Manchester Metropolitan University

e-space

Manchester Metropolitan University's Research Repository

Please cite the Published Version

Middleton, Amy (2018) Renegotiating sex and intimacy in early motherhood; a positive depiction? University of Brighton. (Unpublished)

Publisher: University of Brighton

Downloaded from: https://e-space.mmu.ac.uk/621589/

Usage rights: © In Copyright

Additional Information: This is an undergraduate project

Enquiries:
If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines)

University of Brighton

Renegotiating sex and intimacy in early motherhood; A positive depiction?

Amy Middleton

Supervised by: Hannah Frith

April 2018

Renegotiating sex and intimacy in early motherhood; A positive depiction?

ABSTRACT

Upon entering motherhood, women are likely to experience considerable changes to their social role and sexual relations (Woolhouse et al, 2014). The biomedical approach indicates women may lose their sex life due to experiencing intense physiological effects following the labour of their child, including, but by no means limited to; vaginal tearing, milk leaking breasts and extreme fatigue from a restless baby (Kitzinger, 1985). Further literature explains the importance of the partner during these times (Woolhouse et al, 2014), whilst Montemurro and Siefken (2012) explain the pressure to be sensible and mature will lead women to a withdrawal of sexual activity. However, despite all of this, some mothers experience a positive postpartum sex life and this study aims to highlight the reasons why and how these are being negotiated. Employing qualitative research methods, five women were interviewed using a semi structured schedule and thematic analysis allowed the researcher to reflect and generate meanings from the participant's experiences. This analysis produced five themes with three key themes bringing originality to the literature. Firstly, women are still having sexual thoughts thus challenging the biomedical foundation of penile-vaginal intercourse and calling for a clearer definition of sexuality. Secondly, women can use their sexuality as a means of power and control over a life that has changed beyond recognition, challenging the ideas around postpartum pressures documented in current literature. Finally, new mothers can experience sex and orgasm as a stress relief. This paper concludes that the biomedical approach and the sex positive perspective need to meet on this subject and calls for further research on the stress benefits of orgasm to be placed directly within postpartum studies as this can be a peak stressful time. This unified approach will be helpful for midwifes, healthcare advisors and sex therapists alike, in order to promote sex positive conversations in to the new mother's life.

KEY WORDS:	POSTPARTUM	POSITIVE	SEXUALITY	WELL BEING	INTIMACY

Literature Review

Woolhouse et al (2014) state that women have to navigate many changes to their relationships and social role upon becoming a mother, including considerable changes to their sexual and intimate relationships. Within their research, they highlight women need reassurance that their sex life may change or disappear completely and yet, health professionals rarely advise and discuss. This leads to an unspoken issue around postpartum sexual activity, whereupon some mothers will have a positive, active sex life, whilst others may not and may feel that they are not normal (Woolhouse, 2012; 2014). Cappell et al (2016) explain that most research on new mothers is studied using a bio-medical framework and is problem focused, consequently there is limited research exploring women's positive experiences of postpartum sexual activity. This study aims to explore the positive experiences of postpartum sexual activity that are infrequently considered in psychological literature and allows for a closer examination of the important question "*Why and how do some new mothers negotiate a positive sex life?*". The following literature review will firstly discuss the bio-medical approach that heavily focusses on the physiological 'problems' new mothers will experience (Cappell et al, 2016). The review will then discuss the influence that the mother's partner has on her sexuality (Woolhouse et al, 2014). Furthermore, the review shall discuss the media messages that can pressure mothers by, firstly, placing their sexuality and motherhood status in opposition and secondly, encouraging the mother to be the newer sexier version of motherhood (Montemurro and Siefken, 2012). The literature review shall conclude with studies that explain the positive effects of sexual activity and argues there remains a lack of research directly examining the effects that sexual satisfaction can have on the new mother (Mosher, 2017).

The Bio-Medical Approach

There is little doubt that giving birth is one of the most dramatic bodily functions for a woman and the subsequent physiological effects can be intense (Kitzinger, 1985). For a while after delivery, the woman may be feeling "tender, open and terribly vulnerable" and the un-sexiness of bleeding and breast pads may be leaving the woman feeling as if her body will never be hers to experience sexual pleasure with again (Kitzinger, 1985; 219). There is an argument that the mode of delivery can affect a woman's return to being sexually active and Kitzinger (1985) explains that if the labour process is experienced like a "conveyor belt", with little or no choice on what happens to her body then she is more likely to feel an "object of medical exercise", rather than it being an experience of "deep emotional significance" (219). Aiming to examine how these physiological experiences can affect their sexuality, McDonald and Brown (2015) report that of the 1507 mothers they asked, only 65% had attempted vaginal sex by eight weeks postpartum. However, the women who had had an operative vaginal birth, caesarian section, perineal tear or episiotomy appeared to delay the resumption of sex even further.

Quantitative research by De Souza et al (2015) found there are significantly higher pain levels in vaginal intercourse for births involving

perineal injury with desire, arousal and orgasm all negatively affected. This research highlights the significant negative impact that birthing a child can have on the woman's sense of self and sexual being. Barbara et al (2016) report the physiological differences women may experience, explaining that mothers who have had an operative vaginal delivery were more likely to have problems with arousal, vaginal lubrication and orgasm than mothers who had a spontaneous vaginal delivery and those who had a caesarian. They conclude that although the mode of delivery did not affect the time of sex resumption, operative vaginal delivery and breast feeding led to more painful sex (Barbara et al, 2016). This research provides explanation for why many women do not pursue sexual experiences and additionally, even when the women do participate in sex the experience can be painful.

In the postpartum period, there are a number of physical factors that women must encounter and Acele and Karaçam (2012) aimed to evaluate how these factors contribute to sexual and mental health problems. Of their 230 female participants, women had generally resumed vaginal intercourse by 7 weeks although 58% of these experienced dyspareunia and 28% continued to experience painful sex seven months postpartum. This research showed that the majority of women shall experience sexual problems and it also supports Morof et al's (2003) research on postnatal depression. Morof et al (2003) state that sexual problems are common in both depressed and non-depressed mothers, however depressed mothers are less likely to have resumed sexual intercourse by six months. Acele and Karaçam (2012) explain sex advice should be integrated in to primary care services as this may improve the wellbeing of the new mother. As the child grows up and any initial medical injury begins to heal, there is a new stage of motherhood to enter. DeJudicibus and McCabe (2002) explain the postpartum period at six months is different to that of three months due to the child entering a more demanding stage of development. The baby has learnt the process of attachment and is usually moving independently but still highly dependant on it's mother (DeJudicibus and McCabe, 2002). It could be argued that this is the stage where the mother is suffering with fatigue and even postnatal depression and this will impact the desire for sexual interaction (Morof et al, 2003). It is further noted by DeJudicibus and McCabe (2002) that the higher the relationship satisfaction, the less depression and fatigue will be experienced by the mother. They conclude that although dyspareunia may have an influence on a mother's sexuality, it can be maintained by psychological factors and the partner's influence is deemed essential to explore. To summarise, the bio-medical framework is limited in its scope, focusses heavily on penile-vaginal intercourse and frames sexual health within a problem solving checklist leaving mothers underprepared for the psychological changes (O'Malley et al, 2015). Alternatively, psychosocial factors, such as the partner and social influences that can also impact a woman's sexual activity and the meanings behind these is deemed essential to explore (Cappell et al, 2016).

The Partner's Influence

Writing for a health journal, Woolhouse et al (2014) highlight the significant impact a new baby can have on their intimate and sexual relationship, describing how women often seek reassurance from healthcare professionals to confirm the changes with their partner is normal. This is supported by Ahlborg and Strandmark (2006) who explain many new parents feel their new baby could threaten their relationship intimacy as the couple's leisure time declines and role conflicts rise during the parenthood transition. Drawing from Cowan and Cowan's Model of Transition (1992), it is explained there are different features of family life for the couple to navigate. Firstly, the inner strength of each parent is sure to be tested, in as much as the individual's sense of self and their emotional well being can be affected when becoming a parent (Ahlborg and Strandmark, 2006). Secondly, the quality of the relationships communication is of utmost importance as well as the relationship quality of the more superficial relationships, for example friends and work colleagues. It is documented that without this level of support during the stressful period of transition, relationship separation and divorce rates could be higher. Their research concludes it is the connection between the adjustment success and the couples intimacy that will lead to a greater togetherness (Ahlborg and Strandmark, 2006).

Psychological research from Cappell et al (2016) sought to find a more contextual and inclusive approach to postpartum sexual desire and whilst studying 188 new mothers they found that relationship satisfaction was positively related to dyadic sexual desire. Interestingly, birth related issues were not correlated with sexual desire for the participants instead it was the contextual factors like relationship characteristics alongside non-penetrative sexual activity (manual and oral stimulation of the genitals) that are important for women (Hipp et al, 2012; Cappell et al, 2016). Whilst acknowledging that relationship quality can decrease following the birth of a child, Cappell et al (2016) theorise women will consistently rank their relationship as the biggest factor that contributes to their sexual desire and satisfaction. Cappell et al (2016) discuss how women have an inverse relationship between the perception of their partner's desire and solitary sexual desire, in other words, if they feel that they are not desired then they are less likely to engage in dyadic sexual activity. Von Sydow's (2002) longitudinal study found that both genders postpartum find tenderness and receiving manual-genital stimulation pleasant and yet it is the male that describes a higher sexual enjoyment, occasionally overestimating their partner's enjoyment. They further note a couple's sexual activities decline dramatically in the first three months postpartum whilst male masturbation remains relatively constant (Von Sydow, 2002).

The above literature portrays how the partner can influence the new mother's feelings around their postpartum sex life, expressing how it is the support, communication, desire and non-penetrative sexual activity that can keep a relationship from falling into divorce territory (Ahlborg et al, 2009). This literature follows Basson's work in 2001, whereupon she promotes an intimacy-based sex response cycle, questioning the relevance of Masters and Johnson's traditional human sex response cycle (1966). Where Masters and Johnsons original model defines sexual response as 'excitement phase', the 'plateau phase', the 'orgasm'' and the

‘resolution phase’, Basson (2001) stresses the importance of tenderness, respect and mutuality with successful stimulation dependant on it's context i.e. happening within a safe, considerate and caring environment. Her work emphasises the importance of this alternative model, arguing that some women who have felt inferior or dysfunctional due to their low sexual desire can now accept the need and relevance of emotional intimacy (Basson, 2015). This model could prove useful for new mothers who are feeling a lack of sexual intimacy and provide a support network for new fathers aiming to bring comfort to their partner during the postpartum period. There is argument that some women are accepting sexual intercourse from their partner as a way of preventing infidelity. As Babazedah (2013) explains, women sometimes experience pain or discomfort during intercourse and yet still consent by way of keeping the harmony and preventing the husband from straying, especially if they feel the communication and intimate moments are decreasing. Hill (2008) explains this as an extrinsic incentive, whereupon the woman is having sex out of a sense of duty. Babazedah’s (2013) study highlights just one of the pressures women can feel when navigating their sexual self within their new found mother status and the following section describes the mixed media messages that can also influence the mothers thoughts and feelings.

The Mommy Myth of MILFs and Matrons

When motherhood is examined through media and societal messages, there appears to be two contrasting versions of what a mother should be, firstly she is deemed a non sexual being, placing her child as her sole priority (Burkstrand-Reid, 2013). Secondly, the mother must maintain her sexual attractiveness in order to be the newer, sexier version of motherhood (Montemurro and Siefken, 2012). Burkstrand-Reid (2013; 213) argues there is no such thing as “sex for pleasure” for women, instead the State has created a dialogue around sexual activity and each woman must decide if she is having sex as a “slut” (by having protected sex for pleasure) or is she having sex as a “mother” (in order to procreate). Writing within a US law paper, Burkstrand-Reid (2013) describes how the word ‘sex' conjures up images of unbridled, unconstrained lust and the contrasting ‘motherhood’ is the institution that facilitates the control of women. In other words, whether the woman was initially having sex for procreation or pleasure, once they become pregnant, they are perceived as a mother and must do “what a good mother does” (Burkstrand-Reid, 2013; 252). Upon entering motherhood, the ideal mother is rarely associated with sexuality, instead she is stereotyped as conservative and responsible. She places the child as her first and foremost priority (Montemurro and Siefken, 2012), she is seen as the example for the children and ‘matronly’ in her appearance (367).

There is an alternative version of the mother also known as the “MILF” (Mother I’d Like to F*ck) and this “hot mum” prioritises her appearance above her status of motherhood and does not “let themselves go”, be it their figure or their status (Montemurro and Siefken, 2012; 368). Montemurro and Siefken (2012) explain that where the ‘sensible and mature’ mother is portrayed as having no sexual desire, the MILF is

regularly portrayed in the media as desirable and sexy. The MILF is portrayed as wealthy and able to afford appearance maintenance and in-house childcare, subsequently creating the “real woman’s” self awareness of their own physical limitations; such as money for 24/7 childcare and cosmetic surgery to fix the changes to their body (368). This leaves a woman feeling their label of either ‘mother’ or ‘MILF’ is defining them and if they are not labelled a MILF then they are sexually undesirable (Montemurro and Siefken, 2012). Using a social constructionist perspective, Montemurro and Siefken (2012) interviewed fifty women in order to examine these media images and the impact on women’s experience of sex. They found that approximately two thirds of the participants felt a woman’s sexuality *should* change when she becomes a mother and she ought to consider how she is presenting herself to society and her children. Drawing from Social Identity Theory (Tajfel and Turner, 1979) this section provides an indication of how a woman’s sense of identity becomes based upon their new found ‘motherhood’ group membership. Furthermore, society has created judgement about this group and the new mother experiences internal conflicts on how they should dress and behave (Montemurro and Siefken, 2012; 377).

Williams et al (2017) highlight the celebrity postpartum images in the media can have an effect on how a new mother can view themselves. Drawing from Objectification Theory (Fredrickson and Roberts, 1997) Williams et al (2017) explain media images can heighten a woman’s insecurities as their baby weight is leading them further away from the societal ideal of attractiveness. Some women may already be experiencing body image insecurity due to the various body (for example, stomach and breast) changes since having their child (Montemurro and Gillen, 2013) and Kitzinger (1985; 225) explains that where pregnancy made the woman feel “full”, after birth she feels “empty”. In Williams et al (2017) qualitative study, they detail how nearly all of the women in their sample shared negative feelings towards their own body in comparison to the celebrity postpartum bodies. More importantly, the participants felt the media teaches them how to be a good mother/wife and felt a personal failure when the unrealistic standards of the celebrity were not met (Williams et al, 2017; 14). Using the media priming framework (Roskos-Ewoldsen and Roskos-Ewoldsen, 2009), Hopper and Aubrey (2016) interviewed pre-pregnancy females subsequently finding that this process of postpartum self objectification begins even before a woman gets pregnant.

In sum, society has created a “Mommy Myth” whereupon contentment can only be reached through being a “perfect mum" and in reality, these idealised standards will forever remain out of reach no matter how hard the mother tries to “have it all” (Douglas and Michaels, 2005; 36). The following section aims to strip back all media and partner influences, laying out a more positive depiction of sexual activity.

The Sex Positive Perspective

The previous sections have detailed the physiological issues new mothers shall experience, alongside the influences that encourage and discourage

them to have sex. However, limited reference is placed on whether the sex they are having is actually pleasurable and this section seeks to explore a more sex-positive depiction of the sexual woman. Burkstrand-Reid (2013; 213) argues that despite societies attempt to control women through desexualisation, with pressures to be the "good mother", sex is popular and women in particular are sexual beings. Kaplan (2014; 89) describes sexual pleasure as a "valuable source of happiness and personal fulfilment" and Mosher (2017) builds upon this idea within his research on sex positivity. The sex-positive paradigm that Mosher refers to acknowledges the positive influences such as desire, intimacy and eroticism; opposed to the negative stances that reduce sex to just a process of influential, behavioural actions (Burnes et al, 2017b). Mosher's (2017) paper is written for counselling psychologists and recommends they adopt sex- positivity within their work, highlighting a need to liberate those who experience sex-for-pleasure and focus less on the sexual identity that society can place on a person. It is heavily documented that sexual health and well-being are fundamental aspects of human development (Mercer et al, 2013; Frith, 2015; Mosher, 2017; Debrot et al, 2017) and furthermore, these aspects are essential if people are to have "responsible, safe and satisfying sexual lives" (World Health Organization, 2006; 1). Literature highlights the relationship between sexual functioning and postnatal depression confirming sexual problems can be particularly pronounced among mothers with postnatal depression thus further expressing the benefits of sex positivity counselling (Chivers et al, 2011; Moel et al, 2010).

This section illustrates the benefits for a healthy sexual lifestyle and highlights the need for sex positivity within postpartum literature and organisations; furthermore a clearer definition of sex is needed (Hill, 2008). Where the bio-medical approach heavily focusses on sex as penile-vaginal intercourse, Cutas and Chan (2012) explain sex is about opening the heart, mind and spiritual connections. They describe how a person's body is full of erogenous zones and the entire body including the lips, thighs, scalp and brain can all be experienced as sexual organs. They maintain that when the nuclear family evolves through the boundaries of prudery and accept their desire and passion, this leads to a profound connection that dissolves any differences and generates a "constant stream of love" (Cutas and Chan, 2012; 185). Johnson (2011) addresses the matter and explains a need for clinicians to engage pregnant clients and their partners in open and meaningful discussion about their sexuality in order to promote sexual health and well being from an early onset. In other words, if the exploration of sexuality is more openly considered, then sexual communication between the couple is more likely and if there is greater communication then the sexual activity can be more fulfilling for the woman (Moel et al, 2010).

To conclude, this current study aims to explain that almost regardless of the media portrayal (that mothers should be either non-sexual or be able to "do it all") and the bio-medical literature dominating the field (stating that mothers refrain some sexual activity due to physiological 'problems') there are women who continue to experience a positive sexuality experience. This study focuses on the question: *"Why and how do these new mothers*

negotiate a positive sex life" and it has four objectives. First, to investigate postpartum mother's sexual experiences with particular focus on positive experiences. Second, to explore the meanings behind these positive experiences and who/ what is influencing them. Thirdly, to find common themes within the data and finally, to widen the literature around a mother's sexuality. By explaining how some women have a fulfilling, positive sex life, this paper intends to provide a support function for women who are not.

Methodology

Rationale

The researcher took an inductive approach when considering this qualitative research meaning that whilst pre-existing ideas and theories were considered, for example the researcher has an insider influence due to experiencing sex as a mother herself (Dwyer and Buckle, 2009), these theories simply helped to formulate the overall purpose of the study (Gray, 2014). Through a process of data gathering, attempts were taken to establish meaning, patterns and themes and through this inductive process a binding principle was established. The epistemological position for this research is one of constructivism, whereupon the subject's own truth and meaning is constructed by their interaction with the social world (Gray, 2014). This subjective stance underlies the entire research and governs the particular theoretical perspective which is, in this case, interpretivism (Fletcher, 2017). This interpretivist perspective is implicit to the research question and dictates the choice of methodology as Crotty (1998; 67) explains interpretivism looks for the "culturally derived interpretations of the social life-world" and furthermore, in contrast to positivism, social reality is different to the natural reality. In other words, by asking *"why and how do some new mothers negotiate a positive sex life?",* this research acknowledges that there may be multiple, contradictory and yet equally valid explanations for how their positive sex life exists and aims to elucidate the meaning behind why this has happened (Gray, 2014). The interpretivist approach used for this research is critical realism as it is this approach that indicates how the participant's have perceived their social world dependant on their lived experience, beliefs and expectations, simply put, the thoughts (or constructed realities) that the women interviewed have about their sex life can help to understand the causal analysis and explanation of why, for them, it is positive (Madill et al, 2000).

Sampling strategy and the participants recruited

Various exclusionary criteria was included in the participant recruitment due to the research being preoccupied with new mother's experiences of sexuality. The participant criteria was female, 18-45 years old, has given birth to a child no longer than 5 years ago (first child birthed after age 18) and self identified as having a positive experience of sex/intimacy. The aim of this criteria was to recruit women who had recently experienced or could recall recent memories of the initial 6 week postpartum period.

Through a non-probability sample framework, the research was advertised across two social media sites where the researcher's personal contacts shared the advertisement (Creswell, 2013) (appendix i). Alongside this, Brighton University's research participation system (SONA) was utilised and this technique assisted the recruitment of a wider range of participants. Braun and Clarke (2013) explain snowballing and friendship pyramid sampling such as this are common techniques in participant based research and, unlike quantitative research's aim for generalisability, this purposive sampling technique aims to generate a more in-depth understanding from a smaller sample (Patton, 2002). However, there is a risk that this sampling process can lead to recruiting the 'usual suspects' i.e. white, educated, straight people who tend to dominate psychological research and this study recognises the need for further research to be conducted on the 'hidden population' that are more difficult to engage with (Braun and Clarke, 2013; 58). This self-selecting snowball sample process led to the recruitment of five female participants with an age range of 25-44.

Research method

Interviews were chosen as the research method due to the appropriateness of gaining subjective thoughts and the 'one to one' context allowing for the exploration of the participant's feelings, perceptions, views and values (Wellington and Szczerbinski, 2007). It is recognised that interviews are the most common method of data collection within the social sciences and are noted as a "professional conversation" where the researcher asks open ended questions and the participant answers in their own words (Braun and Clarke, 2013; 77). Tang (2002) writes of the power relations between female interviewers and interviewees and how each woman interprets the cultural, social and personal backgrounds of the other and this can impact the dynamics of the interview couple. As a mother herself, the researcher shared similar critical life experiences as the participant and this enabled a shared membership of a marginalised group, in a 'community created by gender subordination', thus creating a more solid basis of equality (Tang, 2002; 718). It is further noted that when there is a "non-hierarchical relationship" between interviewer and the interviewee the resulting data will be naturally more valid (Oakley, 1981; 34). Consideration of the sensitive subject was given and the researcher encouraged a more conversational and relaxed interview atmosphere. It was essential at all times, for the researcher to be aware of the professionalism needed for the interview to be successful with no self disclosures given and the interview steered back on track when it was deemed to be "too conversational" (Braun and Clarke, 2013; 103).

Procedure

Due to the sensitivity of the research it was deemed necessary to inform the participants of what topics may arise within the interview and this was also considered a helpful memory prompt for the participants if they needed. The participants were provided with an invitation pack including a study information sheet, a list of example questions and a consent form

which they were asked to read and bring along to the interview to sign before the interview (appendix ii, iii, iv). Three interviews were carried out face to face with two being conducted as a telephone interview as this was more appropriate for the participant due to the context of their lifestyle. Braun and Clarke (2013) highlight telephone interviews are increasingly being seen as an extension of the traditional method and this was utilised in this research as a way of smoothing the process for the participant's schedule. In the event of the telephone interview, the researcher asked the participant to read the consent form whilst on the telephone and send an SMS text to confirm they had read and were happy to proceed with the interview.

The interviews were held using a semi structured approach and this allowed flexibility for the interviewer to probe further on certain comments and provide elaboration on participant's answers (Wellington and Szczerbinski, 2007). Open ended questions were asked to ensure participants were not subject to interviewer bias which ultimately increased the validity of the data (Wellington and Szczerbinski, 2007). The interviews were recorded using a dictaphone which allowed for later transcription (Bauer, 2000). Each interview lasted approximately 30 minutes and the participant was thanked for their time at the end. The audio interviews were transcribed by the researcher within 48 hours and this allowed for a greater sense of understanding of what the participant was saying, alongside the short period of time ensuring validity was maximised (Braun and Clarke, 2013). During the transcription process identifiable information was removed and to protect the participant's confidentiality, the women were provided pseudonyms of 'Julia', 'Daisy', 'Mary', 'Sally' and 'Louise'. The quotes used within the results shall be labelled with line numbers for reference back to the original transcripts (appendix vi), the original recordings were destroyed and paper transcripts were used for the analysis process.

Thematic Analysis

It is believed that thematic analysis is a "foundational method of qualitative analysis" and through the process of this analysis, the participant's meaning of their social world is generated (Braun and Clarke, 2006; 78). This was deemed the most appropriate research analysis in order to achieve a clearer understanding of the women's attitudes towards their social world; including their relationships, their role as a mother and their experiences of sex in the postpartum period. During the process of thematic analysis, specific chunks of data (words/sentences) were coded and labelled categorically (Joffe and Yardley, 2004). This coding involved reading and re-reading immensely detailed and complex interview extracts and abstracting the data that was seen to be the most salient for the purpose of the study (Dey, 1993). This was produced from the frequency of times spoken about and additionally, relationships and co-occurrences were recognised between codes (Joffe and Yardley, 2004). The codes subsequently became the reoccurring building blocks of themes and it is these themes that developed the overall coherent thesis (Braun and Clarke, 2013).

Thematic analysis involves the amalgamation of both deductive and inductive codes, firstly there are likely to be themes created from the codes that the researcher has pulled from their own theoretical perspective. Secondly, there shall be themes created from inductive coding, drawn from the raw data (Joffe and Yardley, 2004). Braun and Clarke (2006) explain that thematic analysis is useful as a method of identifying, analysing and reporting patterns of meaning and can provide an interpretation of the various aspects behind the research topic. It is not necessarily about the frequency of the data but more the meaningfulness (Braun and Clark, 2006). Following this analysis, a thematic map (appendix vii) was created and this acted as a conceptual tool to understand, classify and examine the data (Joffe, 2011). A potential pitfall of thematic analysis is to produce a lack of analysis or a weak analysis and this was considered important to the researcher (Braun and Clarke, 2006). To ensure that a good thematic analysis was conducted, the participant quotes that matched the theme were allocated to a thematic list (appendix viii) and numerous examples are laid out within this study. Attention was paid to ensure that the data set matched the analytic claim and the interpretation of the data corpus was consistent with the theoretical framework (Braun and Clarke, 2006). Overall, the aim was to produce a rich description and explanation of the phenomenon 'mother's sex lives', by laying out the multi-faceted processes and complex meanings the women portrayed in their interviews (Braun and Clarke, 2013).

Ethical considerations

The British Psychological Society state that it is essential for researchers to behave ethically and that good psychological research can only be achieved if there is a mutual trust and respect between the researcher and the participant (BPS, 2014). This research was approved by the University of Brighton SASS ethics panel (appendix ix) and due to the nature of the topic discussed, sensitivity had to be considered. It was acknowledged that some participants may find talking about their sex lives as taboo or embarrassing so every effort was made to ensure the participant was comfortable and that no psychological harm was caused (BPS, 2014). Ethical issues regarding disclosure of personal information involving another person were addressed by using the consent form and the initial introductory talk which advised that no other names shall be used within the interview, as these people have not directly consented to taking part in the study (Braun and Clarke, 2013).

In line with ethical guidelines, the participant's were notified before the interview starts that should they become uncomfortable or distressed, they may terminate and withdraw from the interview at any point and support information was to hand upon disclosure of any risky behaviour, domestic violence or concerns around sexual health/abuse (BPS, 2014). Furthermore, to address confidentiality issues, a safe place was agreed for the interview to take place, including telephone interviews for those who needed and participants were given pseudonyms to protect their identity (Bryman, 2012). The data was stored on a password secured laptop alongside a university networked computer. Following the interview, in

order to address any questions, a debriefing component was created to allow participants to discuss their thoughts and reactions. Participant's were notified about what would be done with any notes and the audio recording destroyed. Support services were detailed in the briefing sheet, should the participants wish to discuss any adverse psychological issues.

The following section shall lay out the results and analysis.

Results and Analysis

As discussed in the introduction, women have to navigate many changes to their relationships and social roles when becoming a mother (Woolhouse et al, 2014) and the results of this research corroborate with this finding. There are five key themes that arose within the data with the first theme reflecting the findings of Montemurro and Siefken (2012) who explain women feel pressure to change when they become a mother. The second theme herein supports Woolhouse et al's (2014) conclusion that a mother's intimate relationship is important as all of the participants interviewed for this research reported their partner was an influence (positive and negative) on their post baby sexual experience. There are three further themes that arose from the research that are not so heavily documented in the current literature; firstly, women can still have sexual thoughts, even in the absence of physical sexual activity. For example, McDonald et al (2015) report that 89% of women report sexual health issues with loss of interest and pain being common causes however this current research shows women can still feel like sexual beings, even when they are unable or choosing to not be sexually active. Another theme highlighted is the power and control a woman feels if she can retain her sexual identity as it is recognised that women can lose their sense of self when they first become a mother (Laney et al, 2015). The final theme discussed outlines the need for sex and orgasm as a form of stress relief which supports Hill and Preston (1996) who highlight that whilst individuals are motivated for sexual activity, it is not always just for pleasure but also for the emotional rewards that promote their wellbeing.

The pressure mothers feel - to be the MILF or the Matron?

"It's everywhere, in our society I think. Also, I think you really see your partner for who he is, once you've had a baby with him. Because prior to that, pressures are different, the real pressure comes from having a baby because that shows you how much support you're really going to get" (Julia; 314-317)

The aim of this study was to focus on positive aspects of a new mother's sexual experience however as with any semi structured interview, with an individual living an abundance of experiences, an array of positive and negative tales can arise (Braun and Clarke, 2013). It is therefore deemed pertinent to reflect this within the analysis. Of the five women interviewed, 100% mentioned certain pressures they felt when becoming a mother and this pressure held several meanings; pressure to have sex or to not, to be someone they felt they were not and to bounce back to pre-baby body. These pressures were felt to materialise from media, health professionals,

family, friends and partner and persisted whether the mother returned to sexual activity or did not. Julia explains the pressure she felt to return to her pre-baby body saying "*I think... there is a lot of the pressure on the woman to get herself back... bounce back to pre-baby body after two weeks or whatever, which is absolutely unrealistic...makes women feel like, if they're not that way... then they are unlikely to enjoy their sex life again"* (302-307). This negative feeling towards her post baby body highlights the argument that Williams et al (2017) make and lends further support to Objectification Theory (Fredrickson and Roberts, 1997). However, even for the participants returning to sex in the first few weeks of motherhood, pressure was felt by health professionals as Sally indicates *"Yeah, I think it's all about the pressure. Where they say you must wait for six weeks, and we didn't, so we were worried"* (127-128), alongside the societal pressure that Louise feels *"I think society would make me out to be rampant sex addict if they knew how I feel about sex!"* (266-268). These comments confirm the contradictory pressures women feel, not only to get back to their pre-baby 'sexy' self but also to be sensible and mature, with no sexual desire (Montemurro and Siefken, 2012).

Pressure can also arise from the partner as Julia explains her reluctance to have sexual relations with the father of her first child; *"I was tired and felt under pressure to be someone I wasn't, mostly by him"* (102-103) and this indicates the potential negative pressure a new mother can feel from her partner. This represents how relationship quality can decrease upon the arrival of a new child and this reduction of relationship satisfaction leads to a decrease in sexual desire and overall intimacy (Doss et al, 2009; Khajehei et al, 2015). An alternative form of pressure comes from Mary who describes her active sex life during the first few weeks as a *"caring service"* and refers to her obligational acceptance of sex, *"so I just, do the right thing and then just wish for it to be over"* explaining how she is used to always *"do(ing) what the other one wants"* (68;153). This illustrates that some new mothers may be resuming sexual activity purely to keep their partner happy and this can be for positive and negative reasons (Babazedah, 2013). The pressure Mary talks of can be a result of perceived unequal division of labour that men and women may experience which creates a resentment by the mother if sex is seen as yet another chore (Cappell et al, 2016). This is represented in Mary's eagerness to give her partner oral sex stating *"...because he's the breadwinner, dah dah dah, I think by having his cock in my mouth, it gives me that role reversal"* (224-225). To conclude, women can feel a multitude of pressure and yet, for these participants, this pressure does not necessarily equate to a postpartum asexual sense of self as suggested by Montemurro and Siefken (2012; 385). The following theme illustrates the more positive influence a partner can have and how this can create a positive experience of postpartum sex.

The partner's influence - The effects of communication, cuddles and compliments

"there's a desire to satisfy him and that subsequently satisfies me. It's a mutual thing I guess. I want him to be sexually satisfied and that ultimately

means I am sexually satisfied. We look after each other. It's an intimate companionship I guess." (Louise; 168-171)

A woman's intimate relationship is important to her and upon entering parenthood a significant strain on the relationship can be experienced (Woolhouse et al, 2014). Whilst this was acknowledged within this research, with Julia expressing *"I think thats why a lot of relationships break up when theres a baby involved"* Julia goes on to say *"the ones who don't is because I think their partners are more understanding and allow the woman to evolve through this"* (319-322). This positive feedback was reported often from the five participants and contributors to this positivity include communication, affection/intimacy and compliments/reassurance. Explanatory analysis highlighted 'communication' as a key factor for Daisy within her parenthood transition as she responded *"oh yeah, definitely, we talk about everything"* when asked if she felt the communication with her partner helped with their intimacy (172) following later with *"it's like a connection thing"* (180). This positive and expected result from Daisy corresponds with Ahlborg et al (2009) who state that good communication within the couple is linked to higher levels of sexual satisfaction.

When examining the reasons for Daisy's positive sex relationship, it was noted that sensuality was arguably higher on her list of priorities than sex. This is demonstrated when she said *"we make love in other ways, we cuddle each other...we're kind and we laugh with each other... like laying on the sofa with each other, to me, thats like making love. We haven't had sex and bish bash bosh that's that, we're intimate in other ways and it's not just sex"* (131-135). This highlights that when a couple are not in the mood for full penetrative sex, they may compensate with sensuality, including cuddling and kissing and whilst the distinction between sexuality and sensuality remains unclear, it is noted that sensual activity can have a real impact on the stability of the relationship (Ahlborg et al, 2005). There is argument that through sensuality, sexual desire can be awoken (Ahlborg et al, 2005) and this was recognised by Sally at the thought of her fiancé kissing her neck *"he knows that's my button so I just grabbed him and then we just kind of did it!"* (184-185). Sally's description of a satisfying sexual encounter represents the connection that they have and how a simple kiss from her partner can awaken her sexual self.

The positive effects of compliments must also be considered when explaining the influence a partner can have on a woman's sexual self and this is expressed with Sally's description of her fiancés comment *"you still look gorgeous to me"* (146) and Louise commenting *"If it wasn't for him, I don't think I would have the sex drive that I do. He makes me feel sexy. In the way, like, how he knows how to touch me, he compliments me. He makes me feel like I haven't changed, I'm still me. Our sex is good sex because it's us"* (223-225). Sex positivity for these women arises from their partner's desire of them and his compliments fuel the sexual desire within her to be close to him, thus supporting Hipp et al's (2012) and Debrot et al's (2017) research. To conclude this section, women are aware that the new baby can affect their relationship negatively, however these

participants demonstrate how an intimate and sexual connection with their partner can enable them to still feel sexy, even after childbirth.

Sexual thoughts remain (even in the absence of physical sexual activity)

"*But it's difficult for me to have the sex that I want, living in the close proximity that we (all) live in. And if I can't have it like that, then I don't want it at all"* (Mary; 275-276)

The most central finding of this research is that new mothers can still feel like sexual beings, even in the event of not actively being sexual and this is a distinct theme to bring to the sexuality literature. Biomedical literature points out the un-sexiness of childbirth alongside the following healing process and women's lack of sexual interest is quite understandable when considering she may be experiencing milk leaking nipples, a dress size larger knickers containing a sanitary towel as well as extreme stress and fatigue from an unsettled baby (Kitzinger, 1985). For some breastfeeding mothers, a reduced sexual desire may arise as Julia mentions *"With regards to pleasuring myself, that felt like a long way off back then, because my body belonged to my baby"* (155-157). This lack of sex drive can be due to the guilt some mothers feel using their breasts for both feeding and sexual purposes, alongside intercourse being more painful for breastfeeding mothers (Ahlborg et al, 2005). However, a number of participants in this research challenged the idea of a reduced sex drive, explaining what they felt in their head was different to how they felt in their body. This includes Julia explaining *"I still felt like I wanted to be touched. Just not by him (laughing) I felt like I wanted to feel sexy, to be how I was before"* (85) and *"I still felt like touching myself but never really got the time!"* (91).

The mothers interviewed had children ranging 8 weeks to teenagers and this opened a range of difficulties for the woman to physically have sex. Women can reduce their sexual life for a number of reasons; pregnant women may be concerned about damaging the foetus so will refrain from sex, the first year postpartum brings physical pain, body image concerns, emotional adaptation and tiredness. Furthermore, mothers of older children are concentrating more on being a good example and directing their own child's sexuality (Montemurro and Siefken, 2012). However, the women of this research indicate that motherhood and sexuality are very much connected and mothers are still thinking about sex, even if they are not active. Interestingly, Mary describes *"I am a sexual person but I don't think I am an overtly sexual person"* (85) and when encouraged further on this Mary describes how she wants "*to be having noisy, dirty, filthy sex. (But) I can't have noisy, dirty, filthy sex because I've got the kids around me..."* (266-268). This highlights a desire for sex but factors are preventing the reality and the thoughts take on a fantasy basis. Zurbriggen and Yost (2004) claim that women use fantasy as a safe space to focus on their pleasure and desire and these "imaginative processes" remain as internal pleasurable satisfaction (Hill, 2008; 249). This is evident within Mary's comment of *wanting* "noisy, dirty, filthy sex" as she is expressing her female desire yet acknowledging her traditional role of sexuality

"gatekeeper", controlling her urges because she understands she is a mother with responsibilities (Zurbriggen and Yost, 2004; p.289). This data brings forward a new dimension to a mother's sexuality, demanding future research look beyond the reductive biomedical framework and search for a clearer definition of sexuality. For these women, sex does not need to be a physical activity but can happen in their minds at anytime of the day or night.

Using sex as a form of power and control - for self and the couple

"*I still feel like a sexual person. I never wanted the baby to change me but of course he has. My body has changed and our social lives have changed but sex was the one thing that didn't have to change I guess"* (Sally; 192-194)

There is little doubt that becoming a parent can be a life changing event; alongside the physiological changes, a woman's descriptive title has forever changed to one of 'Mum' (Shea et al, 2016). This can lead to an issue around self identity as Sally explains her feelings around sex *"Well, at first I still felt like mum, I was in the mummy role. I think you take that role on immediately and it's kind of, that's you"* (231-232). It was noted within the results the need to feel more than 'just a mum' and the participants acknowledged the power and control they felt when it came to sex. For Sally, sex can be used as a form of control in order to regain her identity as she explains *"as we've done it (sex) more and more, I think it's then just like, I'm me. I'm not mum anymore, I am just 'Sally'"* (233-235). Louise agrees, *"I'd been given this mum label but in the bedroom I wasn't just a mum, I could control what label I had"* (250-252). This represents how the women are aware of the dominant discourses around their social identity (Turner and Tajfel, 1979) and yet, through their sexuality, are able to exercise autonomy and control over the changes (Shea et al, 2016).

In contrast to the Mommy Myth (Douglas and Michaels, 2005) discussed in the literature review, for some mothers interviewed there did not have to be a choice between being a good mum and being a sexual being, instead they find ways to juggle their time. For example, Sally explains snatching time when baby sleeps to engage in sexual activity *"I think the more you do it and get more confident, you can zone out of being mum for a bit"* (239). This data suggests the women are developing a set of coping strategies to their new found situation whereupon they acknowledge the transitions of early motherhood and are constructing resilience to any negative effects on their sexuality (Shea et al, 2016). Louise highlights the control she feels after she has placed baby safely in his cot and is sexually active *"I feel that sex was the one thing... nothing changed with that. It was, I was still me, that part of me hadn't changed... I still had the control over that side of it. That was the one thing I still had of me, for me"* (247-250). Women can often feel that motherhood has pervaded their lives to such a degree that they no longer know who they are and they can suffer a fractured identity (Montemurro and Siefken, 2012; Laney et al, 2015) however, Louise is describing her sex life as one thing that did not have to change and this enabled her to redefine herself. She is aware the baby has transformed her to a mother, indeed become embedded in to her very

being, yet she is able to regain a sense of self through her sexual relations.

Mohr et al (2017) explain a greater understanding is needed of the transition to motherhood in order to avoid the dyadic relationship falling in to a compromising position. The results of this research represent how positive, pleasurable sexuality can bring a couple closer together during this period. Louise explains how she uses sex to retain the couple's power of the situation *"I think it was important for us to get, to try and get our relationship back on track... the first weeks of having a baby... it's a little bit chaotic and you're not together as such. You're kind of, you two and then this little baby and thats what your life revolves around for 5-6 weeks, so it was important for us to get that part of our relationship back"* (96-100). This means that for some women, whilst the baby has undoubtedly changed the dynamics of the relationship, controlling 'couple time' and having time as 'just us' is important for family life. Some women can feel liberated by solitary sexual encounters, as Mary describes the pleasure she gets from masturbating *"I wasn't just a mum or just someone's partner. I was young and sexy and I could fling my hair around and be crazy for a bit"* (302-303) thus representing how she redefines herself when alone, away from all family life. This section concludes that these women have been able to renegotiate a positive sex life through taking charge of their lives and embracing the one thing they feel they still have control over; sex.

Sex and orgasms can be deemed a stress relief

"But I think sex is about pressure release? Like, life changed and with that came extra pressure, looking after a baby is intense and new and tiring and I feel like sex is a time to relax and when I orgasm I can literally feel the tension ease away!" (Louise; 203-206)

As previously mentioned, the transition to motherhood can be stressful. The women of this research explain how they can use sex, in particular orgasm, to help relieve this stress and ultimately provide them with a positive sexuality during motherhood. It is well documented within existing literature that orgasms are beneficial for health and well being (Frith, 2013; Mahs and Binik, 2005; Hill and Preston, 1996) and Sayin (2012) explains the female orgasm can be a source of intense pleasure including genito-pelvic sensation from the richly innervated clitoris and enlargement of the G-spot alongside psychological affects such as relief of tension and decrease of anxiety. It is therefore understandable the mothers of this research highlight the relaxing qualities of their orgasms and yet there is currently no unified theory to link the benefit of orgasm to the stresses of motherhood. Mary explains how *"it can all build up",* stating her *"sexual frustration"* can be caused from her hectic lifestyle (282-284). She describes orgasm as a *"release"* which can *"easily rectify"* the issue of frustration and make things *"normal again"* (286-287). Mary compares the effect of orgasm to *"like a massage or something"* (291) and this data reflects the physical benefits an orgasm can have on a mother. This biomedical approach is useful for providing an understanding of the physiological effects however, lacks explanation of the meanings behind

orgasm as Frith (2015; 147) highlights “orgasm is not just a bodily experience” but one “laden with meaning”.

Some women experience sex and orgasm as a more meaningful experience which allows them to “zone out”, as exampled by Sally who reveals her experience of relaxing sex; *“you get to enjoy it and not worry kind of thing. Particularly in the build up to orgasm, Like I proper zone out and then afterwards, you have to get a grip again and get back to life! (laughing)”* (240-242) thus highlighting her ability to mentally lift out of her life for a period of time, in an almost ‘out of body’ experience. This experience is best placed within the experiential framework which provides an alternative understanding of the orgasm, placing emphasis on embodied pleasure and emotional significance (Frith, 2015). Sally’s example lends support to Lousada and Angel’s (2011) work on the tantric orgasm where her description of sex with her partner is described as being on an interpersonal dimension, whereupon the couple are sharing an intimate experience of being one rather than separate. Participant Mary illustrates the ‘intra’ personal dimension of the tantric orgasm model, as she discloses her masturbatory experience as *“just me, my hands and a beautiful fantasy in my head”* (309) (Lousada and Angel, 2011). These women are not just experiencing orgasm as a genital encounter but as “orgastic potency”; the capacity to be free from any inhibition, surrendering to the flow of biological energy and discharge their pent up sexual excitation (Reich, 1983; 102).

This section clearly defines how women can use sex as *“self medication”* in order to relieve their stress (Louise, 211) and this can be through the physical effects or through a psychologically satisfying, meaningful event with orgasm being seen as a route to “increased intimacy” and the “merging of souls” (Frith, 2015; 15; Potts, 2000a; 63). This section has been concurrent with the previous four sections in answering the question around how these women negotiate a positive sex life after having a baby regardless of the sex negativity the literature generally holds. Having addressed the research question, this study will turn to discuss the interpretation of these results, critically evaluating the study and suggesting a path for future research.

Discussion

“Why and how do some new mothers negotiate a positive sex life?”

In the literature review, this study explained the biomedical field heavily dominates the literature on new mothers sexuality and the approach generally portrays a negative depiction (Cappell et al, 2016). This study challenges the idea that women shall delay sexual activity due to medical issues, as the data expresses they shall use forms of sensuality and intimacy to retain their sexual identity. Additionally, the data reveals gaps in the current biomedical understanding of postpartum sexuality as the sample interviewed highlights the continuation of sexual thoughts even in the absence of sexual activity, demonstrating the physical act of penile-vaginal intercourse is not necessarily the pinnacle of sex (O’Malley et al, 2015). The interviewees revealed stress relieving factors of orgasm for

new mothers and this is considered a fruitful area for further research. This research calls for the medical model to widen its consideration of the orgasm, and its well being links, to be beneficial for postpartum women as this is deemed to be one of life's most stressful times (Montemurro and Siefken, 2012).

This study supports the current literature around the partner's influence on sexual activity (Hipp et al, 2012), reinforcing communication, affection and reassuring compliments as factors that will affect a new mother's sex positivity. However, further elements that aid the woman's sexual depiction of themselves are gaining power and control over the situation and this is not covered to a great extent within the current literature. Women will use sex to retain a sense of closeness with their partner, establishing a distinction between the *'nuclear family'* (Cutus and Chan, 2012) and *"just us two"* (Sally, 166) ultimately taking control of the new found situation. This approach of power and control is challenging the Mommy Myth discussed in the literature review (Douglas and Michaels, 2005) as the stories that came to light in this research express women can use their sexuality as a means of staying *"young and sexy"* (Mary, 302) and subsequently learning how to place their *"mummy role"* (Sally, 231) and their *'sexual role'* in to two separate categories. Overall, whilst this research mirrors the multiple pressures women feel it conversely demonstrates a positive depiction of how some women can navigate around the pressure and resume a satisfying sexuality post baby.

Whilst positive explanations are clear from this data as to what is influencing and how these women are confident in their sex lives, it is still not fully understood what and who is controlling this confidence within the women. This study recognises there is a limitation to knowing 'reality', either as empirically known which is generally represented in the biomedical field (positivism) or constructed through human discourse (constructivism), instead believing some knowledge can be more real than other knowledge (Fletcher, 2017). Within critical realism, it is important to remember the *nature* of reality (ontology) can not be simplified to ones *knowledge* of reality (epistemology) as Fletcher (2017; 182) states "Human knowledge captures only a small part of a deeper and vaster reality". Placing this in context with this study, the interviews carried out enabled the researcher to establish what was real for the participants through the "iceberg metaphor" and their causal processes were explored. However, the participants reality is not necessarily going to be the same as someone else's reality and therefore somewhat lacking in reliability and generalisability (Roberts, 2014; 183).

Furthermore the researcher is aware that there may be issues around influencing the interview as she self identifies as an insider to the research topic. Denzin (1994) explains the presence of the researcher shall always affect the outcome of the research to some extent however the researcher analysed her self critically and recursively to reduce any personal biases and concerns associated with 'insider membership' were minimal (Dwyer and Buckle, 2009). It is clear from the data that there is more to learn about postpartum women's experience of sexuality and future psychosocial research could steer away from partner influence instead

placing interest on single mothers, who do not necessarily have a partner to compliment and reassure them. This analysis could bring forward a further dimension to the sex positive literature and may allow for a greater analysis of masturbation, orgasm and its well being links. In sum, the women interviewed for this study spoke often of the influence their male partner had on their positivity, begging the question, what influences your positive sexuality if you are single? Furthermore this study acknowledges its limited reference to same sex couples and again this would be a constructive and beneficial area for future research.

In sum, the research was successful overall, drawing sex positivity research together with existing biomedical and psychosocial fields of sexuality research, showing originality in its message. As a mother herself, the researcher recognised a need for sex positivity within the postpartum literature and in contrast to negative problem solving, a philosophy was needed to portray a more positive angle (Cappell et al, 2016). Engaging in reflexive self analysis (appendix x), the researcher acknowledges her personal experience was the baseline for this reasoning and overall, this position allowed for greater possibilities within the results (Tang, 2002; Reid et al, 2018). The researcher's position is situated within a sex positive perspective and it is recognised the data interpretation would naturally take this stance also. Whilst results of pressure and partner influence were somewhat predicted by the researcher, the impact of sexual thoughts, power and control and orgasm as a stress relief were unexpected themes, illustrating inductive and deductive analysis. By laying out a positive standpoint, the researcher aims to build signposts for professionals interested in a framework that incorporates the biomedical literature with sex positivity. This unified approach is considered useful for midwifes, postpartum healthcare providers, and sex therapists alike, in order to advise women (and men) about the new and challenging parental situation they may find themselves in. Furthermore, this new approach could not only help and reassure new mothers experiencing sex positivity or not but could also provide a framework of support for new mothers who may be struggling with their well being, sense of self or experiencing a relationship breakdown.

Closing Thoughts

To conclude, this study aimed to explore the more positive experiences of postpartum sexuality that are infrequently considered in the psychological literature, with the research demonstrating that women can have a multitude of explanations for how they are achieving this positivity. It was acknowledged by the participants that the postpartum period can carry a range of pressures and yet with the presence of a supportive partner who compliments, cuddles and communicates with you, sex positivity can remain. There is originality in the findings and where current literature often focusses on penile-vaginal intercourse as the principal form of sexual activity, this research highlights that sexual thoughts can create a sexual sense of self within women and they do not necessarily need to be active to be sexually satisfied. Women can use their sexual expression as a means of gaining power and control over the disorientating postpartum period, furthermore women can use sex and orgasm as a stress relief

when needed. Collectively these themes reveal that women can have an enthusiastic postpartum sexual experience, where a person's entire body can be considered a sexual organ, including the brain. Simply put, women retain their positive sexuality through a spectrum of ways: from an intimate cuddle or conversation to an internal fantasy or physical orgasm. The results of this research draw attention to an under studied area of sexuality and provides two key messages: firstly there is need for a clearer definition of sexuality and secondly, calls for a unified approach drawing together the biomedical model with the sex positive perspective, placing the benefits of sex and orgasm directly within postpartum studies.

Reference List

Acele, E. Ö., & Karaçam, Z. (2012) Sexual problems in women during the first postpartum year and related conditions. Journal of Clinical Nursing, 21(7-8), 929-937. doi:10.1111/j. 1365-2702.2011.03882.x

Ahlborg T., Dahlof L.G. & Hallberg L.R. (2005) Quality of intimate and sexual relationship in first- time parents six months after delivery. J Sex Res 42(2), 167–174.

Ahlborg, T., Misvaer, N., & Möller, A. (2009). Perception of marital quality by parents with small children: A follow-up study when the firstborn is 4 years old. Journal of Family Nursing, 15(2), 237-263. doi:10.1177/1074840709334925

Ahlborg T., Rudeblad K., Linner S. & Linton S. (2008) Sensual and sexual marital contentment in parents of small children – a follow-up study when the first child is four years old. Journal of! Sex Research 45(3), 295–304.

Ahlborg T. & Strandmark M. (2006) Factors influencing the quality of intimate relationships six months after delivery—First- time parents' own views and coping strategies. Journal of Psychosomatic Obstetrics & Gynecology 27(3), 163–172.

Babazadeh, R., Najmabadi, K. M., Mirzaii, K., & Masomi, Z. (2013). Changes in sexual desire and activity during pregnancy among women in shahroud, iran. International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics, 120(1), 82.

Baksu B., Davas I., Agar E., Akyol A. & Varolan A. (2007) The effect of mode of delivery on postpartum sexual functioning in primiparous women. International Urogynecology Journal and Pelvic Floor Dysfunction 18(4), 401–406.

Barbara, G., Pifarotti, P., Facchin, F., Cortinovis, I., Dridi, D., Ronchetti, C., Calzolari, L. and Vercellini, P. (2016). Impact of Mode of Delivery on Female Postpartum Sexual Functioning: Spontaneous Vaginal Delivery and Operative Vaginal Delivery vs Cesarean Section. The Journal of Sexual Medicine, 13(3), pp.393-401.

Basson, R. (2000). The female sexual response: A different model. Journal of Sex & Marital Therapy, 26(1), 51-65. doi:10.1080/009262300278641

Basson, R. (2001). Human sex-response cycles. Journal of Sex & Marital Therapy, 27(1), 33-43. doi: 10.1080/00926230152035831

Basson, R. (2001). Using a different model for female sexual response to address women's problematic low sexual desire. Journal of Sex & Marital Therapy, 27(5), 395-403. doi: 10.1080/713846827

Basson, R. (2002). A model of women's sexual arousal. Journal of Sex & Marital Therapy, 28(1), 1-10. doi:10.1080/009262302317250963

Basson, R. (2014). On the definition of female sexual Interest/Arousal disorder. Archives of Sexual Behavior, 43(7), 1225-1226. doi:10.1007/s10508-014-0324-0

Basson, R. (2015). Human sexual response. Handbook of Clinical Neurology, 130, 11

Bauer, M. (2000). Classical Content Analysis: A Review. In M. Bauer and G. Gaskell (eds). Qualitative Researching with Text, Image and Sound. London: Sage.

BPS (2014) The British Psychological Society; BPS Code of Human Research Ethics (2nd edition, 2014) [Online} Available: https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014 [Accessed 6th April 2018]

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology. Qualitative Research in Psychology. (3), pp.77-101

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. London: SAGE

Brotto, L. A., & Basson, R. (2014). Group mindfulness-based therapy significantly improves sexual desire in women. Behaviour Research and Therapy, 57, 43-54. doi:10.1016/j.brat.2014.04.001

Bryman, A. (2012). Social Research Methods. 4th ed. Oxford: Oxford University Press.

Burkstrand-Reid, B. (2013). From sex for pleasure to sex for parenthood: How the law manufactures mothers. Hastings Law Journal, 65(1), 211-258.

Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017a). Graduate counselling psychology training in sex and sexuality: An exploratory analysis. The Counselling Psychologist, 45, 504–527. doi: 10.1177/0011000017714765

Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017b). Sex positivity and counseling psychology: An introduction to the major contribution. The Counseling Psychologist, 45, 470–486. doi:10.1177/0011000017710216

Cantarino, S. G., Pinto, José Manuel de Matos, Fabião, Joana Alice da Silva Amaro de Oliveira, García, A. M. C., Abellán, M. V., & Rodrigues, M. A. (2016). The importance of Religiosity/ Spirituality in the sexuality of pregnant and postpartum women. PloS One, 11(6), e0156809.doi: 10.1371/journal.pone.0156809

Cappell, J., MacDonald, T. K., & Pukall, C. F. (2016). For new mothers, the relationship matters: Relationship characteristics and postpartum sexuality. The Canadian Journal of Human Sexuality, 25(2), 126-137. doi:10.3138/cjhs.252-A5

Carlisle, G. C. (2018). Enlightened sexuality: Exploring the implications of sacred sexuality. Journal of Psychology and Theology, 46(1), 22-37. doi:10.1177/0091647117750654

Caruso, S., Agnello, C., Malandrino, C., Lo Presti, L., Cicero, C., & Cianci, S. (2014). Do hormones influence women's sex? sexual activity over the menstrual cycle. The Journal of Sexual Medicine, 11(1), 211-221. doi:10.1111/jsm.12348

Chang, S., Chang, T., Chen, K., & Lin, H. (2010). Sexual function in women 3 days and 6 weeks after childbirth: A prospective longitudinal study using the taiwan version of the female sexual function index. The Journal of Sexual Medicine, 7(12), 3946-3956. doi:10.1111/j. 1743-6109.2010.01752.x

Chivers, M. L., Pittini, R., Grigoriadis, S., Villegas, L., & Ross, L. E. (2011). The relationship between sexual functioning and depressive symptomatology in postpartum women: A pilot study. Journal of Sexual Medicine, 8(3), 792-799. doi:10.1111/j.1743-6109.2010.02154.x

Citak, N., Cam, C., Arslan, H., Karateke, A., Tug, N., Ayaz, R., & Celik, C. (2010). Postpartum sexual function of women and the effects of early pelvic floor muscle exercises. Acta Obstetricia Et Gynecologica Scandinavica, 89(6), 817-822. doi:10.3109/00016341003801623

Cowan, P.A. and Cowan, C.P. (1992) When Partners Become Parents: The Big Life Change for Couples. New York: Basic Books

Creswell, J. W. (2013). Qualitative inquiry & research design: Choosing among five approaches (3rd ed.). Thousand Oaks, Calif: SAGE Publications.

Crotty, M. (1998). The foundations of social research: Meaning and perspective in the research process. London: SAGE.

Cutas, D., & Chan, S. (2012). Families: Beyond the nuclear ideal. London: Bloomsbury.

Debrot, A., Meuwly, N., Muise, A., Impett, E. A., & Schoebi, D. (2017). More than just sex: Affection mediates the association between sexual activity and well-being. Personality and Social Psychology Bulletin, 43(3), 287-299. doi:10.1177/0146167216684124

DeJudicibus M.A. & McCabe M.P. (2002) Psychological factors and the sexuality of pregnant and postpartum women. Journal of Sex Research 39(2), 94–103.

Denscombe, M (2007). The good research guide: for small scale research projects. Maidenhead: Open University Press.

Denzin, N. (1994). The Art and Politics of Interpretation. In: Denzin, N and Lincoln Y Handbook of Qualitative Research. London: Sage. 563-669.

Department of Health (2013) A Framework for Sexual Health Improvement in England. Department of Health, London.

De Souza, A., Dwyer, P., Charity, M., Thomas, E., Ferreira, C. and Schierlitz, L. (2015). The effects of mode delivery on postpartum sexual function: a prospective study. BJOG: An International Journal of Obstetrics & Gynaecology, 122(10), pp.1410-1418.

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. Journal of Personality and Social Psychology, 96(3), 601-619. 10.1037/a0013969

Dey, I. (1993). Qualitative Data Analysis: A Use Friendly Guide for Social Scientists. London: Routledge.

Douglas, S. J., & Michaels, M. W. (2005). The mommy myth: The idealization of motherhood and how it has undermined all women. New York: Free Press.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. International Journal of Qualitative Methods, 8(1), 54-63. doi: 10.1177/160940690900800105

Erenel, A. S., Eroglu, K., Vural, G., & Dilbaz, B. (2011). A pilot study: In what ways do women in turkey experience a change in their sexuality during pregnancy? Sexuality and Disability, 29(3), 207-216. doi:10.1007/s11195-011-9200-1

Fahs, B. (2011). Performing sex: The making and unmaking of women's erotic lives. Albany: State University of New York.

Fahs, B., & Swank, E. (2011). Social identities as predictors of women's sexual satisfaction and sexual activity. Archives of Sexual Behavior, 40(5), 903. doi:10.1007/s10508-010-9681-5

Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. International Journal of Social Research Methodology, 20(2), 181-194. 10.1080/13645579.2016.1144401

Fredrickson, B., & Roberts, T. (1997). Objectification theory - toward understanding women's lived experiences and mental health risks. Psychology of Women Quarterly, 21(2), 173-206.

Frith, H. (2013). Labouring on orgasms: Embodiment, efficiency, entitlement and obligations in heterosex.

Frith, H. (2013). Accounting for orgasmic absence: Exploring heterosex using the story completion method.

Frith, H. (2015). Orgasmic bodies: The orgasm in contemporary western culture. Basingstoke: Palgrave Macmillan.10.1057/9781137304377

Frith, H. (2015). Sexercising to orgasm: Embodied pedagogy and sexual labour in women's magazines.

Glazener C.M.A. (1997) Sexual function after childbirth: women's experiences, persistent morbidity and lack of professional recognition. BJOG: An International Journal of Obstetrics & Gynaecology 104(3), 330–335.

Gray, D.E. (2014) Doing research in the real world. (Third Ed.). London: Sage

Hansen, L. (2010). 'Ontologies, Epistemologies, Methodologies'. In L. Shepard (ed). Gender Matters in Politics. New York: Routledge.

Hansson, M., & Ahlborg, T. (2012). Quality of the intimate and sexual relationship in first-time parents – A longitudinal study. Sexual & Reproductive Healthcare, 3(1), 21-29. doi:10.1016/j.srhc. 2011.10.002

Hill, C. A. (2008). Human sexuality: Personality and social psychological perspectives. London;Los Angeles;: Sage.

Hill, C. A., & Preston, L. K. (1996). Individual differences in the experience of sexual motivation: Theory and measurement of dispositional sexual motives. Journal of Sex Research, 33, 27–45.

Hipp, L., Kane Low, L. and van Anders, S. (2012). Exploring Women's Postpartum Sexuality: Social, Psychological, Relational, and Birth-Related Contextual Factors. The Journal of Sexual Medicine, 9(9), pp.2330-2341.

Holt, N. and Walker, I. (2009). Research with People: Theory, Plans and Practicals. Basingstoke: Palgrave Macmillan.

Hopper, K. and Aubrey, J. (2015). Bodies After Babies: The Impact of Depictions of Recently Post- Partum Celebrities on Non-Pregnant Women's Body Image. Sex Roles, 74(1-2), pp.24-34.

Joffe, H. (2011). ‘Thematic Analysis’. In D. Harper and A. Thompson (eds). Qualitative Methods in Mental Health and Psychology: A Guide for Students and Practitioners. Chichester: Wiley Pubishing.

Joffe, H. and Yardley, L. (2004). ‘Content and Thematic Analysis’. In D. Marks and L. Yardley (eds). Research Methods for Clinical and Health Psychology. London: Sage.

Johnson, C. (2011). Sexual Health during Pregnancy and the Postpartum (CME). The Journal of Sexual Medicine, 8(5), pp.1267-1284.

Kaplan, H.S. (1979) Disorders of sexual desire and other new concepts and techniques in sex therapy. New York: Brunner/Mazel, Inc.

Kaplan, M. (2014). Sex-positive law. New York University Law Review, 89(1), 89-164.

Khajehei, M., Doherty, M., Tilley, P., & Sauer, K. (2015). Prevalence and risk factors of sexual dysfunction in postpartum australian women. Journal of Sexual Medicine, 12(6), 1415-1426. 10.1111/jsm.12901

Kitzinger, S. (1985). Woman's experience of sex. Harmondsworth: Penguin.

Kleinplatz, P., Ménard, A., Paradis, N., Campbell, M. and Dalgleish, T. (2013). Beyond sexual stereotypes: Revealing group similarities and differences in optimal sexuality. Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 45(3), pp.250-258.

Kolberg Tennfjord, M., Hilde, G., Stær-Jensen, J., Siafarikas, F., Engh, M. E., & Bø, K. (2016). Effect of postpartum pelvic floor muscle training on vaginal symptoms and sexual dysfunction— secondary analysis of a randomised trial. BJOG: An International Journal of Obstetrics & Gynaecology, 123(4), 634-642. doi:10.1111/1471-0528.13823

Kvale, S (2007). Doing Interviews. Qualitative Research Kit. 2nd ed. London: Sage.

Laney, E. K., Hall, M. E. L., Anderson, T. L., & Willingham, M. M. (2015). Becoming a mother: The influence of motherhood on women's identity development. Identity, 15(2), 126-145. 10.1080/15283488.2015.1023440 Page!35of5!9 15807163

Lee, J., & Tsai, J. (2012). Transtheoretical Model-based postpartum sexual health education program improves women's sexual behaviors and sexual health. The Journal of Sexual Medicine, 9(4), 986-996. doi:10.1111/j.1743-6109.2011.02419.x

Lousada, M., & Angel, E. (2011). Tantric orgasm: Beyond masters and johnson. Sexual and Relationship Therapy, 26(4), 389-402. doi:10.1080/14681994.2011.647903

MacAdam, R., Huuva, E., Berterö, C., Institutionen för medicin och hälsa, Linköpings universitet, Omvårdnad, & Hälsouniversitetet. (2011). Fathers' experiences after having a child: Sexuality becomes tailored according to circumstances. Midwifery, 27(5), e149-e155. doi:10.1016/j.midw. 2009.12.007

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. British Journal of Psychology, 91(1), 1-20. doi:10.1348/000712600161646

Mah, K., and Binik, Y. M. (2001). The nature of human orgasm: A critical review of major trends. Clinical Psychology Review, 21, 823–856.

Mah, K., and Binik, Y. M. (2002). Do all orgasms feel alike? Evaluating a two- dimensional model of the orgasm experience across gender and sexual context. The Journal of Sex Research, 39, 104–113.

Mah, K. and Binik, Y. M. (2005) Are Orgasms in the Mind or the Body? Psychosocial Versus Physiological Correlates of Orgasmic Pleasure and Satisfaction, Journal of Sex & Marital Therapy, 31:3, 187-200, DOI: 10.1080/00926230590513401

March, K. (2008). Motherhood, Personal Agency and Breaching Family Norms. Sex Roles, 60(3-4), pp.295-297.

Mark, K., Garcia, J. and Fisher, H. (2015). Perceived emotional and sexual satisfaction across sexual relationship contexts: Gender and sexual orientation differences and similarities. The Canadian Journal of Human Sexuality, 24(2), pp.120-130.

Masters, W.H. and Johnson V.E. (1966) Human sexual response. Boston: Little Brown and Co.

Masters, W. H., Johnson, V. E., & Kolodny, R. C. (1995). Human sexuality (5th ed.). New York: HarperCollins College Publishers.

McDonald, E., Woolhouse, H., & Brown, S. J. (2015). Consultation about sexual health issues in the year after childbirth: A cohort study. Birth, 42(4), 354-361. doi:10.1111/birt.12193

Mercer, C. H., Tanton, C., Prah, P., Erens, B., Sonnenberg, P., Clifton, S., . . . Johnson, A. M. (2013). Changes in sexual attitudes and lifestyles in britain through the life course and over time: Findings from the national surveys of sexual attitudes and lifestyles (natsal). Lancet (London, England), 382(9907), 1781. doi:10.1016/S0140-6736(13)62035-8

Mickelson K.D. & Joseph J.A. (2012) Postpartum body satisfaction and intimacy in first-time parents. Sex Roles 67(5–6), 300–310.

Miles, M.B. (1979). Qualitative data as an attractive nuisance: The problem of analysis. Administrative Science Quarterly, 24(4), 590-601.

Moel, J. E., Buttner, M. M., O'Hara, M. W., Stuart, S., & Gorman, L. (2010). Sexual function in the postpartum period: Effects of maternal depression and interpersonal psychotherapy treatment. Archives of Women's Mental Health, 13(6), 495-504. doi:10.1007/s00737-010-0168-0

Mohr, M. v., Mayes, L. C., & Helena J V Rutherford. (2017). The transition to motherhood: Psychoanalysis and neuroscience perspectives. The Psychoanalytic Study of the Child, 70(1), 154. doi:10.1080/00797308.2016.1277905

Montemurro, B. and Gillen, M. (2013). Wrinkles and Sagging Flesh: Exploring Transformations in Women's Sexual Body Image. Journal of Women & Aging, 25(1), pp.3-23.

Montemurro, B. and Siefken, J. (2012). MILFS and Matrons: Images and Realities of Mothers' Sexuality. Sexuality & Culture, 16(4), pp.366-388.

Morof D, Barrett G, Peacock J, Victor CR & Manyonda I (2003) Postnatal depression and sexual health after childbirth. Obstetrics & Gynecology 102, 1318–1325.

Mosher, C. M. (2017). Historical perspectives of sex positivity: Contributing to a new paradigm within counseling psychology. The Counseling Psychologist, 45(4), 487-503. doi: 10.1177/0011000017713755

Muchembled, R. (2008). Orgasm and the west: A history of pleasure from the sixteenth century to the present. Cambridge: Polity.

Oakley A (1981) Interviewing women: A contradiction in terms? In: Roberts H (ed.) Doing Feminist Research. London: Routledge and Kegan Paul, 30–61.

Oakley, A. (2016). Interviewing women again: Power, time and the gift. Sociology, 50(1), 195-213. doi:10.1177/0038038515580253

Olsson A., Lundqvist M., Faxelid E. & Nissen E. (2005) Women's thoughts about sexual life after childbirth: focus group discussions with women after childbirth. Scandinavian Journal of Caring Sciences 19(4), 381–387.

Olsson, A., Robertson, E., Björklund, A., Nissen, E., Institution en för Vårdvetenskap, & Högskolan i Borås. (2010). Fatherhood in focus, sexual activity can wait: New fathers' experience about sexual life after childbirth. Scandinavian Journal of Caring Sciences, 24(4), 716-725. doi:10.1111/j. 1471-6712.2009.00768.x

Olsson A., Robertson E., Falk K. & Nissen E. (2011) Assessing women's sexual life after childbirth: the role of the postnatal check. Midwifery 27(2), 195–202.

O'Malley, D., Higgins, A. and Smith, V. (2015). Postpartum sexual health: a principle-based concept analysis. Journal of Advanced Nursing, 71(10), pp.2247-2257.

Patton, M. Q. (2002). Qualitative research & evaluation methods (3rd ed.). Thousand Oaks, Calif;London;: Sage.

Potts, A. (2000a) Coming, coming gone: A feminist deconstruction of heterosexual orgasm. Sexualities, 3(1): 55-76
Reich, W. (1983). The function of the orgasm (V. Cafagno, Trans.). London: Souvenir Press

Reid, A., Brown, J. M., Smith, J. M., Cope, A. C., & Jamieson, S. (2018). Ethical dilemmas and reflexivity in qualitative research. Perspectives on Medical Education, 7(2), 69-75. doi:10.1007/ s40037-018-0412-2

Roberts, J. M. (2014). Critical realism, dialectics, and qualitative research methods. Journal for the Theory of Social Behaviour, 44(1), 1-23. doi:10.1111/jtsb.12056

Roskos-Ewoldsen, D. R., & Roskos-Ewoldsen, B. (2009). Message processing. In C. R. Berger, M. E. Roloff, & D. R. Roskos-Ewoldsen (Eds.), The handbook of communication science (pp. 129– 145). Thousand Oaks: Sage.

Sayin, U. (2012). Doors of female orgasmic consciousness: New theories on the peak experience and mechanisms of female orgasm and expanded sexual response. Neuroquantology, 10(4) doi:10.14704/ nq.2012.10.4.627

Shea, R., Bryant, L., & Wendt, S. (2016). 'Nappy bags instead of handbags': Young motherhood and self-identity. Journal of Sociology, 52(4), 840-855. 10.1177/1440783315599594

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. The social psychology of intergroup relations?, 33, 47.

Tang, N. (2002). Interviewer and interviewee relationships between women. Sociology, 36(3), 703-721. doi:10.1177/0038038502036003011

van Anders, S., Hipp, L. and Kane Low, L. (2013). Exploring Co-Parent Experiences of Sexuality in the First 3 Months after Birth. The Journal of Sexual Medicine, 10(8), pp.1988-1999.

Vance, C. V. (Ed.). (1989). Pleasure and danger: Exploring female sexuality. London: Pandora Vine, S. (2006,). Motherhood as a self-loss state: Final 4 edition. The Times

von Sydow K. (1999) Sexuality during pregnancy and after childbirth: a meta content analysis of 59 studies. Journal of Psychosomatic Research 47(1), 27–49.

von Sydow K. (2002) Sexual enjoyment and orgasm postpartum: sex differences and perceptual accuracy concerning partners' sexual experience. Journal of Psychosomatic Obstetrics and Gynecology 23(3), 147–155.

von Sydow K., Ullmeyer M. & Happ N. (2001) Sexual activity during pregnancy and after childbirth: results from the Sexual Preferences Questionnaire. Journal of Psychosomatic Obstetrics and Gynaecology 22(1), 29–40.

Walton, I. (1994). Sexuality and motherhood. Hale: Books for Midwives Press.

Warner, J. (2006). Perfect madness: Motherhood in the age of anxiety. London: Vermilion.

Wellington, J. and Szczerbinski, M. (2007). Research Methods for the Social Sciences. London: Continuum International Publishing Group.

Williams, B., Christopher, K. and Sinski, J. (2017). "Who Doesn't Want to Be This Hot Mom?": Celebrity Mom Profiles and Mothers' Accounts of Their Postpartum Bodies. SAGE Open, 7(3), p. 215824401772056.

Willig, C. (2013). Introducing qualitative research in psychology (Third ed.). Maidenhead, Berkshire: Open University Press.

Woolhouse, H., McDonald, E. and Brown, S. (2012). Women's experiences of sex and intimacy after childbirth: making the adjustment to motherhood. Journal of Psychosomatic Obstetrics & Gynecology, 33(4), pp.185-190.

Woolhouse, H., McDonald, E. and Brown, S. (2014). Changes to sexual and intimate relationships in the postnatal period: women's experiences with health professionals. Australian Journal of Primary Health, 20(3), p.298.

World Health Organization (2006). Defining sexual health: Report of a technical con- sultation on sexual health. Geneva, Switzerland: Author. Retrieved from http:// www.who.int/reproductivehealth/ topics/gender_rights/defining_sexual_health. pd. In: Mosher, C. M. (2017). Historical perspectives of sex positivity: Contributing to a new paradigm within counseling psychology. The Counseling Psychologist, 45(4), 487-503. doi:10.1177/0011000017713755

Wylie, K. (2008). Are we getting better at finding pleasure and satisfaction from our sex lives?. Sexologies, 17, p.S2.

Yardley, L. (2008). ‘Demonstrating Validity in Qualitative Psychology’. In J. Smith (ed). Qualitative Psychology: A Practical Guide for Research Methods. London: Sage.

Yee, L. M., Kaimal, A. J., Nakagawa, S., Houston, K., & Kuppermann, M. (2013). Predictors of postpartum sexual activity and function in a diverse population of women. Journal of Midwifery & Women's Health, 58(6), 654-661. doi:10.1111/jmwh.12068

Zurbriggen, E. L., & Yost, M. R. (2004). Power, desire, and pleasure in sexual fantasies. Journal of Sex Research, 41(3), 288-300. 10.1080/00224490409552236

-