enough to lead her to internalize gendered expectations without questioning them.

When she got married, Cansu had no prior knowledge regarding sexuality. Her first sexual intercourse attempt with her husband ended up with a traumatic event. She experienced what can be called "marital rape" because the first penetration attempt came off despite her desire not to do so. Her husband forced her to have sex and this coerced sex ended up in hospital. She says that her husband treated her "brutally" on their wedding night. It was her first sexual experience and it was substantially negative. This traumatic experience affected her future sexual encounters with her husband in a negative way. Also, this sexual trauma led her to abstain from sexuality in general through making up some excuses. Whenever her husband initiated sex, she said "I am ill, I don't feel good; so don't touch me!"[32]

Her wedding night was not the only trauma she experienced, because several times she was exposed to ill treatment by her husband:

> After spending the night with other women, he would come home—intoxicated—and beat me. Some nights, he would come home and try to have sexual intercourse with me but I would refuse to do so because he was intoxicated and I was afraid of him… One day—again he was drunk— he took the initiative for sex by covering my face with a piece of fabric. I know

[31] "Kadınlar evlilikten önce cinsellik yaşamamalıdır ama o *erkek*, yapabilir."

[32] Hastayım, iyi hissetmiyorum bu yüzden bana dokunma!

> he was imagining other women, so he didn't want to see my face. It was too insulting…[33]

These repeated traumatizing events made her avoid sex whenever her husband initiated. Apart from these traumatic experiences, she was also subjected to stigmatization by her husband when she displayed what she called "sexual dexterity":

> I've always been afraid of sexual intercourse but at the same time I would desire it so much… I remember having searched for some alternative ways to engage in sexuality… Oral sex was one of the best alternatives for someone who was afraid of vaginal intercourse. One night, I offered my husband to have oral sex… And the experience was good enough… Someday during a quarrel, my husband called me "prostitute" by reminding me that night [the night they had oral sex]. After this experience, I got to know that even if I am good at something related to sex, I should hide my dexterity, because he can label me… Since then, I have pretended to know little about sexuality and this act of ignorance worsened my penetration problem.[34]

Through engaging in "good enough" oral sex, Cansu risked her chastity and her husband did not respond favorably to her sexual try because he questioned the ways she learned this sexual skill. When her sexual advances were met with disapproval, she inclined to hide her sexual desire and "dexterity" and conformed to gendered expectations by adopting recipient and passive roles in sexual encounters. Therefore, her husband's negative reaction to Cansu's sexual initiation plausibly inhibited her sexual progress.

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[33] Geceyi diğer kadınlarla geçirdikten sonra eve gelirdi—alkollü ve beni döverdi. Bazı geceler eve gelirdi ve benimle cinsel ilişkiye girmeye çalışırdı ama onu reddederdim çünkü alkollüydü ve ondan korkardım… Bir gece—yine alkollü—yüzümü bir kumaşla kapatarak cinsel ilişkiye girmek istedi. Biliyorum başka kadınları hayal ediyordu bu yüzden yüzümü görmek istemedi. Çok kırıcıydı.

[34] Cinsel ilişkiden her zaman korkardım ama aynı zamanda isterdim de. Cinselliğe kalkışmak için bazı alternatif yollar aradığımı hatırlıyorum… Oral seks vajinal ilişkiden korkan biri için en iyi alternatiflerden. Bir gece eşime orak seks yapmayı teklif ettim… Ve yaptığımız şey yeterince iyiydi… Bir gün kavga sırasında bana o geceyi hatırlatarak "orospu" dedi. Bu deneyimden sonra eğer cinsellikle ilgili bir şeyde iyi olsam bile becerimi saklamam gerektiğini öğrendim çünkü beni etiketleyebilirdi… O zamandan beri cinsellikle ilgili pek bir şey bilmiyormuş gibi davranıyorum ve bu umursamazlık benim sorunumu daha da kötüye götürdü.

Cansu had difficulty in vaginal penetration for three years and she received neither professional help nor assistance from a family member or friend. When she was asked how she overcame the problem she said "I didn't do a research, I couldn't cope with the problem. When I recognized this would continue, I sued him and we got divorced."[35] Since then, she has once had "successful" vaginal intercourse with her ex-boyfriend but she has not regained physical and emotional comfort in intimate relationships, as she testifies.

Ebru

Ebru was born in a southern city of Turkey. Her father was a truck driver and he would travel distances of thousands of miles; therefore, he was mostly away from home. Her mother was a day laborer working for daily wages. As Ebru remembers, her family was in a bad financial situation and education was the lowest budget priority. As a result, she began working at the age of seventeen as a typographer.

In adolescence, she received lots of sexual messages, as well as the non-sexual ones, in the form of warnings. Her mother's repetitive warnings about how to become respectable woman made Ebru internalize some gendered expectations to such an extent that they became invisible to her, as she recalls. Sex was expressed as something dangerous and within this danger discourse fear was used as an instrument for deterring her from premarital sexual engagement. She remembers her mother saying that:

> Don't wear short skirt because it can seduce men… Be careful when you drink something because men can put sedatives to rape you… Don't stay alone with a man because it can end up with rape… Don't do things that will make your father angry…[36]

[35] Hiçbir araştırma yapmadım, problemle başa çıkamadım. Baktım devam edecek onu mahkemeye verdim ve boşandık.

[36] Kısa etek giyme çünkü erkekleri baştan çıkarabilir… Bir şey içerken dikkat et çünkü erkekler sana tecavüz etmek için içine ilaç atabilir… Erkekle tek başına kalma çünkü tecavüzle bitebilir… Babanı kızdıracak şeyler yapma.

Through this kind of recurrent warnings, insecurity about men was instilled in Ebru. Besides these negative messages, she was constantly reminded that men should be "adam gibi adam" [real men] while women need to be "kadın gibi kadın" [real women]. According to her parent's moral teachings, a real woman should:

> Be respectable, not give in to sexual desires before marriage, abstain from flirtation with men, and keep her virginity for *only one* man… Apart from these expectations concerning sexuality, there are also non-sexual ones which make a woman real woman like having an education to a certain degree but then becoming a housewife, giving birth, not wearing revealing clothes, not putting on red lipstick, and not laughing loudly…[37]

Within these reiterated restrictive messages, Ebru became rather ignorant about sexuality. When she got married, she did not even know "where the vagina is" or "whether there is a hole in vagina that can absorb penis." Her ignorance was accompanied by her agreement with the sexual double standards prevailing in Turkish society. She knew that if she had learnt something about sexuality or become experienced sexually, her husband would have had some doubts about her chastity. "The society expects women to be shy, ignorant, inexperienced, and learn everything about sexuality from their husbands,"[38] she reveals. She followed these gendered expectations to such an extent that even in her first sexual encounter with her husband, she felt as if she "was doing something wrong."

That she had penetration problem is not a big surprise under these conditions. After having waited two years, she was motivated to get professional help because due to the sexual difficulties they experienced, their marriage was about to end. Her desire to maintain their marriage was accompanied by her desire "to be normal":

> I can say that vaginismus affected my femininity in a negative way; because it restricted my potential for being a good wife and mother. I was not a proper wife and it was impossible for me to have children. The only thing I wanted

[37] Saygıdeğer ol, evlilikten önce cinsel arzularına teslim olma, erkelerle flört etmekten kaçın ve berakretini *sadece bir* erkek için sakla… Cinsellikle ilgili bu beklentilerden başka cinsel olmayan beklentiler de vardı. Yani bir kadını gerçek bir kadın yapan şeyler: Belli bir dereceye kadar eğitim almak ama daha sonra ev hanımı olmak, doğum yapmak, açık kıyafetler giymemek, kırmızı ruj sürmemek, sesli gülmemek gibi…

[38] Toplum kadınların utangaç, deneyimsiz olmasını, cinsellikle ilgili her şeyi kocalarından öğrenmelerini bekler.

> was to be normal… I wanted to be a normal woman who can have sex and get pregnant.[39]

Finally, Ebru received help from a psychiatrist. The treatment, which was based on hypnotherapy, lasted three days with "successful copulation." However, she admits that this therapy was only symbolically successful because she has no satisfied sexual life and she has sexual intercourse "just for the sake of doing it." That's why her definition of sex does not go beyond "sexual success" discourse, which is based on the presence or absence of vaginal penetration.

Pınar

Pınar is the only daughter of four siblings. She defines her family as "too conservative" in that she was not even allowed to talk about the sexual information she learnt in biology lesson. She remembers that when she was studying reproductive system for her biology exam, she was silenced by her mother who said "shut up, what a shame! You're going to learn these things when you get married… Your father should not hear this!"[40] Although her mother would warn her about the dangers of engaging in premarital sexuality, Pınar admits that it was her father in the backstage. Pınar asserts "my mother was trying to handle with the things because of the fear of my father."[41]

Due to the lack of sexual information communicated with her, Pınar was shocked when she had her first menses. She was so afraid of the blood that she thought she had cut herself. Her mother's first reaction was to say "from now on, you should be more careful about men," implying the onset of her reproductive capacity. Pınar's prejudices against sexuality first started with her menarche and the conversation emerged from this incidence, as she testifies.

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[39] Vajinismus benim kadınsılığımı olumsuz şekilde etkiledi diyebilirim çünkü benim iyi bir eş ve anne olma şeyimi kısıtladı. Doğru düzgün bir eş değildim ve çocuk doğurmam imkansızdı. Tek istediğim şey normal olmaktı… Seks yapan ve hamile kalan normal bir kadın olmak istiyordum.

[40] "Kapa çeneni, ne ayıp! Bunları evlendiğinde öğreneceksin… Baban bunu duymasın!"

[41] Annem babamın korkusundan bunlarla uğraşmaya çalışıyordu.

During adolescence, Pınar was subjected to some conversations in her mother's "gün" [in which female relatives and neighbors come together once a week in one of their homes]. In one of these meetings she heard her aunt saying "my husband demanded anal sex but I didn't want to do… Anyway, so as not to let him to go to other women in search of sex, I surrendered."[42] From this type of helpless message Pınar adopted some beliefs related to sexuality as those of "women should surrender to men's desires to secure their marriages and men's desires precede women's needs."[43] Pınar also tells that her female relatives were versed in witchcraft so as to make their husbands sexually loyal. As a result, she began to think that it is normal for men to "have a roving eye" and she believed that it is women's duty to keep their husbands faithful to themselves. She normalized this kind of survival strategies to such an extent that when she had difficulty in penetrative sex, she thought it was her husband's right to sleep with other women. It is for this reason that at that time she constantly reminded herself: "Do it [penile-vaginal intercourse], otherwise he will go to another woman!"[44]

With regard to female sexuality, Pınar was exposed to some contradictory gendered expectations:

> From my female relatives and girlfriends I have learnt that a woman should always be ready to sexual intercourse and no matter what her husband wants, she should not reject… I was also taught that if a woman has sexual desire and enjoys sex, she should not reveal; otherwise her husband can call her slut. This means that a woman can have sexual desire and she can be good at sex even before marriage; but she needs to hide her desire and sexual skills because society does not expect women to engage in sexuality before marriage. In our society, women are not expected to have premarital sexual intercourse but at the same time they are expected to display sexual skills on their wedding night. Before I got married, I read an article which was named "What Makes a Woman Amazing in Bed." It was only through columns and

[42] Eşim anal seks istedi ama ben istemedim… Yine de başka kadınlara seks diye gitmesin diye teslim oldum.

[43] Kadınlar evliliklerini güvene almak için erkeklerin cinsel isteklerine teslim olmalıdır ve erkeklerin istekleri kadınların ihtiyaçlarından önce gelir.

[44] Yap! [vajinal ilişki] Yoksa başka kadınlara gider.

> magazines I tried to be good at sex because I could not have engaged in premarital sexual activity.[45]

Pınar was well aware of the negative reactions from society towards premarital sexuality:

> … One of my dorm mates from my university years had hymenoplasty—a surgery to repair broken hymen—because it is too bad to have premarital sexual intercourse… My aunt committed suicide when she was regarded non-virgin on the wedding night because there was no bleeding. Only when she died, was her hymen found intact through autopsy… The postmortem report showed that her hymen was elastic and stretchable… It was before I was born, but I heard the story…[46]

These negative, restrictive, conflicted, and distorted messages set the stage for Pınar's sexuality. She found no alternative but agreed with some sexual double standards. She asserts that "it is men's *right* to have sexual intercourse… They [men] must be experienced… They have nothing to lose."[47] She adds that "if a bride is found not to be virgin, she is thought as 'secondhand' and she can be sent back to her family home."[48] Keeping these worries in mind, for her first sexual contact, she says:

> I was feeling worried about the possibility of not having vaginal bleeding, because my husband could have questioned my virginity. At the same time, I

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[45] Kadın akrabalarım ve arkadaşlarımdan bir kadının cinsel ilişkiye her zaman hazır olması gerektiğini öğrendim ve kocası ne isterse istesin kadın bunu reddetmemeli… Aynı zamanda bana bir kadın cinsel arzusu olsa ve cinsellikten zevk alsa bile bunu göstermemeli diye öğretildi. Yoksa eşi ona kaşar diyebilir. Yani kadın cinsel arzusu olabilir ve evlilikten önce bile cinsellikte iyi olabilir ama arzusu ve yeteneklerini saklamaya ihtiyacı var çünkü toplum kadınlardan evlenmeden önce cinsel ilişkiye girmelerini beklemez. Bizim toplumumuzda kadınlardan evlilik öncesi cinsel ilişkiye girmeleri beklenmez ama aynı zamanda gerdek gecesinde yeteneklerini sergilemeleri beklenir. Evlenmeden önce "Kadını Yatakta İnanılmaz Kılan Nedir" adında bir yazı okumuştum. Köşe yazılarında ve dergilerde okuduğum şeylerle ancak cinsellikte iyi olmayı deniyordum çünkü evlenmeden yapamazdım.

[46] Üniversite yıllarımda yurt arkadaşlarımdan biri kızlık zarını diktirme ameliyatı oldu çünkü evlenmeden cinsel ilişkiye girmek çok kötü… Teyzem gerdek gecesinde bakire olmadığı düşünülünce intihar etmiş çünkü kanama olmamış. Ancak öldükten sonra atopsi ile kızlık zarının orda olduğu öğrenilmiş… Otopsi raporu kızlık zarının esnek olduğunu göstermiş… Bu ben doğmadan önce olmuş ama hikayeyi duydum…

[47] Cinsel ilişkiye girmek erkeklerin *hakkı*… Onlar deneyimli olmalı… Kaybedecek bir şeyleri yok.

[48] Eğer bir gelinin bakire olmadığı ortaya çıkarsa "ikinci el" olarak düşünülür ve baba evine gönderilebilir.

> don't know the reason but I would feel guilty… I was like hearing my mother and father's voices… They were like watching me—they were disappointed and depressed inside my head…[49]

Due to the fact that her husband forced her and she wanted to "get her relationship back," after experiencing one year of penetration problem, she finally got help from a psychiatrist who "was mechanical, accusatory and had no empathy." Within three months, by means of systematic desensitization therapy the problem was resolved—they had vaginal intercourse, but "pain during sexual intercourse has not fully subsided," she narrates.

Beren

Beren was born to parents who were farmers. She has three younger brothers and she was raised by a conservative family in which sexuality was not explicitly communicated but conveyed through some warnings and negative messages. It was in her childhood when she learnt that in some places of Turkey, women are expected to display bloodstained sheet to prove their virginity after the first sexual intercourse. In contrast, "men's virginity is not questioned,"[50] she reports. She confirms this double standard of sexual behavior by stating that "men have nothing to lose while women have a lot to lose when they risk their virginity."[51]

Apart from these sexual tenets, there are also other non-sexual gendered principles she internalized:

> A woman must have good manner because she represents her family… You know, men make houses, women make homes. She is the most important part of family. Therefore, she should be "hanım hanımcık" [proper lady] … She must know how to be a proper lady and should not go beyond the limits… She must be honorable, I mean, she mustn't have premarital sexuality. A

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[49]Kanama olmaması ihtimalinden dolayı endişeliydim çünkü kocam bekaretimi sorgulayabilirdi. Aynı zamanda nedenini bilmiyorum ama suçlu hissediyordum… Annemin babamın sesini duyar gibiydim… Sanki beni izliyorlardı—kafamın içinde sanki hayal kırıklığına uğramış ve kahretmişler gibi.

[50] Erkeklerin bekareti sorgulanmıyor.

[51]Kadınlar bekretlerini riske attıklarında kaybedecek çok şeyleri varken erkeklerin kaybedecek hiçbir şeyleri yok.

> woman's premarital sexual involvement with men can cause unfavorable comments to be made about her family…[52]

Beren learnt sexuality mostly from her friends, whom were not sexually active. They would talk about the assumption that "it [penetration] hurts too much and there will be too much bleeding." She held these false beliefs to such an extent that pain manifested itself in her first penetrative sex attempt. Also, in her later sexual initiations, pain reaffirmed itself because she would expect it. When she remembers the past, she says "I was the victim of my own mistakes… It [penetration] hurt too much because I expected the pain."[53] Therefore, for her painful penetration attempts she accused herself and she thought that it was the false beliefs held her back from living an unproblematic sexual life.

When she was experiencing vaginismus, she constantly compared herself to other women who have "successful" penetration, as she guessed. She would evaluate her sexual self across "successful" vaginal intercourse, which had affective consequences for her. "Penetrative sex is what makes a woman *woman,*"[54] she testifies. As a result of not having penile-vaginal intercourse she would feel sexually inadequate. Beren had a strong desire to solve the problem not for her own good, but to satisfy her husband and to deter him from "going to other girls." She worried about "not being able to give him a baby because of vaginismus." It is for this reason that she defines vaginismus as "what made my marriage not a *marriage*."[55] She waited one year without any help from a health care professional. Finally, she consulted to a gynecologist and the penetration problem ended in just three days. However, in terms of sexual desire and satisfaction she has still had problems despite "having paid too much money for the therapy."

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[52] Kadınlar ailelerini temsil ettikleri için tavırları iyi olmalı… Biliyorsunuz "yuvayı dişi kuş yapar." Kadın ailenin en önemli parçasıdır. Bu yüzden hanım hanımcık olmalıdır… Nasıl hanım olacağını bilmeli, sınırlarının ötesine gitmemelidir… Namuslu olmalıdır, yani evlilik öncesi cinsel ilişkiye girmemelidir demek istiyorum. Bir kadının evlilik öncesi cinselliği ailesine kötü laf getirir.

[53] Kendi hatalarımın kurbanı oldum… Çok acıdı çünkü acımasını umdum.

[54] Girişin olduğu seks kadını *kadın* yapan şeydir.

[55] Evliliğimi evlilik yapmayan şey.

Ceren

Ceren is the oldest of three daughters of her family. She was born and raised in an Anatolian city of Turkey. She was raised by a single mother because her father died when she was nine. Actually, she grew up in an extended family, including her grandmother and grandfather. Her mother would work in a factory in order to contribute to the family budget and her grandparents were too old to look after three granddaughters; therefore, as the oldest of the siblings, Ceren took over the responsibility for taking care of her sisters. Apart from going to school, she spent most of her time looking after her sisters at home. "A large part of my life was confined to home so I elaborated on my friends, whose life would seem perfect,"[56] she remembers. Ceren was inclined to compare herself to her girlfriends whom she thought were better than herself. Before marriage, she thought she would never be like those beautiful and sexually active girls. As a result of those repeated comparisons, she reports having felt sexually inadequate even without any sexual involvement.

Due to the financial problems, she did not continue education after high school, which was not a big problem for her because she says:

> I did not want to have good education because I would want to marry a man whom I love so much… I would think that being a housewife would enhance my status because it would be a sign of my husband's affluence.[57]

Indeed, Ceren had never had a boyfriend, because her life outside of the house was substantially controlled by family members and they did not have a positive look on women's emotional involvements with men. "I grew up in an all-women environment. It was only on the buses that I could sit next to a man. This same sex

[56] Hayatımın büyük bir kısmı evle sınırlıydı bu yüzden hayatları mükemmel gibi görünen arkadaşlarıma özenirdim.

[57] İyi bir eğitim almak istemedim çünkü sevdiğim bir adamla evlenmek istiyordum. Ev hanımı olmanın benim statümü arttıracağını düşünüyordum çünkü benim çalışmamam eşimin varlığının göstergesi olacaktı.

friendship network blocked my access to male world,"[58] she says. In her extended family, intimate relationships were determined by family elders:

> We were five women at home; me, my mother, my two sisters, and my grandmother… My grandmother would repeatedly warn my mother about being careful of men's sexual initiations. I remember my grandmother saying that "be careful about your chastity, you are a widow, you have three daughters, and your daughters will take you as an example"… I remember that there was one man who wanted to marry my mother but it was my grandparents that did not allow… It was my grandparents whom prevented my mother's second marriage.[59]

Similarly, Ceren got married which was arranged by her grandparents:

> There were some suitors… However, I did not decide to whom I would marry… It was my grandparents' decision… They chose my husband. When I was twenty-six, I got married… Our marriage was arranged; arranged by my grandparents. For arranged marriages, choosing a husband was like choosing a watermelon… How can I know the inside without cutting it?[60]

In their first vaginal penetration attempts they could not comprehend why they "failed." However, as time passed by, they recognized that "there was a big problem." Ceren mourns:

> He [her husband] thought there was a problem in my vagina… He doubted the presence of a hole in my vagina and by using a mirror he wanted me to check the hole in my vagina… I was so angry because the problem was not about the presence or absence of a hole. It was our shared problem but he put the blame on my body. I must admit that vaginismus was not about vagina. It

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[58] Hep kadınların olduğu ortamda büyüdüm. Sadece otobüslerde bir erkeğin yanına oturabiliyordum. Bu aynı cinsten insanların olduğu ortam erkek dünyasına erişimimi önledi.

[59] Evde beş kadındık; ben, annem, iki kız kardeşim ve anneannem. Anneannem annemi sürekli erkeklerin cinsel ilişki istemeleri konusunda uyarıyordu. Anneannemin "sen dul kadınsın, senin üç kızın var, kızların seni örnek alacak, iffetini dikkat et" demesini hatırlıyorum… Bir adamın annemle evlenmek istediğini hatırlıyorum ama dedemler izin vermemişti… Annemin ikinci evliliğini engelleyen dedemlerdi.

[60] Bazı damat adayları vardı… Ama kiminle evleneceğime ben karar vermedim… Dedem ve anneannemin kararıydı… Benim kocamı onlar seçti… Evliliğimiz görücü usulüydü, dedemler tarafından ayarlandı. Görücü usulü evlilikler için koca seçmek karpuz seçmek gibi… Kesmeden içini nasıl bilebilirim?

> is about our grandmothers, our husbands, our culture, everything but vagina…[61]

After having waited one year, Ceren wanted to have professional help from a psychiatrist with her husband but she could not persuade him because he thought vaginismus was only Ceren's problem. When she declared her views about the shared nature of her sexual difficulties with her husband, she was met with disapproval from the psychiatrist, which was disappointing for her. As she claims, "with his distant and insensitive attitude, he situated the problem in my psyche."[62] She reports that the doctor never asked Ceren's communication with her husband, "he only talked about my worries briefly without delving into how they originated."[63] Ceren overcame penetration problem in three days with hypnotherapy. However, her sexual life is still "unhealthy" and "unsatisfactory" as she confesses.

Gamze

Gamze was born and raised in a small town in the capital city of Turkey. She is the only child of her parents. Gamze got her university degree in another city where she lived with her boyfriend for three years. She did not inform her parents about the fact that her boyfriend was her housemate. Actually, her parents did not even know that she had a boyfriend because she could not dare to tell her parents, whom were "too traditional and conservative." As she remembers, her parents would not communicate sexuality with her. Gamze reports how her mother transmitted sexual messages latently:

> My mother would want me to draw a moral from stories she told. She would constantly tell a story about proper attitudes and behaviors of young girls but in doing so she would give reference to other people like our close relatives and neighbors in the town. I mean… I think she would want to warn me

[61] Vajinamda bir problem olduğunu düşündü [eşi]… Vajinamda bir delik olup olmadığından şüphe duydu… Çok kızmıştım çünkü problem vajinamda bir deliğin varlığı ya da yokluğu ile ilgili değildi. Bizim ikimizin problemiydi ama suçu benim vücuduma attı. Vajinismusun vajina ile ilgili olmadığını kabul etmeliyim. Bizim nenelerimizle, kocalarımızla, kültürümüzle ve vajina dışında her şeyle alakalı.

[62] Soğuk ve duyarsız tutumuyla, problemi sadece benim aklımla ilgiliymiş gibi yaptı.

[63] Endişelerimden—nasıl ortaya çıktıklarından bahsetmeden—sadece kısaca konuştu.

> against engaging in premarital sexuality but she would not want to seem as a restrictive mom. Therefore, when she was to say something about female sexuality, she would give reference to our relatives and neighbors.[64]

It was in her university years that Gamze got acquainted with what she calls "failed sexuality." Her boyfriend was eager to have sexual intercourse but Gamze would hold herself back in sex because of the moral teachings of her mother. It is for this reason that she holds her mother responsible for her sexual difficulties.

Apart from her mother's moral teachings, Gamze talked about the communal pressure she was exposed to. She remembers being condemned by some of her neighbors for having university education in another city:

> In my first year in university I stayed in dormitory. But it was difficult to study lesson and share a room with five friends. Therefore, next year my parents rented a home for me… But we could not say this to our neighbors because they could have gossiped about this. They even condemned me about going to university out of our town… They would believe that a woman's place is in the home… For them, a woman should not work but marry and bear children.[65]

Besides neighborhood pressure, Gamze also reports how she faced a great pressure from her close relatives:

> None of my female cousins took university education… My uncles were against university education because they would claim that "if a *girl* takes university education in another city, she becomes a *woman."* I know it sounds weird but when I was in high school, I believed in that myth and I would worry about my virginity when I thought about university education.[66]

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[64] Annem anlattığı hikayelerden benim ders çıkarmamı isterdi. Bana sürekli genç kızların uygun hareketleri ile ilgili hikayeler anlatırdı ama bunu yaparken de kasabadaki yakın akraba ve komşularımıza gönderme yapardı… Bence beni evlilik öncesi cinsel ilişkiye girmeme konusunda uyarmak istiyordu ama sıkan bir anne olarak da görünmek istemiyordu. Bu yüzden kadınların cinselliği ile ilgili bir şey söyleyeceği zaman akrabalarımıza ve komşularımıza gönderme yapardı.

[65] Üniversitedeki ilk yılımda yurtta kaldım. Beş kişiyle odayı paylaşmak ve ders çalışmak zordu. Bu yüzden bir sonraki yıl annemler bana ev kiraladı… Ama bunu komşularımıza söyleyemedik çünkü dedikodu yapabilirlerdi. Beni kasabamız dışında bir üniversiteye gittiğim için bile kınadılar… Kadının yerinin ev olduğuna inanırlardı… Onlar için bir kadın çalışmamalı, evlenmeli ve çocuk doğurmalıdır.

[66] Kız kuzenlerimden hiçbir üniversite eğitimi almadı… Amcalarım üniversite eğitimine karşılardı çünkü "eğer bir *kız* şehir dışında üniversite eğitimi alırsa *kadın* olur" diye iddia

It was within this context that Gamze came of age. During her undergraduate years, despite her boyfriend's eagerness, she did not engage in sexuality. "We would sleep in different beds"[67] she testifies. After she graduated from university she broke up with her boyfriend "due to lack of sexual intimacy." Her first sexual intercourse attempt was with her husband. "It was a disaster" she mourns. She explains that:

> In our henna night, which was before the wedding night, I was sitting on a chair and the unmarried girls were revolving around me. The special henna songs would ring and as a bride, I was supposed to cry… I knew this tradition but I could not cry… I even laughed… I don't know why but I couldn't cry… My mother-in-law was expected to apply henna on my palm and put a gold in it… But she didn't. I know she had the gold in her palm but she refused to give it to me… I think the reason was I didn't cry as I was supposed to do and she suspected my purity… Maybe my virginity… I think she didn't find me worth of it [gold] … It was so offensive… Next night, I mean, on our wedding night, I was not ready for sex because I was still sorry about the incident we had in our henna night. And my husband said nothing to relieve my sadness about that issue. I lost my passion to my husband in these two days [henna night and wedding night]. Therefore, I couldn't feel relaxed in our penetration attempts and we couldn't do it [penetrative sex].[68]

The biggest problem concerning her sexual difficulty was that her mother-in-law put great pressure on her to have children:

> I hate my mother-in-law… She would constantly compare me to women who married and immediately got pregnant… She would act like it [not getting

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ediyorlardı. Biliyorum tuhaf geliyor ama lisedeyken bu şeye inanadım ve üniversite eğitimini düşündüğümde bekaretimden endişeliydim.

[67] Farklı yataklarda uyurduk.

[68] Düğün gecesinden önceki kına gecemizde sandalyede oturdum ve evlenmemiş kızlar etrafımda dönüyordu. Meşhur kına gecesi şarkıları dönüyordu ve gelin olarak ağlamam bekleniyordu… Bu geleneği biliyorum ama ağlayamadım… Güldüm bile… Neden bilmiyorum ama ağlayamadım… Kaynanamın avcumun içine altın koyması gerekiyordu… Ama yapmadı. Biliyorum elinde altın vardı ama bana vermeyi reddetti… Bence yapmam gerektiği gibi ağlamadığım için vermedi. Masumluğumdan şüphelenmiş olabilir… Belki de bekaretimden… Bence beni ona [altına] değer bulmadı… Bu hakaret gibiydi… Diğer gece, yani düğün gecemizde cinsellik için hazır değildim çünkü hala kına gecemizdeki olaya üzülüyordum. Ve eşim bu konuda benim üzüntümü giderecek hiçbir şey söylemedi. Bu iki günde kocama olan tutkumu kaybettim. Bu yüzden cinsel ilişki girişimlerimizde rahat hissedemedim ve yapamadım.

> pregnant] was only my problem… But my husband could have been infertile… But she never thought this possibility.[69]

Gamze could not share her problem with anyone because sexuality was a taboo subject for people around her. She did not receive any help to resolve her sexual difficulties for a year. In that period, she sought remedy on the internet. She tried some ways like drinking alcohol before sex, using anesthetic sprays not to feel her vagina during sex, and taking muscle relaxants to feel relieved. However, none of these methods worked and finally she consulted to a gynecologist:

> After the gynecological examination, the doctor said that I had vaginismus which is about vaginal muscles. The doctor added that "vaginismus is not only about muscles, but it is also a psychological problem. It [vaginismus] is treatable but you need help from a psychiatrist, too." I was shocked. For a year I refused to get professional help because I read some women's experiences on the internet who told the treatment procedure. It was frightening because in those treatments the doctors expect women to insert fingers into their vaginas. I could not have done this because I could not risk my virginity… I mean, I did not want to lose my virginity through inserting fingers. It [losing virginity] is a special moment… I thought that my husband must enjoy that moment…[70]

After a while, Gamze changed her mind about doing some exercises to stretch her vagina but she resisted to get help from a gynecologist or psychiatrist. Instead, she tried some ways like using tampon and lubricant that she learnt from the internet. Finally, she overcame the problem with her own effort. However, when talking about

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[69] Kaynanamdan nefret ediyorum… Beni sürekli evlenen ve hemen hamile kalan kadınlarla kıyaslıyordu… Sanki sadece benim problemimmiş [çocuk sahibi olmama] gibi davranıyordu… Ama kocam kısır olabilirdi… O [kaynanası] bu ihtimali hiç düşünmedi.

[70] Vajina muayenesinden sonra kaslarla ilgili olan vajinismus olduğumu söyledi doktor. Ve "vajinismus sadece kaslarla ilgili değil aynı zamanda psikolojik de bir problem. Tedavisi var ama psikiyatristten de yardım almalısın" dedi. Şok olmuştum. Bir yıl boyunca profesyonel yardım almayı reddettim çünkü internette bazı kadınların tedavi ile ilgili deneyimlerini okudum. Korkutucuydu çünkü bu tedavilerde doktorlar kadınlardan parmaklarını vajinalarına sokmalarını bekliyorlardı. Bunu yapamazdım çünkü bekaretimi tehlikeye atamazdım… Yani parmak sokarak bekaretimi kaybetmek istemedim. Bu [bekareti kaybetme] özel bir an… Eşimin o anın tadını çıkarması gerektiğini düşündüm…

the quality of her sexual life, she says "I just do it and that's what makes me satisfied not orgasm."[71]

4.2 Sexual Scripts at Three Different Levels

As is noted before, I addressed four research questions in the present study. Based on sexual script theory (Gagnon & Simon, 1973; Simon & Gagnon, 1986) the first research question investigated cultural, interpersonal, and intrapsychic sexual scripts framing vaginismus in Turkish context. I designed interview questions to reveal sexual scripts at three different levels separately. From participants' individual reports, I identified six overarching sexual scripts at cultural, interpersonal, and intrapsychic levels. It is important to note that these three levels of scripting do not operate independently of one another. Each sexual script I noted below can be attributed to another level of scripting because some scripts belong to more than one level. I demonstrated an overview of sexual scripts at cultural, interpersonal, and intrapsychic levels uttered by participants in Table 2 below.

[71] Orgasm değil sadece yapmış olmak bana zevk veriyor.

Table 2

Sexual Scripts at Three Different Levels

4.2.1 Cultural Scripts
4.2.1.1 Fear Scripts
4.2.1.1.1 Bleeding: "Penetrative sex for the first time causes too much bleeding because of woman's hymen breaking."
4.2.1.1.2 Pain: "The first penetration hurts to such an extent that it feels like birth pangs."
4.2.1.1.3 Honeymoon cystitis: "Women contract urinary tract infection after they lose their virginity."
4.2.1.1.4 Penis captivus: "Penis can be stuck inside vagina during the first sexual intercourse."
4.2.1.2 Virginity Scripts
4.2.1.2.1 Gatekeeping: "Women are the gatekeepers of sex to prevent negative reactions."
4.2.1.2.2 Virginity as honor: "The family's honor is connected to women's virginity and chastity."
4.2.1.2.3 Virginity as a wedding present: "Virginity is the best present a woman can offer to her husband."
4.2.1.2.4 Virginity as a commodity: "Women are the possessions of men."
4.2.1.2.5 Virginity as a marriage contract: "Women should abstain from premarital sexual intercourse to secure marriage."
4.2.2 Interpersonal Scripts
4.2.2.1 Sexual Incompatibility Scripts
4.2.2.1.1 Lack of sexual communication: "We couldn't talk about sexual issues."
4.2.2.1.2 Discrepancies in sexual needs and desires: "We had different preferences."
4.2.2.1.3 Lack of emotional intimacy: "We were like strangers."
4.2.2.1.4 Sexual estrangement: "We were sexually done."
4.2.2.2 Sexual Performance Scripts
4.2.2.2.1 Equation of sex with penetration: "Sex without penetration is not successful."
4.2.2.2.2 Vaginal orgasm: "Female orgasm counts only when it is vaginal."

Table 2 (cont'd)

4.2.3 Intrapsychic Scripts
4.2.3.1 Sexual Inhibition Scripts
4.2.3.1.1 Inhibition resulting from disruptive feelings: "As far as sexuality is concerned, I feel unworthy/guilty/regret/shame."
4.2.3.1.2 Inhibition caused by distracting thoughts "I have so many concerns about sexual intercourse that I cannot have sex."
4.2.3.1.3 Inhibition to prevent social sanctions: "If I am sexually skilled and experienced, people will suspect my purity."
4.2.3.2 Social Comparison Scripts
4.2.3.2.1 Upward social comparison: "I am inadequate. I can't have sex like other women."
4.2.3.2.2 Downward social comparison: "I'm different from easy girls."

4.2.1 Cultural Scripts

Cultural scripts are defined as "the instructional guides that exist at the level of collective life" (Simon & Gagnon, 1986, p. 38). Cultural scripts are the most notional level of scripting and they create the appropriate environment for roles, places, times, and reasons for sexual conduct. In the current study, at the cultural level, I identified "fear" and "virginity" scripts that I thought related to participants' experiences of vaginismus. Both of these overarching scripts have sub-scenarios through which participants' sexual behaviors, attitudes and feelings were molded negatively.

4.2.1.1 Fear Scripts

In commonly used international diagnostic classification systems like the *DSM*, vaginismus was defined as experiencing "marked fear or anxiety either about vulvovaginal or pelvic pain or vaginal penetration, […] which may cause clinically significant distress or impairment" (American Psychiatric Association, 2013, p. 437). The results of the current research confirm this diagnostic classification system to a certain extent because "fear" was identified as the overarching sexual script at the cultural level. However, this study's findings add contextual breadth and depth to this classification system in which fear was treated as a personal impairment. When

the cultural scripts related to fear were examined, it became clear that at the cultural level women's sexuality is portrayed as having detrimental physical outcomes. It is also obvious that the outcome expectancies related to physical health affected participants' sexuality negatively because all the scenarios noted below were documented to arouse fear of vaginal penetration in participants.

4.2.1.1.1 Bleeding: "Penetrative sex for the first time causes too much bleeding because of woman's hymen breaking."

In Turkey some individuals suffer from marriage customs and traditions related to sexuality. Displaying blood-stained sheet, which is a sign that the marriage is consummated and the bride is virgin, is one of the most traumatic experiences women in some regions of Turkey live through (Yasan et al., 2009). In the current research, by almost all participants (*n*=9) the expectation of too much blood in their first sexual intercourse was cited as a source of fear. For some participants the expectation of vaginal bleeding was intertwined with a cultural practice as that of displaying blood-stained sheet:

> You know displaying bloodstained bed sheet is a common tradition in our culture. Besides hating this tradition, I was also afraid of it because when I thought of "bloodstained bed sheet" I would envision a bed sheet covered with blood… Every part of it… So I would believe that there would be too much blood when I lose my virginity… I was afraid of death as a result of losing too blood (Pınar).[72]

> Displaying blooded sheet would make me scared because the idea itself created an impression of too much blood on the wedding night… It was as if hymen had been a safety fence in front of the vagina and through sexual intercourse penis hits that barrier and has an accident; the result is too much blood… Since my childhood, I imagined the first intercourse like that (Ebru).[73]

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[72] Biliyorsun ya kanlı çarşaf sergileme bizim kültürümüzde yaygın bir gelenektir. Bu gelenekten nefret etmenin yanında aynı zamanda ondan korkuyordum da çünkü "kan bulaşmış çarşaf" düşündüğümde kafamda kan bulaşmış bir çarşaf hayal ediyordum… Her bir parçası… Bu yüzden bekaretimi kaybettiğimde çok fazla kan olacağını düşünüyordum… Çok fazla kan kaybetme sonucu ölmekten korkuyordum.

[73] Kanlı çarşaf sergileme beni korkutuyordu çünkü bu fikrin kendisi bile düğün gecesinde çok fazla kan olacağı imajını veriyordu. Kızlık zarı sanki vajinanın önünde bir güvenlik çiti gibi ve cinsel ilişki ile penis bu bariyere çarpıyor ve kaza oluyor gibi; sonuç çok fazla kan… Çocukluğumdan beri ilk ilişkiyi böyle hayal ettim…

These findings confirm the previous research in that being virgin is one of the most important expectations for unmarried women and vaginal bleeding is expected at the first night of marriage (Cindoglu, 2000; Essizoglu et al., 2011). The results also show that displaying blood stained sheet to the groom's family at the bridal night is still a prevalent custom in Turkey. Even though none of the participants were expected to fulfill this wedding night tradition, the idea of displaying blood-stained sheet was enough to make them distracted. As participants reveal, this wedding tradition has a detrimental impact on women's sexual well-being and this result echoes the previous research, claiming that displaying blood-stained sheet is the most apparent form of social control of women's bodies (Keskin-Korumaz, 2015).

On the other hand, for some participants, the expectation of intact hymen and vaginal bleeding as a proof of virginity caused anxiety:

> Before marriage, I didn't sleep with a man. I was a virgin… I have heard that hymen is a thick piece of flesh that covers the entrance of vagina and closes down penis's entry. I was told that hymen is just like a barrier and I was afraid of too much bleeding… I also knew that some women don't bleed after first sexual intercourse and I would worry about not bleeding because my husband may have suspected my virginity… I would worry about not having a hymen at all… Therefore, the presence or the absence of blood was a source of concern for me (Gamze).[74]

Another participant recalls how her worries about not having vaginal bleeding in the first sexual intercourse prevented her from engaging in vaginal penetration:

> At the age of nine, one day I recognized some blood on my under-paths. I did not know the reason but I was really frightened. The first thing that came to my mind was my virginity… I couldn't tell this to my mother and I kept this incident a secret. Before my first sexual attempt—and in the following ones—I doubted my virginity and worried about not having vaginal bleeding, which could have been a source of shame and guilt for me. Also, I worried about my husband's reaction… If he hadn't seen blood on our first night, he could have accused me of having sexual intercourse with other men before

[74] Evlenmeden önce bir erkek ile yatmadım. Bakireydim… Kızlık zarının kalın bir et parçası olup vajinanın girişini kapattığını ve penisin içeriye girişini engellediğini duydum. Kızlık zarının bir bariyer gibi olduğu bana söylendi ve çok fazla kanama olmasından korkardım. Aynı zamanda bazı kadınların ilk cinsel ilişki sonrasında kanamadıklarını da biliyordum ve kanamamaktan endişe duyuyordum çünkü eşim benim bekaretimden şüphelenebilirdi. Hiç kızlık zarım olmamasından endişe duyuyordum… Bu yüzden kanamanın varlığı da yokluğu da benim için bir endişe kaynağıydı.

> marriage. Therefore, I can say that this worry also played a huge role in preventing me from having full sex [penile-vaginal intercourse] (Beren).[75]

As is clear from these participants' words, the first sexual intercourse is a critical moment for some women in Turkey (Altınay & Arat, 2007). These women report anxiety related to the vaginal bleeding because they are aware of the fact that if a bride cannot prove her virginity on the wedding night, she can be exposed to ill-treatment and subjected to several punishments which range from stigmatization to honor killings (Adana et al., 2011). Therefore, it can be said that the presence of vaginal bleeding makes some women concern about negative physical outcomes, while the absence of bleeding is a source of fear for some women because not being able to prove virginity has moral consequences.

4.2.1.1.2 Pain: "The first penetration hurts to such an extent that it feels like birth pangs."

In commonly used international diagnostic classification systems like the *DSM*, vaginismus was defined as "[…] marked vulvovaginal or pelvic pain during vaginal intercourse" (American Psychiatric Association, 2013 p. 437). In this classification and diagnostic system, the contextual factors leading to pain or anticipated pain during sexual intercourse were highly neglected.

When compared with fear and low sexual desire, sexual pain is a more concrete and observable symptom for biomedical expertise (Farrell & Cacchioni, 2012). Therefore, when women complain about sexual pain their experiences can easily be medicalized. Although there has been an increasing body of research using biopsychosocial framework in examining women's sexual pain, still biomedical and positivist studies persist because "bio" overrides "psycho" and "social" (Grace, 2007). The biomedical framework reduces women's sexual pain into individual

[75] Dokuz yaşımdayken bir gün iç çamaşırımda kan olduğunu fark ettim. Sebebini bilmiyorum ama çok korkmuştum. Aklıma ilk gelen şey bekaretimdi. Bunu anneme söyleyemedim ve bu olayı bir sır olarak sakladım. İlk cinsel ilişki girişimimden önce—ve daha sonrakilerde—bekaretimden kuşkulandım ve kanama olmamasından endişelendim, ki bu da benim için utanç ve suç kaynağı olurdu. Aynı zamanda eşimin vereceği tepkiden endişeliydim. İlk gecemizde kanı görmemiş olsaydı, beni evlilikten önce başka adamlarla cinsel ilişkiye girme konusunda suçlayabilirdi. Bu yüzden diyebilirim ki bu endişe beni tam bir cinsel ilişkiye [penis-vajina ilişkisi] girmekten alıkoydu.

impairment rather than situating it within social context, which is shaped by constructions of gender and sexuality (Farrell & Cacchioni, 2012). Therefore, the present study's qualitative findings related to sexual pain make cultural facets of pain more salient.

Nearly all respondents (*n*=10) reported to have been told that the first sexual intercourse hurts too much. Some of these women heard that the first sexual intercourse is like "giving birth" and thus the pain as a result of losing virginity is like "birth pangs":

> I gained sexual knowledge through my girlfriends… We were talking about sexuality but none of us were sexually active… We were virgin… We were talking about the first night in which the penetration was said to be hurting too much… I also sought sexual information from the internet… I was looking for the answers of certain questions like "will it hurt too much on the wedding night?"… And the answers were not that positive: Yes it was claimed to be hurting too much… like *birth pangs* (Beren).[76]

> I was taught that the first sexual intercourse would hurt too much because my friends told me that there is no hole in vagina… They said the vagina is too small and the penis is too big, so the penis cannot fit into the vagina… For the first time, I expected so much pain… A pain like *giving birth* (Ebru).[77]

That these women believed in painful sexual intercourse even without any sexual experience is their common ground because they did not have any coital experience that would have confirmed their anticipated fear. These findings are consistent with the results of the previous research, which suggests that both in western and non-western cultures, it is a very common myth that the first coitus, and sometimes the following ones, cause pain in women (Sterling as cited in Stelko, 2015). Thus, there is a prevalent "pain script" regarding first sexual intercourse. Some women adopt,

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[76] Cinsel bilgimi kız arkadaşlarım aracılığı ile kazandım… Cinsellik hakkında konuşuyorduk ama hiçbirimiz cinsel olarak aktif değildik… Bakireydik… Girişin çok fazla acıdığı söylenen ilk gece hakkında konuşurduk. Aynı zamanda internette cinsel bilgi arardım. "Düğün gecesi çok fazla acır mı" tarzında bazı soruların cevaplarına bakardım ve cevaplar o kadar da pozitif değildi: Evet çok fazla acıyacağı iddia ediliyordu… Doğum yapıyormuş gibi bir acı…

[77] İlk cinsel ilişkinin çok fazla acıyacağı bana öğretilmişti çünkü arkadaşlarım vajinada bir delik olmadığını söylediler. Derlerdi ki vajina çok küçük penis çok büyük, bu yüzden de penis vajinaya sığmıyor… İlk sefer için çok fazla acı bekledim… Doğum yapıyormuş gibi bir acı…

develop, and internalize this script which produces behaviors on behalf of the script itself. As is seen from participants' individual words, there is a consistency between women's cognitive device and their behavior because individuals tend to act on their developed scripts (Gagnon & Simon, 1973). When women internalize "pain script" concerning penetration the muscles expect pain in a penetration attempt. The vaginal muscles strain due to anticipated pain and as the muscle is strained, penetration becomes painful; hereby affirming the anticipated pain (Sterling as cited in Stelko, 2015). When viewed from this perspective, pain script serves as self-fulfilling prophecy in which the consistency between cognition and behavior results in a dysfunctional behavior because the script is itself dysfunctional. In their first sexual intercourse attempts, some participants expected the pain to such an extent that the expectation confirmed itself, as they admit:

> I think underlying vaginismus there are some problematic cognitions… Many times I heard that the first sexual intercourse gives too much pain… In my own experience I acted in line with what I've heard… And I felt severe pain because I believed in so (Yagmur).[78]
>
> In my first penile-vaginal intercourse attempt, I expected so much pain; as a result, it came true. I believed this nonsense [pain] and suffered… If I had had positive thoughts about sexuality, then it [sexual intercourse] would not have given too much pain (Beren).[79]
>
> I expected the pain in my first time and the pain materialized… I was told that it was hurting like *birth pangs*… Whenever I expected the pain, it became reality. Now I got over the problem [vaginismus] but it is still the same: When I say it [penetration] will hurt, it really hurts (Pınar).[80]

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[78] Bence vajinismusun altında bazı sorunlu bilişler var… Bir çok kez ilk cinsel ilişkinin çok fazla acı verdiğini duydum… Kendi deneyimimde duymuş olduğum şeylerle uyumlu hareket ettim ve şiddetli bir ağrı hissettim çünkü öyle olacağına inandım.

[79] İlk penis-vajina ilişki girişimimde çok fazla acı olacağını bekledim; sonuç olarak gerçekleşti. Cinsellik hakkında pozitif düşüncelerim olsaydı o zaman o [cinsel ilişki] bu kadar fazla acı vermezdi.

[80] İlk seferimde acı beklentim oldu ve acı peydahlandı. Bana onun [penisin vajinaya girmesi] doğum sancısı kadar acı verdiği söylenildi… Ne zaman acı beklentim olsa, o gerçekleşti. Şu anda problemin [vajinismusun] üstesinden geldim ama hala bu aynı: Acıyacak dediğimde, gerçekten acıyor.

These testimonies are suggestive of the claim that cognitive interpretations such as attributions or beliefs about sexual pain reinforces the severity of pain experienced during sexual intercourse (Jodoin et al., 2011).

Sexual pain can result from some organic factors like hormonal and neurological changes, inflammation, infections, and hypertonic pelvic floor muscles (Bergeron, Corsini-Munt, Aerts, Rancourt, & Rosen, 2015). However, as is clear from participants' own words, in the current study the pain some participants report is far beyond medical consideration. This research's findings related to the pain are in align with the previous research in which women are found to be misinformed about the nature of sexuality by being told that the first sexual intercourse leads to unbearable pain (Schultz et al., 2005). As the results suggest, fear of pain makes some women susceptible to have difficulty in penetration.

4.2.1.1.3 Honeymoon Cystitis: "Women contract urinary tract infection after they lose their virginity."

Sexual intercourse has long been associated with urinary tract infection, which is known as "honeymoon cystitis" in folk wisdom (Ronald, 1996). However, when scrutinized by medical research, "honeymoon cystitis" has no warranted grounds (Lee & King, 2013). In the current study, nearly half of the respondents (*n*=5) revealed that they were worried about contracting urinary tract infection after the first sexual intercourse, which was named "honeymoon cystitis" by some participants. These women held the belief that sex could be dangerous for their bodily health, so they turned their attention to the danger "inherent" in sexuality:

> One of my friends, whom I trusted so much, told me that some women contract urinary tract infection after they lose their virginity… She added that everybody can get urinary tract infection once in their lifetime, but this one is different from these usual infections… It is very serious… My mother warned me against plunging into the pool on my honeymoon, because it could be dangerous… Dangerous for my urinary system because I would be a newly married *woman* (Pınar).[81]

[81] Çok güvendiğim arkadaşlarımdan biri bana bazı kadınların bekaretini kaybettikten sonra idrar yolu enfeksiyonuna yakalandığını söyledi. Herkesin hayatlarında bir kez idrar yolu enfeksiyonuna yakalandığını ancak bunun her zamanki enfeksiyondan farklı olduğunu da söyledi… Bu enfeksiyon çok ciddi… Annem beni balayımızda havuza girmemem

One participant was so anxious about contracting honeymoon cystitis in that:

> …In no way was I able to let my husband touch my vagina… I mean, I didn't allow his penis to touch my vagina in my first time… I didn't even take off my clothes. On the following day, he took the initiative but all the penetration attempts failed. Although penis did not enter into my vagina, I went to a doctor to see whether I got urinary tract infection. It was so terrible (Ebru).[82]

Other respondents shared how "honeymoon cystitis" script interfered with their first sexual intercourse:

> I had been warned against honeymoon cystitis before I got married. I even heard that a newly married woman got infected and she was hospitalized for months. "This type of cystitis was so serious," they [her friends] told me. I felt so uneasy about infection that before marriage I made an agreement with my husband: We would not have sexual intercourse on our honeymoon… We deferred sex until we got back from our honeymoon (Beren).[83]

> Before I got married, my sister-in-law told me that the first sexual intercourse leads to urinary tract infection in women. I was afraid of this possibility because several times I had experienced infection and used antibiotics, which have lots of side effects. I thought that my physical health is under threat and I may need medical help… I warned my husband about genital hygiene and he got angry with me… I think he misunderstood me or I could not express myself clearly but anyway our marriage got off to a bad start (Zeynep).[84]

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konusunda uyarmıştı çünkü bu tehlikeli olabilirdi… İdrar yolum için tehlikeli olabilirdi çünkü ben yeni evlenmiş bir *kadın* olacaktım.

[82] Hiçbir şekilde kocamın vajinama dokunmasına izin verememiştim. Yani ilk seferde onun penisinin benim vajinama dokunmasına izin verememiştim… Kıyafetlerimi bile çıkarmamıştım. Sonraki günde o ilk adımı attı ama tüm giriş teşebbüsleri başarısız oldu. Penis vajinama girmediği halde idrar yolu enfeksiyonuna yakalanıp yakalanmadığımı görmek için bir doktora gittim… Çok berbattı.

[83] Evlenmeden önce balayı sistitine karşı uyarılmıştım. Yeni evli bir kadının enfeksiyona yakalandığını ve aylarca hastanede yatırıldığını bile duymuştum. "Bu tür sistit çok ciddi" demişlerdi [arkadaşları]. Enfeksiyon ile ilgili o kadar rahatsız hissetmiştim ki evlenmeden önce eşimle bir anlaşma yapmıştım: Balayımızda cinsel ilişkiye girmeyecektik. Balayından dönene kadar cinsel ilişkiyi erteledik.

[84] Evlenmeden önce yengem ilk cinsel ilişkinin kadınlarda idrar yolu enfeksiyonuna yol açtığını söylemişti. Bu olasılıktan korkuyordum çünkü birçok kez enfeksiyon yaşadım ve çok fazla yan etkisi olan antibiyotik kullandım. Fiziksel sağlığımın tehdit altında olduğunu ve tıbbi yardım almak ihtiyacında olabileceğimi hissettim… Eşimi genital hijyen açısından uyardım ve o bana kızdı… Bence beni yanlış anladı ya da ben kendimi açıkça ifade edemedim ama her şekilde evliliğimiz için kötü bir başlangıçtı.

4.2.1.1.4 Penis Captivus: "Penis can get stuck inside vagina during the first sexual intercourse."

Most of the respondents (*n*=8) reported that they heard a sexual scenario, in which during the first sexual intercourse penis gets stuck inside vagina and the couple is taken to a hospital so as to be parted. When they were experiencing penetration problem, these women would believe in this penis-stuck-in-vagina narration, and they were afraid of experiencing the same story:

> At the present time, I know this is not true, but at that time I would believe that my husband's penis could stuck inside my vagina because I heard a story, in which during sex a man could not withdraw and the first night ended up in hospital. Only with the help of the doctor did the couple resolve (Yagmur).[85]
>
> In my penetration attempts, I would worry about being hospitalized because I had heard that a couple's first sexual initiation ended up with a disaster. According to the story I heard, the woman's vaginal muscles contracted to such an extent that her partner could not withdraw. It is terrifying… In all my failed penetration attempts, I kept this story in mind and afraid of having the same experience with my husband (Pınar).[86]
>
> My cousin, who is a nurse, told me a story in which in their first sexual intercourse, a couple was stuck together and could not dissolve with their own effort. She told me that the couple was taken to the hospital with a blanket, which is so daunting… At that time I was not married and had no sexual experience, thus I believed in this story. Also, the fact that my cousin is a nurse made the story more credible. I don't know why she told this, but it made me scared (Ceren).[87]

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[85] Şu anda doğru olmadığını biliyorum ama o zamanlarda eşimin penisinin vajinaya sıkışıp kalacağına inanıyordum çünkü cinsel ilişki esnasında erkeğin çıkamadığını ve ilk gecenin hastanede sonladığı ile ilgili bir hikaye duymuştum. Ancak doktorun yardımıyla çift birbirinden ayrılabilmiş.

[86] Penetrasyon girişimlerimde hastanelik olmaktan endişeliydim çünkü bir çiftin ilk cinsel deneyiminin bir felaketle sonuçlandığı ile ilgili bir hikaye duymuştum. Duyduğum hikayeye göre kadının vajinal kasları o kadar kasılmıştı ki erkek çıkamamıştı… Bu korkunç… Tüm başarısız penetrasyon girişimlerimde bu hikayeye aklımda tuttum ve eşimle aynı deneyimi yaşamaktan korktum.

[87] Hemşire kuzenim ilk cinsel ilişki esnasında birbirine yapışık kalıp kendi çabalarıyla ayrılamayan bir çift ile ilgili bana bir hikaye anlatmıştı. Çift bir battaniye ile hastaneye götürülmüş, ki bu çok korkutucu. O zaman evli değildim ve cinsel deneyimim yoktu o yüzden bu hikayeye inanadım. Ayrıca, kuzenimin hemşire olması hikayeyi daha da inandırıcı kılmıştı. Bu hikayeyi bana neden anlattı bilmiyorum ama korkmuştum.

It is clear that the first sexual intercourse has long been related to difficult experiences couples go through. Vaginismus can be one of the possible outcomes of couple's difficulties in their first sexual intercourse attempts. The involuntary spasm in the pelvic floor due to vaginismus has been accounted for making penis stuck inside woman's vagina, which is known as "penis captivus" in folk wisdom. However, when scrutinized by medical research, "penis captivus" has no warranted grounds because even if in some situations vaginal muscles may contract with enough force to captivate penis, the situation cannot be severe enough to require medical intervention (Cinsel Saglık Enstitusu Dernegi, 2015). Therefore, the stories of getting stuck during sexual intercourse are far from being reality.

4.2.1.2 Virginity Scripts

At the cultural level, virginity signifies various meanings ranging from a transition into adulthood to loss of sexual innocence (Humphreys, 2013). Therefore, in examining women's sexuality and their sexual problems, virginity and the importance of first sexual intercourse at the cultural level are worth considering. In the current study participants revealed varied meanings of virginity at the cultural level. From participants' individual reports, I identified four scripts related to virginity. I assumed that these scripts enclosed participants' experiences of vaginismus.

4.2.1.2.1 Gatekeeping: "Women are the gatekeepers of sex to prevent negative reactions."

In Turkey, from early childhood, women are socialized with concepts like "forbidden" and "disgrace" in relation to female sexuality (Gursoy, McCool, Sahinoglu, & Yavuz-Genc, 2016). In the current study, all of the participants expressed how they were taught not to engage in premarital sexual intercourse in the name of avoiding negative reactions. Through cultural indoctrination, these women were taught to be the ones that should set limits on men's sexual initiations and advances. If women fail to do so, they are prone to get different kinds of negative reactions, as respondents testify. The results related to the gatekeeping are consistent with the previous research in which women were found to be the gatekeepers of sex

to prevent social sanctions (Sakaluk et al., 2014). On the other hand, the findings of the current research are to some extent at odds with the results of some studies, which claimed that women are taking higher levels of sexual initiative that defy traditional female gatekeeping scripts (Kamen, 2003; Vannier & O'Sullivan, 2011). In this study, though some variations exist at the personal level, the majority of participants declared that at the cultural level women are still expected to be the gatekeepers of sex and passive receivers of men's sexual initiations and advances. One participant says that "women are not expected to be sexually active before marriage, and if they become so, they will be called "kaşar" [slut].[88] This finding confirmed the predominant theme in the literature, claiming that the double standards of sexual behavior lead women, who communicate sexual interests, to be stigmatized as "sluts" (Holland, Ramazanoglu, Sharpe, & Thompson, 1996; Jackson & Cram, 2003).

Apart from stigmatization, some respondents mention negative reactions like physical violence and honor killings awaiting women if they have premarital sexual involvement:

> If a woman is sexually active before marriage, she is probably exposed to physical violence by male family members because they [male family members] think these women deserve this kind of punishment. Therefore, women are expected to set limits to men's sexual initiations to prevent social sanctions (Pınar).[89]
>
> In our country, women are punished if they have extramarital sexual experience… The punishments range from being stigmatized to honor killings… Some women are exposed to physical violence while some other ones, living in conservative regions of Turkey, fall victim to honor killings… They don't necessarily have penetrative sex; minor sexual involvements are

[88] Kadınlardan evlilik öncesi cinsel olarak aktif olmaları beklenmez, eğer olurlarsa onlara "kaşar" denir.

[89] Bir kadın evlilikkten önce cinsel olarak aktifse, muhtemelen ailenin erkek üyeleri tarafından fiziksel şiddete maruz kalır çünkü onlar [erkek aile üyeleri] kadınların bu tarz bir cezayı hak ettiğini düşünürler. Bu yüzden kadınlar, toplum tarafından yaptırımları engellemek için erkeklerin cinsel ilişki için attıları adıma limit koymalıdır.

> also enough to justify honor killing… We witness all these punishments and—worse still—their legitimization (Yagmur).[90]

These findings are consistent with the previous research in that a woman's "dishonorable" behavior is still accounted for punishments like honor killing (Gursoy et al., 2016).

4.2.1.2.2 Virginity as Honor: "The family's honor is connected to women's virginity and chastity."

All participants reported that virginity is an important expectation from unmarried women. The results related to the virginity scripts at the cultural level reflect the theme in the existing literature in that the word "honor," which is "namus" in Turkish, is commonly perceived as a moral value and reduced to the notion of "sexual purity" (Gelbal et al., 2008; Tezcan, 2000). The participants were all well aware of the fact that honor is reduced to women's virginity and chastity:

> I cannot disassociate honor from women's virginity… At the same time, the concept of honor cannot be differentiated from the rules women are expected to obey, according to the society of course…. I do not know the reason but I cannot think of honor independent of women (Yagmur).[91]

> In our country, when we speak of "honor" we mean women's virginity. A woman is expected to keep her virginity to her husband; otherwise, her honor is under threat… At the same time, a family's honor is strongly associated with young girls' virginity. Therefore, young girls have some responsibilities for both themselves and their families… They should not push the lines and they should not be the black sheep of the family (Ceren).[92]

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[90]Bizim ülkemizde eğer kadınlar evlilik dışı cinsi münasebette bulunurlarsa cezalandırılırlar… Cezalar etiketlenmeden namus cinayetine kadar değişir… Bazı kadınlar fiziksel şiddete maruz kalırken, Türkiye'nin bazı tutucu bölgelerinde yaşayan kadınlar ise namus cinayetine kurban giderler. Bu kadınların cinsel ilişkiye girmeleri şart değil, namus cinayetlerini temize çıkarmak için ufak cinsel yakınlaşmalar yeterli… Tüm bu cezalandırmalara şahit oluyoruz, daha da kötüsü onların meşrulaştırılmasına.

[91] Namusu kadınların bekaretinden ayrı düşünemiyorum… Aynı zamanda namus kadınların uyması gereken kurallardan bağımsız düşünülemez—topluma göre tabiki de. Sebebini bilmiyorum ama namusu kadından bağımsız düşünemiyorum.

[92] Bizim ülkemizde "namus" dediğimizde kadınların bekaretini ima ediyoruz. Kadından bekaretini kocası için saklaması beklenir. Aksi halde namusu tehdit altındadır. Aynı zamanda ailenin namusu büyük derecede genç kızların bekareti ile ilişkilendirilir. Bu yüzden genç

> I do not see any alternative ways for woman to become honorable. Honor and virginity are bound together. These are not my views of course; I am just talking about what society thinks of. Unfortunately, we hear honor killings… Although the number of honor killings may have decreased in recent years, it hasn't disappeared yet. I think the name of it has changed… Husbands, brothers, fathers, or male relatives kill women whom they think are not honorable and they name it "jealousy." Or they claim that it was an accident… It is too cruel… I think some women abstain from premarital sexual contact due to the fear of being killed by male family members (Selin).[93]

These findings add credence to the previous argument that women's bodies and sexualities are controlled for not only protecting the honor of individual women but also those of their families (Gursoy et al., 2016).

4.2.1.2.3 Virginity as a Wedding Present: "Virginity is the best present a woman can offer to her husband."

Some respondents (*n=4*) expressed how hymen is regarded more than a physical reality by society:

> Women are not expected to have premarital sexual intercourse, because of the hymen… Society thinks that virginity is the best present a woman can offer to her husband… They think that through virginity, women offer purity and honesty because it is the virginity that represents purity and honor… All men are accepted as deserving this precious present [virginity] (Ebru).[94]

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kızların hem kendileri hem de aileleri için bazı sorumlulukları vardır… Sınırlarını zorlamamalı ve ailenin yüz karası olmamalıdır.

[93] Kadınlar için namuslu olmanın başka bir alternatifini göremiyorum. Namus ve bekaret birbirine bağlıdır. Bunlar benim görüşlerim değil tabii ki de, ben sadece toplumun ne düşündüğünden bahsediyorum. Maalesef namus cinayetleri duyuyoruz… Son yıllarda namus cinayetlerinin sayısı azalmış olsa da hala yok olmadı; bence adı değişti. Eşler, abiler, babalar, ya da erkek akrabalar namussuz olduğunu düşündükleri kadınları öldürüyorlar ve buna "kıskançlık" diyorlar ya da bunun bir kaza olduğunu iddia ediyorlar… Bu çok vahşice… Bence bazı kadınlar erkek aile üyeleri tarafından öldürülme korkusundan dolayı evlilik öncesi cinsi münasebetten kaçınıyorlar.

[94] Kızlık zarından dolayı kadınlardan evlilik öncesi cinsel ilişkide bulunmaları beklenmez… Toplum, bekaretin bir kadının kocasına verebileceği en iyi hediye olduğunu düşünür. Bekaret vasıtasıyla aslında kadının saflık ve dürüstlüğünü eşine verdiğini düşünür toplum aslında çünkü saflığı ve dürüstlüğü temsil eden şey bekarettir… Tüm erkeklerin bu özel hediyeyi hak ettiği düşünülür.

> In our society, virginity is thought as a wedding present—A present that is offered to the husband and to the in-laws. Only when a woman is virgin, is she valued by her husband. Therefore, young women are expected to keep their virginity for their husbands only (Ceren).[95]
>
> I remember my mother and aunt talking about the presents they give to or receive from their husbands… My aunt said that when they got married, her husband did not buy anything to her like jewelry, flower, or cloth. But she said that "I gave the best present: my virginity." From these words, I understood that virginity must be kept to my husband and it is so important… In our first sexual intercourse attempts, I would think that I was offering a present to my husband… In all our failed sex attempts, on the one hand, I would feel sorry for not being penetrated, but on the other hand, I would think that I still keep something precious (Beren).[96]

The findings related to "virginity as a gift" script echoes the results of Carpenter (2001), who investigated the meanings participants associated with virginity and virginity loss in her qualitative study. As her results suggest, by some women, virginity was regarded as a gift. Those participants were noted to be proud of their virginity both personally and socially. The results of the present study also suggest that at the cultural level, women's virginity is regarded as something precious.

4.2.1.2.4 Virginity as a Commodity: "Women are the possessions of men"

The bride price, which is known as the money that a groom gives to the family of the bride he wants to marry, was regarded as a payment for a bride's virginity in ancient times (Anderson, 2007). Still, in some parts of Turkey, in order to ratify the marriage, the groom "pays" for the wife in the form of bride price. Bride price is justified on the grounds that a groom owes to bride's family for the right of a daughter's labor and reproductive capacity (Anderson, 2007) and it is "based on the

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[95] Bizim toplumumuzda bekaret evlilik hediyesi olarak düşünülür—eşe ve eşin ailesine verilen bir hediye. Ancak bir kadın bakireseyse kocası tarafından değer görür. Bu yüzden genç kadınlardan bekaretlerini yalnızca kocalarına saklamaları beklenir.

[96] Annem ve teyzemin eşlerine verdikleri ve eşlerinden aldıkları hediyeleri konuştuklarını hatırlıyorum… Teyzem evlendiğinde eşinin ona mücevher, çiçek ya da kıyafet gibi şeyler almadığını söylemişti. Ama "ben ona en iyi hediyeyi verdim yani bekaretimi" demişti. Bu kelimlerden bekaretin eşim için saklamam gerekeceğini ve önemli olduğunu anladım… İlk cinsel ilişki denemelerimizde, eşime bir hediye sunduğumu düşünüyordum… Tüm başarısız ilişki girişimlerimizde bir yandan penetrasyon olmadığı için üzgün hissederken bir yandan da hala önemli bir şeyi sakladığımı düşünüyordum.

assumption that there is some innate preference for virgins which can be activated when men have the upper hand because they are paying for the bride" (Schlegel, 1991, p. 719). Within this perspective, virginity becomes a means for female subordination. The practice of bride price renders a bride into a possession because she is treated as an object for sale. In the current study, one participant mentions the detrimental effect of bride price on her sexual life:

> We were modern families but just for carrying out the tradition, "başlık parası" [bride price] was given to my family… I felt like a property… I knew that all these traditions were about female virginity. My family took a bride price because of my virginity, which was so offending… I felt like a property of my father and it was as if my husband had bought me (Zeynep).[97]

In a similar vein, virginity is greatly valued when women are regarded as the property of their husbands (Goethals, 1971). In the current study, there are also some participants (*n=3*) who mention a societal cast of mind in which through sexuality men possess women. As the participants assert, by means of sexuality men are endowed with a sense of possession; possession of women. Within this discourse, a woman is bound up with only one man:

> In our society, which is very patriarchal, men are free to do whatever they want… They are free to have sexual intercourse with whomever they want… "It's in his nature" they [society] say… But according to the same people, women have to protect themselves, they should not experience certain things before marriage and they have to devote themselves to *one* man through marriage (Deniz).[98]

> In our culture, virginity is very important… If a woman keeps her virginity for her husband, she is rewarded… She earns society's respect… But if she gives in to her sexual desires before marriage, then there are some punishments ranging from being called slut to honor killing… For all these

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[97] Biz modern ailelerdik ama sadece geleneği yerine getirmek için aileme başlık parası verildi… Kendimi bir mal gibi hissettim… Tüm bu geleneklerin bekaret ile ilgili olduğunu biliyordum. Ailem bekaretim yüzünden başlık parasını aldı ve bu benim için çok inciticiydi… Babamın bir malı gibi hissetmiştim ve eşim beni satın aldı gibi olmuştu.

[98] Çok ataerkil olan toplumumuzda erkek istediğini yapmakta özgür… Kimle isterse istesinler cinsel ilişkiye girmekte özgürler. "Bu onlarında doğasında var" diyorlar [toplum]… Ama aynı insanlara göre kadınlar kendilerini korumak zorunda, bazı şeyleri evlilikten önce yapmamalı ve kendilerini evlilik yoluyla *tek* bir adama adamalı.

reasons, virginity gives a feeling of commitment, a sense of belonging (Yagmur).[99]

In our country, we don't have any law that requires woman's virginity before marriage. However, unfortunately, we have customs that expects virginity for unmarried women. I have heard an operation [hymenoplasty] through which women's hymen is repaired; thus her status as virgin girl is upheld. In that way, many women try to prove that they belong to their husbands only (Selin).[100]

4.2.1.2.5 Virginity as a Marriage Contract: "A woman should abstain from premarital sexual intercourse to secure marriage."

In Turkey, the majority of unmarried women are still under the authority of their parents. Parents restrict their daughters' premarital sexuality in order to control their marriage choices because virginity is thought to secure future marriage and virginity loss out-of-wedlock is identified with reducing women's future marriage choices (Berger & Wenger, 1973). In the present research, some respondents (n=3) revealed that abstinence from sexual intercourse is required for women to guarantee prospective marriage. According to this rhetoric, the women engaging in premarital sexual activity risk future marriage and they are condemned to be "old maids."

If a woman has sexual intercourse before marriage, rumor can spread and this woman is prone to be "evde kalmış" [old maid]. If people learn that she is not virgin, they don't regard her as a woman to be married, thus nobody wants to marry her (Ebru).[101]

Nowadays, men claim that women's virginity is not so crucial for them. But they still prefer virgin women for marriage. I think by claiming that virginity is not that important, men try to seize women's bodies and they discard non-

[99] Bizim kültürümüzde bekaret çok önemli… Eğer bir kadın bekaretini kocası için saklarsa, o ödüllendirilir… Toplumun saygısını kazanır… Ama eğer cinsel arzularına evlilikten önce teslim olursa "kaşar" olarak adlandırılmaktan tutun da namus cinayetine kadar bir çok ceza onları bekler… Tüm bu sebeplerden dolayı, bekaret bağlılık hissi verir… Ait olma hissi.

[100] Bizim ülkemizde evlilikten önce kadınların bakire olmasını gerektiren yasalar yok. Ama maalesef evlenmemiş kadınların bakire olmasını gerektiren göreneklerimiz var. Kadınların kızlık zarının tamir edildiği bir ameliyat duymuştum; böylelikle kadının bakire statüsü geri geliyor. Bu yolla bir çok kadın sadece eşlerine ait olduklarını göstermeye çalışıyor.

[101] Eğer bir kadın evlilikten önce cinsel ilişkiye girerse dedikodu yayılır ve bu kadın evde kalmaya meyillidir. Eğer insanlar onun bakire olmadığını öğrenirse, onlar onu evlenilecek bir kadın olarak görmezler ve bu yüzden kimse onunla evlenmek istemez.

> virgin women easily and quickly after they [men] reach what they want: women's bodies. Therefore, engaging in premarital sexual activity put a woman's future marriage on the line (Gamze).[102]

Depending on these scenarios, it can be claimed that the virginity scripts at the cultural level deprive women of sexual autonomy which is asserted as a key determinant of sexual satisfaction and sexual communication (Kiefer & Sanchez, 2007; Tevlin & Leiblum, 1983). As the results suggest, women are expected to be the passive receivers of men's sexual initiations because sexual autonomy, especially before marriage, has social sanctions. As the previous studies show, sexual passivity predisposes poor sexual functioning and satisfaction, thus results in sexual problems in women (Kiefer & Sanchez, 2007; Sanchez & Kiefer, 2007). The current study's findings related to virginity scripts suggest that the hymen has both personal and societal importance, thereby having a ruling power on the sexual selves and sexual behavior of women (Ozyegin, 2009). Therefore, when women become sexual within this restrictive culture, they are deprived of sexual autonomy necessary for sexual satisfaction and they are inclined to have sexual difficulties. These findings related to virginity scripts at the cultural level provide a basis for understanding vaginismus within a gendered context.

4.2.2 Interpersonal Sexual Scripts

Simon and Gagnon (1986) define interpersonal scripting as "the mechanism through which appropriate identities are made congruent with desired expectation" (p. 39). As for the interpersonal *sexual* scripts, partners become partial scriptwriters and they negotiate sexual conduct by making it reciprocally acceptable. Through this level of scripting partners create their mutual beliefs, desires, behaviors, and fantasies in relation to sexuality (Gagnon & Simon, 1973). In the current study, I investigated the dyadic scenarios enclosing women's difficulty in penile-vaginal intercourse. Based on participants' individual reports, I identified two overarching interpersonal scripts,

[102] Bu günlerde erkekler kadınların bekaretinin onlar için çok da mühim olmadığını söylüyorlar. Bence bekaretin önemli olmadığını iddia ederek erkekler kadınların bedenini elde etmeye çalışıyorlar ve istediklerini aldıktan sonra—yani kadınların bedenini—çok rahat ve çabukça bakire olmayan kadınları gözden çıkarıyorlar. Bu yüzden evlilik öncesi cinsel bir şeyler yapmak kadınların gelecekteki evliliğini tehlikeye atıyor.

namely “sexual incompatibility” and “sexual performance.” The details of each script were noted below.

4.2.2.1 Sexual Incompatibility Scripts

Sexual compatibility is conceptualized as the extent to which dyads share similar sexual desires, beliefs, preferences, and behaviors (Purnine & Carey, 1997). It is argued that sexual satisfaction is hardly achieved when one member of the dyad desires an activity that the other one dislikes (Heino & Ojanlatva, 2000). In the current study, participants reported a certain level of incompatibility regarding sexual experiences with their partners. Their perceived sexual incompatibility largely stemmed from not communicating their sexual needs, discrepancies in their sexual preferences, lack of emotional intimacy, and sexual estrangement. I explained participants’ dyadic sexual scripts related to sexual incompatibility in detail below.

4.2.2.1.1 Lack of Sexual Communication: “We couldn’t talk about sexual issues”

In a study couples’ sexual communication and socio-cultural norms affecting that communication were investigated (Marlow, Tolley, Kohli, & Mehendale, 2010). The results of the study suggested that a number of individual, socio-cultural, and environmental factors limit couples’ sexual communication. Factors included dyad’s lack of knowledge about sex and sexuality, sexual power imbalances within interpersonal relationships, and limited privacy, which are crucial for communicating sexual needs and desires. The findings of my study confirm Marlow and her colleagues’ (2010) research to a certain extent because some participants reported similar reasons that they think restricted their communication about sex with their partners. One of the participants recalls how lack of privacy restrained their sexual communication:

> As a newlywed, we need privacy. However, we would live in the same house with in-laws. Whenever we had sexual intimacy with my husband, my mother-in-law would burst into the room and invaded our privacy… I think we could not build our own family because my husband did not work and earn money. He did not allow me to work outside. Therefore, we deemed to live with the in-laws… Even on our wedding night, we were not alone… Sex

> is difficult if you try it silently under the quilt… We had certain sexual problems but we did not have sexual communication because someone may have heard us (Meltem).[103]

That participant's words related to the lack of privacy and the resulting lack of sexual communication also echo those of Lambert and Wood's (2005) findings in that the shared homes and elderly family members' influence over the couple's relationship decreases the level of sexual communication between the couples.

Another participant cites lack of sexual knowledge as the primary reason why they had no sexual communication:

> Before we got married, we had never talked about sexuality. I was awaiting the first night impatiently because I was curious about my husband's body, his sexual touching, kissing, and so on… At the same time, I had some worries about the first night because I had heard that the first sex may hurt too much. I also worried about the blood due to virginity loss but I could not share my worries before marriage. I did not want to share because I lacked sexual knowledge and I did not want to delve into a conversation that I had no idea… Later on I learned that things were the same for my husband. As far as he told me later, he had some worries about having erection and giving me pleasure… He had no legitimate knowledge about sex before our marriage. Nor did he have premarital sex with other women… Therefore, lack of sexual communication, which resulted from lack of sexual knowledge, impeded our sex life in the early days of our marriage (Yagmur).[104]

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[103] Yeni evliler olarak mahremiyete ihtiyacımız vardı. Eşimle ne zaman cinsel olarak yakınlaşsak kayınvalidem odaya dalıyordu ve mahremiyetimizi işgal ediyordu… Bence biz aile kuramadık çünkü eşim çalışmıyordu ve para kazanmıyordu. Benim de dışarıda çalışmama izin vermiyordu. Bu yüzden eşimin ailesi ile yaşamak durumundaydık… Düğün gecemizde bile yalnız değildik… Eğer sessiz bir şekilde battaniyenin altında deniyorsan seks zor… Bazı cinsel problemlerimiz vardı ama cinsel anlamda bir iletişimimiz yoktu çünkü birileri bizi duyabilirdi.

[104] Evlenmeden önce cinsellik hakkında eşimle hiç konuşmadık. Sabırsız bir şekilde ilk geceyi bekliyordum çünkü eşimin vücudunu, cinsel anlamda dokunmalarını, öpmesini ve bunun gibi şeyleri merak ediyordum. Aynı zamanda ilk gece hakkında bazı endişelerim vardı çünkü ilk seferin çok fazla acıtabileceğini duymuştum. Aynı zamanda bekaret kaybına bağlı olacak kanamadan da endişeliydim ama endişelerimi evlilikten önce paylaşamıyordum. Paylaşmak istemiyordum çünkü cinsel bilgim yoktu ve fikrimin omadığı bir konuşmanın içine girmek istemiyordum… Daha sonradan öğrendim ki eşim için de işler aynıymış. Bana daha sonradan söylediği kadarıyla onun da sertleşme ve bana zevk verme konularında endişeleri varmış… Evlilikten önce eşimin doğru düzgün cinsel bilgisi yokmuş—ne de evlilik öncesi başka kadınlarla cinsel ilişki deneyimi. Bu yüzden cinsel bilgi eksikliğinden kaynaklanan iletişim eksikliği evliliğimizin ilk günlerinde cinsel hayatımnızı engelledi.

One participant reveals that she had difficulty in resolving vaginismus as a result of not communicating sexual topics with her husband:

> I think one of the major reasons why I had difficulty in penetration was that my husband would come first [ejaculation] and once he ejaculates it means sex is over. Many times, I intended to tell my husband how I was discontent with this fact but I couldn't… Only after vaginismus was resolved, did my husband tell me that he wanted me to come first [reaching orgasm]. If we had been more open about sexual issues, we would have solved the problem earlier (Ebru).[105]

Ebru's testimony confirms the previous research, claiming that couples may have difficulty in resolving sexual issues when they do not have enough sexual communication (Byers, 2005).

Another participant asserts that she had difficulty in communicating sex because "women are not expected to discuss sex with their husbands." She adds that:

> My problem [vaginismus] got worse as time pass by, because I could not pass along my sexual desires and preferences. In our country, women are not expected to be sexually active… Even talking about sex is not welcomed… I was aware of these restrictions when I experienced difficulty in vaginal intercourse… But I could never tell my husband what I want sexually… I desired emotional intimacy before sex, for example, but I could not tell this because I thought he could doubt my purity (Cansu).[106]

Her words replicate the studies, the results of which indicate that sexual communication by women are not welcomed (Marlow et al., 2010; Sivaram, et al., 2005) because women are socialized to repress their sexual desires and they are hindered from expressing their sexual needs openly (Marlow et al., 2010). As a result of not communicating her sexual desire and preferences, the participant's difficulty

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[105] Bence girişte [penetrasyon] zorluk yaşamamın ana sebeplerinden biri eşimin ilk gelmesiydi [boşalma]. O bir kere boşaldığında cinsellik bitti demek. Birçok kez bundan nasıl hoşnut olmadığımı eşime söylemeye niyetlendim ama yapamadım… Ancak vajinismus çözüldüğünde eşim benim ilk gelmemi [orgazm olma] istediğini söyledi. Cinsel konularda daha açık olsaydık, problemi daha erken çözebilirdik.

[106] Problemim [vajinismus] zaman geçtikçe daha kötüye gitmişti çünkü cinsel istek ve tercihlerimi aktaramıyordum. Bizim ülkemizde kadınlardan cinsel olarak aktif olmaları beklenmez. Cinsellik hakkında konuşmak bile hoş karşılanmaz… Vajinal ilişkide zorluk yaşadığımda tüm bu kısıtlmaların farkındaydım… Ama cinsel olarak ne istediğimi eşime hiçbir zaman söyleyemedim… Cinsellikten önce duygusal yakınlık isterdim mesela ama bunu eşime söylemedim çünkü saflığımdan şüphe edebilirdi.

in penile-vaginal intercourse worsened. This finding illustrates how sexual double standards deprive women of communicating sex, which was found to be instrumental for sexual well-being and satisfaction (MacNeil & Byers, 2005).

To sum up, several studies state the importance of sexual communication for couples' sexual satisfaction (La France, 2010; Mark & Jozkowski, 2013) and its role in reducing sexual problems between dyads (Byers & Demmons, 1999). The results of the present study add to the growing body of literature by illustrating how lack of sexual communication affects women's sexual difficulties.

4.2.2.1.2 Discrepancies in Sexual Needs and Desires: "We had different preferences"

Sexual incompatibility was described as similarity in emotional, cognitive, and behavioral components of a sexual relationship (Apt, Hurlbert, Pierce, & White, 1996). Discrepancies in sexual preferences were asserted as the primary cause of sexual incompatibility between partners in early studies on human sexuality (Ellis, 1953). Relatively recent studies also confirm this claim by stating that discrepancies in sexual desires affect dyad's sexual satisfaction in a negative way (Mark & Murray, 2012).

Upon studying gender differences among conventional sexual preferences, Purnine and Carey (1998) reported that men have more positive orientation towards incorporating alcohol into sexual activities, while women prefer romantic foreplay more than their male partners. In that respect, the results of the current study are consistent with the existing literature. A couple of respondents claim that their preferences for alcohol use during sex and the duration of foreplay were different from those of their husbands, which reinforced their penetration difficulty:

> On our wedding night, when we came home, my husband drank alcohol… I never drink alcohol and I hate the smell of it. On that night, his scent was too disturbing… I didn't want to have sex but I could not tell the reason. I thought this alcohol issue was exceptional for our wedding night. But

> unfortunately, my husband drank alcohol almost every time before we had sexual activity, which made things worse (Zeynep).[107]

> I had difficulty in penetrative sex because my husband would rush through foreplay… It was hard to have sexual arousal first; then it would end up with penetration difficulty… I would rather take it slow and make the most of the moment. On the contrary, he would focus on inserting his penis into my vagina and ejaculation. If we had similar preferences, I would have not experienced vaginismus so severely (Cansu).[108]

The same participant reveals that her preference for the frequency of having sexual intercourse was different from that of her husband:

> My husband would want to have sex more than I desire. As a result of vaginismus we could not do it [penetrative sex] but anyway he would want it nearly every day. The frequency of sex made me anxious in time… I would prefer sex less frequently, once in a week was fairly enough… I think he was worried about the number of ejaculation he can achieve weekly, while I cared the quality of sex, and this difference was what reinforced or even evoked vaginismus (Cansu).[109]

While Cansu concerned about the quality of their sexual encounters, her husband cared the number of sexual intercourse they had. The finding related to this dyad's different preferences for the frequency of having sexual intercourse confirms the previous research in that the level of intimacy between couples and the quality of sexual intercourse were found to be regarded as sexual satisfaction by women

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[107] Düğün gecemizde eve geldiğimizde eşim alkol aldı… Hiçbir zaman alkol içmedim ve kokusundan nefret ederim. O gece kokusu çok rahatsız ediciydi… Seks yapmak istemedim ama sebebini söyleyemedim. Bu alkol konusu düğün gecemize özel diye düşündüm. Ama maalesef eşim ne zaman cinsel bir şeyler yapsak o gece alkol aldı ki bu da durumu daha kötü yaptı.

[108] İçe girmeli cinsel ilişkide zorluk çekiyordum çünkü eşim ön sevişmeyi acele ile geçiyordu… İlk zamanlarda cinsel olarak uyarılmam zordu, daha sonraları bu penetrasyonda zorluğa dönüştü. Daha yavaş olmasını ve anın tadını çıkarmayı tercih ederdim. Benim aksime, eşim penisini vajinama sokmaya ve boşalmaya odaklanırdı. Eğer benzer tercihlerimiz olsaydı vajinismusu bu kadar sert bir şekilde yaşamamış olurduk.

[109] Eşim benim istediğimden daha fazla seks yapmak istiyordu. Vajinimusdan dolayı seks yapamıyorduk ama yine de neredeyse her gün istiyordu. Zamanla cinsel ilişki sıklığımız beni strese soktu. Cinselliğin daha az olmasını tercih ediyordum, haftada bir gün oldukça yeterliydi… Bence o haftalık olarak kaç defa boşaldığı ile ilgili endişeleniyordu bense seksin kalitesiyle ilgiliydim ve bu farklılık vajinismusu besledi hatta ona yol açtı diyebilirim.

(Offman & Matheson, 2005), while for men the number of sexual intercourse accounted for it (Mark, Milhausen, & Maitland, 2013).

Some participants also reported how their sexual preferences like type, timing and pacing of sexual intercourse were different from those of their partners:

> Before we got married, my husband—he was my boyfriend at that time—would desire sex but each time I refused him because I was aware that I must keep my virginity. After a while, instead of vaginal intercourse, he started to desire oral sex. But I hated that idea… I think oral sex is disgusting. On the other hand, my boyfriend wanted it so much… After we got married, he also insisted on oral sex, which made me hate sex in general (Zeynep).[110]

> As far as sexuality is concerned, my husband and I have different preferences. He prefers lights on, for example. But I cannot experience sexual arousal when I see every detail when the lights on. It was very hard to find middle ground because he had difficulty in having an erection when he could not see my body in the dark. Therefore, he preferred having sex before it gets dark, while I preferred nights for good sex… I think our different preferences for the timing of sex affected our sex life negatively because when he offered sex during the day, I declined, which extended the time we solved vaginismus (Ceren).[111]

> When I got vaginismus, I had severe vaginal pain because I had difficulty in getting wet. My husband would try to insert his penis into my vagina without waiting my sexual arousal. There was no foreplay… He was trying penetrative sex and when we failed, he would ejaculate… There was no physical and emotional intimacy, which I required most to overcome vaginismus… Sex is not just a physical relaxation for me; I see it as a means

[110] Evlenmeden önce eşim—o zamanlar erkek arkadaşımdı—cinsel ilişki isterdi ama her seferinde onu reddettim çünkü bekaretimi korumam gerektiğinin farkındaydım. Bir süre sonra vajinal seks yerine oral seks istemeye başladı. Ama ben bu fikirden nefret ettim… Bence oral seks iğrenç. Öte yandan erkek arkadaşım çok istiyordu… Evlendikten sonra da oral seks konusunda ısrar etti; bu da benim cinsellikten genel olarak nefret etmeme sebep oldu.

[111] Konu cinsellik olduğunda eşim ve benim farklı tercihlerimiz var. Mesela o ışıkların açık olmasını tercih eder ama ben ışıklar açık olduğunda her bir detayı gördüğümde cinsel olarak uyarılmam. Orta yol bulmak çok zordu çünkü o karanlıkta vücudumu görmeyince sertleşme problemi yaşıyordu. Bu yüzden karanlık olmadan sek yapmayı tercih ederdi, bense iyi bir seks için geceleri tercih ederdim… Bence bizim zamanlama ile ilgili farklı tercihlerimiz cinsel hayatımızı negatif olarak etkiledi çünkü o gün içinde yapmayı teklif ettiğinde ben reddederdim ve bu olay vajinismusu çözme süremizi uzattı.

> of connection… I think we needed to learn how to connect more deeply rather trying to insert penis into vagina to overcome the problem (Ebru).[112]

These discrepancies in sexual preferences of participants and their partners replicate the pattern of findings from Purnie and Carey (1998), supporting that similar sexual preferences between couples are crucial for higher levels of sexual satisfaction. Moreover, similar sexual preferences were found to be related with fewer sexual difficulties (Purnine & Carey, 1997). The current study also supports that argument by revealing how discrepancies in sexual preferences incite sexual difficulties between couples.

4.2.2.1.3 Lack of Emotional Intimacy: "We were like strangers."

The entwined nature of sexual and relationship satisfaction was brought forward by previous research (Sprecher, 2002). Women were found to associate sexual satisfaction with emotional intimacy in close relationships (Hurlbert, Apt, & Rabehl, 1993) and they were found to desire a certain degree of intimacy to become sexually aroused (Mark et al., 2013). In the present study, lack of emotional intimacy between dyads was mentioned as both a predictor and a result of vaginismus. In the first group (*n*=3), women claimed that it was their failure to be emotionally in tune with their partners that made them vulnerable to vaginismus. For these women, affection was a priority for sexual conduct:

> I didn't have any positive feelings towards my husband and on our wedding night it was too difficult… I wouldn't feel any romantic engagement towards him and I could not do it [sexual intercourse]… The following nights were the same. I was like sleeping with a stranger… We were like strangers… It was so horrible (Ceren).[113]

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[112] Vajinismus olduğumda çok fazla vajinamda acılarım oluyordu çünkü ıslanmada zorluk yaşıyordum. Eşim benim cinsel olarak uyarılmamı beklemeden penisini vajinama sokmaya çalışırdı. Ön sevişme yoktu… İçeri girmeye çalışıyordu ve başarısız olduğumuzda boşalıyordu… Vajinismusun üstesinden gelmek için en çok ihtiyacım olan fiziksel ve duygusal yakınlaşma olmazdı… Seks benim için sadece fiziksel bir yakınlaşma değil; ben onu bağlanmanın bir aracı olarak görüyorum. Bence problemi çözmek için penisi vajinanın içine sokmayı denemek yerine, daha derinden birbirimize nasıl bağlanacağımızı öğrenmeye ihtiyacımız vardı.

[113] Kocama karşı hiç pozitif duygularım yoktu ve düğün gecemizde çok zordu… Eşime karşı hiç romantik şeyler hissedemedim ve yapamadım [vajinal ilişki]… Diğer

> I didn't feel anything towards my husband; I didn't love him. How could I have easily given into his sexual desires? Things were the same for my husband… From the beginning, he was emotionally distant to me… Thus, it is not surprising that I experienced vaginismus and he erectile dysfunction (Ebru).[114]

Emotional intimacy was identified as an important factor for couples' sexual satisfaction (Haning et al., 2007). In the previous research, women were found to prefer having their first sexual intercourse with someone they have romantic engagement (Carpenter, 2001). These women were reported to legitimize virginity loss only within romantic relationship because they see love as a prerequisite for sexual intercourse (Carpenter, 2001). In the current study, some participants report not to feel safe in their first sexual intercourse because they lacked emotional intimacy with their partners. In this sense, the results of my research correspond with the previous claims.

In the second group (n=2), partners were emotionally disconnected from each other as a result of vaginismus. Due to the penetration problem, the initially committed partners dissolved their relationships. As their sexual connectedness diminished, estrangement increased. After several penetration attempts, these women reported low levels of positive affect towards their partners. They also reported the same feelings of their partners towards themselves. For these participants and their partners, lack of emotional intimacy was mutual. Therefore, less or "unsuccessful" sexual involvement between partners has resulted in romantic disengagement, as the respondents report:

> As our sexual life did not go well as we had expected, I emotionally distanced myself from him. He shared the same feelings. We started not to love each other like the way we used to do. The passion in our relationship totally waned… We found ourselves in an emotional and sexual rut. The things we shared decreased; this is not only related to sexuality, everything we did

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gecelerde de aynıydı. Bir yabancı ile yatıyor gibiydim… Yabancı gibiydik… Çok korkunçtu.

[114] Eşime karşı hiçbir şey hissetmiyordum, onu sevmedim. Nasıl kolayca onun cinsel isteklerine teslim olabilirdim ki? İşler eşim için de aynıydı… En baştan beri bana duygusal olarak uzaktı… Bu yüzden benim vajinismus yaşamam onun da sertleşme bozukluğu yaşaması şaşırtıcı değil.

> together began to disappear… As the time passed, we accepted as it was (Beren).[115]
>
> He gave me the cold shoulder as our penetration attempts failed… He started to spend more time with his boyfriends… I felt incomplete; like one part of myself was missing… Like having a defect… In the good old days, he was very good at remembering special days; he would give me surprises… But things have gotten stale… As our sexuality was going bad, we rarely made the time to talk and laugh… I began to be emotionally indifferent to him. I started not to be interested in him as I used to be. Vaginismus made us romantically disengaged (Selin).[116]

4.2.2.1.4 Sexual Estrangement: "We were sexually dead to each other."

Unresolved relational problems between dyads are placed where symptoms related to sexual difficulty appear (Nicholls, 2008). Infidelity and mistrust are among the most cited unresolved relational problems enclosing vaginismus in my research. Within this context, vaginismus, which is strongly associated with sexual estrangement by some participants (*n*=3), is defined as a defensive or protective physical reaction to a relationship problem:

> Before we got married, I would know that my husband—my boyfriend at that time—had sexual intercourse with some other women… I would know that but I could not say anything because we were engaged and if I had said something, this would have been a failure to carry out our promise to marry… Keeping these in mind, in our first penetration attempt, I did not want to surrender sexually and the result was vaginismus… In the following

[115] Cinsel yaşantımız tahmin ettiğimiz gibi iyi gitmedikçe duygusal olarak kendimi ondan uzaklaştırdım. O da aynı hisleri paylaştı. Birbirimizi eskiden olduğu gibi sevmemeye başladık. İlişkimizdeki tutku tamamen yok olmuştu. Kendimizi duygusal ve cinsel anlamda bir çıkmazda bulduk. Paylaştığımız şeyler azaldı; bu sadece cinsellikle ilgili değil. Beraber yaptığımız şeyler artık yok olmaya başladı… Zaman geçtikçe olduğu gibi kabul ettik.

[116] Cinsel ilişki girişimlerimiz başarısız oldukça benden soğumaya başladı… Erkek arkadaşlarıyla daha fazla vakit geçirmeye başladı. Kendimi eksik hissediyordum; sanki bir parçam eksik gibi… Sanki kusurlu gibi… Eski güzel günlerde özel günleri hatırlamakta gayet iyiydi; bana sürprizler yapardı… Ama bunlar zamanla geçti. Cinselliğmiz kötü gittikçe konuşmak ve gülmek için çok nadir zaman ayırmaya başladık. Duygusal olarak ona ilgisiz olmaya başladım. Eskiden olduğu gibi ona ilgili olmamaya başladım. Vajinismus bizi romantik olarak birbirimizden ayırdı.

> months, we felt sexually estranged… And he continued to sleep with other women—I was sure—We were sexually done (Beren).[117]

Another participant recalls how mistrust in their relationship was mapped onto their sexual encounters:

> At the beginning of our relationship, we could not trust each other… He would say that he didn't love anybody but me. He would say that he didn't even love or care his mother. I didn't say this to my husband but I doubt his love when he would say he loved me… Also, he would tell some lies to other people and I would know them, so I doubt his honesty and this mistrust governed our sexual behavior… At first, I could not do it [penetration], because I wasn't sure whether he would worth of it… He also lost his sexual interest in me because he didn't trust me sexually… We were sexually alienated (Cansu).[118]

These findings bear some similarities to the results of previous research in that relationship problems over commonplace issues were accounted for loss of sexual interest in couples (Nicholls, 2008).

On the other hand, lack of sexual attraction between partners was also cited for sexual estrangement:

> When I got married, I lost my interest in my husband. I would love my husband when we were just lovers; but the sexual attraction between us waned over time… What he did sexually would not attract me and I had

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[117] Evlenmeden önce kocamın—o zamanlar sevgilimdi—başka kadınlarla cinsel ilişkiye girdiğini biliyordum. Bunu biliyordum ama hiçbir şey söyleyememiştim çünkü nişanlıydık ve eğer bir şey söylemiş olsaydım bu evlilik için vermiş olduğumuz sözü tutmamda bir başarısızlık olurdu… Bunlar kafamda dönerken ilk ilişki girişimimizde cinsel olarak eşime teslim olmak istemedim ve sonuç vajinismustu. Sonraki aylarda cinsel olarak birbirimizden soğumuştuk ve o diğer kadınlarla yatmaya devam etti—emindim—cinsel olarak bitmiştik.

[118] İlişkimizin başlangıcında birbirimize güvenememiştik… Benim dışımda kimseyi sevmediğini söylüyordu. Kendi annesini bile sevmediğini ve umursamadığını söylüyordu. Eşime söylemedim ama beni sevdiğini söylediğinde onun sevgisinden şüphe duydum… Bir de insanlara yalanlar söylerdi ve ben bunu biliyordum. Onun dürüstlüğünden şüphe ettim ve bu güvensizlik cinsel davranışlarımızı yönetti diyebilirim. İlk başta yapamıyordum [vajinal ilişki] çünkü onun [eşinin] buna değer olup olmadığından emin değildim… O da aynı zamanda bana karşı olan cinsel ilgisini kaybetti çünkü bana cinsel olarak güvenmiyordu… Cinsel olarak birbirimize yabancılaşmıştık.

difficulty in sexual arousal, which reinforced my penetration difficulty (Zeynep).[119]

The physical attraction between me and my husband started to fade away when I got vaginismus… I think his sexual desire decreased over time because our sex was not a normal sex…We started to feel less passion in our sexual encounters… Saying good words, touching, and kissing were not enough for sexual attraction; therefore, we were sexually estranged (Pınar).[120]

4.2.2.2 Sexual Performance Scripts

When participants and their partners became partial script writers, they regarded sex as performance rather than being an experiential process. By "performance" the participants implied what sex was supposed to look like for them: penile-vaginal intercourse. Similarly, some participants, together with their partners as they claimed, qualified vaginal orgasm as the true form of female orgasm. For these couples, orgasm counted only when it was vaginal, which was impossible for them because they could not have penetrative sex at that time. I noted the details of participants' dyadic sexual scripts related to sexual performance below.

4.2.2.2.1 Equation of Sex with Penetration: "Sex without penetration is not successful"

All of the participants explicitly implied penile-vaginal intercourse when they spoke about sex and sexuality. Seven out of eleven indicated that their sexual experiences with their husbands or boyfriends were rather mechanical and goal-oriented. According to these women's expressions, sex counted only when penis is in vagina. These women admitted that through reducing sexuality into penile-vaginal intercourse, they, as well as their partners, focused on the results rather than getting pleasure from the process. These women evaluated sexuality primarily on their

[119] Evlendiğimde eşime karşı olan ilgimi kaybettim. Sevgiliyken eşimi severdim ama aramızdaki cinsel çekim zamanla yok oldu… Cinsel olarak yaptıkları ilgimi çekmiyordu ve cinsel olarak uyarılmakta zorluk yaşıyordum ki bu da yaşamış olduğum güçlüğü besledi.

[120] Eşim ve benim aramdaki fiziksel çekim vajinismus olduğumda yok olmaya başladı. Bence cinselliğimiz normal cinsellik olmadığı için onun cinsel arzuları zamanla azaldı. Cinsel olarak karşı karşıya geldiğimizde daha az tutku olmaya başladı. Güzel kelimeler söylemek, dokunmak ve öpmek cinsel olarak birbirini çekmek için yeterli değil; bu yüzden cinsel olarak birbirimizden soğumuştuk.

penetrative competence, which resulted in attaching too much importance to penetration to "perform well," while disregarding other physical and emotional sensations that could be experienced from the beginning to the end of the sexual intercourse. One participant recalls:

> We were too mechanical… We only focused on the result—to insert penis into vagina. To reach that end, we tried everything but being intimate… We just tired it under the quilt… We would not say good things to each other… We did nothing except for trying to push the penis into vagina (Pınar).[121]

Reducing sexuality into penile-vaginal intercourse created performance anxiety in these women, as well as in their partners:

> In our first sex attempts, I could not feel relaxed because we were too mechanical… We constantly reminded ourselves that "yes, now we are going to do this [penetration]… We should do… We need to do…" We regarded sex as performance… And we were too anxious (Deniz).[122]

Some participants stated how penetration became a means of *successful* sexuality for both themselves and their partners:

> Foreplay was not the focus of our sexual involvement… We just wanted successful penetration and nothing more. We were goal-oriented to such an extent that after many failed penetration attempts, our sexual desire began to decline… Having successful penetration was our primary and utmost aim… As we couldn't do it, our motivation for sexual involvement decreased over time… Our sexual life was result-oriented (Yagmur).[123]

Another participant recalls how sex was negated as a result of too much focus on penile-vaginal intercourse:

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[121] Çok mekaniktik… Sadece sonuca odaklanıyorduk—penisi vajinaya sokmaya. Bu sonuca ulaşmak için yakın olmanın dışında her şeyi denedik… Sadece yorganın altında deniyorduk… Birbirimize güzel şeyler söylemezdik. Penisi vajinaya itmeyi denemenin dışında bir şey yapmadık.

[122] İlk seks girişimlerimizde kendimi rahat hissedemedim çünkü çok mekaniktik. Sürekli kendimize "evet, şimdi yapıcaz, yapmalıyız, yapmamız gerekiyor" diye hatırlatıyorduk. Cinselliği performance olarak düşündük ve çok kaygılıydık.

[123] Cinsel olarak yakınlaşmalarımızda ön sevişme odağımız değildi… Sadece başarılı bir giriş istedik daha fazlasını değil. O kadar hedefe odaklanmıştık ki bir çok başarısız girişimden sonra cinsel isteğimiz azalmaya başladı… Başarılı penetrasyon bizim tek ve nihai hedefimizdi. Yapamadıkça zamanla cinsel olarak yakınlaşma motivasyonumuz düştü… Cinsel yaşantımız sonuç odaklı oldu.

> We would think of sex as our duty… My boyfriend was sending me messages like "be ready tonight, we're going to do it [penetration]" After a number of failed penetration attempts, our sexuality began to be result-oriented. I felt oppressed and started to regard penetration as a must for good sex… Successful penetration was our primary focus and whenever we were in private we wondered whether we would try it again and become *unsuccessful* again (Selin).[124]

Besides creating performance anxiety, the equation of sex with penile-vaginal intercourse can also be explained by the concept of "heteronormativity" which is described as "the normative status of heterosexuality that renders any alternative sexualities 'other' and 'marginal'" (Jackson, 1999, p. 163). Based on Masters and Johnson's (1966) sexual response cycle in classifying and diagnosing women's sexual difficulties, the *DSM* and the *ICD* perpetuate heteronormative practices by evaluating women's sexual health on the basis of their penetrative capability. In existing literature, the equation of penile-vaginal intercourse with sex is regarded as a practice of heteronormativity because some feminist critics argue that due to the social construction of normative heterosex, some women, who have difficulty in conforming to heteronormative sexual standards, are unnecessarily pathologized and victimized (Ussher & Baker, 1993; & Tiefer, 2004; Tosh & Carson, 2016). My study's results related to sexual performance scripts confirm these critics' claims to a certain extent because some participants reduce sex and sexuality to penile-vaginal intercourse and when they fail to have penetrative sex, their complaints were pathologized and evaluated within health and illness domain, which is dominated by heteronormative sexual standards.

4.2.2.2.2 Vaginal Orgasm: "Female orgasm counts only when it is vaginal"

Koedt (1970) stated that when the issue is female orgasm, a false distinction is made between the clitoral and the vaginal orgasm. Koedt added that it was Freud who first made this distinction by claiming that the latter was the "mature" form of female

[124] Cinselliği bizim bir görevimizmiş gibi düşünüyorduk… Erkek arkadaşım bana "bu gece hazır ol, yapıcaz [vajinal ilişki]" gibi mesajlar gönderiyordu. Birkaç başarısız girişimden sonra cinselliğimiz sonuç odaklı olmaya başladı. Kendimi ezilmiş gibi hissediyordum ve penetrasyonun iyi bir seks için zorunlu olduğunu düşündüm… Başarılı giriş bizim başlıca odağımızda ve ne zaman yalnız kalsak yine mi deneyip başarısız olucaz diye merak ediyorduk.

orgasm. In the current research, this false distinction was also reassured by some participants (*n*=5) when they constructed mutual scripts with their partners:

> During sex, I could not reach orgasm, I think I need clitoral stimulation but my husband would not pay attention to this… Neither did I make an effort for this because we would think that a married woman should experience vaginal orgasm not clitoral (Zeynep).[125]

> My boyfriend would tell me that vaginal orgasm is better than clitoral one because it is a deeper feeling… I also agreed with him and never tried clitoral stimulation while we were trying sexual intercourse. As you know, we could not have sex [penile-vaginal intercourse]; therefore I could not experience vaginal orgasm (Selin).[126]

> When I had vaginismus, I would think that clitoral orgasm is for *girls*. But I was married and got the status of "woman." Thus, I convinced myself to experience vaginal orgasm which was only possible with penetration. At the same time, my husband would think so. He told me that vaginal orgasm is better than clitoral orgasm (Ceren).[127]

When some participants created their mutual sexual behaviors with their partners, they confirmed the previous research findings (Muehlenhard & Shippee, 2010), suggesting that female orgasm, which is expected to be provided by men, is the indicator of sexual success:

> During sex, I had difficulty in sexual excitement and my husband would try clitoral stimulation… However, we both believed that it was [clitoral stimulation/orgasm] out of place because we were married… We would think that trying clitoral stimulation was like masturbating and it was not suitable for married couples. That's why most of the time we both focused on inserting penis into vagina. We thought that penis-in-vagina was what we should do to be successful in sex. We would think that it should be a man's

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[125] Seks esnasında orgazm olamıyordum. Bence benim klitoral olarak uyarılmaya ihtiyacım vardı ama eşim buna dikkat etmiyordu… Ben de bu konuda bir çaba sarf etmiyordum çünkü evli bir kadının klitoral değil vajinal orgazm olması gerektiğini düşünüyordum.

[126] Erkek arkadaşım bana vajinal orgazmın daha derin bir his olduğu için klitoral orgazmdan daha iyi olduğunu söylüyordu… Ben de onla aynı fikirde olmuştum ve cinsel ilişki denerken hiçbir zaman klitoral uyarılmayı denemiyordum. Bildiğin gibi biz seks yapamıyorduk [vajinal ilişki], bu yüzden vajinal orgazm yaşayamıyordum.

[127] Vajinismusken klitoral orgazmın *kızlar* için olduğunu düşünürdüm. Ben evliydim ve "kadın" statüsündeydim. Bu yüzden kendimi sadece peniş girişi ile mümkün olabilecek vajinal orgazmı yaşama konusunda ikna etmiştim. Aynı zamanda eşim de öyle düşünüyordu. Bana vajinal orgazmın klitoral orgazmdan daha iyi olduğunu söyledi.

penis not his fingers giving pleasure to his wife. We both believed that it is men's responsibility (Meltem).[128]

My husband would tell me that he was responsible for my orgasm. He meant vaginal orgasm because we both believed that sex would have been successful if I had experienced vaginal orgasm. I also had some expectations about orgasm… I would think that my husband must give me pleasure not my fingers… As a result, we both believed that men should guide women in sex and he must know how to give pleasure. But it was impossible for him to make me experience vaginal orgasm because I had vaginismus (Beren).[129]

4.2.3. Intrapsychic Sexual Scripts

Gagnon and Simon describe intrapsychic scripts as "the internal…, the motivational elements that produce arousal or at least a commitment to the activity" (1973, p. 20). Intrapsychic sexual scripts involve an individual's fantasies, memories, thoughts, beliefs, and mental rehearsals about the behavior in question (Simon & Gagnon, 1986). In the present research I identified "sexual inhibition" and "social comparison" at the intrapsychic level of sexual scripting and I noted the details of these scripts below.[130]

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[128] Cinsellik esnasında "azmakta" zorluk yaşıyordumve eşim klitoral uyarmayı deniyordu. Ama ikimiz de evli olduğumuz için bunun [klitoral uyarma/orgazm olma] uygun olmadığına inanıyorduk. Klitoral uyarılmanın mastürbasyon gibi olduğunu düşünüyorduk ve bu evli eşler için uygun değildi. Bu sebeple bir çok kez penisi vajinanın içine itmeye odaklandık. Sekste başarılı olmak için penisin vajinanın içinde olması gerekir diye düşünüyorduk. Bir kadına zevk verenin eşinin parmakları değil penisi olmalı diye düşünüyorduk. İkimiz de bunun erkeğin sorumluluğu olduğunu düşünüyorduk.

[129] Eşim benim orgazmımdan kendisinin sorumlu olduğunu söylüyordu—vajinal orgazmı kastediyordu çünkü ikimiz de vajinal orgazm olsaydım cinsellikte başarılı olabileceğimizi düşünüyorduk. Benim de orgazm ile alakalı bazı beklentilerim vardı… Parmaklarımın değil eşimin bana zevk vermesi gerektiğini düşünüyordum… Sonuç olarak ikimiz de cinsellikte erkeğin kadını yönetmesi gerektiği ve nasıl zevk vereceğini bilmesi gerektiğine inandık. Ama vajinismus olduğum için onun bana vajinal orgazm yaşatması imkansızdı.

[130] The identified "fear" and "virginity" scripts at the cultural level can also be accounted for intrapsychic level of scripting because some participants internalized cultural scripts to such an extent that it became difficult to distinguish the level of scripting. Therefore, in this part, only the individual differences, which were thought as affecting participants' commitment to sexual intercourse, were noted.

4.2.3.1 Sexual Inhibition Scripts

Sexual inhibition was mostly examined based on the assumptions of dual theory which asserts that sexual arousal and response derive from a balance between inhibitory and excitatory mechanisms of the central nervous system (Bancroft, 1999; Bancroft & Janssen, 2000). Although this model is employed as the conceptual framework to examine how inhibitory and excitatory mechanisms of the central nervous system contribute to sexual problems, in examining sexual inhibition in women a careful investigation of cultural and relational factors deserve consideration because sexual desire and its expression are susceptible to social interactions (Gagnon & Simon, 1973). Intrapersonal motivations for sex cannot be thought as independent of cultural indoctrination since as Gagnon and Simon (1973) suggest, the development of intrapsychic sexual scripts depends partially on internalization of cultural scenarios. Therefore, in examining sexual inhibition in women, cultural scripts, which are highly infected with sexual double standards, must be acknowledged because it is obvious that female sexuality is regulated and controlled more than male sexuality at the cultural and social levels (Crawford & Popp, 2003). Thus, in contrast to the previous studies, which mostly examined the interaction between sexual inhibition and the central nervous system, in the current research, I investigated the attitudes, values, cognitions, and emotions that I thought related to sexual inhibition in women. It is worth noting that the emerged "sexual inhibition script" in this study is not a physiologically defined script and it does not refer to neurobiological mechanisms including the balance of excitatory and inhibitory systems that were previously associated with impinging on sexual response (see Bancroft, Graham, Janssen, & Sanders, 2009). The intrapsychic scenarios related to sexual inhibition are treated as learned dispositions that are behaviorally manifested in participants' sexual avoidance and abstinence tendencies.

4.2.3.1.1 Inhibition Resulting from Disruptive Feelings: "As far as sexuality is concerned, I feel unworthy/guilty/regret/shame"

This study's findings related to sexual inhibition, which result from disruptive feelings, are mostly confined within the boundaries of virginity framework. Some

respondents (*n*=4) spoke of virginity as something to be proud of because they were socialized to believe that virginity is of utmost importance for a woman's purity and chastity. These participants' testimony replicates the pattern of findings from Humphrey (2013), claiming that virginity is regarded as a possession which requires careful consideration before losing it. Within this context, for some women the first sexual intercourse is an experience through which they lose something important. That's why some participants mention first sexual intercourse within "virginity loss" discourse. These participants state that they were sexually inhibited as a result of feeling "unworthy" in their penetration attempts:

> Premarital sexuality devalues women because being virgin until marriage is important for women… You know virginity worth its weight in gold and for a girl, premarital sexual intercourse is like exchanging gold; she decreases in value. Therefore, not to engage in premarital sexual intercourse is important for guarding a girl's value. These were my beliefs before I got married… On our wedding night, I was sexually aroused but when I felt that I am losing something important [virginity] I was distracted, which made penetration impossible… The following nights were the same… Sometimes I wanted to have sex, I mean I had sexual desire, but when I felt unworthy because I was about to lose my virginity, my sexual desire was inhibited and I avoided penetrative sex (Beren).[131]

> Before marriage, I would think I was precious and my body was valuable; I mean virginity was valuable… I would proud of being virgin insomuch that I didn't want to lose it [hymen] easily on our wedding night. The first penetration attempts would make me feel devalued, which resulted in avoiding penetrative sex (Ceren).[132]

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[131] Evlilik öncesi cinsellik kadının değerini düşürür çünkü evlenene kadar bakire kalmak kadın için önemlidir… Sizin de bildiğiniz gibi bakirelik altın değerindedir ve bir kız için evlilik öncesi cinsel ilişki altın bozdurmak gibidir; değeri düşer. Bu yüzden bir kızın değerini koruması için evlilik öncesi cinsel ilişkiye girmemek önemlidir. Bunlar benim evlenmeden önceki inanışlarımdı. Düğün gecemizde cinsel olarak uyarılmıştım ama önemli bir şeyi [bekaretini] kaybettiğimi hissettiğimde dikkatim dağıldı; bu da içime girmesini imkansız yaptı… Diğer geceler de aynıydı… Bazen seks yapmak istedim—yani cinsel isteğim vardı—ama değersiz hissettim çünkü bekaretimi kaybetmek üzereydim. Bu benim cinsel isteğimi engelledi ve içe girmeli seksi engelledim.

[132] Evlenmeden önce kendimi değerli ve özel hissederdim ve bedenimin değerli olduğunu düşünürdüm; yani bekaretin değerli olmasından bahsediyorum. Bakire olmakla o kadar gurur duyuyordum ki düğün gecemizde onu [bekaretini] kolayca kaybetmek istemedim. İlk penetrasyon denemelerimiz bana değersiz hissettirdi. Bu da içe girmenin olduğu cinselliğe engel olmama sebep oldu.

> I was afraid of being "slag" when I would think about losing my virginity before marriage. If you lose your virginity before marriage, your womanhood falls in value so you should lower your standards about marriage. If a woman engages in premarital sexual intercourse and loses her virginity, she cannot expect a *normal* man and a *normal* marriage. I mean, if an unmarried woman is not virgin, she can only marry to men who have physical or mental defect; or who are divorced. As far as I was told, my aunt lost her virginity before marriage. That's why she doesn't have a normal marriage. She married to a man, who was divorced and had a daughter… I knew that these girls [who have premarital sexual intercourse] are condemned to unhappy marriages. On my way to marriage, I began to think that I am losing something special… When our wedding night arrived, I lost my interest in sex. I had already been sexually inhibited and it was too late to change that feeling of "losing value" Ebru).[133]

> When I was a *girl* I would think that losing virginity before marriage is not a positive thing for women because they not only lose their hymen but also their value as a "girl." And if you are not a virgin nobody wants to marry you. You can only find husbands who may be disabled, older than you, or have troubled personalities. On the other hand, I would believe that if you are virgin and pure, your value as a girl increases and your chances of marriage also increase. On our wedding night, I felt unworthy because I was about to lose my virginity… As a result I did not want to engage in penetrative sex, and the result was vaginismus (Gamze).[134]

Carpenter (2001) and Holland, Ramazanoglu, Sharpe, and Thompson (2000) claimed that the virginity frameworks underline gender differences in sexual conduct. They added that men are motivated for the first sexual intercourse in a more positive

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[133] Evlilikten önce bekaretimi kaybetmeyi düşündüğümde "orospu" olmaktan korkuyordum. Eğer evlilikten önce bekaretini kaybedersen kadınlığının değeri düşer bu yüzden de evlilikle alakalı standartlarını düşürmelisin. Eğer bir kadın evlilik önce cinsel ilişkide bulunur ve bekaretini kaybederse *normal* bir erkek ve *normal* bir evlilik bekleyemez. Yani eğer evli olmayan bir kadın bakire değilse o sadece fiziksel ya da zihinsel bozukluğu olan erkelerle evlenebilir. Bana anlatıldığı kadarıyla teyzem bekaretini evlilikten önce kaybetti. Bu yüzden onun normal bir evliliği yok. Teyzem boşanmış ve bir kızı olan bir adamla evlendi. Bu tarz kızların mutsuz evliliklere mahkum olduklarını biliyordum. Evlilik yolundayken, özel bir şeyi kaybetmek üzere olduğumu düşünmeye başladım. Düğün gecemiz gelip çatttığında, cinselliğe olan ilgimi kaybetmiştim. Cinsel olarak çoktan çekingendim ve bahsettiğim "değer kaybetme" hissini değiştirmek için çok geçti.

[134] Ben *kızken* bekaretini kaybetmeyi kadınlar için pozitif bir şey olarak görmüyordum çünkü kadınlar sadece kızlık zarını değil aynı zamanda "kız" olarak değerlerini de kaybediyorlar. Ve eğer bakire değilsen kimse seninle evlenmek istemez. Sadece engelli, senden yaşlı ya da sorunlu kişilikli kocaları bulabilirsin. Diğer yandan eğer bakire ve safsan kız olarak değerin artar ve evlilik şansın da aynı şekilde artar. Düğün gecemizde değersiz hissettim çünkü bekaretimi kaybetmek üzereydim… Sonuç olarak girişin olduğu bir seks yapmak istemedim ve sonuç vajinismustu.

attitude by regarding their experiences as gain, while women are worried about the first sex, which implies a "loss" for them. The present study's findings related to virginity framework give credence to the previous literature in that the first sexual intercourse is viewed as a loss for women. That is, first sexual intercourse, especially before marriage, represents something important that women "lose" as illustrated in "virginity loss" discourse. As far as the affective responses to virginity loss are concerned, the results of this research contradict with the previous findings of Humphreys (2013), who found out that when women regard virginity as something precious, they report higher positive affect in their first sexual intercourse. Humphreys added that feelings of romance and pleasure are commonly experienced by women, who view virginity as a gift, on their wedding night. My research findings came up with an opposite result because when participants attach too much importance to virginity, they report negative affect in relation to first sexual intercourse. As a result of feeling unworthy in their first sexual intercourse attempts, these women report having been sexually inhibited in their later sexual encounters.

Regret was also another negative feeling some participants cited for explaining how their sexual desire and motivation were inhibited. Sexual regret, identified from participants' reports, confirms previous research in that regret was exerted as an emotion that women are socialized to relate with sexuality (DeLameter & Hyde, 2004). Nearly half of the participants (n=5) believe that sexuality before marriage is not something good and when some of these women ($n=2$) could not resist but had sexual involvement with their boyfriends, they felt regret, as they report. These women assert that their desire for sexual autonomy and freedom collided with the expectations of their parents and relatives. Their resistance to gatekeeping script did not bring positive outcomes because upon abandoning their virgin identity as that of "kız" [girl] they felt regret to have had casual sex. This finding echoes that of Garperin and his colleagues (2013), arguing that the possible negative consequences of premarital sex lead some women to feel sexual regret. In the current study, a couple of participants reported to have sexual affairs out-of-wedlock. In spite of the possible negative reactions from society, these participants followed their own path through premarital sexual engagement. However, these restrictive and negative

connotations gave them a "sense of regret" as they reveal. This finding lends credence to the claim that under the honor code, which alludes to women's virginity, family and authority are valued more than individual happiness and personal fulfillment in Turkish society (Sunar & Fisek, 2005).

Another participant who engaged in sexual activity out of marriage context reveals her regret by saying that:

> I am not a pure and innocent girl that my parents think I am because I have had sexual involvement with my boyfriend… The worst thing about my premarital sex was when I returned home after I tried penetrative sex with my partner… I feel guilty because I think I do not deserve my parents' compassion (Selin).[135]

As Selin exclaims, she experienced an internal conflict as a result of engaging in premarital sexual activity and this internal conflict led her to feel that she is not innocent. As a result of the belief that she lost her innocence, the participant feels remorse. The same participant adds that:

> Even though I want to be more independent, I cannot deny my parent's financial and emotional sacrifice. They financed my education and provided a good future for me… Whenever I engage in sexual activity, I remember their sacrifice and I begin to think that I should not have disappointed them in this way (Selin).[136]

This result replicates those of Ozyegin (2009), who found out that some middle class young women have a sense of emotional indebtedness to their parents. As Ozyegin discovered, this indebtedness creates a desire not to disappoint parents. Therefore, when some women engage in premarital sexual activity against their parents' will,

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[135] Ben annemle babamın beni düşündüğü gibi saf ve masum bir kız değilim çünkü evlilik öncesinde erkek arkadaşımla cinsel yakınlaşmalarım oldu… Evlilik öncesi cinselliğim ile ilgili en kötü şey erkek arkadaşımla penetrasyonu deneyip eve döndüğüm zamanlardı… Kendimi suçlu hissediyorum çünkü bence ben annemlerin bana olan şevkatini hak etmiyorum.

[136] Daha bağımsız olmak istememe rağmen annemlerin bana olan maddi ve duygusal fedakarlıklarını inkar edemem. Onlar benim eğitimimi karşıladılar ve bana iyi bir gelecek sağladılar… Ne zaman cinsel bir şeyler yapsam onların fedakarlıklarını hatırlıyorum ve onları bu şekilde hayal kırıklığına uğratmamalıydım diye düşünmeye başlıyorum.

they may feel regret because of the feeling that they fail to fulfill their parents' expectations.

Within each culture, value systems inform individuals' self-appraisals. When people appraise their own actions, thoughts, and feelings against society and culture's expectations, they experience self-conscious emotion (Clark, 2017). Lewis (2000) identified guilt as self-conscious emotion developing from this complex cognitive process. In the current study, it is clear that some participants appraise their sexual behaviors against society's expectations, which result in experiencing sexual guilt as a self-conscious emotion. That is to say, some participants internalized restrictive sexual messages from culture and society regarding premarital sexuality insomuch that in their first sexual intercourse attempts with their husbands, they felt guilty:

> When I first tried sex with my husband, I was feeling guilty because I felt like I was doing the worst thing in the world and sex was like committing a crime… As a result I was unable to concentrate on sex (Pınar).[137]
>
> On our wedding night, when my husband took of my clothes, I began to feel guilty. I felt that I was doing something wrong… He was my husband but I could not get used to that feeling and I remembered my mother's warnings about premarital sex. Immediately, my sexual desire waned and I had difficulty in absorbing penis… This was how my vaginismus journey started officially (Beren).[138]

At the same time, when some participants evaluated their sexual attitudes and behaviors against moral standards and recognize that they fell short, they report to have felt sexual shame. These participants revealed that shame was an important factor making them sexually inhibited:

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[137] Eşimle ilk seks denediğimde suçlu hissediyordum çünkü dünyadaki en kötü şeyi yapıyormuşum gibi hissettim ve seks sanki suç işleme gibiydi… Sonuç olarak sekse konsantre olamamıştım.

[138] Düğün gecemizde eşim kıyafetlerimi çıkardığında suçlu hissetmeye başladım. Yanlış bir şey yapıyormuşum gibi hissettim… O benim eşimdi ama bu hisse alışamıyordum ve annemin evlilik öncesi cinsellikle alakalı uyarılarını hatırladım. Aniden cinsel isteğim yok oldu ve penisi içime almakta güçlük çektim… Bu benim vajinismus serüvenimin resmi olarak başlamasıydı.

> I have always felt shame when the issue is sexuality. Maybe this situation [interview] is an exception… When I was single, my girlfriends were talking about some issues related to sexuality. During those conversations, my cheeks would turn red and I could not say anything. I would feel uncomfortable when the subject was sex and the feeling of shame inhibited my sexual advances (Beren).[139]

Shame was identified as an important contributor to sexual problems (Hastings, 1998) because sexual shame that inhibits expression and experience of sexuality was claimed to hinder sexual communication and satisfaction (Clark, 2017). Another participant confirms this claim by stating that:

> I had vaginismus because I could not express myself sexually. I had some desires related to sex but I couldn't confess this even to myself. Whenever the subject was sexuality, I avoided conversation due to the feeling of shame. I would feel I was getting stuck in my feeling of shame, which affected my sexual health and satisfaction in a negative way (Ebru).[140]

Mollon (2005) claimed that when children realize the questions they ask or the behaviors they conduct with regard to sexuality invoke embarrassment or discomfort in their partners, a sense of shame begins to emerge. Mollon added that when children sense that they do not meet their parents' expectations or gain their approval, again a sense of shame develops. In a similar vein, it was argued that if children recognize some experiences and desires are not welcomed in public discourse, they associate that experience or desire with feeling of shame (Clark, 2017). Thus, society and culture were reckoned for inciting shame in individuals (Lewis, 2000). The reports of some participants correspond with these claims:

> When I was a child, I was curious about sexual issues. One day, I asked my mother to tell me how I came into the world. When I asked this question she was embarrassed. I was only six but I remember that incident vividly… She could not tell me anything about that issue but warned me against asking this

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[139] Konu ne zaman cinsellik olsa utanç hissettim. Belki bu durum [görüşme] bir istisna. Bekarken kız arkadaşlarım cinsellik ile ilgili konulardan konuşurlardı. Bu konuşmalar esnasında yanaklarım kızarırdı ve hiçbir şey diyemezdim. Konu cinsellikken kendimi rahatsız hissederdim ve bu utanç hissi benim cinsel olarak ilerlemelerimi engelledi.

[140] Vajinismustum çünkü kendimi cinsel olarak ifade edemiyordum. Cinsellikle alakalı isteklerim vardı ama utanç duygusundan dolayı cinsellikle alakalı konuşmayı engellerdim. Kendi utanç duygumun içinde sıkışıp kaldığımı hissederdim. Bu da benim cinsel sağlığımı ve tatminimi negatif yönde etkiledi.

> kind of questions. At that moment, I recognized that sexuality is a taboo subject and I began to think that it is a shame to talk about it publicly… In the process of time, this feeling of shame restricted my sexual desire, communication, and repertoire (Pınar).[141]

> My parents would feel uncomfortable when we would watch films on television because obscene scenes would suddenly appear. In these situations they would say that "close your eyes, and don't look until we say ok" I remember that I would bow my head in shame because I would feel embarrassed… Over time, sexual shame began to wrestle with my sexual excitation and interest (Selin).[142]

As evidenced across interviews, when women have negative affect towards sexual intercourse, their behavioral approaches to sex are also affected negatively. These findings are suggestive of the relationship between affect and behavior because affective responses to first sexual intercourse were identified with influencing subsequent sexual behaviors (Humphreys, 2013). When viewed from this perspective, it can be said that some participants' negative affective reactions to their first sexual intercourse attempts lead them to be sexually inhibited in their subsequent sexual encounters.

4.2.3.1.2 Inhibition Caused by Distracting Thoughts "I have so many concerns about sexual intercourse that I cannot have sex"

Most of the participants (*n*=9) revealed that during their sexual intercourse attempts, they had distracting thoughts that inhibited their sexual desire, arousal, and motivation. Most of these thoughts were related to participants' internalized virginity frameworks. Some respondents (*n*=3) associated virginity with purity and cleanliness and within this mindset in their sexual intercourse attempts they felt dirty. Moreover,

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[141] Çocukken cinsel konulara çok meraklıydım. Bir gün anneme dünyaya nasıl geldiğimi sordum. Bu soruyu sorduğumda annem utanmıştı. Sadece altı yaşımdaydım ama bu olayı çok net hatırlıyorum… Bana bu konuda hiçbir şey söyleyemedi ama bu tarz sorular sormamam konusunda beni uyardı. O zaman cinselliğin tabu olduğunu fark ettim ve bu konuları toplum içinde konuşmanın ayıp olduğunu düşünmeye başladım. Zamanla bu utanç duygusu cinsel isteğimi, konuşmalarımı ve repertuarımı engelledi.

[142] Televizyonda film izlerken annemle babam bir rahatsız hissederdi çünkü aniden açık sahneler olabilirdi. Bu durumlarda "gözlerini kapat, biz tamam diyene kadar bakma" derlerdi. Kafamı utanç içinde eğdiğimi hatırlıyorum. Zamanla bu ayıp meselesi cinsel uyarılmam ve ilgimle boğuşmaya başladı.

these women regarded sexuality as a dirty act in itself, which inhibited their sexual advances:

> Before marriage, I would think that through sex women not only lose their virginity but also their innocence. This was a negative thought… On our wedding night, I was sexually aroused but I was distracted by negative thoughts related to virginity loss and I thought that sex is a dirty act… Sex seemed like something bad. Losing virginity was like dirt that would never erase… The following nights were the same… Whenever I felt sexually aroused I lost it easily when I thought sex as dirty (Beren).[143]

> When I was a child, my mother would always warn me about not playing with boys… I remember her saying "don't let them [boys] touch you… Don't display your box [genitalia], otherwise you become dirty"… Maybe these warnings are not directly related to sexuality but I don't know I've always thought of sexuality as a dirty act… Whenever I had sexual desire, it immediately faded away because I thought sex is dirty… After our failed penetration attempts, I wouldn't sleep in the same bed sheet; I would think that it was dirty because we had sex on it… In those nights, I would think I did a filthy thing (Ceren).[144]

Another respondent recalls how her perception of sex as something dirty inhibited her sexual desire and interest:

> When I was experiencing vaginismus, I would regard penetrative sex as dirty; so I didn't want to touch his [her husband's] sexual organ… I would believe that sex is not that clean because I was told that after the wedding night a woman must take a long bath because the first time can leave dirt that cannot be removed easily… After our sexual intercourse attempts, I would think that I was dirty so each time I would have a shower for half an hour to be

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[143] Evlenmeden önce, kadınların cinsellikle sadece bekaretlerini değil aynı zamanda masumiyetlerini de kaybettiklerini düşünürdüm. Bu negatif bir düşünceydi… Düğün gecemizde cinsel olarak uyarılmıştım ama bu bekaretini kaybetmekle alakalı şeyler dikkatimi dağıttı ve cinselliğin kirli bir eylem olduğunu düşündüm… Seks kötü bir şey gibi göründü. Bekaretini kaybetmek asla silinmeyecek bir kir gibiydi… Diğer geceler de aynıydı… Ne zaman cinsel olarak uyarılsam, cinselliğin kirli bir şey olduğunu düşünür uyarılmamı kaybederdim.

[144] Çocukken annem beni sürekli erkeklerle oynamamam konusunda uyarırdı. "Onların sana dokunmasına izin verme, kutunu onlara gösterme yoksa kirlenirsin" diyişini hatırlıyorum… Belki bu uyarılar doğrudan cinsellikle alakalı değildir ama bilmiyorum cinselliği her zaman kirli bir eylemmiş gibi düşündüm… Ne zaman cinsel isteğim olsa anında yok oldu çünkü cinselliğin kirli olduğunu düşündüm… Başarısız cinsellik denemelerimizden sonra, aynı çarşafta uyumazdım, onun kirli olduğunu düşünürdüm çünkü üstünde seks yapmıştık… O günlerde kirli bir şey yaptığımı düşünürdüm…

> purified… Over time, this issue of dirt reduced my sexual desire and interest in sex (Cansu).[145]

There were also some participants who equated penile-vaginal intercourse with sexual objectification. Within this mindset, these women report to have felt sexually used by their partners, which inhibited their sexual desire:

> When I had vaginismus, I would regard sex as an act which treats me as a mere object of my husband's sexual desire. Whenever we had penetration attempts, I would think like that and I would lose my sexual arousal, which made penetration impossible. I could not avoid thinking like that… When my husband desired sex, I would think that he equates my worth with my sexual capacity. I think it was because of my mother's moral teachings… She would constantly tell me that "men value women for their virginity; so don't lose it before marriage. If you have sexual activity out-of-wedlock, you will be used sexually, because it is your body that men care most not your love." I think I was affected negatively by this kind moral teaching because unconsciously I would feel being used by my husband whenever we have sexual activity (Zeynep).[146]

> In our sex attempts, I would think that my boyfriend was using me for sex because he would fall asleep after we finished. We could not do it [penile-vaginal intercourse] but every sex attempts would end up with his ejaculation, which was what he wanted most. I would feel I was sexually used, which

[145] Vajinismus yaşarken, cinselliği kirli olarak düşünürdüm bu yüzden onun [eşinin] cinsel organına dokunmak istemezdim… Cinselliğin o kadar da temiz olmadığına inanırdım çünkü gerdek gecesinden sonra kadınların uzun bir banyo yapması gerektiğini duymuştum. Bunun sebebi de ilk ilişkinin kolay kolay çıkmayan kirler bıraktığı söylenmişti… Cinsel ilişki denemelerimizden sonra kirli olduğumu düşünürdüm bu yüzden her seferinde temizlenmek için yarım saat banyo yapardım. Zamanla bu kir meselesi cinsel isteğimi ve cinselliğe olan ilgimi azalttı.

[146] Vajinismusken cinselliği, beni kocamın cinsel arzusunun yalnızca bir objesi olarak düşündüğü bir davranış olrak görürdüm. Ne zaman girişi denesek böyle düşünürdüm ve cinsel uyarılmamı kaybederdim ki bu da içeri girişi imkansız yapardı. Böyle düşünmekten kendimi alamıyordum… Eşim cinsellik istediğinde benim değerimi cinsel olarak yapabileceklerimle eş değer tuttuğunu düşünürdüm. Bence bu benim annemin ahlaki öğretilerinden dolayı; bana sürekli "erkekler kadınlara bekaretinden dolayı değer verir bu yüzden onu evlilik öncesi kaybetme; evlilik dışı cinsel aktiviten olursa cinsel olarak kullanılırsın çünkü erkeklerin umursadığı senin aşkın değil vücudun" derdi. Bence bu tarz bir ahkali öğretiden ben olumsuz bir şekilde etkilendim çünkü ne zaman cinsel bir şeyler yapsak bilinçaltımla kocam tarafından kullanıldığımı hissederdim.

> inhibited my sexual desire and thus worsened my difficulty in penetrative sex (Selin).[147]

A relatively recent research, which examined the propensity for sexual excitation and inhibition in women, has revealed that some women are sexually inhibited when they think they are being sexually used by their partners (Graham, Sanders & Milhausen, 2006). In this respect, the findings of my study correspond to the previous research by adding profundity to examine how some women's thoughts about being sexually used inhibit their sexual desire.

4.2.3.1.3 Inhibition to Prevent Social Sanctions: "If I am sexually skilled and experienced, people will suspect my purity"

The features of "proper lady" require women to see themselves as culturally subordinated to men. So as to be "proper lady" women are expected to abstain from premarital sexuality but at the same time they are supposed to be attractive. Similarly, a desired woman is expected to be good at sex, but at the same time she carries the burden of being stigmatized as "slag." These contradictory expectations induce women to suppress their desire, knowledge, and/or skills in relation to sexuality. For young women living in Turkey sexual intercourse becomes either a source of extraordinary pleasure or a dangerous activity to be avoided (Kayır, 1990). Being stuck between pleasure and danger discourse (Vance, 1984), some women are in a dilemma whether to demonstrate sexual desire and knowledge or obscure them. Springing from pleasure-danger discourse, this dilemma can generate inhibition in women's sexual activities in some instances. One participant underlines how being stuck between pleasure-danger rhetoric inhibited her sexual advances:

> Before I got married, I had the urge to have sexual intercourse with my boyfriend but I avoided sexual involvement because I was taught that sex is dangerous for young girls' health. I remember having heard that there is no hole in young girls' vagina, so penetration is impossible and dangerous for them. I would believe in these kinds of negative physical consequences of

[147]Cinsellik girişimlerimizde erkek arkadaşımın seks için beni kullandığını düşünüyordum çünkü bitirdikten sonra uykuya dalardı. Yapamazdık [vajinal ilişki] ama her seks girişimimiz onun boşalması ile biterdi. Bu da onun en çok istediğiydi. Cinsel olarak kullanıldığımı hissederdim ki bu benim cinsel isteğime engel oluyordu ve benim yaşamış olduğum güçlüğü daha da kötü hale getirdi.

> sex. But more importantly, I abstained from sexuality because of the moral consequences of it. When I was physically close to my boyfriend, I would become sexually aroused quite easily, but I never said this to him because he could have reacted negatively… You know women are not expected to be sexual out-of-wedlock… When I got married, I recognized that I lost my sexual interest. I am not sure the exact time when I started to lose it but I think I repressed my sexual desire insomuch that it disappeared long before our marriage (Gamze).[148]

Some women are sexually inhibited because of their concerns about gaining bad reputation (Tiefer, 2001c). Previous studies asserted that young women are good at inhibiting sexual arousal when the stakes are too high (Graham, Sanders, Milhausen, McBride, 2004; Graham et al., 2006; Tolman, 2002). In the current study, some participants are cognizant of the fact that if they display sexual desire, they are prone to be called "slut." Therefore, in order to prevent negative consequences of sex, they avoided it completely:

> Before I got married, I was aware that women are not expected to be sexual. I had no interest in sexuality. When I was in university I enjoyed physical intimacy with my boyfriend but always avoided genital sex because I had to do so… People judge young women, who indulge in sexual activity before marriage, harshly. If I had had sexual intercourse with my boyfriend, people would have called me "slut." Unfortunately, my sexual desire has decreased in time and I was sexually inhibited (Yagmur).[149]

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[148] Evlenmeden önce erkek arkadaşımla cinsel ilişkiye girme gibi bir dürtü vardı bende ama cinsel yakınlaşmalara engel oldum çünkü cinselliğin genç kızların sağlığı için zararlı olduğu söylenilmişti bana. Genç kızların vajinasında delik olmadığı bu yüzden içe girmenin imkansız ve tehlikeli olduğunu duyduğumu hatırlıyorum. Seksin bu tarz olumsuz fiziksel sonuçlar doğurabileceğine inanıyordum. Ama daha önemlisi, ahlaki sonuçlarından dolayı cinsellikten kaçındım. Erkek arkadaşıma fiziksel olarak yakın olduğumda kolayca uyarılıyordum ama bunu ona hiçbir zaman söylemedim çünkü olumsuz tepki verebilirdi… Biliyorsun kadınlardan evlilik dışı cinsel olmaları beklenmez… Evlendiğimde cinselliğe olan ilgimi kaybettiğimi fark ettim. Ne zaman kaybettiğim konusunda tam olarak emin değilim ama bence cinsel arzularımı o kadar bastırdım ki evlenmeden çok önce yok oldu.

[149] Evlenmeden önce kadınlardan cinsel olmalarının beklenmediğinin farkındaydım. Üniversitedeyken erkek arkadaşımla fiziksel yakınlaşmalardan hoşlanırdım ama her zaman genital seksi önledim çünkü öyle yapmak zorundaydım. İnsanlar evlenmeden önce cinselliğe düşkün olan genç kadınları acımasız bir şekilde yargılıyor. Erkek arkadaşımla cinsel ilişkiye girmiş olsaydım insanlar bana kaşar derdi. Maalesef cinsel isteğim zamanla azaldı ve cinselliğim kısıtlandı.

Another participant recalls how her mother's moral teachings impeded her sexual involvements:

> My boyfriend was very eager to have sexual intercourse—by sexual intercourse I mean penis-in-vagina; but I would refuse him and inhibited my sexual desire because I was like hearing my mother's voice… She would say "No! You cannot do this! Our neighbors and relatives should not hear this!" I think it was because of my mother that I had difficulty in taking the first step towards sex (Gamze).[150]

There are also some participants who got negative reactions from their partners when they displayed some sexual skills. Therefore, in their subsequent sexual encounters, these women pretended to know nothing about sexuality. In the process of time, this act of ignorance was mapped onto women's sexual behavior:

> Before we got married, we had some sexual involvement with my husband. At first, I was good at kissing, touching, and this kind of things… But then, my husband—he was my boyfriend at that time—asked me a couple of questions: "Where did you learn these things?" and "How did you learn them?"… I felt resentful because these were not normal questions. He was questioning my chastity… These questions impeded my sexual advances in the process of time. It became difficult for me to get aroused. By the time we got married, I was like knowing nothing about sexuality… His negative reactions turned me off sexually… I don't know, maybe I was concealing the potential inside me… The result was vaginismus (Pınar).[151]

All these results related to sexual inhibition to prevent negative reactions are supportive of the previous research (Sakaluk et al., 2014), putting fort that though men and women experience the same urge to be sexual, women are obliged to inhibit their sexual desire and limit their sexual behavior to prevent social sanctions.

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[150] Erkek arkadaşım cinsel ilişkiye girmek için çok hevesliydi—cinsel ilişki derken penisin vajinada olmasından bahsediyorum. Ama onu reddederdim ve cinsel isteğime ket vururdum çünkü annemin sesini duyar gibiydim. Diyordu ki " hayır, bunu yapamazsın; komşularımız ve akrabalarımız bunu duymamalı." Bence cinselliğe ilk adımı atmakta yaşadığım güçlüğün sebebi annem.

[151] Evlenmeden önce eşimle bazı cinselliğimiz olmuştu. Başlarda öpüşmek, dokunmak ve bu tarz şeylerde iyiydim. Ama daha sonra eşim—o zaman erkek arkadaşımdı—bana bir çift soru sordu: "Sen bunları nerden öğrendin? Sen bunları nasıl öğrendin?" Ona alındım çünkü bunlar normal sorular değildi. Benim iffetimi sorguluyordu… Bu sorular zamanla benim cinsel olarak ilerlememi engelledi. Uyarılmam zorlaşmıştı. Evlendiğimizde cinsellik hakkında hiçbir şey bilmiyor gibiydim. Bana olan olumsuz tepkileri beni cinsel anlamda kapadı… Bilmiyorum belki de içimdeki potansiyeli saklıyordum… Sonuç vajinismus…

4.2.3.2 Social Comparison Scripts

The findings related to participants' intrapsychic scripting make the social psychological theory of social comparison (Festinger, 1954) salient. Social comparison refers to the processes through which individuals evaluate their own abilities, attitudes, feelings, opinions, or physical features in relation to other individuals or groups (Festinger, 1954). According to this, comparisons provide insights for individuals' behaviors especially when there is no objective standard to evaluate theirs. Depending on the direction, comparisons can be upward and downward. Upward social comparison is conceptualized as evaluating oneself against those perceived to be better and superior (Collins, 1996), while downward social comparison includes a process through which individuals evaluate themselves against those perceived to be worse off and inferior (Wills, 1981). For some participants in the current research, social comparison became the metrics through which they evaluated their sexual selves. Those participants revealed two essential patterns of social comparison with different intrapsychic scenarios.

4.2.3.2.1 Upward Social Comparison: "I am inadequate. I can't have sex like other women."

Some of the respondents (*n=3*) are inclined to compare themselves with those whom they believe are better than themselves. These women have learnt to compare their differences and found themselves sexually lacking. For these women, no objective standard is readily obtainable; therefore the only source for evaluating their sexual selves and behaviors lay beneath evaluating themselves against those perceived to be sexually better and superior. As the results suggest, media communicated unrealistic images and experiences regarding female sexuality. Upon witnessing beauty myths and "perfect sex," some participants would compare themselves and their sexual experiences with those of others they saw on television. These participants began to think that women on television were more beautiful than themselves and these women's sexual experiences were the best practices that they themselves could not attain. This kind of upward social comparison made some participants feel sexually inadequate, as they report:

> Before I got married, I would watch some films in which beautiful women would *make love* with well-built men… These women's bodies were perfect. I would compare myself with them and feel lacking… Sexually lacking… I would think that I am inadequate and I can't have sex like them… When I got married, my worries nurtured my failure; the result was vaginismus. Sex was not the same as it was on TV… I wasn't that sexy and sex would not give pleasure as I had expected… The better experiences I watched on films pulled me down and I felt worse off sexually (Pınar).[152]

Similarly, social media was cited as a source of upward social comparison for a participant:

> I would compare my appearance to other women I saw on Facebook or Instagram and I would feel bad because they were sexy but I was not. When I compared myself with them, I would feel that I was the ugliest girl in the world. So I would think that I could not make love like they do… I haven't seen them having sex but I could guess (Beren).[153]

It is clear that these participants' engagement in upward social comparison led them to develop negative self-images, which served to hinder their sexual advances. The participants' statements about the detrimental impact of appearance focused social comparison on their body satisfaction were supported by an earlier investigation by Myers and Crowther (2009). According to Myers and Crowther, women, who compare themselves to others they think are better than themselves, develop a set of negative thoughts and attitudes concerning their physical appearance.

Another respondent recalls how making comparison with women she perceived as sexually better than herself hindered her from engaging in sexuality:

> In high school, I had some girlfriends who were sexually active… I wasn't born as a beautiful girl and I didn't have any boyfriend in those days… My

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[152] Evlenmeden önce güzel kadınların vücut yapmış erkeklerle *aşk yaptığı* bazı filmleri izlerdim… O kadınların vücutları mükemmeldi. Kendimi onlarla kıyaslar eksik hissederdim… Cinsel olarak eksik… Yetersiz olduğumu ve onlar gibi seks yapamayacağımı düşünürdüm… Evlendiğimde endişelerim başarısızlığımı besledi; sonuç vajinismustu. Seks televizyonda olduğu gibi değildi… Ben o kadar seksi değildim seks de tahmin ettiğim gibi zevk vermiyordu. Televizyonda izlediğim daha iyi deneyimler beni aşağıya çekti ve kendimi cinsel olarak fena hissettim.

[153] Görünümümü Facebook ya da Instagram'da gördüğüm kadınlarla kıyaslar kendimi kötü hissederdim çünkü onlar seksiydi ben değildim. Kendimi onlarla kıyasladığımda kendimi dünyanın en çirkin kızı gibi hissederdim. Bu yüzden onların yaptığı gibi seks yapamayacağımı düşünürdüm. Onları seks yaparken görmedim ama tahmin edebiliyordum.

> friends were talking about how they were good at sex and they were sharing some of their experiences like oral sex and orgasm. Their perfect bodies and sexual experiences would make me stressed… When I compared myself to them, I would think I could never be like them… On my wedding night, I felt inadequate and avoided sexual intercourse. Dwelling too much on these comparisons had a cost: vaginismus (Ceren).[154]

> In my teenage years, my girlfriends were extroverted and they could easily interact with boys. They were really beautiful… I didn't like my body… My body was not good enough to have a boyfriend. But I would tell lies to my girlfriends. I would say that I have a boyfriend in another city. I would tell lies because I would compare myself to other girls whom I thought were more attractive than me. I can say that comparing myself to other girls became a habit of me, which made me more introverted. In our failed sex attempts with my husband, I would think that if one of those girls had been there, she could have done it [penetrative sex] because she is beautiful and attractive but me is not… Therefore, as a woman, I would feel inadequate (Gamze).[155]

As is clear, these participants evaluated themselves against sexually active and "sexy" women as they perceived them. As a result of gauging their sexual self in relation to those of sexually active and "sexy" women, these participants reported having felt less of a woman. This result was supported by an earlier investigation by Yasan and his colleagues (2009), who argued that the sexual difficulties women experience make women vulnerable to lose their status of being "woman." The findings of my study also correspond to the previous research in which women, who have sexual pain disorder, were reported to feel inadequate as a partner because of

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[154] Lisedeyken cinsel olarak aktif olan kız arkadaşlarım vardı… Güzel bir kz olarak doğmadım ve o günlerde erkek arkadaşım yoktu. Arkadaşlarım cinsellikte nasıl iyi olduklarını konuşurlardı ve oral seks ve orgazm gibi bazı deneyimlerini paylaşırlardı. Onların mükemmel vücutları ve cinsel deneyimleri beni strese sokardı… Kendimi onlarla kıyasladığımda asla onlar gibi olamayacağımı düşünürdüm… Gerdek gecemde kendimi yetersiz hissettim ve cinsel birleşmeyi engelledim. Bu tarz kıyaslamaların bu kadar üzerinde durmanın bir sonucu vardı: vajinismus.

[155] Ergenlik dönemimde kız arkadaşlarım dışa dönüktü, erkeklerle kolayca iletişime geçebiliyorlardı. Gerçekten güzellerdi… Ben vücudumu sevmiyordum… Vücudum erkek arkadaşım olacak kadar iyi değildi. Ama kız arkadaşlarıma yalanlar söylüyordum. Başka bir şehirde erkek arkadaşım olduğunu söylerdim. Yalanlar söylerdim çünkü kendimi benden daha çekici olduğunu düşündüğüm kızlarla kıyaslardım. Bu diğer kızlarla kendimi kıyaslama işi benim bir alışkanlığımdı diyebilirim. Bu da beni daha çok içime kapanık yapmıştı. Eşimle tüm başarısız cinsel ilişki girişimlerimizde o kızlardan birisi orda olsaydı kolayca yapabilirdi diye düşünürdüm çünkü onlar güzel ve çekiciydi ama ben değildim… Bu yüzden kadın olarak kendimi yetersiz hissediyordum.

the pain they have during sexual intercourse (Farrell and Cacchioni, 2012). Farrell and Cacchioni also revealed that some women, experiencing sexual difficulty, feel as a failure with respect to being a "real woman." Depending on this result, the sexual pain is noted to shape the social construction of femininity (Farrell & Cacchioni, 2012). In the current research, some participants revealed that the pain they would experience during sexual intercourse attempts made them feel as a "failure" in relation to being a "real woman" because these participants compared themselves and their sexual experiences with those of other women, whom were assumed as not having pain during sexual intercourse.

4.2.3.2.2 Downward Social Comparison: "I'm different from easy girls."

While experiencing difficulty in vaginal penetration, some participants (*n*=4) tended to compare themselves with women whom they perceived as inferior. These respondents view premarital sexuality as a loss within "virginity loss" discourse. According to them, having premarital sexual involvement makes women "slag." Therefore, these respondents believed that the women, who engage in premarital sexuality, are "easy" and they contrasted themselves with these "easy girls":

> Before marriage, I didn't have any sexual involvement; I had no experience like kissing, touching, penetration, and things like that. I know this inexperience definitely restricted my sexual repertoire and is responsible for my sexual difficulty… Despite experiencing vaginismus, I hold my head up because I was a proper lady. I thought some women don't have any sexual difficulty when they get marry but I thought they are not respectable women… It's clear that they gain some experience through premarital sexual involvement, which makes them easy… I was different from these easy girls because I retained my virginity till I marry… This was how I consoled myself when I had penetration difficulty (Beren).[156]

[156] Evlilikten önce hiçbir cinselliğim olmamıştı; öpüşmek, dokunmak, içe girmek ve bunun gibi şeylerde tecrübem yoktu. Biliyorum bu deneyimsizlik kesinlikle cinsel olarak bilgi birikimimi kısıtladı ve benim bu yaşamış olduğum problemden sorumlu… Vajinismus yaşamama rağmen başımı dik tuttum çünkü ben hanım hanımcıktım. Bazı kadınların evlendiklerinde cinsel problemleri olmadığını düşündüğümde onların saygıdeğer kadın olmadıklarını düşünüyordum… Açıkçası onlar evlilik öncesi cinsellikle deneyim kazanıyorlar, bu da onları basit yapıyor. Ben bu basit kızlardan farklıydım çünkü evlenene kadar bekaretimi korudum. Bu problemi yaşadığımda kendimi böyle avuttum.

> Before marriage I would think that the girls who make premarital sexual contact with men are easy… I would also think that those girls are "abazan" [horny]. For example, if you drink alcohol outside with a man, you give the message that you want to sleep with him. I had this kind of girlfriends and I would despise them for their horny attitudes… I would compare myself to them and feel proud because I was different, pure, and innocent… They were easy girls but I was waiting for my man to wake me up… I would not respect some women who have sex before marriage. "Everything has time; sex is the same and a respectable woman should experience it [sex] with her husband" I would say to myself. I also believed that some women don't deserve respect because they don't wait but surrender sexually before they marry… I was not this kind of woman—I mean easy woman. I know my conservatism is responsible for vaginismus but anyway I am not one of those women [easy women]… It's me that avoided sex so as not to be "slag"… This was the way I would feel when I had vaginismus (Cansu).[157]

In some instances, individuals were claimed to overstate their differences from others, especially when underscoring these differences enhance their self-esteem (Collins, 1996; Wills, 1981). The results of my study confirmed this assertion by revealing that upon underlining their differences from "easy girls" some participants tried to protect themselves from negative feelings, which served to enhance their self-esteem. Similarly, these participants overstated their differences from "easy girls" because; due to social sanctions their subjective well-being was under threat. This result reaffirmed the claim that downward social comparison operates in relation to negative affect, which usually emerges when an individual's subjective well-being is threatened (Wills, 1981). Therefore, in contrast to Festinger's claim that accurate self-evaluation is an object to be reached by social comparison the findings of my study suggest that in some instances social comparison can serve a

[157] Evlenmeden önce, evlilik öncesi cinsel ilişkiye girenleri basit kız olarak düşünürdüm… Aynı zamanda bu kızların abazan olduğunu düşünürdüm. Mesela dışarıda bir erkekle alkol içersen, o erkekle yatmak istediğin mesajını verirsin. Bu tarz kız arkadaşlarım vardı, ben onları bu abazan tavırlarından dolayı küçümserdim… Kendimi onlarla kıyaslar gurur duyardım çünkü ben farklıydım; temiz ve masum. Onlar basit kızlardı ama ben beni uyandırması için erkeğimi bekliyordum… Evlilikten önce cinsel ilişkiye giren bazı kadınlara saygı duymazdım. Kendime sürekli "her şeyin bir zamanı var; seks de aynı ve saygın bir kadın bunu eşiyle deneyimlemeli" derdim. Aynı şekilde bazı kadınların saygıyı hak etmediğini düşünürdüm çünkü evlenmeyi beklemeyip cinsel olarak teslim olmuşlar. Ben bu tarz bir kadın değildim—yani basit kadın. Tutuculuğumun vajinismus yaşamamdan sorumlu olduğunu biliyorum ama yine de ben o kadınlardan biri değilim… Orospu diye adlandırılmamak için cinselliği engelleyen benim… Vajinismusken bu şekilde hissediyordum.

biased and self-serving function (Guyer & Vaughan-Johnston, 2018). By making comparisons with "easy girls," some participants reported to have felt better and cleaner. However, it is clear that due to premarital sexual abstinence, as well as the lack of sexual information, these participants were inclined to have some difficulties in their first sexual encounters. Therefore, it can be inferred that besides bolstering their self-esteem and protecting them from social sanctions, downward social comparison served to limit these women's sexual repertoire and their propensity for engaging in unproblematic and satisfactory sex.

4.3 Societal Sexual Double Standards

The second research question of this study addressed how sexual scripts at the cultural, interpersonal, and intrapsychic levels are imbued with sexual double standards. I asked each participant to reveal whether cultural expectations regarding men and women's sexuality are the same. In this way, I identified participants' perceptions of societal double standards of sexual behavior. All participants reached a consensus on a social order in which expectations regarding sexuality differs according to one's gender. Without exception, all of them stated that the expectations at the social level are not the same for women and men, especially about premarital sexual activity. In their personal accounts, each respondent reported her perception of societal double standards of sexual behavior. The results concerning traditional sexual scripts are largely congruent with results from preceding research pertaining to the gendered nature of sexual scripts (Sakaluk et al., 2014). The details of how participants recognized culturally available gendered expectations can be seen in Table 3.

Table 3

Participants' Perceptions of Societal Double Standards Related to Men and Women's Sexuality

	f	%
Men		
Sex-Related Beliefs and Attitudes		
Men should take the sexual initiative.	9	81.8
Men guide women in sexuality.	8	72.7
A man must certainly have sexual experience before marriage.	8	72.7
If a man does not have sexual experience, he risks his virility.	7	63.3
For men, the source of prestige lays in premarital sexual activity.	7	63.3
Men does not necessarily commit to a woman to have sex.	5	45.4
Casual sex is desirable for men.	5	45.5
Men are always ready for sex.	5	45.5
Motivations for Participating in Sex		
Sex is a physical relief for men.	8	72.7
Men have sexual involvement for status enhancement.	7	63.3
Men have sex to prove their manhood.	5	45.5
	f	%
Women		
Sex-Related Beliefs and Attitudes		
Women are the passive receivers of men's sexual initiations.	11	100
Women should abstain from premarital sexuality.	11	100
Unmarried women should be sexually ignorant and inexperienced.	10	90.9

Table 3 (cont'd)

A respectable woman keeps her virginity till marriage.	9	81.8
Only vaginal sex counts as sex.	9	81.8
A woman's virginity is the banner of her family's honor.	8	72.7
Women need to be governed by men during sex.	7	63.3
A woman must learn sex from her husband.	6	54.4
Orgasm can only be experienced through vaginal intercourse.	5	45.5
Motivations for Participating in Sex		
Women engage in sexuality primarily for procreation.	8	72.7
Women have sex to feel connected.	7	63.3
Women have sex to fulfill the obligation of marriage.	6	54.4
Through sex women become more feminine.	5	45.5

*Participants gave more than one utterance; therefore total percentages may exceed 100.

All participants presented gender stereotypic expectations with regards to sexuality at cultural level. In this sense, the findings are consistent with the previous research which claimed that the expectations of society vary according to one's gender (McCabe et al., 2010; Nolin & Peterson, 1992). The majority of the participants revealed a cultural expectation related to sexual behavior in which men are the sexual initiators and directors while women are the passive receivers of men's sexual initiations and advances. Also, women are expected to be guided by men in a sexual encounter. These findings support the previous research results, putting fort that women are the passive receivers and gatekeepers of sex (Kim et al., 2007; Krahe et al., 2007, Vannier & O'Sullivan, 2011; Wiederman, 2005) while men are the initiators and masters of sexual activities (Bowleg et al., 2004; Ortiz-Torres et al., 2003; Wiederman, 2005). Participants' reports show that in Turkey, while premarital sexuality is strictly governed and restricted for women, male sexuality is widely encouraged, celebrated, and regarded as an evidence of manhood (Essizoglu et al., 2011).

As for the sexual behavior, the participants spoke of a cultural mindset in which only vaginal intercourse and vaginal orgasm are accounted as successful sex. “Other means of having sex and reaching orgasm are denied for women by cultural expectations,” one participant propounds. Nearly all participants agreed that according to culture surrounding them, men should have premarital sexual activity as much as they can because the number of sexual involvement is accepted as an indicator of status enhancement for men. That is to say, a man becomes more of a man when he has extramarital sexual involvement with a number of women. On the other hand, participants reached a consensus on premarital sexual abstinence that is expected from women.

Sexual behaviors are viewed as primarily depending on motives, which are conceptualized as vocabularies employed to give reasons for questioned behavior (Gagnon & Simon, 1973). The results of my study show that the expected motivations for engaging in sexual activity differ with respect to one’s gender. Accordingly, men are expected to have sexual intercourse for physical relaxation, status enhancement, gaining prestige, and proving their manhood, while women are reported to have sexual involvement for procreation, becoming more feminine, feeling deeply connected, and fulfilling the obligation of marriage. These findings echo those of Rich (1993), Vannier and O’Sullivan (2010), and Masters and his colleagues (2013), who found that female sexuality is regarded as relational and procreational, while male sexuality is expected to be recreational, which stand for having sex for the purpose of pleasure without commitment to a relationship and carrying an objective for reproduction.

In sum, it is clear from participants’ individual reports that expectations at the societal level regarding women and men’s sexuality differ to a great extent, which endow men with sexual agency while deign passive and submissive attitudes and behaviors for women. These different expectations illustrate how sexual double standards frame sexual scripts at cultural, interpersonal, and intrapsychic levels.

4.4 Endorsement of Sexual Double Standards

The third research question of the current study investigated the extent to which women having difficulty in vaginal penetration endorse sexual double standards. Sexual double standard endorsement is defined as "the degree to which an individual's attitude reflects a divergent set of expectations for boys and girls" (Emmerink et al., 2016, p. 289). The findings related to participants' agreement with sexual double standards correspond to the results of past research in which women's sexual behaviors were found to be shaped by their investment in sexual double standards (Sanchez et al., 2012). In the present research, based on respondents' individual reports, I can say that all participants somehow invested in gendered expectations. However, the patterns they followed in the endorsement of sexual double standards differed to a certain extent. The participants fall into three groups in terms of how they negotiated culturally available gendered expectations at the individual level. Women in the first group (*n*=2) adhered to the sexual double standards without questioning them. These participants' sexual behaviors and attitudes were in accordance with the traditional gendered expectations because these women verified sexual double standards as "normal" and "natural." They confirmed double standards of sexual behavior by stating that:

> A woman should keep her virginity for her husband while men must be experienced and active both before and after marriage… If a woman has premarital sexual experience, it will become a matter of honor… Nobody marries her; you know some women are for getting married, while some other ones are just for killing time… Every man wants a virgin girl (Beren).[158]

In the second group (*n*=7) participants also invested in the gendered expectations, yet this time they complied with sexual double standards with a degree of conflict. These women questioned some cultural messages and restrictions; however, they found no way out but to act in accordance with them. These women held onto sexual double standards even if investment in these standards would make them feel desperate. One

[158] Erkeğin hem evlilikten önce hem de evlilikten sonra deneyimli olması beklenirken, kadından bekaretini kocasına saklaması beklenir… Eğer bir kadın evlilikten önce cinsellik yaşarsa bu namus meselesi olur… Kimse onla evlenmez. Biliyorsun "evlenecek kadın var eğlenecek kadın var." Her erkek bakire bir kız ister.

participant admitted that endorsement of double standards of sexual behavior made her vulnerable to vaginismus:

> The expectations regarding premarital sexuality are not the same for men and women. As you know, sexuality before marriage is highly encouraged for men and it is accepted as a proof of manhood. On the other hand, women's sexuality, especially before marriage, is not welcomed. If a woman has sexual activity outside marriage context, she will be exposed to several punishments… Although I questioned them, I lived up to these expectations and it is possibly these sexual standards that made me experience penetration difficulty (Yagmur).[159]

Women within the third group (*n*=2) exemplify a different pattern of interplay between sexual double standards and individual preferences and acts. These women acknowledged gendered expectations at the cultural level but they rejected enacting them. At the individual level, they tended to act differently from what they learned from culture and society. They recognized some women, who followed gendered expectations without questioning them, and they positioned themselves outside of this group. However, as a result of their disagreement with sexual double standards, these non-conforming women reported to feel sexual guilt and regret:

> In our patriarchal culture, we still hear things like "men can do whatever he wants, he can have sex with whomever he desires; it is in his nature… Women should protect themselves and they should not experience certain things before marriage… Men are free to experience sexuality but women are expected to protect themselves and they have to dedicate themselves to men through marriage… Men can have multiple partners before marriage but unmarried women must be virgin…" I have a brother and his sexual life is taken in stride while mine is questioned… If my mother hears that I have engaged in premarital sexual activity, she will act like I did the worst thing in the world. Her attitudes towards me will change, and she will call me "slut." I sometimes don't feel good… I feel guilty because of what I do sexually… (Deniz)[160]

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[159] Evlilik öncesi cinsellikle ilgili beklentiler kadın ve erkek için aynı değil. Bildiğin gibi evlilik öncesi cinsellik erkekler için desteklenir ve erkekliğin kanıtı olarak görünür. Öte yandan kadınların cinselliği, özellikle evlilikten önce, hoş karşılanmaz. Evlilik dışı bir cinsel yaşantısı varsa kadın bir sürü cezaya maruz kalır… Ben bunları sorgulamama rağmen bu beklentilere uygun yaşadım ve muhtemelen bu standartlardan dolayı bu problemi yaşadım.

[160] Bizim ataerkil toplumumuzda hala "erkekler istediğini yapabilir, kimle isterse seks yapabilir, bu onun doğasında var; kadınlar kendini korumalı ve bazı şeyleri evlilikten önce yaşamamalı; erkekler cinselliği yaşamakta özgür ama kadınlar kendini korumalı ve

Despite acknowledging these sexual double standards and the possible negative reactions from her family, Deniz had premarital sexual involvement with her boyfriend. However, these restrictive and negative connotations gave her a sense of guilt and she "did not feel good," as she reveals.

Another participant was also aware of the sexual double standards, besides recognizing non-sexual gendered expectations:

> As far as I was taught, "women cannot go outside after a certain hour; they cannot drink alcohol… Women should not wear revealing clothes and they should not laugh loudly…" When viewed from this perspective, it is impossible for women to follow their own inclinations because they restrict themselves, especially if they are single (Selin).[161]

Within these restrictive conditions, the participant concealed her sexual advances, in addition to some non-sexual acts like drinking alcohol because she was afraid of negative reactions. She had to "belie" what she would do sexually, as well as her non-sexual acts which surpassed societal expectations. Therefore, she experienced an internal conflict and reported to "feel regret" because despite her desire not to disappoint her family and relatives, she gave in to her sexual desire before marriage. In sum, the women within the third group did not endorse sexual double standards but the very presence of gendered expectations at the societal level led them to feel sexual regret and guilt.

To sum up, in this study I examined sexual scripts enclosing vaginismus in Turkish context and found out that sexual scripts at three different levels were all infected with sexual double standards. Notably, participants' personal experiences pursued some common patterns; they either invested in sexual double standards or gave in to

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kendilerini evlilikle tek bir adama adamalı; erkeklerin evlenmeden önce birçok partneri olabilir ama evlenmemiş kadınlar bakire olmalıdır" gibi şeyler duyuyoruz. Bir erkek kardeşim var. Onun cinselliği mevzu bahis bile olmuyorken benimki sorgulanıyor… Eğer annem evlilikten önce cinsel ilişki işlerine giriştiğimi duyarsa dünyadaki en kötü şeyi yapmışım gibi davranır. Bana karşı tavırları değişir ve bana "kaşar" der. Bazen iyi hissetmiyorum… Cinsel olarak yaptığım şeylerden dolayı suçlu hissediyorum.

[161] Bana öğretildiği kadarıyla "kadınlar belli bir saatten sonra dışarı çıkamaz, alkol içemezler… Kadınlar açık kıyafetler giymemeli ve sesli gülmemelidir…" Bu açıdan bakıldığında kadınların kendi isteklerini takip etmesi çok zor çünkü özellikle bekarlarsa kendilerini kısıtlarlar.

their sexual desires before marriage with a sense of guilt, regret and fear. It is clear that either way brought negative sexual outcomes because these women reported experiencing behavioral and emotional difficulties concerning sexuality. Taken together, the results of the current study suggest that the participants, who overcame vaginismus in the recent past, endorsed sexual double standards to a great extent, which was previously claimed as having negative consequences for women's sexual health and satisfaction (Crawford & Popp, 2003; MacKinnon, 1989; Sanchez et al., 2012; Tevlin & Leiblum, 1983).

4.5 Definitions and Meanings of Certain Terms

In the present study I focused on participants' individual definitions of some terms like sex, sexuality, and vaginismus, as well as the meanings they attribute to these certain terms because through the fourth research question I tried to address how women experiencing penetration problem conceptualize sex, sexuality and vaginismus. Also, I aimed to inquire whether women having difficulty in vaginal penetration hold onto some existing binaries like "healthy/unhealthy" and "successful/unsuccessful" sexuality. When participants acknowledged these binaries, I requested their individual definitions of mutually-exclusive signifiers. In this section, I demonstrated participants' definitions and conceptualizations of certain terms and the meanings they attached to these terms respectively.

4.5.1 Definitions of Sex and Sexuality

One important thing to be acknowledged is that during the interviews and while writing this thesis, it was hard to manage the words and expressions regarding women's sexuality because I was reassured that we lack the exact vocabulary with which to express our sexualities. Therefore, both the participants and I, in some instances, were guided and limited by biomedical expressions of sexuality and sexual problems. This state of being stuck in healthy/unhealthy sexuality illustrates how language obstructs constructing alternative ways to conceptualize and experience sexuality, as well as sexual problems.

During the interviews, when participants had not already provided a clear definition of sex and sexuality, I asked them to define these terms. Most participants spoke of sex and sexuality as an act or activity, which confirms previous research exploring the definitions of these terms (McCabe et al., 2010). The certain behaviors participants included within their individual definitions of sex/sexuality can be seen in Table 4.

Table 4

Participants' Conceptions of Sex and Sexuality

	Behaviors	*f*	%
Sex			
	penile-vaginal intercourse	11	100
	penile-anal intercourse	2	18.1
Sexuality			
	penile-vaginal intercourse	11	100
	petting	6	54.4
	intimate touching	6	54.4
	kissing	5	45.4
	snuggling	2	18.1

*Participants revealed more than one behavior; therefore total percentages may exceed 100.

Not all participants provided an exact definition of sex and sexuality but all of the participants counted penile-vaginal intercourse as sex/sexuality. A couple of respondents (n=2) qualified penile-anal intercourse as sex, yet one of them regarded

it as an alternative to penile-vaginal intercourse and the other respondent cited it as "abnormal sex." Additionally, sex and sexuality were conflated in women's expressions. Only some participants (*n*=6) differentiated sex from sexuality through regarding sexuality as a broader term because when they spoke of sexuality touching, petting, kissing, and snuggling were also included. However, nearly all of them believed that sexuality can only be consummated with penetration; and touching, petting, kissing, or snuggling are not merits of sexuality alone. One participant exclaimed that "touching and kissing should be incorporated into penetration, otherwise; they have no meaning."[162] Within this understanding of sex and sexuality, these women denote penile-vaginal intercourse as a must-have behavioral criterion.

4.5.2 Meanings of Sex and Sexuality

Not only overt behaviors related to sex and sexuality but also the meanings attributed to those certain acts are of utmost importance for this study. Therefore, I asked participants to reveal what sex and sexuality mean to them. All of them conflated sex and sexuality when they talked about the meaning of these terms; therefore, in reporting the data, I used these two words interchangeably. Below is a demonstration of how each participant expressed what sex/sexuality mean to them.

[162] Dokunma ve öpme penisin içe girdiği sekse dahil edilmelidir yoksa bunların bir anlamı olmaz.

Table 5

Meanings of Sex/Sexuality

Participants	Meanings
Ebru	Sex is something that saves marriages.[163]
Beren	Sex is what makes a woman *woman*. Without sex [penile-vaginal intercourse] I would feel incomplete as a woman.[164]
Cansu	It is the most important thing in a marriage; it represents commitment.[165]
Deniz	Sex bonds couples, and it is the most special thing you can share with someone only when you *love* him/her.[166]
Ceren	Sex is what makes a woman *woman* and what makes a marriage *marriage*.[167]

[163] Seks evlilikleri kurtaran ĸeydir.

[164] Seks bir kadēnē *kadın* yapan ĸey. Seks olmadan bir kadēn olarak eksik hissederim.

[165] Evlilikte en ºnemli ĸey, baĵlēēĵētemsil ediyor.

[166] Seks -iftleri birbirine baĵlar ve sadece birini sevdiĵinde onunla paylaĸabileceĵin en ºzel ĸey.

[167] Seks kadēnē *kadın* yapan, evliliĵi *evlilik* yapan ĸeydir.

Table 5 (contôd)

Yagmur	Sex is so important; it causes us [she and her husband] to become closer. It is the most special thing I can share with someone. It is one of the most important energies of our marriage; it strengthens our marriage and bonds us.[168]
Pēnar	Sex is a necessity for marriage. It is the most private part of yourself and your spouse.[169]
Meltem	Sex is the most important component of a marriage.[170]
Gamze	Sex is about being ñwoman.ò When a girl loses her virginity, we call her ñwoman.ò Thatôs why sex is strongly tied to womanhood.[171]
Zeynep	Sex is the most private part of our lives. You can and should do it only when you love him/her because love is an important part of sex.[172]
Selin	Sex is about sensuality, it happens when two people love each other.[173]

[168] Seks -ok º nemli; bizim birbirimize yakēnlaкmamēzēsaĵ lēyor. Biriyle paylaкabileceĵ im en º zel кey. Evliliĵ imizin en º nemli enerjilerinden; evliliĵ imizi g¿-lendiriyor ve bizi birbirimize baĵ lēyor.

[169] Cinsellik evliliĵ in bir gerekliliĵ i. Senin ve eкinin en º zel par-asē.

[170] Seks evliliĵ in en º nemli bileкeni.

[171] Seks ñkadēnò olmak ile alakalē. Bir kēz bekaretini kaybettiĵ inde ona ñkadēnò diyoruz. Bu y¿zden cinsellik fazlaca kadēnlēkla iliкkili.

[172] Seks hayatēmēzēn en º zel par-asē. Sadece birini sevdiĵ inde yapabilirsin ve yapmalēsēn -¿nk¿ aкk cinselliĵ in º nemli bir par-asēdēr.

[173] Seks duygusallēkla alakalē, iki insan birbirini sevdiĵ inde olur.

As is clear, meanings women attached to sex/sexuality are largely grounded on cultural sexual scripts, which are imbued with sexual double standards. In this sense, the findings have strong correlations with the past research which found out an identical result (McCabe et al., 2010). As can be seen in Table 5, nearly all participants (*n*=9) expressed the meaning of sexuality within the boundaries of a committed relationship. That is to say, these women made sense of sex/sexuality only when the sexual activity was a part of a committed relationship. This result confirms previous research in which women were revealed to have relationship-centric orientation to sex (Krahe et al., 2007; Masters et al., 2013; McCabe et al., 2010). At the same time, in existing literature, women were described as viewing sexuality as emotional (McCabe et al., 201). This description was also reassured by participants because some respondents (*n*=3) mentioned the importance of emotional investment in their sexual partners. Also, the findings are consisted with existing research, suggesting that sex is given a special status (Jackson & Scott, 2010). Some participants (*n*=2) confirmed this assumption by clearly stating that "sex is the most special thing." Notably, some participants (*n*=3) claimed that "sex is what makes a woman *woman*." One of these women added "without sex [penile-vaginal intercourse] I would feel incomplete as a woman." For these women, sexual intercourse was the most crucial way they construct their selves. This demonstrates how sexuality is an important constituent of people's selves and identities (Gagnon, 1990).

4.5.3 Definitions of Vaginismus

The definition of vagismus has been largely informed by experts' individual field of studies in which they rely heavily on international diagnostic classification systems like *the International Classification of Diseases-10* (World Health Organization, 1992) and *the Diagnostic and Statistical Manual of Mental Disorders-5* (American Psychiatric Association, 2013). Based on the definitions of these diagnostic classification systems, women's sexual complaints or problems are put into health and illness discourse. In the current study, I argue that when cultural and interpersonal variables are taken into consideration, vaginismus is hardly categorized as a mental illness or personal deficiency because dyadic and cultural scripts

enclosing vaginismus are more important than physical absence or failure of penetrative sex. I also argue that not being able to absorb penis into vagina represents more than a physical and psychological fact; the cultural facets of the problem are of much importance. Therefore, rather than relying on diagnostic classification systems, I aimed to reveal women's individual wording of vaginismus. Thus, if participants had not already provided a definition of their difficulty, I asked them to define the problem they experienced. In conceptualizing the problem, participants also exclaimed what this difficulty meant to them. Below is an illustration of how women experiencing penetration difficulty defined and gave meaning to their problematic experiences.

Table 6

Definitions and Meanings of Vaginismus

Participants	Definitions and Meanings
Cansu	I could not say "no" to anybody; vaginismus was my way to say "no!"[174]
Pınar	It is like a woman's inability to wear what suits her as a woman. A woman/wife is not a *real woman/wife* if she has everything but penetrative sex.[175]
Beren	It is what hindered my marriage from becoming *a real marriage*. After all these ignorance and inexperience along with not knowing my husband well, penetration difficulty was like asking password for vaginal entrance. In my situation, neither I nor my husband would know the password.[176]
Ceren	The problem can be defined as antisocial vagina. Due to all these ignorance and restrictions, no offense, but woman cannot be social; neither can her vagina.[177]

[174] Kimseye hayır diyemiyordum; Vajinismus benim "hayır" deme şeklimdi.

[175] Kadının kendine kadın olarak yakışanı giyememesi gibi. Bir kadın/eş eğer her şeyi yapar ama cinsel ilişkiye girmezse gerçek bir kadın ve eş değildir.

[176] Benim evliliğimin *gerçek bir evlilik* olmasını engelleyen şey. Tüm bu umursamazlık ve deneyimsizlikle, ve kocamı iyi tanımamakla, girişte problem yaşamak vajinanın şifre sorması gibi. Benim durumumda ne ben ne de eşim parolayı bilmiyorduk.

[177] Problem antisosyal vajina olarak tanımlanabilir. Tüm bu cahillik ve kısıtlamalardan dolayı kusura bakmayın ama ne kadınlar ne de vajinaları sosyal olamaz.

Table 6 (cont'd)

Selin	Even if you desire sex, your muscles says "no!" to your partner; but I do not think it [penetration difficulty] is about our muscles; it is something emotional. It is an embodiment of our relationship problems.[178]
Deniz	Vaginismus occurs when your subconscious mind controls your body and you cannot do it [penile-vaginal intercourse] Our body can say "Ok" but if you are subconsciously angry with your partner and you think that he is not the right man; sex does not happen.[179]
Yagmur	Vaginismus is a cognitive-affective problem in that negative emotions like fear and anxiety rule one's body, and at the same time, when someone expects too much pain, she acts in accordance with this expectation and the problem emerges.[180]
Meltem	When embarrassment combines with fear, vaginal muscles contract and this is called "vaginismus." Vaginismus is what makes a woman abnormal because she is deprived of her sexual and reproductive capabilities, which are crucial components of being a woman.[181]

[178] Seksi istesen bile kasların partnerine "hayır" diyor. Ama ben bunun kaslarla ilgili olduğunu düşünmüyorum; bu duygusal bir şey. Bu ilişki sorunlarının beden bulmuş hali.

[179] Vajinismus bilinçaltın vücudunu konrol edip yapamadığında [vajinal ilişki] olur. Bedenin "tamam" der ama eğer bilinçaltında partnerine kızgınsan ve onun doğru adam olmadığına inanıyorsan, seks olmaz.

[180] Korku ve kaygı gibi olumsuz duygular insanın bedenini yönetir bu açıdan vajinismus bilişsel-duygusal bir problemdir; aynı zamanda biri fazla ağrı beklentisi içine girerse beklentisi doğrultusunda hareket eder ve problem ortaya çıkar.

[181] Utanma korku ile birleştiğinde vajina kasları kasılır ve buna vajinismus denir. Vajinismus bir kadını anormal yapan şeydir çünkü cinsel ve doğurganlık kabiliyetlerinden yoksundur, ki bunlar da kadın olmak için çok önemlidir.

Table 6 (cont'd)

Zeynep	When our vaginal muscles show how our bodies and sexualities are restricted by society and culture, it is called vaginismus. It's not surprising that women in Turkey experience this difficulty, because this is how we are socialized.[182]
Gamze	Hymen is like a thick curtain veiling the entry of vagina. Therefore, I can define vaginismus as bringing the curtain down and doing nothing. Vaginismus drives men into the arms of a new woman who meets his sexual needs.[183]
Ebru	Vaginismus was my protective and defensive mechanism against worries and fears about the unknown.[184]

[182] Vajinal kaslarımız bedenimiz ve cinselliklerimizin toplum ve kültür tarafından nasıl kısıtlandığını gösterdiğinde buna vajinismus denir. Türkiye'de kadınların bu problemi yaşaması şaşırtıcı değil çünkü biz bu şekilde yetiştiriliyoruz.

[183] Kızlık zarı vajinanın girişini örten kalın bir perde gibi. Bu yüzden vajinismusu perdeyi indirme ve hiçbir şey yapamama olarak tanımlayabilirim. Vajinismus erkekleri cinsel ihtiyaçlarını karşılayan yeni kadının kollarına atar.

[184]Vajinismus benim bilinmeyene karşı olan endişe ve korkularım için koruyucu ve savunucu mekanizmamdı.

As is seen, none of the participants referred only to their vaginal muscles, contractions, reflexes, or body secretion to define their penetration problem. Having difficulty in penetrative sex was mostly defined within relational and cultural context. These results replicated the pattern of findings from Nicholls (2008), supporting that sexual problems are associated with relational (65%) and external (20%) factors more than psychological (8%) and medical (7%) reasons. In the current study, some participants addressed their partners and their dyadic relations in general when they conceptualized their difficulty in vaginal penetration. Therefore, as can be seen in these women's individual definitions, the problem has non-sexual relationship dimensions shared by dyads. Previously, some women having sexual problems like sexual pain were reported to regard penile-vaginal intercourse as an imperative for their heterosexual relationships (Farrell & Cacchioni, 2012). This claim was upheld by some participants in my research because some of the participants also defined and gave meaning to their sexual difficulty within the boundaries of marriage context. One participant referred to the problem as what makes her marriage "not a marriage." These words are suggestive of the claim that some women regard sex as an obligation to maintain marriage (Marlow et al., 2010). Another participant exclaims "… A woman/wife is not a real woman/wife if she has everything but penetrative sex." This result echoes those of Kaler (2006), who interviewed 20 women about their experiences of pain during sexual intercourse. Kaler revealed that having painful sexual intercourse had detrimental effect on participants' "feminine identities." This is also true for the participants in my study because some of the participants evaluated their sexual selves and feminine identities across successful vaginal intercourse and they reported to have felt themselves less than a woman and wife, which had detrimental impact on their sexual experiences.

Another participant says that "vaginismus drives men into the arms of a new woman who meets his sexual needs." These words suggest that if a woman declines her husband's sex offer, the husband may feel justified in fulfilling his sexual desire outside of marriage (Kayır, 1990; Marlow et al., 2010) because infidelity within marriage is legitimized by the so-called gender differences in sexual desire and the men's inability to control their sexual urge.

One participant asserts that vaginismus is "what makes a woman abnormal because she is deprived of her sexual and reproductive capacities, which are crucial components of being a woman." The same participant adds that her quest for penile-vaginal intercourse was fuelled largely by her desire to be normal. This woman's desire to be normal lends credence to the previous finding (Tosh & Carson, 2016), claiming that women seek help for their sexual difficulties for their desire to be "normal." Moreover, the same participant's emphasis on her reproductive capacity makes the previous finding not surprising in that the greatest motivation for seeking help is to have children (Yasan & Gurgen, 2009).

Apart from these, vaginismus was also conceptualized as a worry or fear against the unknown. Some women included their ignorance and inexperience in conceptualizing the difficulties they experienced. It is important to note that in the remaining parts of the conversations, these women added that their ignorance and inexperience resulted from their sexual socialization.

4.5.4 Definitions of "Healthy" and "Successful" Sexuality

Most of the research on vaginismus has been largely framed by the World Health Organization's *International Classification of Diseases* (ICD-10) and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Therefore, as is claimed by previous research, sexuality revolves around health and illness domain (Tiefer, 2004; Ussher & Baker, 1993). In the present study, I inquired whether women experiencing difficulty in penetration acknowledge and hold onto existing binaries as those of healthy/unhealthy and successful/unsuccessful sexuality. In some instances, participants had already revealed how they distinguish healthy and successful sexuality from unhealthy and unsuccessful ones. When participants acknowledged these binaries, I requested their individual definitions of mutually-exclusive signifiers. Respondents' expressions of these signifiers can be seen in Table 7.

Table 7

Women's Conceptualization of Healthy and Successful Sexuality

	f	%
Healthy Sexuality		
Vaginal Penetration	11	100
Mutual Desire	6	54.4
Intercourse without Pain	5	45.4
Sexual Success		
Vaginal Penetration	9	81.8
Simultaneous Orgasm	8	72.7
Satisfying Men's Needs and Desires	8	72.7
Male Ejaculation	7	63.3
Mutual Pleasure	6	54.4

*Participants revealed more than one answer; therefore total percentages may exceed 100.

As the results suggest sexuality revolves around health and illness domain (Tiefer, 2004; Ussher & Baker, 1993) because all respondents made a distinction between healthy and unhealthy sexuality based on the presence or absence of vaginal penetration. These women's reports on healthy sexuality are in accordance with their individual conceptualizations of sex/sexuality because as is noted in Table 4 all participants included vaginal-penetration as a must have behavioral criterion for sexuality. Therefore, in the absence of vaginal penetration, the participants tend to regard sex as unhealthy:

> For me, sex is healthy only when penis enters into vagina; otherwise, you cannot call the activity as sex and it is not healthy at all. When women have difficulty in penetration they must visit doctor because only doctors can solve the problem... If someone needs to visit doctor to solve her problem, this

> means that the problem is related her health; this is why penetration difficulty seems unhealthy to me (Beren).[185]

More than half of the respondents (*n*= 6) hold onto belief that sex is healthy when mutual desire to participate in sexual activity presents. One of the respondents points out the importance of reciprocal desire in sex by exclaiming that:

> For healthy sexuality, mutual desire is a must. If both sides do not desire sex simultaneously, it means that there exists something unhealthy. Especially, if one side forces the other one to engage in sexuality, this shows that it [sex] is unhealthy. Let's say the man desires sex so much and the woman does not. If the man forces her for sex, she does not enjoy it but so as to satisfy her partner, she may pretend to have orgasm without actually experiencing it, which is an indicator of unhealthy sexuality (Ceren).[186]

Intercourse without experiencing vaginal pain was cited as another important token of healthy sexuality by nearly half of the participants (*n*=5). One of the participants drew an analogy between backache and vaginal pain to illustrate that both of the complaints are directly related to illness:

> Healthy sexuality is about having sex without vaginal pain. If a woman suffers vaginal pain, this means that sex is unhealthy. For example, if you have backache while you do the cleaning, you need to go and see the doctor. Similarly, if you have vaginal pain during the sexual intercourse, only can a doctor solve this problem, which indicates that pain during sexual activity is related to sickness (Ebru).[187]

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[185] Benim için penis vajinaya girdiğinde cinsellik sağlıklı olur; diğer türlü bu eyleme seks diyemezsin ve hiç de sağlıklı değildir. Kadınlar girişte zorluk yaşadıklarında doktora gitmelidir çünkü bu problemi sadece doktorlar çözebilir… Eğer bir kişinin problemini çözmesi için doktora gitmesi gerekiyorsa bu problem sağlığı ile ilgili demektir; bu yüzden de girişte güçlük çekmek bana sağlıksız geliyor.

[186] Sağlıklı bir cinsellik için karşılıklı istek şart. Eğer iki taraf da seksi aynı anda istemezse bu sağlıksız bir şeyler var anlamına gelir. Özellikle eğer bir taraf diğer tarafı cinsellik için zorluyorsa bu sağlıksızdır. Diyelim ki erkek cinsel ilişkiyi çok istiyor ama kadın istemiyor. Eğer erkek kadını zorlarsa, kadın bundan zevk almaz ama karşısındakini tatmin etmek için orgazm taklidi yapabilir; bu da sağlıksız cinselliğin bir göstergesidir.

[187] Sağlıklı cinsellik vajinada ağrı olmadan cinsel ilişkiye girmektir. Eğer bir kadının vajinasında ağrı varsa bu cinselliğin sağlıksız olduğu anlamına gelir. Mesela, temizlik yaparken sırt ağrın olursa doktora gitmen gerekir. Aynı şekilde, cinsel ilişki esnasında vajinada ağrı varsa bunu sadece doktor çözebilir. Bu da cinsel aktivite esnasında ağrı olursa bunun hastlıkla ilgili olduğunu gösteriyor.

The majority of participants' (*n=9*) conceptualization of sexual success is in rapport with their understanding of sexual health in the sense that they included vaginal penetration as an indispensable criterion for sexual success. As is reported in interpersonal sexual scripts of participants, the sexual success discourse mostly emerged from interpersonal level of scripting because a number of participants (*n*=6) stated that their sexual experiences with their husbands or boyfriends were rather mechanical and result-oriented. According to these women's expressions, sex only counted successful when penis is in vagina.

As is understood from women's individual words, vaginal penetration became a means of sexual *success* for both participants and their partners. Apart from vaginal penetration, sexual pleasure and orgasm were cited by some participants (*n*=8) as an important criterion for successful sex. These women believed that not reaching a simultaneous climax was unsuccessful and undesirable. One of the participants reports how she would expect her partner to time his ejaculation to synchronize with hers to reach sexual success:

> Sex is successful when both sides reach orgasm simultaneously. For example, in our penetration attempts, my husband would get pleasure and ejaculate without waiting me, which would disappoint me every time because we should have come together if we had wanted a successful sexual life. If we were talking about sexual success, I would have expected him to time his ejaculation to synchronize with mine (Pınar).[188]

Some participants (*n*=7), including the ones counting simultaneous orgasm as sexual success, reported an implication that men's ejaculation is imperative for sexual success. "Without ejaculation, sex does not accomplish its object,"[189] one participant claims. The same participant adds that:

> For sexual success, men's ejaculation is a must. When a man does not ejaculate, this means that there is something missing and wrong; and the

[188] Eğer her iki taraf da aynı anda orgazma ulaşırsa cinsellik başarılıdır. Mesela bizim giriş denemelerimizde eşim zevk alıyordu ve beni beklemeden boşalıyordu; bu da beni her seferinde hayal kırıklığına uğratıyordu çünkü eğer başarılı bir cinsel yaşantı istiyorsak aynı anda gelmeliydik. Eğer cinsel başarıdan bahsediyorsak benimkiyle aynı anda olması için boşalmasını ayarlamasını beklerdim.

[189] Boşalma olmadan seks amacına ulaşmaz.

> sexual act is unsuccessful for both sides because without ejaculation, men cannot get sexual pleasure. Even if the woman enjoys sex, this one sided success cannot be counted as *success* because in a sexual act, everything must be shared by both sides (Ebru).[190]

Satisfying men's needs and desires was also cited as an important criterion for sexual success (*n*=8). For these women, becoming successful at sex depends on meeting their partners' wishes and needs regarding sexuality. One woman exerts:

> It is important to do what men desire because men control and govern sexuality. If we want a successful sexual life, we [women] should not disregard men's desires and we should follow their instructions. In this way, he will know how to give pleasure and the sexual intercourse becomes successful (Ceren).[191]

Finally, some participants (*n*=6) revealed their expectation of mutual pleasure, which does not have to be simultaneous. In sum, as is understood from participants' reports, participants acknowledged existing binaries as those of healthy/unhealthy and successful/unsuccessful sexuality and their conceptualization of mutually exclusive signifiers were largely based sexual response cycle.

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[190] Cinsel başarı için erkeğin boşalması şart. Erkek boşalmadığında bu bir şeylerin noksan ve yanlış olduğu anlamına gelir ve bu cinsel aktivite iki taraf için de başarısızdır çünkü boşalma olmadan erkek cinsel zevk almaz. Kadın keyif alıyorsa bile bu tek taraflı başarı, *başarı* olarak sayılmaz çünkü bir cinsel harekette her şey iki taraf tarafından paylaşılmalıdır.

[191] Erkeğin istediği şeyleri yapmak önemli çünkü erkekler cinselliği kontrol eder ve yönlendirir. Eğer başarılı bir cinsel hayat bekliyorsak biz [kadınlar] erkeklerin isteklerini göz ardı etmemeliyiz ve onların yönlendirmelerini takip etmeliyiz. Bu şekilde bize nasıl zevk vereceğini bilir ve cinsel ilişki başarılı olur.

CHAPTER 5

CONCLUSION

5.1 Summary and Conclusions

My discontent with predominant psychiatric and biomedical approaches to the construction and classification of women's sexual problems motivated me to conduct the present research. Therefore, I have taken a critical stance against the prevailing psychological and medical approaches, which are based on international diagnostic classification systems like the *ICD* (World Health Organization) and the *DSM* (American Psychiatric Association) in constructing women's sexuality and their sexual problems. Based on Gagnon and Simon's sexual script theory, I explored cultural, interpersonal, and intrapsychic sexual scripts enclosing vaginismus in Turkey. Also, throughout the study I adopted feminist research practices, which provided the potential for agency within and freedom from culturally available scripts of gender and sexuality. I regarded sexual scripts at the cultural, interpersonal, and intrapsychic levels, which were imbued with double standards of sexual behavior, as dysfunctional scripts and treated these dysfunctional sexual scripts available to women as guiding women's difficulty in vaginal penetration.

In this study, I contextualized women's personal experiences of vaginismus in a gendered context rather than putting them into health and illness domain. Also, I embarked on unfolding the negative effects of sexual double standards on women's sexual wellbeing and objected to the existing sexist bias within the social sciences. In accordance with the feminist and sexual scripting frameworks, I addressed four interrelated research questions. In order to better capture women's subjective experiences of vaginismus, I conducted semi-structured in-depth interviews with eleven women who overcame vaginismus in the recent past in Turkey. In analyzing data, I used thematic analysis (Braun & Clarke, 2006). Most importantly, throughout

the study, I reflected feminist research practices upon my research behavior, thus feminist research practices guided the methodology of my study.

The four research questions guiding the study were:

1. What are the cultural, interpersonal, and intrapsychic sexual scripts that frame vaginismus in Turkey?
2. How are sexual scripts at three different levels imbued with sexual double standards?
3. To what extent do women having difficulty in penetrative intercourse endorse sexual double standards?
4. How would women experiencing penetration problem conceptualize sex, sexuality, and related terms such as "vaginismus," "sexual health" and "sexual success"?

The first research question investigated cultural, interpersonal, and intrapsychic sexual scripts framing vaginismus in Turkish context. From participants' individual reports, I identified two overarching cultural sexual scripts as those of "fear" and "virginity." Within "fear" script, there were four cultural scenarios participants frequently cited as inciting fear of vaginal penetration. These scenarios included: (1) "Penetrative sex for the first time causes too much bleeding because of woman's hymen breaking"; (2) "The first penetration hurts to such an extent that it feels like birth pangs"; (3) "Women contract urinary tract infection after they lose their virginity"; (4) "Penis can be stuck inside vagina during the first sexual intercourse." When I examined these cultural scripts, it became clear that outcome expectancies related to physical health molded participants' sexuality negatively because all these scenarios were documented to arouse fear of vaginal penetration in the participants. These women admitted that the scripts related to penis captivus, honeymoon cystitis, and too much pain and blood were erroneous and mythical; however, all participants reported to recognize that these scenarios had no warranted grounds only after they had their first sexual intercourse. It is clear that fear was mapped onto sexual behavior of these women and thus, fear scripts at the cultural level hindered these women from engaging in unproblematic sexual intercourse. The identified sexual

scripts at the cultural level confirmed my argument by demonstrating that erroneous sexual beliefs and myths provided by one's culture make women susceptible to sexual problems, in this case to vaginismus.

On the other hand, five cultural scripts related to "virginity" emerged from participants' reports. These scripts included: (1) "Women are the gatekeepers of sex to prevent negative reactions"; (2) "The family's honor is connected to women's virginity and chastity"; (3) "Virginity is the best present a woman can offer to her husband"; (4) "Women are the possessions of men"; (5) "Women should abstain from premarital sexual intercourse to secure marriage." Nearly all participants reported to have been constantly reminded that sexual transgressions do not only carry physical burden, but they also cause negative moral consequences. Therefore, regardless of sexual desire they had, participants were told to refrain from premarital sexual intercourse to prevent negative reactions, which range from stigmatic labeling to honor killing. By socialization agents, premarital sexual intercourse was treated as moral corruption and virginity was used as a powerful tool to control, restrict, and silence women's sexual lives. Within this framework, marriage was the catalyst making the transition from girlhood to womanhood respectable. As is clear from all these cultural sexual scripts, fear was the baseline for all participants' sexual attitudes and behaviors. More importantly, as the results suggest, traditional and conservative upbringings are the underlying causes of women's anxiety and their fear of vaginal penetration.

When the participants became partial script writers with their partners, two overarching interpersonal sexual scripts as those of "sexual incompatibility" and "sexual performance" emerged. Participants' perceived sexual incompatibility with their partners largely stemmed from lack of sexual communication, discrepancies in their sexual preferences, lack of emotional intimacy, and sexual estrangement. As the results illustrate, a number of individual, socio-cultural, and environmental factors limit couples' sexual communication. Factors included dyad's lack of knowledge about sex and sexuality, sexual power imbalances within interpersonal relationships, and limited privacy, which are crucial for communicating sexual needs and desires.

Also, some participants reported how their sexual preferences like type, timing and pacing of sexual intercourse were different from those of their partners. Similarly, lack of emotional intimacy was mentioned as both a predictor and a result of vaginismus. Finally, unresolved relationship problems between dyads were placed where symptoms related to sexual difficulty appear. Infidelity and mistrust were among the most cited unresolved relational problems enclosing vaginismus. Within this context, vaginismus was defined as a defensive or protective physical reaction to a relationship problem.

"Sexual performance" was also another script I identified at the interpersonal level. The majority of participants and their partners equated sex with vaginal penetration and they began to think that "sex without vaginal penetration is not successful." In participants' dyadic scenarios, success and failure were based on the presence or absence of penetration. These dyads considered "successful" copulation as a marker of being successful in sex. Therefore, penetration was viewed as an end in itself. Through reducing sexuality into penile-vaginal intercourse, they made penetration a focal point of their sexual lives and these couples focused on the results rather than getting pleasure from the process. These dyads evaluated sexuality primarily on their penetrative competence, which resulted in attaching too much importance to penetration to "perform well" while disregarding other physical and emotional sensations that could be experienced from the beginning to the end of the sexual intercourse. Similarly, when some participants constructed mutual scripts with their partners, they made a distinction between clitoral and vaginal orgasm, regarding the latter one as "sexual success." These couples would think that "female orgasm counts only when it is vaginal." In line with this assertion, they believed that female orgasm, which is the indicator of sexual success, can only be provided by men.

When it comes to participants' individual's fantasies, thoughts, beliefs, and mental rehearsals about sexuality, as well as the motivational elements that produce arousal or at least commitment to the sexual activity, two overarching intrapsychic sexual scripts as those of "sexual inhibition" and "social comparison" emerged. Some participants reported to be sexually inhibited due to disruptive feelings, including

sexual guilt, regret, and shame. As evidenced across interviews, when women had negative affect towards sexual intercourse, their behavioral approaches to sex were also affected negatively. These findings are suggestive of the relationship between affect and behavior because some participants' negative affective responses to their first sexual intercourse attempt influenced their subsequent feelings about their sexual selves and their behavioral approaches to sexuality in general. On the other hand, some participants were sexually inhibited as a result of distracting thoughts. Most of these distracting thoughts are related to participants' internalized virginity frameworks. There were also some participants who were sexually inhibited to prevent social sanctions. These participants thought that if they had been sexually skilled and experienced, people would have suspected their purity.

I identified upward and downward social comparisons as the patterns of comparisons participants made at the intrapsychic level. Some participants revealed how they would compare themselves with women whom they thought were better than themselves through stating that "I am inadequate, I can't have sex like other women." This upward social comparison led these women to create unrealistic standards of sexuality and it generally strengthened their low self-esteem. These women reported to have felt inadequate even though their worries about being worse off might not, in reality, be warranted. On the other hand, through downward social comparison, some participants inclined to compare themselves with women whom had premarital sexual involvement with men. These participants regarded women's premarital sexual activity as a loss and the ones enacting it as "easy." These participants contrasted themselves with the "easy girls" by exclaiming that "I'm different from easy girls." Upon making comparisons with "easy girls," these participants reported to have felt better and cleaner. However, it is obvious that due to premarital sexual abstinence, as well as the lack of sexual information, these women had some difficulties in their first sexual encounters. Therefore, it can be inferred that downward social comparison limited these women's sexual repertoire and their capacity to engage in unproblematic and satisfactory sexuality.

The second research question of this study addressed the extent to which sexual scripts at the cultural, interpersonal, and intrapsychic levels were imbued with sexual

double standards. When I examined participants' perceptions of societal double standards of sexual behavior and their individual attitudes and acts, it became clear that sexual scripts at three different levels were highly infected with gendered expectations, which endow men with an ability to embrace sexual autonomy and agency, while delineate women as sexually passive and reserved. At the cultural level, "fear" and "virginity" scripts were highly influenced by sexual double standards. The penile-vaginal intercourse was a source of fear nearly for all participants because the existence of penetrative sex would incite fear of negative physical outcomes, while the absence of it carried a moral burden. On the other hand, all cultural scripts related to female virginity were largely infected with sexual double standards because while premarital sexuality was strictly governed and restricted for women, male sexuality was widely encouraged, celebrated, and regarded as an evidence of manhood. At the dyadic level, "sexual incompatibility" scripts illustrate how some women had difficulty in communicating their sexual needs, desires, and preferences because "women are not expected to discuss sex with their husbands." The results suggest that women are socialized to repress their sexual desires and they are hindered from expressing their sexual needs openly.

At the interpersonal level, lack of emotional intimacy either predated or became a result of vaginismus. This was also related to sexual double standards because women are generally expected to have sexual intercourse within committed relationships. When the participants' desire for emotional investment contrasted with that of their partners, sexual difficulties emerged. "Sexual performance" scripts at the dyadic level also reveal how sexual double standards impeded women's sexual experiences because only penile-vaginal intercourse and vaginal orgasm were accredited for sex, while for men alternative ways to experience sexuality and become sexual exist.

Intrapsychic sexual scripts were also influenced by sexual double standards. Some participants were sexually inhibited because of social sanctions, negative thoughts and feelings they were socialized to associate with sexuality. These women were well aware of the fact that if they had been sexually active, they would have been

punished in different ways. As a result, they inhibited their sexual desire to a great extent. There were also a couple of respondents who engaged in premarital sex despite acknowledging sexual double standards. However, these participants reported to have felt regret and guilt, which later inhibited their sexual desire. In a similar vein, "social comparison" scripts at the intrapsychic level were framed with sexual double standards, because unrealistic beauty standards and the absence of vaginal sex led some participants to feel that they were inadequate as a woman. At the same time, when some participants regarded premarital virginity as a loss, they named sexually active women as "slag" and they contrasted themselves with those women. As a result of this downward social comparison, these participants reported to feel cleaner, but in terms of their sexual difficulties, this pattern of comparison weight against them. Taken together, these results suggest that sexual double standards were instilled into sexual scripts at three different levels. All these sexual double standards illustrate how men and women are still expected to act differently concerning sexuality and judged differently for engaging in the same sexual behavior.

The third research question investigated the extent to which women, having difficulty in vaginal penetration, endorse sexual double standards. Based on respondents' individual reports, I can say that all participants somehow invested in gendered expectations but the patterns they followed in the endorsement of sexual double standards differed. The participants fell into three groups in terms of how they negotiated culturally available sexual double standards at the individual level. Women within the first group endorsed sexual double standards without questioning them. These women confirmed double standard of sexual behavior as "normal" and "natural." Upon accepting gendered expectations without questioning them, these participants became rather ignorant about sexuality and their sexual repertoire was largely restricted. On the other hand, women in the second group adhered to sexual double standards with a degree of conflict. These women questioned sexual double standards; however, they found no way out but to act in accordance with the gendered expectations. In the third group, despite acknowledging sexual double standards, women did not invest in them. They followed a different pattern through having premarital sexual involvement but they reported to have felt regret as a result

of the existing and highly accepted sexual double standards, which disapprove women's premarital sexual activity. These women suffered from the pangs of conscience because there was a discrepancy between culturally imposed sexual scripts and their individual acts. Freedom to express themselves sexually contradicted with the gatekeeping script at the cultural level and it is clear that non-adherence to traditional gendered scripts had affective burdensome on these women. Therefore, for all women included in the study, sexual double standard was an important factor in shaping their sexual difficulties.

The fourth research question focused on participants' individual definitions of "sex," "sexuality," "vaginismus," "sexual health," and "sexual success," as well as the meanings participants attributed to these certain terms. As the results show, the participants conflated sex and sexuality and most participants spoke of sex/sexuality as an act or activity. All participants qualified penile-vaginal intercourse as "healthy" and "successful" form sexuality. Other sexual activities included penile-anal intercourse, petting, intimate touching, kissing, and snuggling, all of which had no meaning without penile-vaginal intercourse. Similarly, meanings women attached to sex/sexuality were largely grounded on cultural sexual scripts, which were imbued with sexual double standards. As the meanings participants attribute to sex and sexuality reveal, these women had relationship-centric orientation to sex, prioritized emotional investment in their partners, and gave special status to sex. More importantly, most of the participants reported to feel less of a woman as a result of failed penetration attempts, which illustrates how being penetrated is strongly related to the construction of femininity.

In a similar vein, I asked participants to define "vaginismus," "sexual health," and "sexual success." In conceptualizing the problem, participants also exclaimed what these terms meant to them while they would experience difficulty in penile-vaginal intercourse. As the results show, none of the participants referred only to their vaginal muscles, contractions, reflexes, or body secretion to define their penetration problem. Similarly, none of the participants described their sexual difficulties by giving credence to medical terms; nor did they view their problem as a mental

illness. Having difficulty in penetrative sex was mostly defined within relationship and cultural context. When it comes to define "sexual health" and "sexual success," all respondents qualified healthy and successful sexuality based on the presence of vaginal penetration, confirming that for, women experiencing vaginismus, sexuality revolves around health and illness discourse and penile-vaginal intercourse.

As the findings of these four research questions demonstrate, a small number of behaviors are strongly tied to biology as is sexuality. In mainstream social research and biomedical interventions, sex is viewed as a biological necessity and drive rather than a culturally bound construction. In this study, I argued that biology can be the underlying basis of human sexuality to a certain extent; however, to regard sexuality exclusively as biological drive is to overlook its socially constructed aspect. Regarding sexuality as a product of biology is deceptive because sexual behaviors are not directly guided by physical facts; rather, they are mediated by meanings which are highly affected by one's social position, cultural indoctrination, interpersonal relationships and intrapersonal traits. One's gender and the culture supply her with ways of understanding and judging events and behaviors, including both sexual and non-sexual ones. Therefore, biological facts, seen as the same for all humankind, are interpreted differently by different individuals, in different contexts and times. As for sexuality, sexual behaviors and functions have distinct meanings for different people, thus there is no sole reality regarding sex, sexuality, and sexuality related problems. These are all embedded in a larger context in which people experience sexuality on a daily basis, negotiate sexual behaviors with their partners, and internalize them at intrapsychic level.

As the participants' individual reports portray, in Turkey, the sexual information available to women is mostly misleading, distorted, and full of myths, which serve to undermine, constraint, control, and silence women's sexuality. Also, rather than being a personal virtue, "honor" has become a matter of cultural and social affair. A woman's virginity is still equated with her family's honor. It is clear that for both family and society's honor, women's sexualities are still asexually and conservatively constructed. Within this setting, being a girl in Turkey encapsulates

an array of expectations like keeping up virginity till marriage, being beware of men's sexual advances before marriage, thus being sexually inexperienced, and behaving in a proper way which does not trigger sexual desire in men. On the other hand, male sexuality is widely encouraged, celebrated, and regarded as an evidence of manhood. Men's sexuality is not restricted to marriage, thus they are allowed to have recreational sex as opposed to the female sexuality which is mostly accepted as having relationship-centric orientation. As the results suggest, differences in men and women's sexual behaviors are apparent; however, these differences are not so much related to biology as they are related to sexual socialization because gender socialization predates sexual socialization. As a result, men and women follow different patterns of behaviors appropriate to their gender. Therefore, differences between men and women's sexuality can be best captured when sexuality is viewed as one of the contexts in which men and women feel obliged to engage in gender stereotypic behavior.

One of the most important conclusions I drew from participants' individual reports is that one's sexual behaviors are not fully divorced from the rest of her/his behaviors because sexuality is entwined with non-sexual motives which are situated in gendered social context. Therefore, nonsexual aspects of women's lives should be incorporated into contextualizing women's sexuality and their sexual problems. When all sexual and nonsexual societal expectations are taken into consideration, it becomes reasonable why some women are of the opinion that women's bodies should be hidden from male gaze. Most women in Turkey learn and perform sexuality within restrictive and punitive setting and as a result, it becomes difficult for them to disclose sexually. In addition, it is not easy for women to develop and internalize positive sexual scripts along with all these negative reactions to women's premarital sexuality because cultural sexual scripts, which are restrictive and punitive, make women negatively associate with sexuality. The negative connotations about female sexuality lead some women to internalize negative images of female sexuality and they may tend to develop negative sexual selves which can function as vulnerability factor for sexual problems. At the same time, when women perceive their parents' or any other socialization agents' negative attitudes towards

premarital sexuality, they begin to adopt negative feelings towards first coitus, or sexuality in general. They tend to act in line with the cultural sexual scripts which are restrictive and negative for women's premarital sexuality. Therefore, in a country, where women's sexuality is asexually and conservatively constructed, and women are sexually socialized as gatekeepers, it is not easy for them to reverse all these negative judgments and feelings towards sexuality overnight. In their first sexual contact, which is mostly on their wedding night, it is not logical to expect a sudden change in women's feelings, attitudes, and behaviors. Abstaining from penetrative intercourse, due to fear, shame, guilt or similar negative feeling and script until that moment they internalized and developed, becomes very normal under these circumstances. When viewed from this perspective, it is not surprising that vaginismus has been cited as the most common sexual problem of women in Turkey (Dogan, 2009; Kayır, 1990; Yuksel et al., 1988; Yasan et al., 2009; Yıldırım-Hacıoglu, 2017).

Studies, which have cited vaginismus as the most prevalent female sexual problem in Turkey, are mostly based on clinical samples of gynecologists and psychiatrists. Governed by positivistic approach, these biomedical research and clinical interventions rely heavily on absolute measurement and observable facts. They treat women's sexual problems as something measurable and observable. As a result, more than any other sexual problem, vaginismus has become an area of interest for researchers and practitioners from psychiatry and gynecology. When compared with other female sexual problems like low sexual desire, dyspareunia, or anorgasmia, vaginismus is easier to be observed, measured, and identified; because, in the simplest term, vaginismus impedes penetration, which makes it distinctively visible to both dyads and health care professionals. More importantly, not having penetrative sex has social sanctions because it makes women's reproductive capacity barren. On the other hand, women's other complaints related to sexuality do not make copulation impossible, thus they are less visible. Therefore, more than any other female sexual problem, vaginismus is problematized by both the sufferers and health care professionals.

When all the cultural and relational facets of vaginismus have been considered, I concluded that although physical and psychological factors can be involved, women's sexual difficulties can be best understood by locating them in cultural and relationship context. After scrutinizing the adequacy of the *DSM* and *ICD*, I reached the conclusion that within these diagnostic classification systems women's sexual problems are narrowly defined and categorized, which fail to include individual differences and sexual double standards women themselves think as crucial in experiencing and expressing their sexual problems. It became clear that in biomedical and psychiatric research and interventions, female sexuality is approached in a neutral and decontextualized way. In these kinds of research and clinical practices, a woman's sexuality is reduced to a notional experimental variable. The focused parts of woman's sexuality become salient rather than the woman herself and her individual experiences. Moreover, in these research and therapeutic interventions, women's subjective experiences of sexual problems are dissipated in the name of objective positivistic science. Based on these results, I reached the conclusion that some women's complaints related to their difficulty in having penetrative sex are unnecessarily pathologized because upon framing women's sexual difficulties merely as an internal issue, what medical and psychiatric discourse and interventions do is to discredit the gendered context out of where the problems arise. Medical and psychiatric interventions focus on adjusting women's bodily responses rather than addressing sexual double standards and relationship problems, which can make women's condition worse because as the biomedical and psychiatric approaches regard women's sexual problems as solely located in their psyche and body, so are the women themselves. This means that psychiatric and biomedical discourses are not merely rumors of researchers and practitioners since they can transcend academic debates and therapeutic interventions and they can be internalized by women. As a result, some women may feel that they are "abnormal" or "mentally ill" and refer themselves to a therapy, which further consolidate the concept of pathology that is supposed to be inherent in their sexual experiences. Moreover, pharmaceutical companies profit when these women's feelings of discomfort prompt them to take action. Therefore, any approach conceiving sexual problems as deprived of cultural and relational variables is problematic.

There are different ways of experiencing sexuality; therefore, not being able to have penetrative intercourse cannot be problematized as "abnormal," "unhealthy" and "dysfunctional." The failure or refusal to have vaginal sex should not be thought as a potential psychological or physiological problem because this can be a woman's active engagement in sexual decision-making process. A woman's sexual agency should not be pathologized when her decisions are against biomedical constructions of female sexuality. Therapeutic interventions can help women adjust their behaviors only when a woman herself problematize her certain behavior. Otherwise, as long as medical and psychiatric discourse focus solely on penile-vaginal intercourse as a must-have behavioral criterion, they complicit in the promotion of oppressive patriarchal norms. More importantly, one should acknowledge that experiencing vaginismus and overcoming it is a long journey; it does not start with the failed penetration attempts, nor does it end with "victorious" copulation because it is more than penile-vaginal intercourse. It should be noted that vaginismus is not an encapsulated sexual difficulty of an individual, nor is it a distinct problem between two people because having difficulty in penile-vaginal intercourse includes both sexual and non-sexual motives. Therefore, vaginismus is better captured when it is located in cultural and interpersonal contexts.

5.2 Implications of the Findings

This study provides phenomenological findings and understanding for researchers studying human sexuality, especially for the ones dealing with women's sexual problems. At the same time, the feminist objectives I pursue in this study have implications for the research participants, as well as for women experiencing similar sexual difficulties in Turkey. Finally, although this study did not initially embark on therapeutic implications, I have some suggestions for professionals treating women's sexual problems.

Firstly, contextualizing women's sexual difficulties by adopting sexual scripting approach and feminist point of view provided me with an opportunity to examine women's sexuality outside the realms of health and illness discourse. This study was guided by women's subjective ways of experiencing vaginismus rather than relying

on universal diagnostic categories of functional/dysfunctional and health/unhealthy sex. Sexual scripting and feminist approaches allowed me to move beyond biomedical model of health and illness and delve into self-reported experiences of women who had difficulty in vaginal penetration. This interdisciplinary framework and the position of me, as a researcher, have implications for regarding vaginismus as not merely a variable to be manipulated by health care professionals. Clinical definitions and classifications of sexual difficulties are confined to the naturalist assumptions about sexuality by focusing primarily on bodily responses to a "sexual stimuli." Therefore, rather than probing the wherefores of sexual difficulty, clinical research and interventions rely heavily on measurable data. Moreover, they avoid giving cross-reference to socially and culturally based sexuality research. The reserved attitude of clinical research has some detrimental effects on individuals experiencing sexual difficulties, as well as the clinical interventions which aim to help these individuals because the ignorance of some clinical studies and interventions is an obstacle to the guidance and education they intend to offer to clients, thus they lack potential for change. Moreover, traditional sex therapies, which rely on narrowly defined conceptualizations of sex and sexual problems, can perpetuate the problematic sexual scripts that are already responsible for the emergence and in some cases maintenance of vaginismus. On the other hand, sexual script and feminist perspectives allow for an opportunity to question problematic sexual scripts and replace them with more adaptive ones. Therefore, research on female sexuality—and interventions if necessary—require the inquiry and cross-reference of social, cultural, and feminist studies on sexuality. The methodology and the findings of my study showed that far reaching approach to women's sexual problems can only be possible with an interdisciplinary framework whereby the myths and discourses on female sexuality are revealed. As a result, it seems to me that an interdisciplinary approach to women's sexuality and their sexual difficulties is a feasible solution for the unique experiences of the sufferers.

Secondly, in this study I found that cultural, dyadic, and intrapsychic sexual scripts of women, who have vaginismus in Turkey, were largely framed by sexual double standards. This result has implication for positioning women's sexual difficulties to

the patriarchal discourse rather than considering them as symptoms of personal impairment or mental illness. In studying women's sexuality, sexual double standards pervading heterosexual relationships must be taken into account because it is obvious that relationships are arranged hierarchically. Decision-making about sexual activities is highly influenced—but not determined—by cultural prescriptions and sex role conditioning, which may encourage sexual initiation and gatekeeping for men and women respectively. Therefore, I tried to show that in examining vaginismus, the sexual double standards should be a concern of researchers.

Thirdly, in this research I did not only aspire to collect data and present the findings, I also aimed to mediate societal and individual changes. Therefore, I did not only conduct research *about* women, but I also did this *for* women. In line with the feminist assertion that "knowledge brings power," in this study, I argued that the first and maybe the best way of empowerment is through gaining knowledge about certain phenomenon and recognizing that one's individual experiences are just one part of the broader social context. As the research findings suggest, participants' active engagement in the research process provided them with an opportunity to express themselves and assess their individual experiences critically. The participants reported to recognize some aspects of men and women's sexuality that were invisible to them before. Moreover, some participants told that they started to question gender relations they took for granted prior to this research. By virtue of vaginismus and involving in the present study, some participants reported to learn more about female sexuality and communicate sex with their partners, which were previously difficult for them. Thus, it is clear that the participants' commitment to the research process proved to facilitate individual transformation which was first aimed at. As for the societal changes that this study promised, I believe that even a self-conscious woman's everyday practices can be a source of resistance and means of social activism. In accordance with feminist objectives, I also believe that an act of change can generate the kind of knowledge women themselves might use to challenge the status quo.

Similarly, in acknowledging the affective components of social research some feminist researchers, who have commitment to the welfare of their research participants, indicate the therapeutic impact of the research process (Fonow & Cook, 1991; Mies, 1991). As for this study, from the very beginning, I thought that participation in a feminist research, which examines the condition of women in sexist society and captures women's voices that are lost in traditional sexuality research, would have therapeutic impact on the research participants. After I conducted the research, I believe that the findings, discussion, conclusions, and the recommendations will help position women with vaginismus as active agents who can communicate their sexual preferences and are well aware of their sexual desires. After communicating the findings with each participant and receiving their feedback, I recognized that this research promoted some changes in ways of how participants think about sexuality and how they feel themselves sexually. Some participants said that their emotional well-being has improved after the interview. They expressed relief as a consequence of being able to express themselves. When they were asked, participants revealed two basic motivations for involving in this research. The first group said they participated in the study to feel themselves better because they had the opportunity to unravel what they experienced anonymously, while the others reported to have involved in study for the purpose of having a heart-to-heart talk with someone who share similar experiences. Women in the second group stated that they had previously received help from obstetricians or psychiatrists and they felt overwhelmed by the authoritarian attitude of doctors. These participants added that they did not feel patronized during the interviews, thus they could express themselves sincerely. When I scrutinized participants' feelings about the research process and their motivations to become a part of this research, I cannot deny the therapeutic impact of participating in a feminist research.

Finally, although this study did not embark on therapeutic implications, I have some suggestions for professionals treating women's sexual problems. Some feminist perspectives criticize vaginal penetration by naming it "coital imperative" and they regard women's attempts to solve their penetration difficulty as perpetuating the heterosexual norms. They argue that heterosexual relationship is already

phallocentric and the theories and therapies making use of the heterosexual relationship and marital sex are biased and misogynistic. Although sharing similar concerns to some extent, in this study I did not criticize women's desire to have penetrative sex and their attempts to solve their difficulty in penile-vaginal intercourse. Nor did I defy psychological help completely; because I believe that in order to cope with the affective sides of the problem, as well as to have behavioral and attitudinal adaptations in sexual conduct, psychological support is needed. However, the most important thing for practitioners is not to confine sexuality and sexual health to single medical terms. Rather, sex therapies should encourage individual woman to construct her own healthy and satisfactory sexuality. Women are free not to meet gendered expectations for their personal fulfillment. Therefore, they should recognize that when enacting sexual scripts they can deviate from prescribed feminine roles as those of submissive and passive. Women need to learn that penetration is not a key to be a good partner, nor does it inevitably make women loved, respected, and "normal." Practitioners should make women aware of these and they should inform clients about the fact that penile-vaginal intercourse is not the only way to experience sexuality and become sexual.

The previous research found sexual scripting approach as worth teaching to therapists because it was claimed to facilitate understanding the nature of sexual encounters (Wiederman, 2005). Similarly, scripting approach was previously suggested to help therapists provide sex education to their clients (McCormick, 2010). I also reaffirm these suggestions by adding that in adopting scripting approach and providing sex education, the therapists should be sensitive to gender issues and they should incorporate feminist point of view and feminist practices into therapy process. Upon identifying and communicating sexual scripts at different levels, the clients can gain deeper insight into their sexual attitudes, behaviors, and feelings. Likewise, after identifying maladaptive scripts, the clients and the therapist can work on re-scripting them. Women can be encouraged to develop personally arousing and satisfying sexual scripts. However, in doing so, sexual double standards should be acknowledged. Rather than reinforcing existing double standards, the clients should be informed that the differences between men and women's sexualities are learned

and can be altered. Raising clients' awareness of the gendered scripts and helping them to re-script their sexual conduct would serve a purpose because only through replacing gendered sexual scripts, can sex therapies promote individual and social change.

5.3 Limitations of the Study

The findings of this study have to be seen in light of two main categories of limitations, which result from the methodology and the issues concerning the researcher.

Firstly, an important limitation about the methodology of my study is related to the research subject and data collection procedure. Sexual problems, as well as sexuality itself, are sensitive topics and the susceptibility of the topic and self-reports to gather data are methodological reservations of this study. Women are prone to social pressures when they are to talk about sexual experiences, so they are more likely to distort self-reports of their sexual histories (Alexander & Fisher, 2003). Women may fear backlash for their sexual behaviors, attitudes, and feelings. Therefore, they may discern what is expected from them and tend to misreport some details about the adherence to gendered sexual behaviors (Sanchez et al., 2012). In the current research the whole data originated from individual reports of women, who overcame penetration difficulty in the recent past. Due to the fear of social disapproval, some participants may have distorted their experiences when reporting their sexual behaviors, attitudes, and feelings. Similarly, the narratives I obtained from self-reports of the participants may not reflect pre-existing sexual scripts; rather they might be formulated as a result of the interviewing process. Participants may generate such narratives that will meet the expectations of cultural norms. Participants may feel obliged to narrate sexual scripts that they do not carry outside of the research context (Frith & Kitzinger, 2001). From all of the data I collected, it is clear that gender is socially constructed and performed in daily life. Unfortunately, interview context is not an exception (Hauck, 2015). It is ambiguous whether self-reports accurately reflect the actual behavior and feelings, or, instead, reflect perceptions of the participants which may not be so. Therefore, the results of this

study are susceptible to retrospective self-report bias because women may perceive themselves as taking up the traditional gender roles in sexual relationships, even if they do not (Sanchez et al., 2012).

Secondly, since the participants in this research are the ones who got over vaginismus in recent past, they are expected to recall their past experiences. Now that they got over the problem, they may feel differently about their past experiences or they may be disturbed by some past events. As a result, in their reports they may tend to add or subtract things related to their experiences. Therefore, access to a pure actual past becomes impossible to reach when the participants talk about past in the present.

Lastly, in collecting the data through in-depth interviews, one of the most important roles of the researcher is to increase the accuracy of what the participants report (Gagnon, 1977). However, the researcher is not someone existing out of daily social life and motivated only to find out a scientific truth. As a researcher, I also live in a culture with its specific inscriptions and I have already had my learned, developed, negotiated and internalized scripts. Therefore, I cannot deny that my personal and cultural values play a role in the present research. Introspection, defined as using the personal experiences to explain and judge the data, has an effect on interpreting the data because even scientists are prone to judge the feelings and behaviors of others by how they themselves might feel and behave. This is a general limitation of behavioral sciences which possibly influence the interpretation of data (Gagnon, 1977). This was the limitation arising from the issues related to the researcher; however, both in the process of collecting the data and interpreting it, I tried to refrain from introspective bias as much as possible.

5.4 Recommendations for Future Research

In light of the current discussion and conclusions, I presented some recommendations for future research in this section. Firstly, as one of women's sexual problems, vaginismus has been identified as the most common sexual problem of women in Turkey (Dogan, 2009; Kayır, 1990; Yasan et al., 2009;

Yıldırım-Hacıoglu, 2017; Yuksel et al., 1988). The prevalence of vaginismus has been largely revealed by studies based on clinical samples of gynecologists and psychiatrists. However, there are certainly many women who experience other sexual difficulties and do not report their complaints and seek clinical help. Also, there are probably some women who are open to discuss their problem and receive help but cannot afford to do this. Therefore, it is truer to claim that the most common sexual problem of women *searching for a solution* is vaginismus. The clinical results about the prevalence of vaginismus can be interpreted as with the claim that women in Turkey search for clinical intervention and sex therapy for vaginismus more than "orgasmic dysfunction," "low sexual desire," or any other female sexual problem; because vaginismus impedes coitus but the other sexual problems do not and they do not have the same social consequences. This can be another problem that can be questioned and examined in the future research.

As the results of my study demonstrate, although cultural scripts pervade individuals' understanding of certain phenomenon, interpersonal and intrapscyhic levels of scripting do not always follow cultural scenarios, which indicates that cultural scripts can be negotiated at the interpersonal level and they can be filtered into personal scripts differently. The consistency and discrepancies between three different levels have implications for understanding persistence and change in sexual scripts. A gap may exist between these three levels of scripting. Future research can test this proposition.

Scripts are embedded in historical context, thus they are inclined to change over time. Changing gender differences related to sexual experiences alludes to the probability of changing sexual scripts as well (Sakaluk et al., 2014). In this study, most of the participants cited the differences between the old and the new generation with reference to their different perspectives to premarital sexuality. Old generations' approaches to women's sexuality were contrasted with those of the present several times in the interviews. Therefore, future research can examine how or whether sexual scripts change over time. However, the belief that sexual double standards would completely disappear is quite optimistic because even though sexual behaviors

at the interpersonal and personal levels have become more egalitarian, the social and cultural context within which particular behaviors are acceptable continue to be different for men and women. In contemporary Turkey, sexual double standards, which do not allow women for participating sexuality outside marriage context but encourage male sexuality within and without marriage, still persist. Although, sexual double standards are waning, they are in force, which implies that we still have further to do to reach gender equality in sexual conduct. Therefore, this study can cater for future research and intervention development that will promote gender equality in sexual experiences.

In this study, participants reported their problematic sexual experiences at the early stages of their relationships. The sexual experiences participants shared belonged to their first sexual encounters and as is documented, the culture-level sexual scripts were highly influential in molding their sexual behaviors because resilience to sexual double standard endorsement has not yet adopted by this relatively inexperienced women. However, the sexual scripts at the cultural level may have different effects at the early and later stages of the relationships. Therefore, future research can examine the diverse effects of cultural sexual scripts in different paces of relationships.

Due to the fact that gender roles presume a heterosexual context, only women with vaginismus, who defined themselves as heterosexual, were included in the study. Further study can be conducted including participants who do not define themselves as heterosexuals. In a similar vein, focusing on the negative impacts of sexual double standards on women's sexuality does not mean that men are not affected negatively by the endorsement of sexual double standards. Men also receive their share from sexual double standards which may have detrimental effect on their sexual health and satisfaction. Further study can be conducted regarding the negative effects of masculinity scripts on men's sexuality.

The results related to the participants' individual definitions and conceptualizations of "sex," "sexuality," "vaginismus," "sexual health," and "sexual success" can be useful for researchers studying gender and sexuality. Similarly, the definitions and conceptualization of these certain terms and the meanings participants' attributed to

them have implications for women experiencing identical complaints because the new vocabularies can negate the medicalization of women's everyday practices. However, further research is needed since in this study I only included the experiences of women who overcame vaginismus. Different groups of women may define the meaning of "sex," "sexuality," "vaginismus," "sexual health," and "sexual success" differently. Therefore, additional meanings of these terms can only be revealed with a larger and diversified group of women.

In this study, sexual scripts framing vaginismus in Turkey were revealed. The identified sexual scripts may not be shared by women in different cultures and/or countries. I believe that in order to understand variations of women's sexual conduct, systematic comparisons of different cultures are needed. Therefore, researchers can conduct cross-cultural studies by examining whether some sexual scripts from one culture are upheld by women from another culture.

Finally, in this study I examined the condition of women in sexist society and captured women's voices that are lost in traditional sexuality research. I did not present women's experiences in relation to practitioners' clinical knowledge. Based on this strength of my research, I believe that more qualitative research on women's sexual difficulties is needed to ensure that women's individual experiences with vaginismus are represented and the number of cultural, social, dyadic, and intrapersonal factors that shape women's sexual experiences and their sexual problems are recognized.

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APPENDICES

A: SOCIODEMOGRAPHIC QUESTION FORM

Yaşınız :

Eğitim durumunuz : ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite

☐ Yüksek Lisans ☐ Doktora

Çalışıyor musunuz? ☐ Evet ☐ Hayır

Mesleğiniz :

Gelir düzeyiniz : ☐ Düşük ☐ Orta ☐ Yüksek

Medeni durumunuz :

Çocuğunuz var mı? ☐ Evet ☐ Hayır Evet ise kaç tane:

Şu anda yaşadığınız şehir :

Yaşamınızın büyük bir bölümünü nerede geçirdiniz? ☐ Köy☐ Kasaba

☐ İlçe ☐İl ☐ Büyük Şehir

Eşiniz/Partneriniz ile ilgili bilgiler

Eşinizin/Partnerinizin yaşı :

Eşinizin/Partnerinizin eğitim durumu : ☐ İlkokul ☐ Ortaokul ☐ Lise

☐ Üniversite ☐ Yüksek Lisans ☐ Doktora

Eşiniz/Partneriniz çalışıyor mu? : ☐ Evet ☐ Hayır

Eşinizin/Partnerinizin mesleği :

Eşiniz/Partneriniz yaşamının büyük bir

bölümünü nerede geçirmiştir? : ☐Köy ☐Kasaba ☐İlçe ☐İl ☐Büyük şehir

B: SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Cinselliği hangi kaynaklar aracılığı ile öğrendiniz?

2. Cinsel deneyimlerin ya da inanışların paylaşıldığı bir ortamda bulundunuz mu?

   Evet ise, bu ortamda ne tür paylaşımlar yapıldı?

3. İlk cinsel deneyiminiz öncesinde cinsel ilişki hakkında bilgilendirildiniz mi?

   Evet ise, ne gibi bilgiler edindiniz?

4. Toplumumuzda cinselliğe ilişkin beklentiler kadın ve erkek için aynı mıdır?

   a. Kadınlardan beklentiler nelerdir?
   a. Erkeklerden beklentiler nedir?
   b. İlk cinsel birleşmede kadınlardan beklentiler nelerdir?
   c. Evlilik öncesi kadının cinsel olarak aktif olmasına toplum sizce nasıl bakar?
   d. Evlilik öncesi erkeğin cinsel olarak aktif olmasına toplum sizce nasıl bakar?

5. Cinsellik ile ilgili beklentilere uygun yaşamak sizin için önemli midir?

   a. Neden önemlidir/önemli değildir?
   b. Beklentilere uygun/aykırı yaşamak kendinizi nasıl hissettiriyor?

6. İnsanlar ne için cinsel ilişkiye girer?

   a. Siz ne için giriyorsunuz?

7. İlk cinsel deneyiminiz öncesinde partnerinizden beklentileriniz nelerdi?

8. Vajinismus olmanıza partnerinizin yaklaşımı nasıl oldu?

9. Vajinismusun ortaya çıkmasında ya da sürdürülmesinde partnerinizin rolü oldu mu? Nasıl?

10. Cinsel birleşme güçlüğünüz ortaya çıktıktan sonra eşinizle cinsel

yakınlaşmalarınızda ne gibi sorunlar oldu?

11. Sizin için cinsellik/cinsel ilişki nedir?
12. Sizin için cinsellik/cinsel ilişki ne anlama geliyor?
13. Probleminizi nasıl tanımlarsınız?
14. Sizin iyi/kötü, normal/anormal, sağlıklı/sağlıksız, başarılı/başarısız cinsel ilişki ayrımınız var mıdır? Var ise her birini nasıl tanımlarsınız?
15. Problemi yaşadığınız dönemde ya da öncesinde cinsellik ile ilgili negatif çağrışımlarınız var mıydı? Var ise bunlar nelerdir?
16. Cinsellik ile ilgili korkularınız ve endişeleriniz nelerdi?
17. Vajinismus problemini yaşarken kendinizi cinsel olarak nasıl hissediyordunuz?
18. Cinsellik sizin için önemli midir? Neden?
19. İlk cinsel birlikteliğinizde ne gibi duygular hissettiniz?
20. "İlk gece" denildiğinde aklınıza ne geliyor?
21. "Bekaret" sizin için ne ifade ediyor?
22. Yaşamış olduğunuz problemi çözmek için profesyonel yardım aldınız mı? Evet ise:
    a. Cinsel birleşmede yaşadığınız güçlüğü fark ettikten ne kadar süre sonra yardım aldınız?
    b. Problemin çözümü için başvurduğunuz kuruma ilk kim başvurdu? (siz/partneriniz)
    c. Sizi yardım almaya iten en önemli sebep neydi?
    d. Size vajinismus tanısını kim koydu? Nasıl tanı konuldu?
23. Yardım almadığınız süre içerisinde bu sorun ile başa çıkma yollarınız nelerdi?

C: APPROVAL LETTER FROM METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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25 Haziran 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Fatma Yıldız ECEVİT

Danışmanlığını yaptığınız yüksek lisans öğrencisi Yeliz Turan YUNUSOĞLU'nun **"Vajinismus üzerine Cinsel Senaryolar: Kadınların Cinsel "Problemleri"ni Kendi Bakış Açılarıyla Tekrardan Yazma"** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2018-SOS-138** protokol numarası ile **26.06.2018 - 30.03.2019** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Doç. Dr. Emre SELÇUK
Üye

Dr. Öğr. Üyesi Pınar KAYGAN
Üye

D: INFORMED CONSENT FORM

Bu araştırma, ODTÜ Sosyoloji Bölümü öğretim üyesi Prof. Dr. F. Yıldız Ecevit danışmanlığında Toplumsal Cinsiyet ve Kadın Çalışmaları yüksek lisans öğrencisi Yeliz Turan Yunusoğlu tarafından yürütülen tez çalışmasıdır. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir? Araştırmanın amacı vajinismus problemi yaşamış olan kadınların öznel deneyimlerini kendi ifadeleri ile nasıl anlattıklarına dair bilgi toplamaktır.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz? Araştırmaya katılmayı kabul ederseniz, sizden beklenen, araştırmacı tarafından yönlendirilen bir dizi soruyu yanıtlamanızdır. Bu çalışmaya katılım ortalama 45 dakika sürmektedir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız? Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Görüşmelerde sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler: Bu çalışma endişe seviyenizin artmasına ve olumsuz duygular hissetmenize sebep olabilir. Katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye, çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Çalışma sonunda, bu araştırmayla ilgili sorularınız cevaplanacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz: Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Araştırma hakkında daha fazla bilgi almak için Yeliz Turan Yunusoğlu (E-posta: yeliz.yunusoglu@atilim.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
	----/----/-----	

E: INFORMATIVE FORM

Bu araştırma, ODTÜ Sosyoloji Bölümü öğretim üyesi Prof. Dr. F. Yıldız Ecevit danışmanlığında Toplumsal Cinsiyet ve Kadın Çalışmaları yüksek lisans öğrencisi Yeliz Turan Yunusoğlu tarafından yürütülen tez çalışmasıdır.

Araştırmanın amacı vajinismus problemi yaşamış olan kadınların öznel deneyimlerini kendi ifadeleri ile nasıl anlattıklarına dair bilgi toplamaktır.

Çalışmaya Katılım Kriterleri

- 20'li veya 30'lu yaşlarında olmak, evli ya da bekar olmak
- Türkiye'de doğup büyümek
- Vajinal birleşmede güçlük çekmek (kendi kendine tanımlanmış ya da tanı konmuş vajinismus)
- Vajinismusu çözülmesi gereken bir problem olarak görmek
- Vajinismusun organik sebeplerden kaynaklanmaması
- Vajinismusu yakın geçmişte atlatmış olmak

Çalışma kapsamında 8-12 katılımcıya ihtiyacımız vardır. Her katılımcı ile ortalama 45 dakika sürecek yüz yüze görüşmeler yapılacaktır. Görüşmelerde katılımcılara demografik form verilecek ve vajinismus deneyimleri ile ilgili sorular sorulacaktır.

Görüşmelerde ses kaydı alınacak ve bu kayıt sadece araştırmacılar tarafından değerlendirilecektir. Elde edilen bilgiler katılımcıların kimlik bilgileri gizli tutularak sadece bilimsel çalışmalarda kullanılacaktır.

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F: TURKISH SUMMARY / TÜRKÇE ÖZET

SEXUAL SCRIPTS ON VAGINISMUS: REWRITING WOMEN'S SEXUAL DIFFICULTIES FROM THEIR POINT OF VIEW

BÖLÜM 1

GİRİŞ

1.1 Çalışmanın Arka Planı

Cinsellik her bir birey için farklı anlam ifade eder. Bazıları cinselliği bedensel haz ile ilişkilendirirken, bazıları için cinsellik bir güç kaynağıdır. Öte yandan, cinsellik bazı bireylerde korku, endişe, utanç ve suçluluk gibi olumsuz duygular uyandırabilir. Tartışmasız, cinselliğe yüklenilen anlam cinselliğin nasıl deneyimlendiğini etkiler (Gagnon, 1990). Hem doğu hem de batı kültürlerinde; toplumsal cinsiyet normatifliği üzerinde sürekli bir baskı olması cinsellik yaşayan kadın ve erkekler için farklı beklentilerin gelişmesine yol açmaktadır (Vanwesenbeeck, 2009). Cinsellik üzerine yapılan çalışmaların ortaya koyduğu gibi, erkeklerden, çoğu zaman cinselliği arzu etmeleri, güçlü cinsel dürtülerinin olması, cinsel yönelim biçimlerinin hazza dönük olması, cinsel anlamda becerikli ve deneyimli olmaları, evlilik öncesi tek gecelik cinsel ilişki yaşamaları ve ilk cinsel deneyimlerini erken yaşta yaşamaları beklenir (Masters ve ark., 2013). Tam tersine, kadınlardan cinsel isteklerinin olmaması ama erkekler tarafından arzulanmaları, cinsel dürtülerinin zayıf olması, cinsel yönelim biçimlerinin uzun soluklu ilişkiler içinde olması, cinsel anlamda becerikli ve deneyimli olmamaları ve de ilk cinsel deneyimlerini eşleri ile yaşamaları beklenmektedir (Masters ve ark., 2013). Ayrıca duygular ve duyguların cinsellikteki ifadeleri de oldukça cinsiyetleştirilmiştir. Cinsellik ile ilgili utanç, korku ve suçluluk kadınlara öğretilen güçlü duygulardır. Aynı şekilde, erkekler de yakın ilişkilerde

cinsel şiddeti meşrulaştıran öfke gibi bazı duyguları benimsemek için sosyalleştirilirler (DeLameter & Hyde, 2004). Bu farklı beklentiler "cinsiyet temelli çifte standartlar" olarak adlandırılır (Sanchez ve ark., 2012). Bahsedilen çifte standartların benimsenmesi ve uygulanması çeşitli cinsel problemler ile ilişkilendirilmiştir (Sanchez ve ark., 2012). Bu yüzden kadınlar çifte standartlara katı bir şekilde sadık kaldıkları sürece cinsel sağlık ve doyumları tehlike altındadır.

Türkiye kadın bedeninin yalnızca kendisine ait olmasından çok, toplumun varlığı olarak görüldüğü bir ülkedir (Tezcan, 2000). Çoğunlukla "namus" olarak anlaşılan "onur" kavramı kadınların cinsel davranışlarını ifade eder. Ebeveyn, akraba ve komşu gibi sosyalizasyon aktörlerinin, mesele evlilik öncesi cinsellik olduğunda, kadınlara olumsuz tepkiler vermesi yaygın bir gelenektir (Kagitcibasi & Sunar, 1992). Kadınlar için mevcut olan cinsel bilgi çoğunlukla kadın cinselliğini kısıtlamaya, kontrol etmeye ve bastırmaya yöneliktir (Ilkkaracan & Seral, 2000). Kadınların cinsel sorunlarından biri olan vajinismus, Türkiye'de kadınlarda en sık görülen cinsel sorun olarak tanımlanmıştır (Yıldırım-Hacıoglu, 2017). Vajinismusun görülme sıklığı, jinekolog ve psikiyatristlerin klinik örneklemlerine dayanarak ortaya çıkmıştır. Bu araştırma ve klinik müdahaleler büyük ölçüde *Hastalıkların Uluslararası Sınıflaması* (Dünya Sağlık Örgütü) ve *Mental Bozuklukların Tanısal ve Sayımsal El Kitabı* (Amerikan Psikiyatri Birliği) gibi uluslararası tanı ve sınıflandırma sistemlerine dayanır. Bu sınıflandırma sistemlerinde kadınların cinsel sorunları fizyolojik ya da ruhsal sorun olarak görülmektedir. Bu sınıflandırma sistemleri içerisinde vajinismus kavramı, cinselliğin dar tanımıyla kısıtlanır çünkü cinsellik ile ilgili söylenenlerin çoğu penis-vajina ilişkisine dayanmaktadır. Uluslararası standart tanılama sistemlerine dayanan araştırma ve klinik müdahaleler, sosyo-kültürel faktörleri görmezden gelme eğilimindedir. Ancak cinsellik açıkça görülen bir cinsel davranıştan daha fazlasıdır ve kadınların cinsel sorunlarından biri olan vajinismus da aynı şekilde sadece penisin vajinaya girmesinde zorluk çekmesinden ibaret değildir. Cinsellik ve cinsel sorunlara yalnızca davranışsal bir yaklaşım benimsemek, araştırma ve klinik müdahaleleri temel olarak kadınların bedenine ve ruhuna odaklanmaya yöneltir (Gagnon ve ark., 2001). Kültürel ve diyadik değişkenler göz önüne alındığında, vajinismusu ruhsal bir hastalık ya da

kişisel bir eksiklik olarak sınıflandırmak zor olur. Vajinismusu çerçeveleyen kültürel ve ilişkisel senaryoları anlamak; penetrasyonun başarısızlığına odaklanmaktan daha önemlidir çünkü penis-vajina ilişkisini yaşayamamak fiziksel ve psikolojik gerçeklikten daha fazlasını temsil eder. Bu sebeple, cinsel senaryo teorisine (Gagnon & Simon, 1973; Simon & Gagnon, 1986) dayanarak, bu çalışma Türkiye'de vajinismusu kuşatan kültürel, diyadik ve içsel cinsel senaryoları araştırmaktadır. Farklı seviyelerdeki cinsel senaryoların çifte standartlardan etkilendiği varsayılmaktadır.

1.2 Çalışmanın Amaçları

Bu çalışmanın amacı Türkiye'de vajinismusu çerçeveleyen kültürel, diyadik ve içsel cinsel senaryoları feminist bakış açısıyla incelemektir. Mevcut çalışmanın bir diğer amacı ise, vajinismusu sağlık ve hastalık alanına koymak yerine sosyo-kültürel ve ilişkisel bağlamda konumlandırmaktır.

1.3 Çalışmanın Önemi

Vajinismus'u cinsel senaryolar teorisi ve feminist bakış açısıyla incelemek, söz konusu kadınlara, problemlerini yalnızca bedenlerinde konumlanmış olarak görmek yerine, problemlerini, cinsel benliklerini ve cinsel davranışlarını, sosyal dünyaya bağlama fırsatı verir.

BÖLÜM 2

TEORİK ÇERÇEVE

2.1 Cinsel Senaryo Teorisi

Cinsel senaryolar, bireylerin cinselliği anlamak için inşa ettikleri ve kullandıkları zihinsel temsiller olarak kavramsallaştırılır (Gagnon & Simon, 1973). Başka bir deyişle, cinsel senaryolar bireylerin cinsel ilişkide nasıl anlaşılacağı ve nasıl

davranacağı konusunda yönlendiren şemalardır. Cinsel senaryolar kültürel, diyadik ve içsel olmak üzere üç farklı seviyeye ayrılır.

2.1.1 Kültürel Senaryolar

Kültürel senaryolar, bireyin cinsel olarak ne yapması ve yapmaması gerektiği konusunda kültürel düzeyde talimatlar olarak kavramsallaştırılmıştır (Gagnon & Simon, 1973). Bu talimatlar norm, kural, değer ve inançlar gibi soyut ve normatif olabilir (Wiederman, 2005). (Gagnon, 1990). Kültürel senaryolar aile, evlilik, din, eğitim, hükümet gibi kurumlar aracılığıyla aktarılır (Gagnon, 1990). Bireysel ve etkileşim düzeyinde faaliyet gösteren bu kurumlar, bazı cinsel davranışları öğretip teşvik ederken, bazılarını onaylamaz ve cezalandırır (Laws & Schwartz, 1977). Ayrıca, kültürel senaryolar bireyin cinsel benliğini etkileyebilir ve davranışsal adaptasyona yol açabilir. Bu nedenle kurumlar aracılığı ile işleyen kültürel senaryoların cinsel davranış için genel bir bağlam oluşturduğu söylenebilir.

2.1.2 Diyadik Senaryolar

Kültür tarafından sağlanan soyut senaryoların, ikili ilişkilerde adapte edilmesi gerekir (Wiederman, 2005). Bu aşamada diyadik senaryolar aktif hale gelir. Bu süreçte eşler cinsel davranışlarını müzakere eder ve ortak cinsel senaryolar yazar. Bu senaryolar tarafların karşılıklı cinsel istek, fantezi, inanış ve davranışlarını kapsar (Gagnon & Simon, 1973).

2.1.3 İçsel Senaryolar

İçsel senaryolar cinsel davranışla ilgili bireyin fantezi, düşünce, inanç ve zihinsel provalarını içerir. Bu nedenle içsel senaryolar her bireyin cinselliğine özgüdür (Gagnon & Simon, 1973). Cinselliği kavramsallaştırırken, psikanalitik yaklaşım çoğunlukla belirsiz olan bilinçaltına dayanır. Bu nedenle, psikanalitik yaklaşım yetişkin cinselliğinin geçmiş tarafından belirlendiğini öne sürmektedir. Buna karşılık, Gagnon ve Simon, cinselliğin sürekli ve reflekssel olarak yaşamdaki yeni koşullara uyarlandığını öne sürerek bilinçaltı ve erken yaşamın yetişkin cinselliği üzerindeki etkisine olan bu aşırı vurguyu reddeder. Psikanalitik yaklaşımın tersine, Gagnon ve Simon'a göre, geçmişin günümüzü şekillendirmesinden ziyade, bugünkü yaşantılar

geçmişi yeniden şekillendirir. Bu yaklaşım, insan zihninin temeli olarak bilinçaltına dayanmak yerine, "sosyal temelli zihinsel yaşam" anlamına gelen "içsel" yaşantılara vurgu yapar (Gagnon, 2004). Bu nedenle, bu çalışma boyunca cinselliğin içsel yönüne bakıldığında, bu, bireyin bilinçaltı durumlarına referans verildiği anlamına gelmez. Cinselliğin içsel yönü, Gagnon ve Simon'ın "sosyal temelli zihinsel yaşam" sınırları içinde kullanılmaktadır.

BÖLÜM 3

YÖNTEM

3.1 Araştırma Deseni

Kadınların öznel vajinismus deneyimlerini anlamak için, Türkiye'de yakın geçmişte vajinismusu deneyimleyen ve vajinismusun üstesinden gelen kadınlarla yarı yapılandırılmış derinlemesine görüşmeler yapılmıştır. Verilerin analizinde tematik analiz (Braun ve Clarke, 2006) kullanılmıştır. En önemlisi, feminist araştırma uygulamaları, çalışmanın metodolojisine rehberlik etmiştir.

3.1.1 Feminist Araştırma

Bu çalışmayı feminist kılan en önemli özellik araştırma konusunun ve araştırma uygulamalarının toplumsal cinsiyet sorunlarına duyarlı olmasıdır. Bu çalışma kadın ve erkeklere eşit fırsatlar verilmediği ve aynı cinsel davranışta bulunsalar bile kadın ve erkeğin farklı bir şekilde yargılandığı varsayımına dayanır. Ayrıca, bu çalışma, ana akım cinsellik araştırmalarına ve klinik müdahalelere karşı eleştirel bir yaklaşım benimsemiştir. Feminist araştırmalar sadece veri toplama ve bulguları sunma arayışı içinde değil, aynı zamanda bireysel ve toplumsal değişimlere aracılık etmeyi de amaçlamaktadır (Mies, 1983). Bu çalışma sadece kadınlar hakkında değil kadınlar için yapılan bir çalışmadır. Bu nedenle araştırmanın sonuçları, Türkiye toplumundaki cinsiyetçi uygulamalara olan bakış açısını değiştirerek kadınları özgür kılma, güçlendirme ve özgürleştirmeyi amaçlamaktadır.

3.1.2 Tematik Analiz

Tematik analiz, verilere gömülü temaları tanımlama, analiz etme ve raporlama yöntemi olarak tanımlanmaktadır (Braun & Clarke, 2006). Bu çalışmada, Gagnon ve Simon'ın (1973) cinsel senaryo teorisi verilerin analizine ve temaların çıkarılmasına rehberlik etmiştir.

3.2 Katılımcılar

Örneklem problemle ilgili olarak belirlenen niteliklere sahip kişilerden oluştuğu için, katılımcı seçiminde amaçlı örnekleme kullanılmıştır. Katılımcıların kabul kriterleri; Türkiye'de doğup büyümek, cinsel birleşme esnasında güçlük çekmiş ve yakın geçmişte bu problemi atlatmış olmaktır. Ayrıca vajinismusun organik sebeplerden kaynaklanmaması önemli bir kabul kriteridir. Bu çalışmada vajinismus, uluslararası tanı ve sınıflandırma sistemlerinden bağımsız olarak, kadınların özellikle cinsel birleşme ile ilişkilendirdiği herhangi bir zorluk olarak kabul edilmiştir. Katılımcıların yaşları 22 ile 32 arasında değişmektedir. Katılımcılardan 2'si bekar, 1'i boşanmış, 8'i ise evlidir. Katılımcıların aile yapısı genel olarak çekirdektir, yalnızca 3 katılımcı geniş aile içinde yetişmiştir. Katılımcılardan 4'ü ev hanımı, diğerleri ise öğretmen, akademisyen, kırtasiyeci, halkla ilişkiler uzmanı, kasiyer ve muhasebecidir.

3.3 Materyaller

Bu araştırmada sosyo-demografik bilgi formu (EK A) ve araştırmanın amaçları doğrultusunda hazırlanan görüşme soruları kullanılmıştır (EK B).

3.4 Prosedür

Orta Doğu Teknik Üniversitesi, Uygulamalı Etik Araştırma Merkezi'nden alınan etik onay sonrasında araştırmaya kabul kriterlerini karşılayan katılımcılara ulaşılmıştır. Türkiye'nin farklı şehirlerinde yapılan bire bir görüşmelerde öncelikle katılımcılara bilgilendirilmiş onam formu doldurtulmuştur. Ardından katılımcılara sosyo-demografik formu verilmiş ve görüşme soruları sorulmuştur. Tüm görüşmeler katılımcıların izni doğrultusunda ses kayıt cihazı ile kaydedilmiştir. Görüşmeler 25 ile 90 dakika arasında sürmüştür. Her görüşmenin sonunda, araştırmanın

güvenilirliğini arttırmak ve katılımcıya görüşme süreci hakkında güven vermek için görüşmenin bir özeti yapılmıştır. Sonrasında katılımcıların soruları yanıtlanmış ve onlardan araştırma süreci hakkında geribildirim alınmıştır.

3.5 Veri Analizi

Yapılan görüşmeler birebir deşifre edilmiştir. Gagnon ve Simon'ın (1973) cinsel senaryo teorisi verilerin analizine rehberlik etmiştir. Daha sonradan "senaryo" olarak adlandırılan temalara ulaşmak için tüm veriler kodlanmıştır. Verilerin kodlanmasında tek bir kodlama yöntemi kullanılmamasından dolayı "eklektik kodlama" kullanılmıştır. Çalışmanın feminist amaçlarına uygun olarak, kadınların bireysel ifadelerine öncelik vermek amacıyla "in vivo kodlama" sıklıkla kullanılmıştır. Kodlanan verilerin analizinde, tematik analiz yöntemi (Braun & Clarke, 2006) kullanılmıştır. Bahsedilen tematik analiz, araştırmacının verilere aşina olması, başlangıç kodları oluşturma, tema arama, temaları gözden geçirme, temaları tanımlama ve adlandırma ve rapor oluşturma gibi altı aşamayı içerir (Braun & Clarke, 2006). Bu 6 aşama verilerin analizinde kullanılmıştır.

3.6 Çalışmanın Güvenirliği

Bu çalışmada Fischer (2009) ve Morrow (2005) tarafından güvenirliği arttırma adına sunulan 4 temel ilke dikkate alınmıştır. Bu ilkeler öznellik, öz-düşünümsellik, veri yeterliliği ve uygun yorumlamadır. Öznellik ilkesine uygun olarak, araştırmacının öznelliğinin yorumlar ve veri analizi üzerindeki etkisi kabul edilmiştir. Öz-düşünümsellik ilkesi doğrultusunda bu araştırmaya etkisi olduğu düşünülen öznel süreçler olabildiğince okuyucuya sunulmuştur. Verilerin yeterliliği üçüncü güvenilirlik standardıdır (Morrow, 2005). "Verinin yeterliliği" terimi, bir araştırmaya katılanların sayısını ifade etse de, Morrow (2005), verilerin yeterliliğinin katılımcı sayısından ziyade, kalite ve derinlik gibi özelliklerinin olduğunu ileri sürmektedir. Yeterli veri toplama standardını yerine getirmek için amaçlı ve kritere dayalı örneklem kullanılmış ve tematik doygunluğa ulaşılana kadar araştırmaya yeterli sayıda katılımcı dahil edilmiştir. Son olarak, uygun yorumlama standardına ulaşmak için görüşmelerde alınan ses kaydını dinleme, deşifre etme ve kodlama işlemleri

birkaç kez tekrar edilmiştir. Ayrıca ulaşılan her bir senaryo katılımcılardan alıntılarla desteklenmiştir.

BÖLÜM 4

SONUÇLAR VE TARTIŞMA

Yapılan 11 görüşmenin analizi sonucunda farklı seviyelere ait olan altı genel cinsel senaryo görülmüştür. Bu senaryolar kültürel seviyede: (1) korku, (2) bekâret; diyadik seviyede: (1) cinsel uyumsuzluk, (2) cinsel performans; içsel seviyede: (1) cinsel ketlenme, (2) sosyal kıyaslama şeklindedir.

4.1 Kültürel Senaryolar

4.1.1 Korku Senaryoları

4.1.1.1 Kanama: "İlk cinsel ilişki, kızlık zarının yırtılmasından dolayı çok fazla kanamaya neden olur."

Neredeyse tüm katılımcılar ilk ilişki esnasında çok fazla kanamanın olmasından korktuklarını bildirmektedir. Bazı katılımcılar için vajinal kanama korkusu, kadının bekâretinin bir kanıtı olarak kabul edilen kanlı çarşaf sergileme geleneği ile iç içe geçmiştir. Buna göre, bazı katılımcılar ilk cinsel ilişki sonrası kanama olmazsa bu durumun doğuracağı sosyal yaptırımlardan korkmaktadır. Sonuç olarak kanamanın varlığı da yokluğu da kadınlar için bir stres kaynağıdır.

4.1.1.2 Ağrı: "İlk cinsel ilişki doğum sancısı kadar acı verebilir"

Neredeyse tüm katılımcılar vajinismus problemini yaşadıkları dönemde ilk cinsel ilişkinin çok fazla acı vereceğini düşündüklerini belirtmektedir.

4.1.1.3 Balayı sistiti: "Kadınlar bekâretini kaybettikten sonra idrar yolu enfeksiyonu geçirirler"

Katılımcıların neredeyse yarısı ilk cinsel ilişkiden sonra idrar yolu enfeksiyonuna yakalanma konusunda endişeli olduklarını ortaya koymaktadır.

4.1.1.4 Tutsak Penis: "İlk cinsel ilişki sırasında penis vajinanın içinde sıkışıp kalabilir"

Katılımcıların çoğu ilk cinsel ilişki esnasında penisin vajina içinde sıkışıp kaldığı ve çiftin bu durumdan kurtulmak üzere hastaneye götürüldüğü ile ilgili bir hikâye duyduklarını bildirmekte ve vajinismus oldukları dönemde benzer bir problemi yaşamaktan korktuklarını belirtmektedir.

4.1.2 Bekâret Senaryoları

4.1.2.1 Namus Bekçisi: "Kadınlar olumsuz tepkileri önlemek için namus bekçileridir"

Katılımcılar evlilik öncesi cinsel ilişkide bulunmaları durumunda etiketlenme, fiziksel şiddet ve namus cinayeti gibi olumsuz tepkilerin kendilerini beklediğini bilmektedir.

4.1.2.2 Şeref Olarak Bekâret: "Ailenin onuru, kadınların bekâreti ve iffetiyle bağlantılıdır"

Kültürel seviyedeki bu senaryo, "namus" kelimesinin genellikle ahlaki bir değer olarak algılandığı ve "cinsel saflık" kavramına indirgenmiş olduğu temasını yansıtmaktadır (Tezcan, 2000).

4.1.2.3 Düğün Hediyesi Olarak Bekâret: "Bekâret, bir kadının kocasına sunabileceği en iyi hediyedir"

Bazı katılımcılara bekâret, erkeğe verilecek en güzel hediye olarak öğretilmiştir.

4.1.2.4 Meta Olarak Bekâret: "Kadınlar erkeklerin malıdır"

Bazı katılımcılar gelinin ailesine verilen başlık parasının, gelinin bekâretine yapılan bir ödeme olduğunu savunmaktadır. Bu katılımcılara göre, başlık parası gelini mülkiyete dönüştür çünkü kadın satılık bir nesne olarak kabul edilir.

4.1.2.5 Evlilik Sözleşmesi Olarak Bekâret: "Bir kadın evliliği güvence altına almak için evlilik öncesi cinsel ilişkiden uzak durmalıdır"

Katılımcılara göre, evlilik öncesi bekâret kaybı kadınların evlenme ihtimallerini ya ortadan kaldırır ya da eş konusundaki seçimlerini kısıtlar.

4.2 Diyadik Cinsel Senaryolar

4.2.1 Cinsel Uyumsuzluk Senaryoları

4.2.1.1 Cinsel İletişim Eksikliği: "Eşimle cinselliği konuşamıyoruz"

Araştırmaya katılan kadınlar ve eşleri arasındaki cinsel iletişim eksikliği, cinsel konularda bilgisizlik, eşler arasındaki güç dengesizliği ve cinsel iletişimin sağlanması için gerekli olan mahremiyetin olmamasından kaynaklanmaktadır.

4.2.1.2 Cinsel İhtiyaç ve İstekteki Farklılıklar: "Cinsel tercihlerimiz farklıydı"

Bazı katılımcılar, cinsellikten önce alkol kullanımı, uygun cinsel ilişki pozisyonu, cinsel ilişki zamanlaması ve sıklığı gibi cinsel ilişki ile ilgili bazı tercihlerinin eşlerininkinden farklı olduğunu öne sürmektedir.

4.2.1.3 Duygusal Yakınlık Eksikliği: "Birbirimize iki yabancı gibiydik"

Bazı katılımcılar (ve iddia ettikleri üzere partnerleri) için duygusal olarak yakınlaşamama vajinismusun öngörücüsü olmuştur. Diğer bir yandan bir grup katılımcı ve partnerleri vajinismus sonucunda birbirlerinden duygusal olarak uzaklaşmıştır.

4.2.1.4 Cinsel Soğuma: "Cinsel olarak birbirimiz için bitmiştik"

Bazı katılımcılar aldatma ve güvensizlik gibi çözülmeyen ilişki problemlerinden dolayı cinsellikten karşılıklı olarak soğuduklarını bildirmektedir.

4.2.2 Cinsel Performans Senaryoları

4.2.2.1 Cinselliği Penis-Vajina İlişkisine İndirgeme: "Penetrasyon olmayan seks başarısızdır"

Bazı katılımcılara göre seks ancak penis vajinaya girdiğinde gerçek bir seks olur.

4.2.2.2 Vajinal Orgazm: "Kadın orgazmı vajinal olmalıdır"

Bazı katılımcılar erkeklerin sağlaması beklenen kadın orgazmının (vajinal) cinsel başarı göstergesi olduğunu öne sürmektedirler.

4.3 İçsel Cinsel Senaryolar

4.3.1 Cinsel Ketlenme Senaryoları

4.3.1.1 Yıkıcı Duygulardan Kaynaklanan Cinsel Ketlenme: "Cinsellik söz konusunda olduğunda, kendimi değersiz, pişman, suçlu ve utanmış hissediyorum"

Bazı katılımcılar ilk ilişkiyi "bekâret kaybı" olarak gördükleri için kendilerini cinsel ilişki esnasında değersiz hissettiklerini söylemektedir. Evlilik öncesi kadınların aktif cinsel yaşantılarının olmasına toplumun sıcak bakmadığını bildikleri için, bir çift katılımcı ise evlilik dışı cinsel ilişki yaşadığı için pişmanlık duymaktadır. Bazı katılımcılar da evlilik öncesi cinsel ilişki ile ilgili ailelerinden gelen kısıtlayıcı mesajları o kadar içselleştirmiştir ki eşleri ile ilk cinsel ilişki deneyimlerinde "yanlış bir şey yapıyormuş gibi" düşünüp kendilerini suçlu hissettiklerini söylemişlerdir. Son olarak bazı katılımcılar cinsel deneyimlerini utanç duygusu ile birleştirmektedir.

4.3.1.2 Dikkat Dağıtıcı Düşüncelerden Kaynaklanan Cinsel Ketlenme: "Cinsel ilişki hakkında o kadar endişelerim var ki seks yapamıyorum"

Bazı katılımcılar bekâreti saflık ve temizlikle o kadar ilişkilendirmiştir ki bekâreti kaybetmeyi kirlenme olarak görmektedir. Bazı katılımcılar ise cinsel ilişki esnasında partnerleri tarafından kullanıldıklarını düşündükleri için cinsel isteklerinde azalma olduğunu söylemektedir.

4.3.1.3 Sosyal Yaptırımları Önlemek için Cinsel Ketlenme: "Cinsel anlamda yetenekli ve deneyimli olursam insanlar saflığımdan şüphe duyabilir"

Bu çalışmada zevk ve tehlike söyleminin (Vance, 1984) arasında sıkışıp kalan bazı kadınlar cinsel arzularını ve bilgilerini gösterip göstermeme gibi bir ikilemdedir. Bu ikilem kadınların cinsel aktivitelerini engellemektedir.

4.3.2 Sosyal Karşılaştırma Senaryoları

4.3.2.1 Yukarı Yönde Sosyal Karşılaştırma: "Ben yetersizim, diğer kadınlar gibi seks yapamam"

Katılımcılardan bazıları; kendilerini, kendilerinden daha güzel ve çekici olduğunu düşündükleri kadınlarla kıyasladıklarında cinsel anlamda yetersiz hissettiklerini bildirmektedir.

4.3.2.1. Aşağı Yönde Sosyal Karşılaştırma: "Ben basit kadınlardan farklıyım"

Bazı katılımcılar evlilik öncesi cinsel ilişkiye giren kadınları "basit kadın" olarak adlandırır. Bu kadınlar evlilik öncesi cinsellikten kaçındıkları için kendilerini basit kadınlardan üstün görüp, temiz ve iyi hissettiklerini bildirmektedir.

4.4 Toplumsal Cinsiyet Temelinde Çifte Standartlar

İstisnasız her katılımcı, kadın ve erkekten cinsellik ile ilgili beklentilerin farklı olduğu ve aynı cinsel davranışta bulunsalar bile kadın ve erkeğin farklı şekilde yargılandığını öne sürmektedir. Katılımcılarla yapılan görüşmelerin analizi sonucunda kültürel, diyadik ve içsel senaryoların çifte standartlardan oldukça etkilendiği sonucuna varılmıştır.

4.5 Çifte Standartlara Yatırım Yapma

Katılımcılar bireysel düzeyde çifte standartları nasıl müzakere ettikleri konusunda üç gruba ayrılır. Birinci gruptaki kadınlar çifte standartları sorgulamadan kabul ettiklerini ifade etmektedir. İkinci grupta ise kadınlar bazı kültürel mesajları ve kısıtlamaları sorgular ancak çaresiz hissettikleri için beklentilere uygun yaşamaktadır. Üçüncü gruptaki kadınlar evlilik öncesi cinselliğin onaylanmadığını bilmelerine rağmen evli olmadan cinsi münasebette bulunmuşlardır. Ancak bu kadınlar pişman ve suçlu hissettiklerini ifade etmektedir. Sonuç olarak yakın geçmişte vajinismusu atlatan katılımcıların, daha önce kadınların cinsel sağlığı açısından olumsuz sonuçları olduğu iddia edilen çifte standartlardan (Sanchez ve ark., 2012) olumsuz yönde etkilendikleri görülmektedir.

4.6 Bazı Terimlerin Tanım ve Anlamları

Bu çalışma vajinismus problemini yaşayan kadınların "cinsellik", "cinsel sağlık", "cinsel başarı" ve "vajinismus" gibi terimleri nasıl tanımladıklarını ve bu terimlere atfettikleri anlamları incelemiştir. Katılımcıların çoğu cinselliği vajinal seks, anal seks, sürtünme, dokunma ve öpme olarak tanımlamıştır. Kadınların cinselliğe atfettiği anlamlar genelde ilişkisel bağlam içindedir. Bu kadınlar cinselliği "evliliğin bir gerekliliği, evliliği evlilik yapan ve çiftleri birbirine bağlayan şey" olarak görmektedir. Öte yandan bazı katılımcılar içinse cinsellik, "kadını kadın yapan şey" olarak anlamlandırılmıştır. Bu kadınlar için cinsellik kadınlığın inşasında önemli bir unsurdur. Katılımcılar vajinismusu kendi kelimeleri ile tanımladıklarında ise problemi "hayır demenin bir yolu", "kadını *kadın* yapmayan şey", "antisosyal vajina", "savunucu mekanizma", "bilinçaltıyla partnerini reddetme", ve "vajinaya perde inmesi" olarak tanımlanmaktadır. Görüldüğü gibi, katılımcıların hiçbiri vajinismusu tanımlamak için vajinal kaslarına, reflekslerine veya vücut sıvılarına atıfta bulunmamaktadır. Penis-vajina ilişkisinde zorluk çekmek çoğunlukla ilişkisel ve kültürel bağlamda tanımlanmaktadır. Benzer şekilde, katılımcıların "sağlıklı cinsel ilişki" ölçütleri arasında vajinal seks, karşılıklı istek ve ağrısız cinsel birleşme yer almaktadır. Son olarak katılımcılar "başarılı cinselliği" vajinal seks, eş zamanlı orgazm, boşalma, erkeklerin ihtiyaç ve isteklerini karşılama ve karşılıklı zevk olarak görmektedir.

BÖLÜM 5

SONUÇ

5.1 Genel Değerlendirme

Biyoloji bir dereceye kadar insan cinselliğinin temelini oluşturabilir ancak cinselliği sadece biyolojik bir dürtü olarak görmek, toplumsal olarak inşa edilmiş yönünü gözden kaçırmaktır. Cinsel davranışlar doğrudan fiziksel gerçekler tarafından yönlendirilmekten ziyade, sosyal konumdan, kültürden, diyadik ilişkilerden ve kişisel

özelliklerden etkilenerek şekillenir. Cinsel davranış ve işlevlerin her insan için anlamı farklıdır. Bu nedenle cinsellik ve cinsel problemlerde tek gerçek yoktur. Tüm bunlar, insanların günlük yaşantıda cinselliği tecrübe ettiği, eşleri ile cinsel davranışları müzakere ettiği ve bunları içsel düzeyde içselleştirdikleri daha geniş bir bağlamda yerleşiktir. Mevcut çalışmada katılımcıların tasvir ettiği gibi, Türkiye'de kadınlara sunulan cinsel bilgiler çoğunlukla yanıltıcı, çarpıtılmış ve kadınların cinselliğini baltalayan, kısıtlayan, kontrol eden ve susturmaya yönelik mitlerle doludur. Ayrıca kişisel bir erdem olmak yerine "namus" kültürel ve sosyal bir mesele haline gelmiştir. Hem aile hem de toplumun namusu için Türkiye'de kadınların cinselliğinin hala muhafazakâr bir şekilde inşa edildiği açıktır. Kadınlar ebeveynlerinin veya herhangi bir sosyalleşme aracısının evlilik öncesi cinselliğe yönelik olumsuz tutumlarını algıladıklarında, genel olarak cinselliğe yönelik olumsuz duygular benimsemeye başlarlar. Bu nedenle, kadınların cinselliğinin bu denli muhafazakâr bir şekilde inşa edildiği bir ülkede, kadınların cinsellik ile ilgili olumsuz yargı ve duygularını bir gecede tersine çevirmeleri kolay değildir. Çoğunlukla düğün gecelerinde yaşadıkları ilk cinsel ilişkilerinde, kadınların duygularında, tutumlarında ve davranışlarında ani bir değişiklik beklemek mantıklı değildir. Bu koşullar altında korku, utanç, suçluluk gibi olumsuz duygularla hareket edip cinsel ilişkiden kaçınmak çok normal hale gelir. Bu açıdan bakıldığında, Türkiye'de vajinismusun kadınlarda en sık görülen cinsel sorun olması şaşırtıcı değildir. Vajinismusu çevreleyen kültürel ve diyadik senaryolar dikkate alındığında, fizyolojik ve psikolojik faktörlerin dâhil olmasına rağmen, kadınların cinsel problemlerinin en iyi şekilde anlaşılması için, yaşanılan zorlukların kültürel ve ilişki bağlamında konumlandırılması gerektiği sonucuna varılmıştır. *DSM* ve *ICD*'nin yeterliliği incelendiğinde, bu sınıflandırma ve tanı sistemlerinde kadınların cinsel sorunlarının dar bir şekilde tanımlandığı ve kategorize edildiği, bireysel farklılıkların ve kadınların kendi cinsel sorunlarını yaşama ve ifade etmede çok önemli olduğunu düşündükleri çifte standartların göz ardı edildiği sonucuna varılmıştır. Cinselliği yaşamanın farklı yolları vardır; bu nedenle, vajinal ilişkiye girememek "anormal", "sağlıksız" ve "işlevsiz" olarak sorunsallaştırılamaz. Vajinal ilişkinin "başarısızlığı" veya reddedilmesi potansiyel bir psikolojik veya fizyolojik sorun olarak düşünülmemelidir, çünkü bu bir kadının cinsel karar alma sürecine aktif katılımı

olabilir. Daha da önemlisi, vajinismus yaşamanın ve aşmanın uzun bir yolculuk olduğunu kabul etmek gerekir. Vajinismus başarısız vajinal ilişki girişimiyle başlamaz ve "başarılı" giriş ile sonlanmaz çünkü penis-vajina ilişkisinde zorluk çekmenin hem cinsel hem de cinsel olmayan motifleri içerdiği bilinmelidir.

5.2. Çalışmanın Katkıları

İlk olarak, cinsel senaryo teorisi ve feminist bakış açısı benimseyerek kadınların cinsel zorluklarını bağlamsallaştırmak, araştırmaya kadınların cinselliğini sağlık ve hastalık alanları dışında inceleme fırsatı vermiştir. Bu disiplinler arası çerçeve ve araştırmacının konumu, vajinismusu sadece sağlık uzmanları tarafından manipüle edilecek bir değişken olarak görmeme konusunda sonuç doğurmaktadır. Cinsel senaryo ve feminist bakış açıları, sorunlu cinsel senaryoları sorgulama ve bu sorunlu senaryoları daha uyumsal olanlarla değiştirme fırsatını verir. Bu nedenle, kadın cinselliği üzerine araştırma—ve gerekirse müdahaleler—sosyal, kültürel ve feminist çalışmaların sorgulanmasını ve bu alanlara çapraz referans verilmesini gerektirir. Bu çalışmanın metodolojisi ve bulguları, kadınların cinsel sorunlarına geniş kapsamlı bir yaklaşımın disiplinler arası bir çerçeveyle mümkün olabileceğini ve ancak bu metodoloji ile kadın cinselliği hakkındaki mitlerin ve söylemlerin ortaya çıkarılabileceğini göstermiştir.

Bu araştırma sadece veri toplamayı ve bulguları sunmayı değil, aynı zamanda toplumsal ve bireysel değişimlere aracılık etmeyi amaçlamıştır. Araştırma bulgularının gösterdiği gibi, katılımcıların araştırma sürecine aktif katılımı, kendilerini ifade etme ve bireysel deneyimlerini eleştirel bir şekilde değerlendirme fırsatı vermiştir. Ayrıca, katılımcılar, daha önce fark etmedikleri bazı toplumsal normları sorgulamaya başladıklarını ifade etmektedir. Vajinismus nedeniyle ve bu çalışmaya dâhil olarak, bazı katılımcılar kadın cinselliği hakkında daha fazla bilgi edindiklerini ve eşleriyle cinsel iletişimlerinin geliştiğini bildirmektedir. Bu nedenle, katılımcıların araştırma sürecine olan bağlılığının, ilk önce hedeflenen bireysel dönüşümü kolaylaştırdığı kanıtlanmıştır. Bu çalışmanın vaat ettiği toplumsal değişikliklere gelince, bilinçli bir kadının günlük uygulamalarının bile bir direniş kaynağı ve sosyal aktivizm aracı olabileceğine inanılmıştır. Bu sebeple bu çalışmada

üretilen feminist bilginin, kadınlar tarafından mevcut düzene meydan okuma aracı olarak kullanılabileceği düşünülmüştür. Benzer şekilde, bazı feminist araştırmacılar araştırma sürecinin terapötik etkisine vurgu yapmıştır (Fonow & Cook, 1991; Mies, 1991). Bu çalışmaya gelince, en başından beri, kadınların cinsiyetçi toplumdaki durumunu inceleyen ve kadınların geleneksel cinsellik araştırmalarında kaybedilen seslerini yakalayan feminist bir araştırmaya katılımın katılımcılar üzerinde terapötik bir etkisi olacağını düşündüm. Araştırmayı yaptıktan sonra, bulgu, tartışma, sonuç ve tavsiyelerin vajinismusu olan kadınlar üzerinde olumlu etkisi olduğunu gözlemledim. Bazı katılımcılar, görüşmeden sonra kendilerini ifade etmenin bir sonucu olarak duygusal refahlarının arttığını söylemektedir. Ayrıca katılımcılar araştırmaya katılım amaçları sorulduğunda iki temel sebep olduğunu öne sürmektedir. Bir grup katılımcı, anonim olarak yaşadıklarını anlatarak kendilerini daha iyi hissetmek için araştırmaya katıldıklarını; bir diğer grup katılımcı ise benzer deneyimleri yaşamış olan bir araştırmacıyla yaşadıklarını paylaşıp dertleşmek için araştırmaya katıldıklarını söylemektedir. İkinci gruptaki kadınlar özellikle daha önce kadın doğum uzmanı ya da psikiyatristlerden yardım almış olduklarını ve doktorların otoriter tavırlarından rahatsız olduklarını dile getirmektedir. Bu katılımcılar ayrıca görüşmeler esnasında tehdit altında hissetmediklerini ve kendilerini içtenlikle ifade edebildiklerini söylemektedir. Katılımcıların araştırma süreci hakkındaki duyguları ve bu araştırmanın bir parçası olma motivasyonları incelendiğinde, feminist bir araştırmaya katılmanın terapötik etkisi inkâr edilemez. Aynı şekilde, daha önce belirttiğim gibi, bu tezi yazma kararım kısmen, cinsel olarak yaşadıklarımın duygusal boyutlarıyla başa çıkma arzumdan kaynaklandı. Bu nedenle, bu çalışmanın bir araştırmacı olarak benim için de terapötik etkileri olduğunu söylemem gerekir.

5.3 Çalışmanın Sınırlıkları

Kadınlar cinsel davranışları, tutumları ve duyguları üzerinden yargılanıp tepki almaktan korkabilir ve bu yüzden de cinsellikleri hakkında bazı ayrıntıları çarpıtarak anlatabilir. Benzer şekilde, katılımcıların kendi raporlarından elde edilen açıklamalar önceden var olan cinsel senaryoları yansıtmayabilir; aksine görüşme sürecinin bir sonucu olarak formüle edilebilir. Dahası, katılımcılar, kültürel normların beklentilerini karşılayacak türden anlatımlar üretebilir. Tüm bunlar bu çalışmanın

metodolojik çekinceleridir. Ayrıca, araştırmacı günlük yaşamı dışında var olan ve yalnızca bilimsel bir gerçeği bulmayı amaçlayan biri değildir. Bu çalışmada araştırmacı, belirli bir kültürel normlara yaşayan ve zaten öğrendiği, geliştirdiği, müzakere ettiği ve içselleştirdiği cinsel senaryoları bulunan biridir. Verileri değerlendirmek ve sunmak için kişisel deneyimleri kullanmak olarak tanımlanan iç gözlem, davranış bilimlerinin genel bir kısıtlamasıdır (Gagnon, 1977). Ancak, bu çalışmada hem veri toplama hem de yorumlama sürecinde mümkün olduğunca içsel önyargılardan kaçınılmaya çalışılmıştır.

5.4 Sonraki Araştırmalar için Öneriler

Vajinismusun yaygınlığına ilişkin klinik sonuçlar, Türkiye'de kadınların vajinismus için herhangi bir kadın cinsel sorunundan daha fazla klinik müdahale aradığı iddiasıyla yorumlanabilir; çünkü vajinismus cinsel birleşmeyi engeller ancak diğer cinsel problemler engellemez ve diğer problemlerin aynı sosyal sonuçları yoktur. Bu, gelecekteki araştırmalarda sorgulanıp incelenebilecek bir başka sorun olabilir.

Bu çalışmada katılımcıların paylaştığı cinsel deneyimler ilk cinsel karşılaşmalarına aittir. Kültürel düzeydeki cinsel senaryoların ilişkilerin ilk ve sonraki aşamalarında farklı etkileri olabilir. Bu nedenle, gelecekteki araştırmalar kültürel senaryoların ilişkinin farklı aşamalarındaki farklı etkilerini inceleyebilir. Çifte standartların kadınların cinselliği üzerindeki olumsuz etkilerine odaklanmak erkeklerin çifte standartlardan olumsuz yönde etkilenmediği anlamına gelmez. Erkeklerin cinselliğini çerçeveleyen cinsel senaryolar sonraki çalışmalarda araştırılabilir. Bu çalışmaya sadece vajinismusu aşan kadınların deneyimlerinin dâhil edilmesinden dolayı daha fazla araştırmaya ihtiyaç duyulmaktadır. Farklı kadın grupları “seks”, “cinsellik”, “vajinismus”, “cinsel sağlık” ve “cinsel başarı” gibi terimleri farklı şekilde tanımlayabilir. Bu nedenle, bu terimlerin daha kapsamlı anlamları yalnızca daha büyük ve çeşitlendirilmiş bir kadın grubu ile ortaya çıkarılabilir.

APPENDIX G: TEZ İZİN FORMU / THESIS PERMISSION FORM

ENSTİTÜ / INSTITUTE

Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences ☐

Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences ■

Uygulamalı Matematik Enstitüsü /Graduate School of Applied Mathematics ☐

Enformatik Enstitüsü / Graduate School of Informatics ☐

Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences ☐

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Bölümü / Department :Toplumsal Cinsiyet ve Kadın Çalışmaları

TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) : Sexual Scripts on Vaginismus: Rewriting Women's Sexual Difficulties from Their Point of View

TEZİN TÜRÜ / DEGREE: **Yüksek Lisans** / Master ■ **Doktora** / PhD ☐

1. **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire work immediately for access worldwide. ■
2. **Tez iki yıl süreyle erişime kapalı olacaktır.** / Secure the entire work for patent and/or proprietary purposes for a period of **two year.** ☐
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