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Brief Report: What does Bancroft's *Human Sexuality and its Problems* tell us about current understandings of sexuality?

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Abstract

Human Sexuality and its Problems is an influential text in the arenas of sex research and psychosexual medicine. The current edition specifically aimed to incorporate the full range of perspectives on human sexuality. However, an analysis of the book found that sociological, social psychological, feminist and queer perspectives were still marginalised or lacking. In addition to this, the text was heteronormative in its construction of sexuality and sexual practice. An in-depth analysis of coverage of vaginismus and trans highlights problematic understandings of gender roles and their involvement in sexual difficulties, as well as little awareness of the diversity of gender identities and experiences.

Key words: Sexuality textbook, sexual problems, trans, vaginismus.

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In this brief report we provide an analysis of the most recent edition of John Bancroft's (2009) *Human Sexuality and its Problems*. This book is reflective of mainstream understandings of human sexuality more broadly: both in the academy and in professional practice. Cited in thousands of articles and books, including those instrumental in informing revisions of the American Psychiatric Association Diagnostic and Statistical Manual (e.g. Graham, 2010), the text is viewed as compiling the full sweep of theory and research on human sexuality and as fully representing changes in this over time with each new edition (Guirguis, 1991). It is hailed as the 'bible of sex research' (Hartmann, 2010, p.507) and 'a staple of psychosexual therapy and medicine' (Read, 2010, p.234), and recommended as core reading for therapeutic and medical students and professionals (e.g. Gregoire, 1999; University of Warwick, 2011).

Fairly typical of human sexuality textbooks in scope and content, Bancroft's book is worthy of analysis because it is one of the most popular, and has the most influence on professional practice as well as undergraduate curricula. The current edition is also particularly relevant due to its stated aim of engaging with the full range of perspectives on human sexuality, whereas previous editions, and other textbooks, tend to focus on biological and mainstream psychological perspectives but rarely include sociological or feminist ones.

Textbooks, such as Bancroft's, have been found to be integral in shaping the views and conceptual frameworks of students and professionals who draw on them. The majority of students see them as the most important sources of information they receive (Yanowitz & Weathers, 2004), and McDonald (1981) states that they 'function as agents of socialization by reflecting cultural values, articulating prevailing social norms, and conveying appropriate or socially acceptable standards of behaviour' (p.46). The current analysis builds on previous analyses of representations of sexuality in psychology textbooks (e.g. Barker, 2007; Simoni,

2000) and of the sexism, heteronormativity and ethnocentrism of sexuality textbooks in particular (e.g. Goettsch, 1987; Myerson, et al., 2007).

Analysing the text

Due to the size and coverage of Bancroft's (2009) text, it is not possible to provide a detailed analysis of the entire book. Therefore we focused on the overall coverage of sexual identities and practices, which we analyse through the lens of the images on the cover of the book and the positioning of topics within the structure of the book. We followed this with an in-depth analysis of two sections of the book which are of particular relevance to gender, and therefore hopefully of interest to readers of *Feminism & Psychology*: vaginismus (the first 'sexual problem in women' to be covered, p.324) and 'transgender, gender non-conformity and transvestism' (p.289).

Following previous research in this area (notably Barker, 2007 and Myerson et al., 2007) we provide a queer, feminist discourse analysis exploring how material was presented in ways which appear to *describe* reality rather than *constructing* only one possible version of it. We consider the ways in which this is inherent in both the structure and content of the book (see Hegarty, Lemieux & McQueen, 2010). We asked questions throughout the analysis such as: How are gender and sexuality represented (both visually and textually)? Which groups and explanations are privileged in the text? And which are silent/absent? (Barker, 2007). Being both academics and practitioners ourselves, we attempted to be mindful throughout our analysis of the potential implications of these constructions of gender and sexuality for therapeutic and medical practice, as well as for more academic understandings of human sexuality.

The book *and* its cover

The common aphorism states 'don't judge a book by its cover', however, the cover of Bancroft (2009) in itself provides fascinating insight into current understandings of sexuality. Across the front of the cover we see a sequence of images, made up of various combinations of the standard male ♂ and female ♀ symbols. Hegarty, Lemieux and McQueen (2010) have found that the ordering of gender and sexuality in psychological graphs and diagrams reflects dominant cultural hierarchies of acceptability and normality, with data from men generally presented before that of women, and from heterosexuals before that of bisexual, lesbian or gay (BLG) people. This is reflected in this cover which first (left to right) presents an interlocked male and female symbol, presumably representing heterosexuality. This is followed by two interlocked male symbols, and further on there are two interlocked female symbols, representing gay and lesbian sexualities respectively. The inclusion of these symbols on such a mainstream sexuality textbook marks the notable shift since the pathologisation of homosexuality in the 1970s. However, their placement seems to echo their continued cultural positioning as somehow less normal, and more requiring of explanation, than heterosexuality (Clarke, Ellis, Peel & Riggs, 2009), with gay men privileged over lesbians as is often seen in everything from public debate to psychological research (Barker, 2007). This heteronormativity is also reflected in the positioning of heterosexuality before 'homosexuality and bisexuality' in the contents of the book, and the fact that the latter chapter compares BLG sexualities against heterosexuality (in terms of prevalence, characteristics and relationships) whereas the former chapter makes no such comparisons. In addition, the chapter on sexual problems assumes a heterosexual couple

throughout, in both case studies and sections on 'assessing the woman' and 'assessing the man'. It only contains a very brief paragraph at the end of the section stating that the sexual problems experienced by same-sex couples are largely similar.

The symbol on the cover following that for gay men consists of a circle with both the 'male' arrow and 'female' cross emerging from it: a symbol often used to represent transgender. There is also a later image interlocking this symbol with a female symbol suggesting an inclusion of trans people in relationships as well as alone. It is worth pointing out, however, that this symbol is based on a problematic understanding that being trans involves combining 'both' genders – which fails to fit the experience of most trans people as being mono-gendered (Barrett, 2007). Most trans people in relationships - such as the one depicted - would see themselves very much as a woman or a man in a relationship with a woman. Whilst there are those who define as two-gendered (as well as multi-gendered, gender-neutral, and genderqueer), this symbol is problematic in suggesting that this is reflective of most trans experience. Some trans organisations and people do use such a symbol, but on a highly contextualised basis. Its unexamined inclusion, especially with other symbols representing 'male' and 'female' suggests a rather more problematic usage. It is heartening that trans is positioned as centrally as it is, given its common societal marginalisation and placement at the end of the list GLBT or LGBT. However, the inclusion of a trans symbol on the cover of a book on 'human sexuality' is problematic in another way, given that the identities 'transgender' or 'transsexual' are gender identities rather than sexual ones. The chapter in the book on 'transgender, gender non-conformity, and transvestism' also problematically brings together sexual gender play with transgender identities. Whilst the conceptual separation of gender and sexuality is a complex issue (see below), there is a danger of perpetuating the problematic (and common popular and scientific) assumption that people – particularly women - are trans for sexual reasons (Richards, in prep).

The other four symbols in the cover sequence consist of one lone male symbol and one lone female symbol, an interlocked male symbol with two female ones (central), and an interlocked female symbol with two male ones (far right). It is unclear whether the lone symbols are designed to represent single people (as opposed to those in partner relationships), solo sexuality (masturbation, fantasy, enjoyment of pornography, etc.) or asexuality. In any of these cases it is encouraging to see them there, given that all three have tended to be excluded from understandings of human sexuality in the past (Barker & Langdridge, 2010). Similarly, with the combinations of three symbols, it is unclear whether they are intended to represent forms of bisexuality or forms of non-monogamous relationship. Either way it is good to see a sexuality/relationship form which is so often invisible and excluded given such a central place, but there is also a danger that the limitations of what is possible to accomplish with such symbols will perpetuate the stereotypical slippage between bisexuality and non-monogamy (Barker & Langdridge, 2008).

Perhaps the most important point about the use of these gender symbols on the cover of such a book is the fact that they strongly suggest that human sexuality is entirely about gender: the gender of oneself, and of one's partner/s. This is indeed the dominant cultural and psychological understanding of sexual identity or 'orientation'. However, critical authors, sex therapists, and members of sexual subcultures have all suggested that human sexuality is much

broader than this; encompassing, for example, elements such as aspects of physical attraction beyond gender, the kinds of situations, images, roles, activities or fantasies (if any) that excite people physically and/or psychologically, and the types of sensations and positions that they enjoy (Richards & Barker, forthcoming 2012).

We might also question the understanding of sexuality captured in the title *Human Sexuality and its Problems*. This is reflective of the current psychiatric division of human sexuality into 'functional' and 'dysfunctional' sex. Dysfunctional sex (which Bancroft refers to as 'problematic' sexuality) includes lack of desire or aversion to sex, difficulties becoming physically aroused or reaching orgasm, reaching orgasm prematurely (just for men), and sexual pain (including the category of 'vaginismus' for women). As many authors have identified, these categories often assume a model of sex which is heteronormative and requires penile-vaginal penetration and (male) orgasm (see Barker, 2011a). Perhaps a move towards the language of diversity rather than dysfunction/problem would be appropriate as it would remove the implication that being non-sexual, non-orgasmic, non-erectile or non-penetratable are *necessarily* problems.

Turning now to the content of the book, we note that Bancroft begins his third edition by promising to engage with the full range of perspectives on human sexuality. He relates the tale of being at a conference in the early 1990s which aimed to 'move past the influence of constricting dichotomies of ... biology/culture ... and essentialism/constructionism' (p.5) and towards an appropriately interdisciplinary study. However, we found very little evidence for this within the text as it reads much like many standard textbook coverages of sexuality - in terms of both structure and content (Barker, 2007). Perhaps the reason for this is that an interdisciplinary approach would require a vast restructuring of earlier editions of the book, rather than simply supplementing the material with some data from more sociocultural studies. Whilst the blurb of the book promises to address 'the neurophysical, psychological and socio-cultural aspects of human sexuality and how they interact', we felt that the former was still much privileged over the latter two, and even here some of the more contemporary neurophysiological research was missing (see below). Certainly none of the important work on sexuality which has been included in *Feminism & Psychology* in recent years made it into the text.

We will now focus our detailed analysis on two key aspects which relate to gender and sexuality: vaginismus and trans.

Gendered sexual difficulties: Vaginismus

Vaginismus is the medical term given when the muscles of the vagina suddenly tense. Bancroft begins his consideration of this saying that 'sexual intercourse requires a woman to be physiologically prepared for vaginal penetration' (p.324), immediately perpetuating the equation of 'sexual intercourse' with penile-vaginal penetration. This erases the therapy/treatment options that women might decide that they prefer other forms of sex, or that they simply do not want to be sexual. Even for those who do desire penile-vaginal intercourse, taking the pressure off this (as the only form of 'proper' sex) is an important part of therapy (Barker, 2011b). Very often, amongst sufferers, vaginismus is bound up with the perception that they must allow themselves to be penetrated, even when they are not sexually aroused, and that they will lose their relationship otherwise (Laan, 2010). Bancroft does question why penetration 'is not uncomfortable or painful for most women most of the time' (p.325) which offers a nascent

challenge to heteronormativity. However, this is sadly not continued in the rest of the coverage, which focuses almost entirely on potential physical causes, and completely on physical treatment: penetration with gradually increasing sizes of fingers and/or dilators. The only exception to this recommended treatment is with women in whom vaginismus is 'one manifestation of a more substantial reluctance to participate in "adult" sexual interaction, reflecting a more general developmental personality problem' (p.354). This, Bancroft acknowledges, may require skilful couple therapy or long term individual therapy. The construction of penile-vaginal penetration as 'adult sexual interaction' and the linking of avoidance of this to 'personality problem' is extremely problematic as it renders other forms of sexual contact, including those which are common amongst lesbian, bisexual and queer women, immature or pathological.

The coverage of vaginismus is negligent of both psychological and sociological understandings of women's sexual experience. For most women presenting with vaginismus, there is a constellation of issues around their relationship to femininity and gendered roles, including the fear of losing their partner/s, and the desire to please others more broadly (Barker, 2011b). The practitioner who drew predominantly on Bancroft's text would be at risk of perpetuating the problem of encouraging women to be penetrated even when they are not aroused (which writers from all perspectives agree is a key part of the reinforcement of vaginismus and related difficulties (Laan, 2010). The work of Kleinplatz (1998), Teifer (1995) and others – not included in the text – is a vital part of the picture as it takes seriously the embodied rejection of penetration and engages with the psychosocial meanings of being penetrated for the client. We argue that an understanding of prevailing cultural gender roles, and individual client meanings and histories, are of at least equal importance in this area as a knowledge of the physiological function of women's genitals, and the potential behavioural therapies which are available. For a text which is seen as the 'bible' or 'staple' of sex research and psychosexual medicine to exclude these is problematic.

Trans

Bancroft endeavours to give an overview of both the psychological and physiological aspects of trans within his chapter on this topic. However, the chapter is rather lacking in contemporary thought on both issues. For example, Bancroft gives as much space to psychoanalytic theorising from the 1970s - which has now been disproved - as he does to contemporary biological evidence. This may be because, when updating a book as diverse as this, it is impossible to include all of the contemporary literature. However, we were surprised that a 2009 book did not include major publications such as Barrett (2007) (the main international textbook), Kruijver (2004) (the latest neuro-physiological findings) and Gijs & Brewaeys, (2007) (the largest meta analysis of the outcomes of genital surgeries of trans people).

Bancroft opens his chapter on 'transgender, gender non-conformity and transvestism' stating that 'Fetishistic patterns of sexuality can interact with gender identity in complex ways, the prime example being fetishistic transvestism. Sexual identity, whether one considers oneself to be heterosexual or homosexual, is a further important component of this interactive pattern' (p.289). This statement is reflective of the rest of the chapter in microcosm. The term 'transvestism' is problematic because it is seldom used by people who wear clothes not usually worn by people of their assigned sex; and this practice is by no means always 'fetishistic' or sexual in nature. Also, sexual identity is not solely about being heterosexual or homosexual, but

may be about many other elements, as discussed above. And finally – crucially - sexuality and gender identity are *not* the same thing. Far from Bancroft's assertion that 'what is clear is that both gender identity and sexuality are involved' (p.292), the contemporary literature cited above, along with large amounts of other literature both before and since, demonstrate that this is not necessarily the case.

We also take issue with Bancroft's apparent lack of feminist awareness as evidenced by his assertions that there are two 'opposite' sexes (p.289), although he does not say in which way they are 'opposite'; and that [for trans people] 'help with makeup and hairstyles and makeup is often needed' (p.299) in order to 'pass' – 'passing' has not been a requirement of physiological interventions since the mid 1980s. He also states that people who are not trans are 'normal' (p.293), implying that trans people are abnormal in defiance of contemporary understandings of gender which question whether anyone fits an ideal gender role (e.g. Bornstein, 1994). Bancroft continues with his misunderstanding of trans as disabling psychopathology suggesting that clinicians should consider '...contacting the Disablement Resettlement Officer' (p.299) and that 'the counselling relationship should obviously continue postoperatively' (p.300) despite the fact that mandatory counselling - as distinct from supportive ongoing assessment - has been shown to be damaging to trans people (Lawrence, 2003). Thus the contemporary clinical practice of assisting trans people, both male and female, to lead rather ordinary, but post millennium, lives seems to be absent from the text.

Conclusions

In conclusion, although Bancroft (2009) makes steps towards the inclusion of the diversity of sexual identities and practices (Barker, 2007) and more sociological material (Goettsch, 1987), the construction of sexuality and gender within this text remains problematic. It does not come close to meeting the aim of providing an interdisciplinary coverage of human sexuality which is necessary in a text which is so central influential in informing both current sex research and psychosexual practice. Current, mainstream, often biologically-based, western approaches to sexuality are presented as fact. Sex is constructed largely as penile-vaginal intercourse and deviations from this are constructed as problematic. Heterosexuality is presented as normative in both structuring of the book and examples used. Dichotomous, sexualised and pathological understandings of gender haunt consideration of trans. We would call for further interdisciplinary engagement in the area of sexology, and for the inclusion of critical perspectives in future texts aimed at practitioners. It is important for those of us who work from these perspectives not only to continue to produce our own materials, but also to engage with more mainstream approaches, in the aim of these developing a more inclusive and 'accurate' account of human sexuality in its diversity and contexts.

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