

# **Keeping Sex Secret: the hidden aspects of sex-research**

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## **Introduction**

Sex-research has had a long, varied, and often-secret history (Caplan, 1987; Segal et al, 1997; Parker and Gagnon, 1995; Hickman, 1999; Soble, 1996). Many sexologists of have downplayed theories (see Crooks and Baur, 1996), or aspects of their personal lives (Jones, 1997); and frequently research has fitted, rather than challenged the status quo (Caplan, 1987; Segal et al, 1997; Parker and Gagnon, 1995). It would be pleasant to believe contemporary sex-research is more open to reflecting diverse sexual experiences, and challenge sexual inequalities. However, as this paper will show, many modern theories and studies are actually biased, poorly designed, and frequently prejudicial rather than positive (Tiefer, 2000, 2001). Postmodernist approaches have permitted us to review the way sex-research was completed in the past (Segal et al, 1997; Parker and Gagnon, 1995, Boynton, 1998), and to question how we currently view 'sex' (Tiefer, 2004).

Yet these approaches do not seem to be being applied to contemporary sexology, where biomedical paradigms are rapidly gaining ground. The main reason for this is research funding. Past studies of sex have been limited due to lack of funding – either because sex wasn't seen as a 'life or death' issue, or because when it was, those affected were in minority sexual groups disapproved of by wider society (Segal et al, 1997; Parker and Gagnon, 1995, Tiefer, 2000). However, with the advent of Viagra, pharmaceutical companies have been more willing to fund research – primarily in the area of sexual dysfunction (Tiefer, 2001; Boynton, 2001; Moynihan, 2003). For many sex-researchers, the rapid transition from marginalized minority, through to a recognised (and funded) specialty, has been welcomed (see Boynton, 2002, Tiefer, 2001). It is not surprising many have accepted said funding, and more are being attracted to this discipline.

In addition, the public now have better access to sex information via the media, and are asking more questions about their sex lives. Furthermore, we are encouraged to see sexual rights as human rights

(see <http://www.siecus.org/inter/inte0006.html>), so sex-researchers are required to discover what people's needs are. And finally, although people are being encouraged to have fantastic, frenetic, and problem-free sex; we are still facing problems of sexual ignorance, sexual violence, and increases in sexually transmitted infections, all of which require careful study and reportage.

Although it may seem we are becoming increasingly sex-obsessed and demanding (Braithwaite, 1994), particularly in the West, there are many areas of sexual ignorance - sexual secrets. And none more so than in the area of sex-research. This paper outlines key areas within the research process where, if one were using the discourse of current sexology, one could describe as 'dysfunctional'. Many of the issues raised here are not unique to sex-research, but given the rapid changes in this area of study do require critical evaluation. The aim of this paper is to outline problematic issues, encourage critical thinking, and offer solutions to sex-research problems.

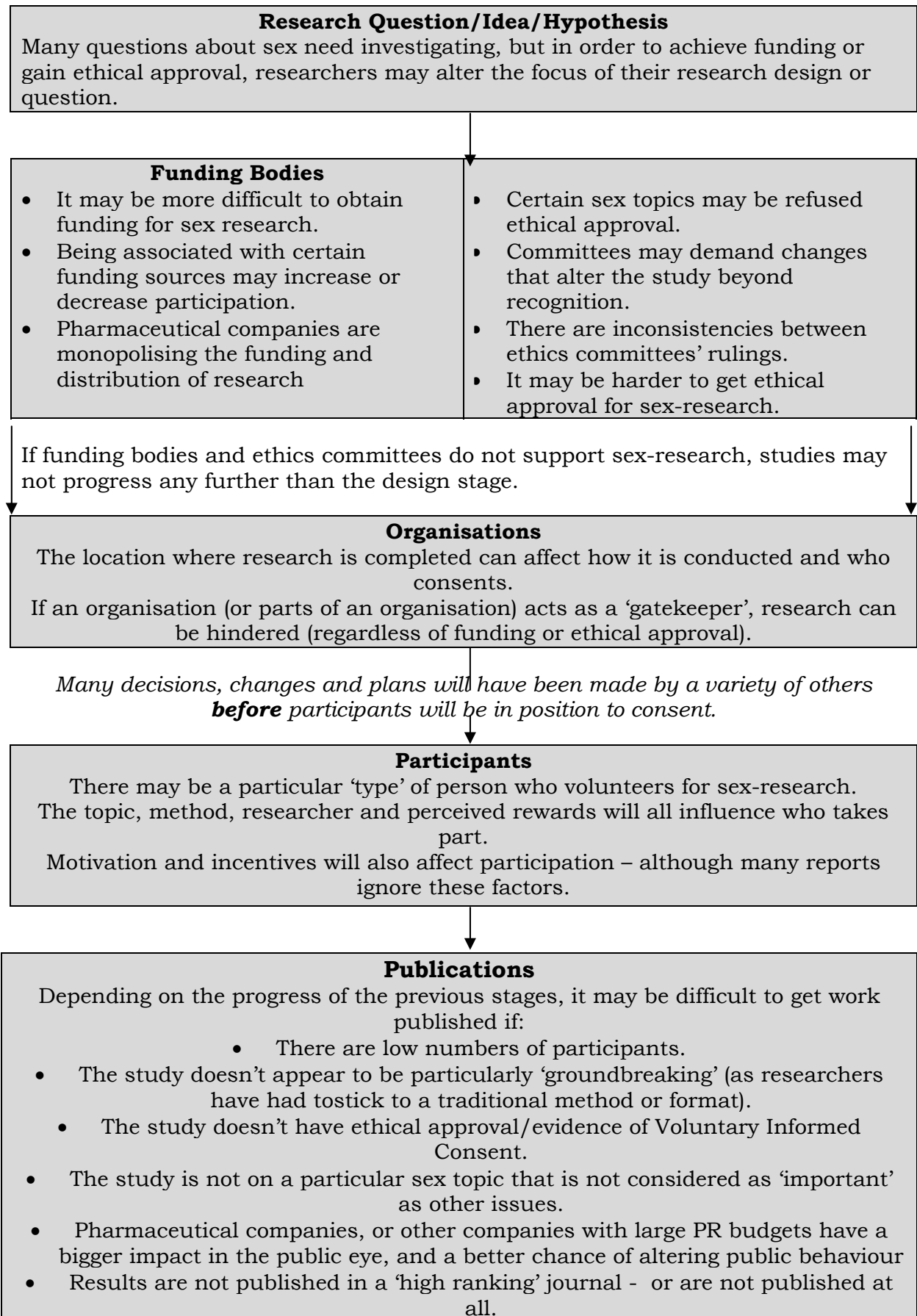
Figure One (below) outlines the (sex) research process. Problems outlined are not unique to sex-research, but many areas of study are uniquely affected when applied to this discipline, as this paper will now outline.

## **Research Hierarchies**

Anecdotal and research evidence suggests that sex-research is not viewed as important as other social or health topics (Tiefer, 2004; Segal, 1994; Parker and Gagnon, 1995) resulting in sex-research being fitted into a medical model to gain credibility. It has been suggested that some topics of sex-research are considered more 'relevant' than others, with some non-sexual topics perceived to be more important. Consequently people may be less likely to agree to participate in sex-research, believing it to be less 'valid' than other areas of scientific enquiry. This may also link to the way in which research is presented. If a study appears to explore 'sex for sex's sake', it may be less well received than a study that has clear links to health, safety, or personal well-being.

**Solution:** researcher's need training in how to select the 'best method' for a research question, and to make sex-research transparent, so the public are aware of the need for work, and how it should be conducted.

**Figure One: The Process of (Sex) Research**



## **Funding Bodies**

There is a growing concern amongst sex-researchers, practitioners and activists about the funding of sex-research by pharmaceutical companies (Tiefer, 2004; Kaschak and Tiefer 2001). Companies are biasing research by setting agendas through funding, and simultaneously defining how sex is defined and measured (Moynihan, 2003). This is most evident in the area of 'sexual (dys)function' (Tiefer, 2004; Moynihan, 2003). A number of studies have revealed that sexual dysfunction (problems with desire, arousal, and orgasm) is prevalent in both genders (Laumann et al, 1999). However, the as we shall see later in this paper, the way in which sexual problems are classified is highly problematic (but rarely spoken about). As well as stating sexual dysfunctions (such as erectile dysfunction) are **medical** problems that can and should be treated (Boynton, 2001; Tiefer 2001), pharmaceutical companies are now creating questionnaires that measure these problems (e.g. Quirk et al, 2002). There are a number of measures to examine sexual functioning, and yet several colleagues have told me the pharmaceutical companies who are funding their research have instructed them to use the 'company approved' measure. This stays a sexual secret because funding companies won't want it known, and researchers will either be afraid of losing funding, or may not realise it's a problem – especially if they believe they've been referred to the 'best' measure.

**Solution:** Researchers should be made aware of 'good practice', to challenge unethical funding, and to consider conflicts of interest in their work.

## **Ethics Committees**

Talk to anyone who completes research on sensitive issues, and they will be able to tell you a story of an ethics committee who blocked or disrupted their work. Whilst ethics committees are there to protect the public, many prevent sex-research being completed. Anecdotal evidence suggests that this has more to do with committee member's anxieties or prejudices about sex. Colleagues I've spoken to have reported committee member's telling them their research was '*disgusting*', '*nothing more than tabloid journalism*', '*shockingly dirty*', '*puerile*', and '*quite funny really*' (in all cases, before refusing permission or for the research to proceed, or requesting significant changes to the study). Many committee members may be themselves ignorant about sex, which prevents them reviewing work adequately; and often leads to work being delayed or discontinued. And yet, at the

same time, TV and PR companies are able to ask highly sensitive questions of the public (see Boynton, Shaw and Callaghan, 2004).

**Solution:** Offer training to committee members to enable them to develop greater awareness of sexological issues and methods. And researchers should speak more openly about barriers encountered with ethics committees, as well as educating the public about what is genuine, ethically approved sex-research – and what work doesn't have this stamp of approval.

## **Research Philosophies and Questions**

As already stated, post-modern challenges to sexology have made a fundamental difference to how we view, study and address sexual issues (Segal et al, 1997; Parker and Gagnon, 1995; Soble, 1996). But sex-research is being increasingly medicalised, and as a result any challenges to traditional views of testing, measuring, and defining sex are met with hostility or mistrust. Most research into sex, particularly around sexual behaviours, is based upon Masters and Johnson's Human Sexual Response Cycle [HSRC] (1966). Critical approaches have shown how this work was flawed in the way it defined, measured, and reported sexual behaviour (Tiefer, 2004). For those who don't know the model, it was developed from research on participants who **volunteered** to have sex in a **laboratory setting**, and **were able to function sexually** in those circumstances. As Tiefer criticises - *"if you want to study human sexual behaviours, do you only select international recording artists?"* (2004, p.44). Participants who could not 'perform' to the HSRC model were removed from the study, and many received 'training' to help them 'perform' whilst attached to various monitoring devices. In cases where participants didn't perform as well as expected, they were given immediate counselling and suggestions for improvement. For these reasons Tiefer (and many others) believe the HSRC was a self-fulfilling prophecy, and expresses concern that the model has been extensively used to determine and diagnose the sexual behaviour of hundreds of people, particularly since it is used as a classification of dysfunction in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). And yet many who use measures or diagnostic categories based on this model haven't heard how it was created, or are unaware that alternative ways of viewing sexual behaviour are available (see The Working Group for a New View of Women's Sexual Problems, 2001).

**Solution:** those being taught about sex (research) should be made aware of flaws within existing models, be given skills on how to

deconstruct research paradigms, and be encouraged to develop new ways to report sexual behaviour.

## **Methods**

Due to demands on research (see figure one), it may be that researchers adjust their studies to examine questions in traditional ways using traditional formats. Therefore, certain experiments/sex studies appear to be affected by the use of leading questions, biased samples, pseudo-objectivity, and experimenter expectancy effects (Fisher and Grenier, 1992). Within the social sciences, maintaining experimental formats in particular may lead to researchers missing or overlooking other important questions or findings – so flawed studies exacerbate rather than solve problems. In health/medical research, an over reliance on quantitative methods, epidemiological studies, or the support of the RCT (Randomised Controlled Trial) as a ‘Gold Standard’ may also contribute to research difficulties.

The available methods for studying sex are strongly influenced by dominant research philosophies (see above). The result is a bias towards medical or experimentally-based studies that tend to be quantitative rather than qualitative in approach. Whilst there’s nothing inherently wrong with wanting to use quantitative approaches, or examining epidemiological or medical aspects of sex, it becomes problematic when the underlying methods are not suitable for sex-research. It has been suggested that certain methods are more appropriate when studying ‘sensitive issues’, and that choosing the ‘right’ method is important given that this may increase or decrease levels of consent. In certain situations face-to-face interviews can be comforting, whilst in others they might be intimidating. Questionnaires can be a useful means of collecting anonymous data – and computerised interviews containing standardised measures or open-ended questions have been suggested as an appropriate means of encouraging high response rates in sensitive studies. Alternatively there may be no ‘perfect’ method best suited to sensitive subjects.

**Solution:** researchers ought to be encouraged to consider the demands of their research on participants, and tailor their work to suit the needs of said participants, as opposed to the views of what the researcher feels is ‘best’.

## **Voluntary Informed Consent**

When consenting participants in a sex study are university students,

or some other group who are known to the researcher; and where the researcher is in a more powerful position, the issue of consent is highly important, as an awareness of the researcher will create an additional bias in the sample (Francis and Stanley, 1991; Johnson and Moore, 1993). People may refuse due to anxieties about discussing highly personal issues in the presence of someone who has power over other areas of their lives, or may join in specifically to 'please' the researcher. Yet papers commonly omit details about the researcher/participant relationship (Fisher and Grenier, 1992; see also Banyard and Hunt, 2000), indeed this is one of the best-kept secrets of sexology. Evidence suggests that response rates to sensitive studies are low, and yet little is done to address why this might be. Of course, one can sensibly assume that given a personal topic, people may prefer not to talk about it – especially to a stranger. But given the demands set by quantitative work, that high numbers of participants equals good research, it may be researchers are reluctant to admit to low response rates, or coercion of participants to increase numbers in research.

**Solution:** training in the politics and meaning of consent should be offered to those working in the area of sex-research – and researchers should be prepared to discuss, not hide, reasons for low response rates in sensitive studies.

## **Who Volunteers for research?**

Research literature indicates that there are particular people who volunteer for studies (see Boynton, 2003). Evidence suggests that people participate due to altruistic or personal reasons (e.g. they've had a personal experience which they wish to discuss or overcome through the research process; or perhaps they feel that participating will help them or others in some way); or for general interest and learning (see Banyard and Hunt, 2000). In addition, people may volunteer because they are given a reward (e.g. course credits, or a financial inducement), or because they can think of no reason why not to.

Concern has been raised about the overuse of students in laboratory-style studies (Sears, 1986; Wiederman, 1999), given that student samples have been found to differ from non-student groups (Banyard and Hunt, 2000). As sex-research on certain topics (e.g. pornography) has overused students and applied findings from such research to the wider population, it is worrying that such evidence may be misleading public policy or opinion. Research investigating consenting student volunteers (in non-sex studies) has discovered differences in those

who volunteer at different points during a course (Cooper et al, 1991; Spirrison et al, 1996; Strassberg and Lowe, 1995). In their review of the 107 articles in the two publications *British Journal of Social Psychology*, and *British Journal of Psychology* (1995-1996), Banyard and Hunt (2000) identified a number of worrying problems. 11.2% of surveyed articles did not identify where the research took place, 35.8% omitted details of recruitment, and most excluded information about the ethnic background, sexual orientation, and social class of participants. Participants may have different affective reactions linked to the study context, described by Masterson in 1984 as “*if they show it to me at Yale it must be okay*” (p,249). Certainly, the study setting influences who consents, and their reactions in research – yet this is also commonly excluded from reports (Banyard and Hunt, 2000).

In sex-research, there is further evidence suggesting there are specific reasons why people volunteer. As with the list above, people will volunteer if they have opinions about the topic, or questions or concerns they would like answered. Frequently within research, people are so delighted to obtain participants, that they do not necessarily spend time asking them why they volunteered. Participants may offer this information either in comments to the researcher, or in their performance within the study. In studies on sex (or any research topic), it is appropriate to explain in detail the demographics and additional features of participants (along with details of those who refused to participate or did not fit the research criteria), whilst asking people specifically why they agreed to take part (or refused). As these issues are infrequently discussed in research papers, it may be that results are (inaccurately) reported without these additional features, giving a biased account of research findings. Some practitioners (and possibly researchers) have stated that even when discussing sensitive issues they only wish to go ‘so far’, for fear of opening a ‘Pandora’s Box’ of participant’s fears, worries, or emotional needs (Dilloway and Hildyard, 1996).

**Solution:** integrating participant’s views into the research process can help, alongside thorough piloting and an awareness of the different needs and values of participants.

## **Who’s the researcher?**

It has been argued that social science graduates are not adequately trained to apply research skills (Boynton, Catt and Wood, 2001). Therefore for those working in the area of sex, just because they know what a questionnaire is, doesn’t mean they’ll be able to administer it confidently, nor work appropriately with participants, if the research



topic is about sex. Some sex-researchers have argued there is little training on offer for those wanting to specialise in sensitive topics, and others have suggested that colleagues and participants treat them differently when the focus of their research is known (see Boynton, 1998; Boynton 2002b; Reavey, 1996; Kulick and Wilson, 1995). Again, research in this area is often approached in simplistic terms, so issues about who the researcher is go unquestioned.

It has been suggested that if people perceive researchers to be similar to them, they are more likely to co-operate in research. Within sex-research it may be that the gender of the researcher may influence volunteer rates, along with the behaviour of participants in any subsequent studies (Boynton, 1998). Successful outreach programmes have been completed with sex workers as peer educators (see Rickard and Strong, 2000), yet such homogenous approaches need to be viewed with caution as there can be additional ethical issues linked with 'sameness'. For example, the appropriateness of ex or current adult prostitutes recruiting younger people at risk from prostitution into research can be questioned. Again, it is an issue that is linked to research (particularly in terms of participant numbers and the integrity of the study), that needs to be considered when planning work.

The way in which the researcher presents a sex study can also have an impact. In one piece of research I was involved in, four female assistants collected data from participants. One was highly motivated, and had the lowest number of refusals and unsurprisingly completed the most interviews; the second was never very motivated, and had not only a high refusal rate, but the main reason given by participants for refusing participation was 'can't be bothered'. The third researcher was initially highly motivated, but became increasingly embarrassed about the topic, and in her case the main reason given for refusal was the study was 'too personal or sensitive', and finally the fourth researcher was motivated, but had poor communication skills, and in her case participants refused to take part because they couldn't understand the point of the research.

**Solution:** Researchers should make note of, discuss, and be offered training in presenting their work. Researcher diaries, discussions of the research process, and collecting data around who consents and refuses participation can aid this process.

## **How do participants perceive the research?**

It seems that every week there's a new sex survey hitting the headlines, or some new sex toy, product, or store opening up. This means that people are very familiar with the idea that sex-research is being conducted. So whilst researchers take time and effort to prepare ethically and methodologically sound and sensitive pieces of work, it is likely that participants perceive the research in a very different manner. As well as reacting differently to different researchers (see above), people will also have very different reactions to research presented in different sources, so a survey reported in the *British Medical Journal*, will be perceived differently if presented in *Loaded* (men's) magazine (see Boynton, 2000).

As sex-research has been described as having 'novelty value' (see Wood, 1999), it may be that presenting or organising research in non-academic settings may devalue an already sensitively-placed area of investigation. However, as many people learn about research from non-academic sources, and given that sex is a 'sexy' issue, it may be more appropriate for researchers to consider making their findings more available to the popular press, and complete research in more 'natural' settings (Boynton, 2002c). There is an increased need to do this, since many studies are funded by (pharmaceutical) companies whose PR budgets are vast (Bodenheimer, 2000; Moynihan, 2003). This means they can get studies into the headlines and into public opinion with greater ease than an academic who doesn't have this funding resource.

**Solution:** researchers need to talk about the research process, including how they conducted studies, and any difficulties they may have encountered. This exercise needs to be completed in academia, and also within public documents. Furthermore, additional research is required to discover what participants think about sex-research (see Boynton, 2003).

## **Publications and Publicity**

When we think about sex talk, we tend to talk about what is in the public eye. This may range from what we read about sex in the papers, through to what happened in a recent edition of 'Sex and the City', or sometimes to talk about research we've read or seen presented at a conference. By the time sex-research is published, most of the aforementioned issues in this paper are either covered up, forgotten about, or simply cut from a paper that is constrained by a

word count. As the figure one illustrates, many studies don't even make it into print, let alone have an impact in the research (or wider) world. This paper has already discussed how companies with bigger budgets are beginning to direct the way research is defined, measured, and reported. There is a danger that soon sex is going to only be discussed in the narrow discourse of dysfunction – as this is seemingly the key area where funding is (easily) obtainable (Moynihan, 2003).

Researchers also need to be aware that their involvement doesn't stop once a paper is submitted. They need to be proactive in how their work is presented and marketed, and how (s)expertise is managed (Boynton, 2002c). This means ensuring the press will hear about their work, but also ensuring accuracy. A good example of how this can go wrong can be seen around the launch of the British National Survey of Sexual Attitudes and Lifestyles (Johnson et al, 2001). This research showed that in the ten years since the first survey had been conducted, there appeared to be a significant increase in men reporting they had paid for sex. This could be because more men are seeing prostitutes, or because more men felt comfortable admitting they paid for sex (Sharp, 2002). Regardless of this, the number of men seeing prostitutes in both studies was relatively low (2.1% in 1990, and 4.3% in 2000) (Johnson et al, 2001, p.1839), and yet the press stated there was a *dramatic increase* in men paying for sex, which in turn was interpreted as a sign of declining moral standards. True, there was a significant increase in statistical terms, but in historical terms the number of UK men paying for sex is probably lower now than in Victorian times (Hickman, 1999; Ryley Scott, 1996). This, however, doesn't make a headline. Researcher's need to speak out about sex, not just to ensure their work is heard, but to ensure it's heard correctly.

**Solution:** researchers need to challenge the idea that sex is just about 'problems'. Those studying sex, along with the general public need to be taught how to 'read' a paper – or at least a research summary in the headlines (Greenhalgh, 2001; see also my guidelines for public understanding of research on the 'Presswise' Charity website [http://www.presswise.org.uk/display\\_page.php?id=484](http://www.presswise.org.uk/display_page.php?id=484)). And we need to challenge sex-research when it is reported inaccurately – or when it's not really research, but is a thinly disguised advert for a sex-product (Boynton, 2002a; Boynton, Shaw and Callaghan, 2004).

## **Conclusions**

This paper has presented key areas within (sex) research and highlighted where sexual silences or secrets are being kept. Although solutions have been offered to problems, we still require a greater awareness of the philosophies behind our methodologies and practices. It is not acceptable for the dominant view of sex-research to be a medical one, because sex is diverse, it doesn't always fit with experimental approaches any more than it conforms to liberal views of play or pleasure. Sex can also be about disease, about violence, about ignorance, a lack of education, of fear. And these negative factors aren't all just in the domain of the general public – many of them are as rife in the lives and practices of sex-researchers. Although I have been critical of certain (medical) models within this paper it is not to say I disapprove of 'good scientific practice'. Sex-research is currently creating how we measure sex, and therefore is constructing what sex should be. So to use a scientific discourse, we're not producing work that's valid or reliable. Instead we should be reporting what sex means to others, not how *we* think they should be doing it. By questioning and criticising the way we conduct, report, and apply research, we can hopefully begin to reflect the real diversity in desire. And to stop keeping secrets about sex.

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