

Construct Measurement and the Creation of “Norms” in Sexuality Research

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what is normal?

The charmed circle:
 Good, Normal, Natural, Blessed Sexuality

- Heterosexual
- Married
- Monogamous
- Procreative
- Non-commercial
- In pairs
- In a relationship
- Same generation
- In private
- No pornography
- Bodies only
- Vanilla

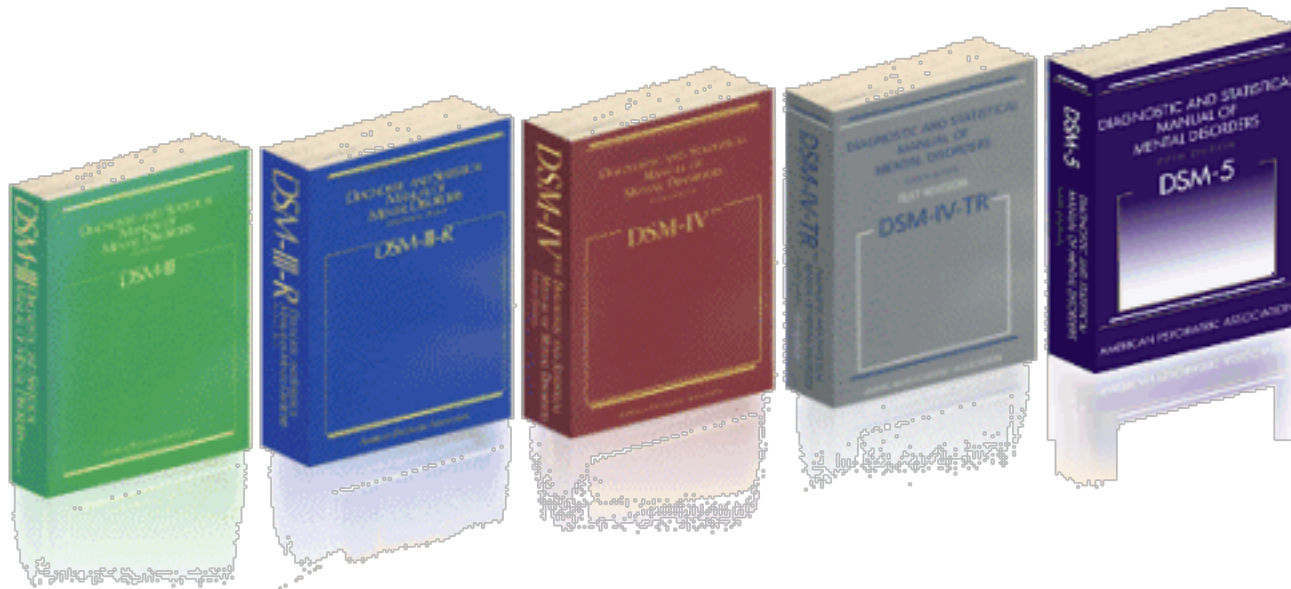


The outer limits:
 Bad, Abnormal, Unnatural,
 Damned Sexuality

- Homosexual
- Unmarried
- Promiscuous
- Non-procreative
- Commercial
- Alone or in groups
- Casual
- Cross-generational
- In public
- Pornography
- With manufactured objects
- Sadomasochistic

How is Sexuality Normalized?

The DSM is a major mechanism in how and why sexuality is normalized, regulated, and treated.





DSM I (1952)

Personality disorders: *sexual deviance*

Psychophysiological autonomic and visceral disorders: *frigidity* and *impotence*

DSM II (1968)

Supplemental addition of dyspareunia
with little detail



DSM III (1980)

First attempt to incorporate research in diagnostic criteria

Shift from psychoanalytic framework to biological psychiatry

Emergence of sexual appetite and inhibited sexual desire

Clear boundaries between 'normal' and 'sick'



DSM III (1980)

Addition of psychosexual disorders

- gender identity disorders

- paraphilias

 - fetishism, transvestism, pedophilia, voyeurism,

 - etc.

- psychosexual dysfunctions

 - inhibited **desire**, excitement, orgasm, etc.

 - Kaplan



DSM III-R (1987)

Psychosexual dysfunction changed to sexual dysfunction

sexual desire disorder, sexual aversion, female sexual arousal disorder, inhibited female orgasm, dyspareunia, vaginismus, sexual dysfunction not otherwise specified

DSM IV (1994)

Incorporated sexual dysfunction due to general medical condition and substance induced sexual dysfunction



Explicit diagnostic criteria....

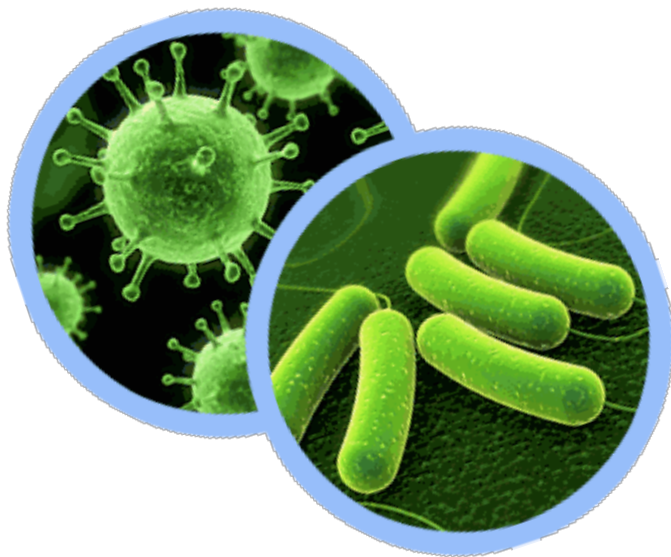
...ensuring reliability?

...how do we ensure reliability when there is not a clear boundary between healthy and sick?



This line that separates healthy from unhealthy in traditional medicine is relatively unproblematic...

...but in psychiatry and psychology it is different.





“Psychodiagnostic labeling is merely a
historically shaped tool of
social power” -Wakefield

*“Translating feelings and emotional responses to
measurable quantitative numbers”* –Foucault

Historically, sexual appetite has been
problematized, particularly with women...

...we see this is still an issue today with FSIAD

Yet Kinsey saw sexuality on a continuum and
pushed against the idea of 'normal'...

“Good” sex:

Normal, Natural, Healthy, Holy
Heterosexual
Married
Monogamous
Reproductive
At home

“The Line”

Major area of contest

Unmarried heterosexual couples
Promiscuous Heterosexuals
Masturbation

Long-term, stable lesbian and
gay male couples

Lesbians in the bar
Promiscuous gay men at
the baths or in the park

“Bad” sex:

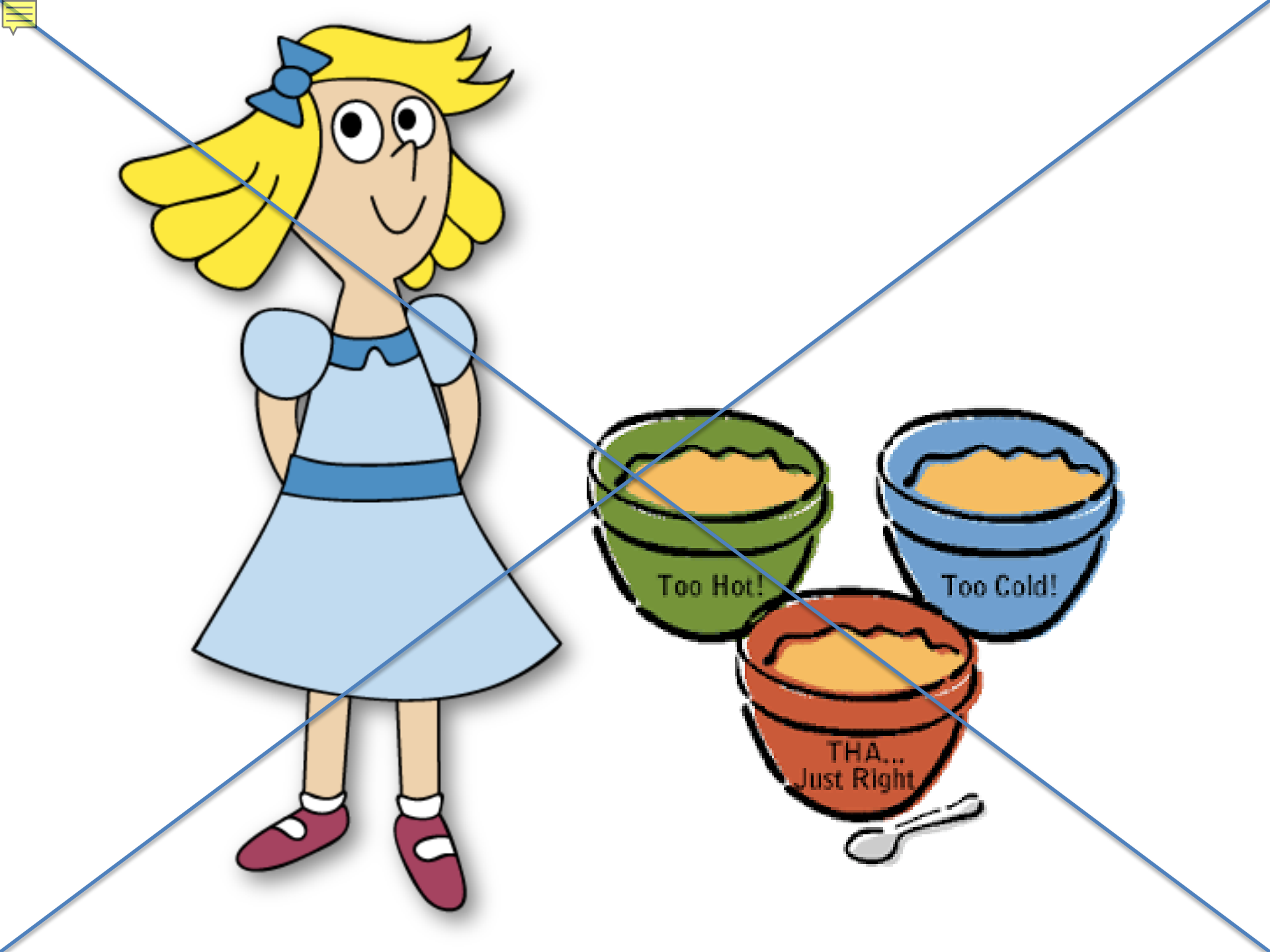
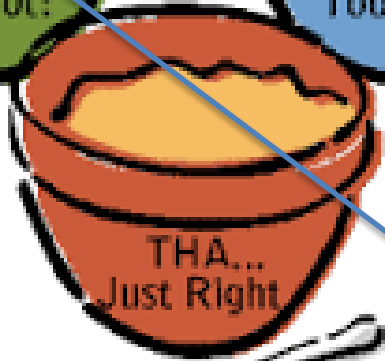
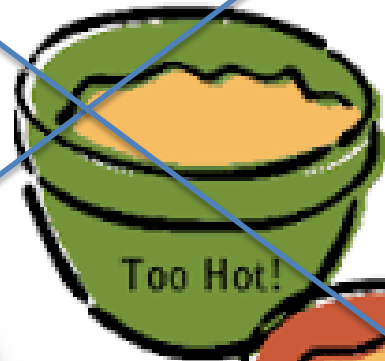
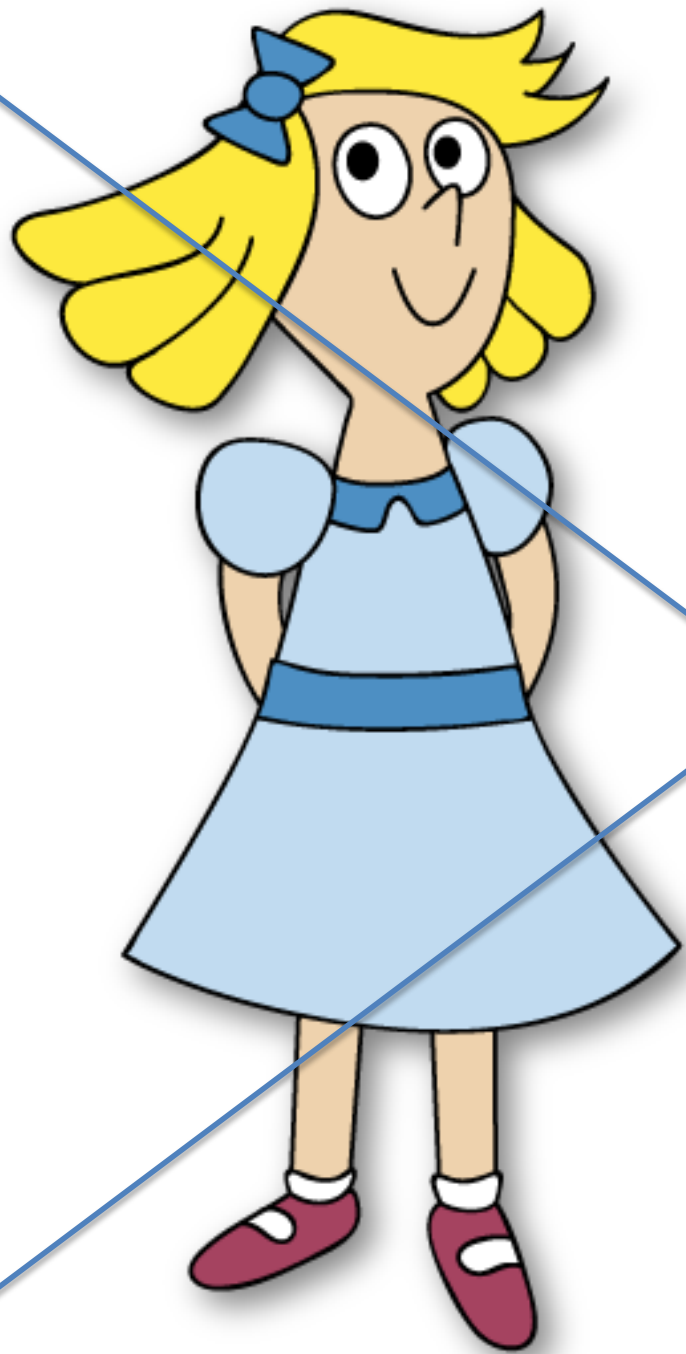
Abnormal, Unnatural,
Sick, Sinful, “Way Out”

Transvestites
Transsexuals
Fetishists
Sadomasochists
For money
Cross-generational

Best

Worst

FIGURE 2. The sex hierarchy: the struggle over where to draw the line



...but what IS just right?

different for every context

couple

individual

situation



measurement is systematic





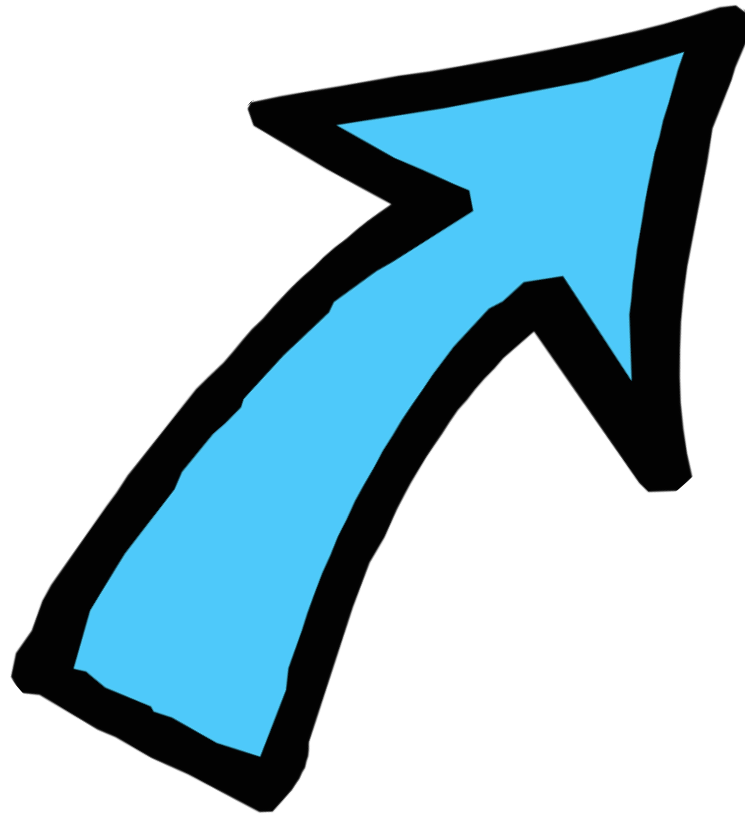
In research and clinical practice, it is often expected to have clinical cut off scores...

these scores do not take into account
context





Inflated incidence of disorders



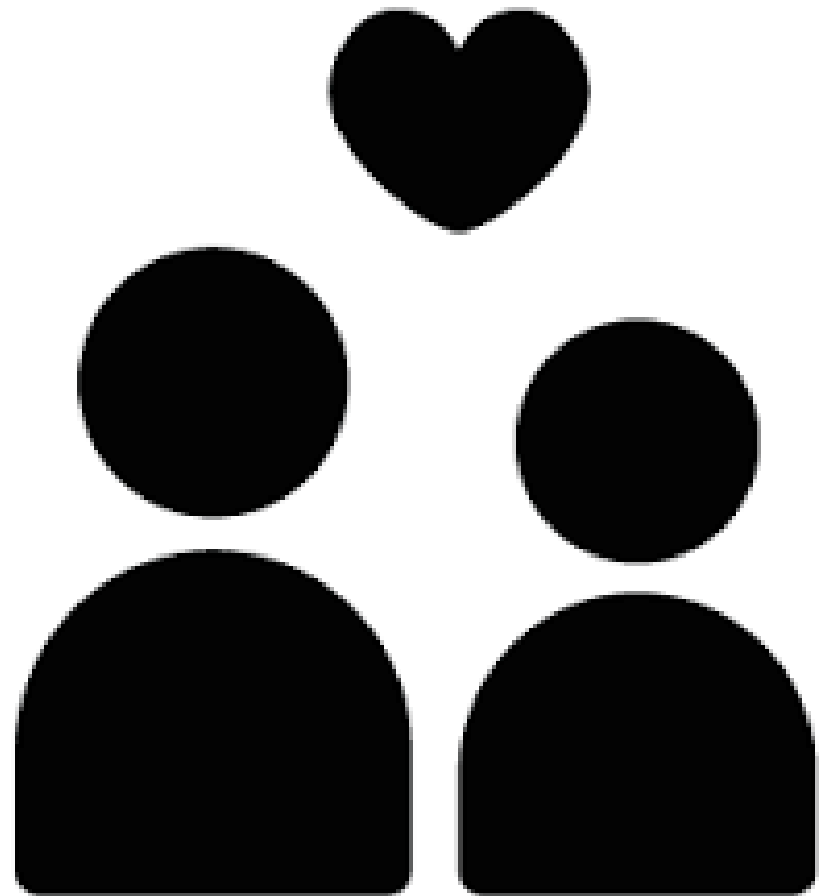
can lead to problems in
treatment and research



what do we do?



collect data from couples





use mixed methods





measure and control for context





emphasize the importance of distress





frequency and duration

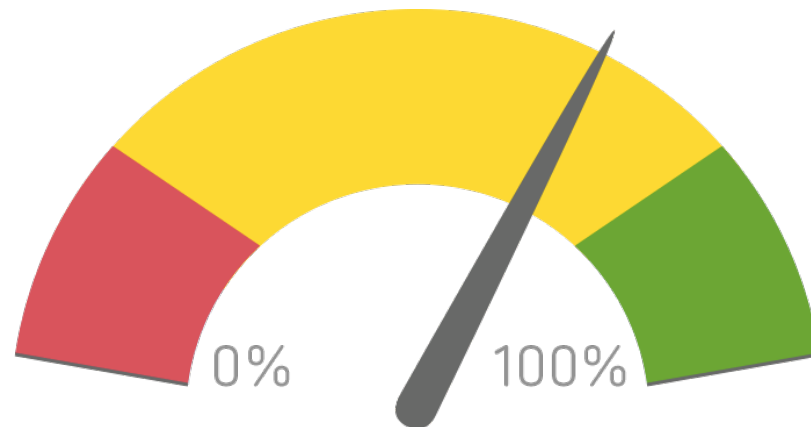
important context for women

to minimize pathologizing normal
and adaptive variations in functioning



sexual desire discrepancy

use the partner as the benchmark for “normal”
rather than an arbitrary score



include **context** in the
creation of scales

allow scales to easily be used
on a **dyadic** level

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