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Self-Affirming Masturbation

Exploring the Impact of Solitary Sex on Sexual Self-Concept and Sexual Self-Confidence As Per Sexocorporel in Young Adults

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Abstract

Background and Central Questions: Solitary sex is a widespread yet often stigmatised aspect of human sexuality, underrepresented in societal discourse and sexual education. Despite this, it plays a key role in sexual development and health. To examine this dynamic further, this Master's thesis explores how solitary sex influences sexual self-concept and sexual self-confidence as defined in the Sexocorporel model. These two constructs are associated with how individuals perceive and value their sexuality, and both impact sexual behaviour, functioning, satisfaction, and well-being.

Methodology: Using a qualitative methodology, semi-structured interviews were conducted with a sample of young adults, comprising three cis women and three cis men.

Conclusion: The findings indicated generally positive associations between solitary sex and five dimensions of sexual self-concept: sexual self-esteem, body image, genital image, sexual assertiveness, and sexual self-efficacy. Solitary sex was also linked to increased sexual self-confidence. Both associations appeared to be influenced by a variety of underlying mechanisms and pathways identified throughout the interviews. Various influencing factors, including gender roles, cognitions, emotions and societal influences, seemed to play a role in shaping these experiences. The results underscore solitary sex as a potentially empowering practice, with important implications for fostering sexual self-concept, sexual self-confidence and overall sexual well-being and health.

Keywords: Sexocorporel, sexual self-concept, sexual self-esteem, body image, genital image, sexual assertiveness, sexual self-efficacy, sexual self-confidence, solitary sex.

Titel

Selbstaffirmierende Masturbation - Exploration der Auswirkungen von Solosexualität auf das sexuelle Selbstkonzept und die sexuelle Selbstsicherheit nach dem Modell Sexocorporel bei jungen Erwachsenen

Abstrakt

Hintergrund und zentrale Fragen: Solosexualität ist ein weit verbreiteter, jedoch häufig stigmatisierter Aspekt menschlicher Sexualität, der im gesellschaftlichen Diskurs sowie in der Sexualerziehung oftmals unterrepräsentiert bleibt. Dabei spielt sie eine zentrale Rolle für die sexuelle Entwicklung und Gesundheit. Zur weiteren Untersuchung dieser Dynamik erforscht die vorliegende Masterarbeit, inwiefern Solosexualität das sexuelle Selbstkonzept sowie die sexuelle Selbstsicherheit nach dem Modell Sexocorporel beeinflusst. Beide Konstrukte stehen in engem Zusammenhang damit, wie Individuen ihre eigene Sexualität wahrnehmen und bewerten, und wirken sich auf sexuelles Verhalten, Funktionieren, Zufriedenheit und Wohlbefinden aus.

Methodik: Im Rahmen einer qualitativen Methodik wurden halbstrukturierte Interviews mit einer Stichprobe junger Erwachsener geführt, darunter drei Cis-Frauen und drei Cis-Männer.

Schlussfolgerung: Die Ergebnisse deuten auf einen allgemein positiven Zusammenhang zwischen Solosexualität und fünf Dimensionen des sexuellen Selbstkonzepts: sexuelles Selbstwertgefühl (*sexual self-esteem*), Körperbild, genitales Selbstbild, sexuelle Selbstbehauptung (*sexual assertiveness*) und sexuelle Selbstwirksamkeit (*sexual self-efficacy*). Auch eine gesteigerte sexuelle Selbstsicherheit wurde mit Solosexualität in Verbindung gebracht. Beide Assoziationen scheinen durch eine Vielzahl zugrunde liegender Mechanismen und Wege beeinflusst zu sein, die in den Interviews identifiziert wurden. Verschiedene Einflussfaktoren, darunter Geschlechterrollen, Kognitionen, Emotionen und gesellschaftliche Einflüsse, prägten diese Erfahrungen. Die Ergebnisse unterstreichen das Potenzial von Solosexualität als ermächtigende Praxis mit relevanten Auswirkungen auf die Förderung des sexuellen Selbstkonzepts, der sexuellen Selbstsicherheit sowie des allgemeinen sexuellen Wohlbefindens und der sexuellen Gesundheit.

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List of abbreviations

AI	Artificial Intelligence
BI	Body Image
GI	Genital Image
ISP	Institut für SexualPädagogik und Sexualtherapie
SA	Sexual Assertiveness
SSC	Sexual Self-Concept
SSCf	Sexual Self-Confidence
SSE	Sexual Self-Efficacy
SSEs	Sexual Self-Esteem
STIs	Sexually Transmitted Infections
USA	United States of America

Foreword

The idea for this Master's thesis developed gradually over the course of my studies. Early on, I began keeping a list of topics inspired by lectures and class discussions. From the start, I was drawn to exploring the Sexocorporel model in more depth, particularly given its limited scientific examination to date. Interestingly, the topic of solitary sex first appeared on my list as a somewhat random idea. Yet, among all the concepts considered, it was the one that stayed. It might be a sign that listening to one's gut feeling is worthwhile, as this topic ultimately captivated me. I thoroughly enjoyed engaging with the literature, oscillating between the joy of discovering how many sexologists, historians, and other researchers have sought to shift societal perspectives, and the awareness that much still remains to be done. With this work, I hope to contribute a small step forward and help shed light on an important aspect of sexuality that continues to be overlooked.

I would like to express my heartfelt thanks to everyone who supported me throughout the process of writing this thesis. My deepest gratitude goes to Prof. Dr. Heinz-Jürgen Voß for his primary supervision and for the encouraging words that guided me along the way. I am also sincerely thankful to Agnes Silvani for encouraging me to write this thesis in English, a decision which greatly facilitated the expression of my ideas. I extend my appreciation to my interviewees, whose openness and fascinating perspectives greatly enriched this work. I would also like to thank my classmates, especially Noomi, Pascale, and Sereina, for their support and camaraderie throughout the entire process. A very special thank you goes to my dear friend Katja, for spending countless days with me in the library and for being my main emotional support during this journey. Finally, I would like to thank my friend Talea and my father Michel for their willingness and bravery in proofreading such a long body of work. To all of you: thank you for being part of this journey.

1. Introduction

1.1 Context

Masturbation has long been recognised as a common form of sexual expression. This was notably brought to public attention by Alfred Kinsey and colleagues in the *Kinsey Reports* (Kinsey et al., 1948; Kinsey et al., 1953). Their research illuminated sexual behaviours in the United States of America (USA) and significantly shifted societal understanding of sexuality, including that of solitary sex. The reports revealed that young men often used masturbation as a regular outlet to relieve nervous tension, while for women, it was the most frequent means of achieving orgasm, marking one of the first public acknowledgments of its potential benefits. In Western cultures, solitary sexual activity is nowadays generally recognised as a fundamental component of human sexuality. For instance, a recent study involving a diverse sample of adults in the USA found that around 75% of women and 90% of men had engaged in masturbation at some point in their lives (Herbenick et al., 2023). Studies from countries such as Australia, China, Croatia, Denmark, Finland, Germany, and the United Kingdom have also confirmed the high prevalence of masturbation (Baćak & Štulhofer, 2011; Burri & Carvalheira, 2019; Das et al., 2009; Gerressu et al., 2008; Haavio-Mannila & Kontula, 2003; Hald, 2006; Richters et al., 2014), although the reported rates differed between demographic groups but also between gender and age. Research also suggests a generational increase in masturbation, with each successive generation reporting higher levels of activity than the one before (Haavio-Mannila & Kontula, 2003).

Building on the growing recognition of masturbation as an integral aspect of human sexuality, focus has shifted towards its possible positive impact on health. Unlike earlier views that tended to portray masturbation in a negative light, contemporary research highlights its beneficial effects. Some scholars have argued that masturbation ought to be seen as natural form of sexual expression and as advantageous for sexual development, sexual health and overall well-being (Bockting & Coleman, 2002; Dickenson & Huebner, 2016). The pivotal role of sexual health has also been acknowledged as a central and fundamental dimension of being human (World Health Organisation, 2006).

Supporting this view, this author's previous research explored a range of health benefits associated with masturbation and various components of sexual health appear to benefit from masturbation. It may help maintain and improve sexual function, and more specifically enhance orgasmic response in women and preserve erectile function in men (Bockting & Coleman, 2002; Huang et al., 2022; Kelly et al., 1990; Levin, 2007; Meissner et al., 2020; Rowland, Hevesi, et al., 2020). Additional benefits include a possible reduction in prostate

cancer risk, improved health outcomes during the perimenopausal phase, enhanced sperm quality and overall better reproductive health (Aboul-Enein et al., 2016; Arnot & Mace, 2020; Ayad et al., 2018; Graham & Lehmiller, 2024; Randolph et al., 2015; Rider et al., 2016; Song et al., 2019; Turgut & Özgür, 2020).

Shifting from physical to psychological aspects, findings indicate that masturbation could promote mental well-being and psychological health in several ways, including improving cognitive function, elevating mood and generating feelings of profound well-being, pleasure, and reward (Costumero et al., 2013; Fuss et al., 2017; Lodé, 2020; Prause, Kuang, et al., 2016; Prause, Siegle, et al., 2016; Wehrli et al., 2024; Wright & Jenks, 2016; Wright et al., 2019). Moreover, it may serve as a coping strategy for managing stress, anxiety, and symptoms of depression (Burri & Carvalheira, 2019; Csako et al., 2022; Fahs & Frank, 2014; Frohlich & Meston, 2002; Goldey et al., 2018; Gouvernet et al., 2024; Graham et al., 2004; Kocharyan, 2023; Кучеренко et al., 2024; Leonard, 2010; Lima et al., 2022; Meiller & Hargons, 2019; Rowland, Kolba, et al., 2020; Wehrli et al., 2024; Willie-Tyndale et al., 2021), although findings on the relationship between masturbation and negative emotional states have been mixed. In addition to these benefits, masturbation may also enhance sexual self-image by increasing self-awareness, self-esteem and self-confidence. These aspects will be further explored in this thesis.

Understanding the psychological and emotional dimensions of solitary sex and its impact on individuals' perceptions of their own sexuality is essential to a more complete view of sexual health. To support this exploration, the *Sexocorporel* model developed by Prof. Jean-Yves Desjardins provides a valuable theoretical framework. Central to the Master's program in Sexology at the Institut für Sexualpädagogik und Sexualtherapie (ISP) in Zürich, which the author attends, it is also internationally recognised for its accuracy and therapeutic success (Institut Sexocorporel International, 2020). This research applies the Sexocorporel model to examine how solitary sexual activity may influence dimensions such as sexual self-confidence (SSCf). While prior studies have linked masturbation to improved general self-confidence, little attention has been paid to SSCf as defined in this model.

As previously noted, masturbation may have a positive effect on self-esteem. Self-esteem, in the context of sexuality, is a key component of sexual self-concept (SSC). While definitions of SSC differ across the literature, the term is commonly understood to refer to an individual's perception of themselves as a sexual being (Ashley et al., 2023). This construct plays a central role in how individuals experience their sexuality and is considered

essential to both physical and emotional well-being, making it a significant factor in overall sexual health (Ashley et al., 2023; Deutsch et al., 2014; Ziaei et al., 2018).

The existing literature on masturbation remains limited, especially when compared to the extensive research available on partnered sexual activity (Herbenick et al., 2023). Its effects on sexual development and sexual health warrant deeper exploration. Moreover, the ways in which individuals engage with and perceive solitary sex may both reflect and shape their SSC and SSCf as outlined in the Sexocorporel model. As Coleman, a renowned psychologist and sexologist, observed, the experience of masturbation can be profoundly positive or negative depending on the interplay between societal norms and personal attitudes and behaviours (Bockting & Coleman, 2002).

1.2 Objective

This Master's thesis explores the relationship between solitary sex, SSC, and SSCf to better understand how masturbation could contribute to the development of a positive sexual self-image and the acquiring of skills that allow for a more satisfying sexuality. It investigates the psychological, cognitive, and emotional dimensions of solitary sex and its influence on how individuals perceive their sexuality, both alone and with partners. The focus is on young adults between the ages of 25 and 35, a significant period for sexual developmental (Foust et al., 2022). It is a life stage that may reflect shifting societal attitudes toward masturbation, while also revealing the lingering presence of stigma surrounding the practice. This makes it particularly relevant to examine how sociocultural influences relate to the research question. Findings may help challenge persistent stigma, inform sex education, and support the integration of masturbation into sex therapy, where it is already used in some contexts.

1.3 Central research questions and hypotheses

Based on the objectives of this study, the following central research question was formulated:

- How does the practice of solitary sex influence SSC and SSCf as per Sexocorporel in young adults?

To address this question, the study will explore the following hypotheses:

- Solitary sex positively influences SSC in young adults by fostering a deeper understanding of their sexual self, and enhances SSCf, thereby contributing to a more integrated and positive sexual identity and a better overall sexual health.

- Negative attitudes and subjective experiences related to solitary sex may disrupt this relationship, potentially resulting in a more negative SSC, reduced SSCf, and other adverse effects on sexuality and overall well-being.
- Additionally, it is hypothesised that gender roles influence how individuals experience solitary sex, which may subsequently affect its impact on SSC and SSCf.

1.4 Choice of methods

This thesis employed qualitative social research methods. The decision to adopt a qualitative approach was driven by the private and often stigmatised nature of masturbation, which encourages a deeper exploration of individual experiences. Qualitative methodology facilitates the collection of rich, descriptive data, enabling a nuanced understanding of how individuals perceive their solitary sexuality and how they construct their self-image within this context. A key strength of this approach lies in its systematic framework, which not only allows for the handling of substantial amounts of data but also prioritises giving voice to the participants' perspectives (Mayring, 2015). Specifically, this study will investigate how participants think and feel about masturbation and their sexual self. Qualitative research is particularly well-suited to understanding these phenomena, as it focuses on the importance of the subjective point of view of a person and enables more nuanced data collection. As noted by Döring and Bortz (2016), it also enables the uncovering of previously unexpected aspects, facilitating a deeper understanding of the relationship between these different aspects. Further details regarding the methodological steps are presented in Chapter 4.

1.5 Structure and content

As outlined in the table of contents, this thesis begins by establishing a theoretical foundation based on the three central themes of the study: solitary sex, SSC, and SSCf. Following this theoretical groundwork, the thesis presents a review of existing literature on the relationship between solitary sexual practices and their influence on SSC and SSCf. The methodology section details the study design, including the literature review and the procedures for collecting and analysing the data, as well as the ethical considerations. Subsequently, the findings from the qualitative research are presented, highlighting participants' perspectives and experiences. The thesis concludes with a discussion of the results in relation to the theoretical and empirical background. It then goes on to consider the implications for sexual health education and therapeutic practice, before offering recommendations for future research.

1.6 Use of artificial intelligence

Artificial intelligence (AI) played a supportive role throughout the development of this Master's thesis, in accordance with the ISP guidelines on the use of AI. Firstly, AI was employed to assist with the literature review through the use of the platform Elicit (n.d.). This tool facilitated efficient and targeted searches, helping to identify relevant academic sources and streamline the initial phase of gathering background information. Secondly, AI tools such as DeepL Translate (n.d.), DeepL Write (n.d.), and ChatGPT (OpenAI, n.d.) were utilised to support the writing of the thesis and the preparation of supplementary materials included in the Appendix. Given that English is a foreign language for the author, these technologies were instrumental in improving clarity, coherence, and overall language quality, ensuring the final text met academic standards.

While the primary applications of AI have been recognised, minor contributions such as idea generation, outlining or proofreading may have occurred inadvertently due to the iterative nature of the writing process. Nevertheless, all intellectual content, analysis and conclusions are the result of the author's original research. This transparent acknowledgment reflects a commitment to academic integrity while recognising AI as a supportive tool used in line with institutional ethical standards.

1.7 Used terminology

Masturbation is defined in The Cambridge Dictionary as "the act of touching or rubbing your sexual organs in order to give yourself sexual pleasure" (Cambridge University Press, n.d.–b), highlighting its solitary nature and distinguishing it from mutual masturbation. A broader definition from Merriam-Webster describes masturbation as "erotic stimulation especially of one's own genital organs commonly resulting in orgasm and achieved by manual or other bodily contact exclusive of sexual intercourse, by instrumental manipulation, occasionally by sexual fantasies, or by various combinations of these agencies" (Merriam-Webster, n.d.–a), emphasising the range of physical and mental practices involved. Research shows that individuals, including scholars, often have their own definitions, many linking masturbation primarily with orgasm (Fahs & Frank, 2014; Kirschbaum & Peterson, 2018). While the second definition above does focus on orgasm, sexual pleasure itself may be the more central and unifying aspect.

The etymology of the word masturbation sheds light on historical attitudes towards the practice. The term derives from Latin roots, with one interpretation linking *mas* (meaning "masculine" or "masculinity") and *turbare* (meaning "to move violently") (van Driel, 2013).

Another etymological explanation, cited by the same author, traces the word to *manus* (meaning “hand”) and *stuprum* (meaning “debauch”). Both interpretations suggest a historically negative or violent connotation associated with the act, reflecting societal stigmas that have long surrounded masturbation.

In addition to the term “masturbation”, several synonyms are worth mentioning, as they will be used in this thesis. One commonly used synonym is **autoeroticism**. According to the Cambridge Dictionary, it is defined as “the use of your own body and imagination to get sexual pleasure” (Cambridge University Press, n.d.–a). This term emphasises the notion of sexual pleasure as well. Another, though less commonly used synonym is **onanism**. This term originates from the New Latin *onanismus*, which itself is derived from the biblical figure Onan, son of Judah (Merriam-Webster, n.d.–b). According to the biblical narrative, Onan deliberately spilled his semen on the ground, an act that was condemned as a mortal sin. Over time, the term onanism came to be associated with masturbation, reflecting historical religious condemnation of the practice. Following the example of Laqueur’s (2003) influential work, the term used in this thesis is **solitary sex.** It is preferred because it specifically denotes sexual activity done alone, aligning with the focus on individual experiences of this work. Additionally, “solitary sex” is more neutral than terms like “masturbation” or “onanism”, which often carry moralistic or negative connotations. This terminology enables a clearer, unbiased discussion throughout the thesis.

The next focus of this chapter is on other key terms from the research question, beginning with **SSC**. A first definition of SSC was introduced in Chapter 1.1 and it was mentioned that numerous definitions of SSC exist in the academic literature. Ashley et al. (2023) conducted a review of the existing literature on SSC and its various definitions. They concluded that there is no universally accepted definition. However, they could see that most researchers agreed on a common meaning of the concept, being how a person perceives themselves in a sexual context, including their beliefs about their own sexual qualities and attitudes. It is comprised of personal thoughts and feelings, as well as cognitive constructs and views about oneself in the context of human sexuality.

The following section provides definitions of the five key dimensions of SSC examined in this study:

Sexual self-esteem (SSEs): The self-assessment of one’s own capacity to engage in sexual behaviours and to experience a satisfying and enjoyable sexuality (Snell & Papini, 1989). It encompasses aspects such as self-evaluating oneself, comparing oneself with others, as well as seeing oneself as sexually competent in a solitary or partnered context of

sexuality (Ferrer-Urbina et al., 2019; Snell, 1998; Wiederman & Allgeier, 1993). It is worth noting that both “sexual self-esteem” and “sexual esteem” are used in the literature, often interchangeably. However, for the purposes of this study, the term “sexual self-esteem” has been chosen.

Body image (BI): The perceptions and feelings about one’s own body, along with the beliefs about how others perceive it (Lordello et al., 2014). It encompasses feelings emerging when seeing one’s own body, getting touched, showing oneself naked or thinking about one's own body during sexual activities (Lordello et al., 2014; Wiederman, 2000).

Genital image (GI): The perceptions, thoughts, attitudes, and feelings about one’s own genitals (Herbenick & Reece, 2010). It encompasses feelings emerging when seeing or showing one's own genitals, one’s own genitals getting touched, thinking about one’s own genitals during sexual activities (Berman et al., 2003; Herbenick & Reece, 2010).

Sexual assertiveness (SA): The capacity to be assertive, decisive, and self-reliant regarding aspects of one’s own sexuality (Snell et al., 1991). It encompasses the ability to communicate personal preferences and boundaries, as well as to prioritise one’s own pleasure (Ferrer-Urbina et al., 2019; Morokoff et al., 1997; Smylie et al., 2013; Snell, 1998; Zerubavel & Messman-Moore, 2013).

Sexual self-efficacy (SSE): The capacity of dealing effectively with the aspects of one’s own sexuality (Bandura, 1977). It encompasses feeling in control of one’s sexuality and being able to initiate or refuse sexual activities (D. Rosenthal et al., 1991; Serier et al., 2021; Smylie et al., 2013; Snell, 1998).

The final key term to be defined in this section is **SSCf**. As previously introduced, it is a component of the Sexocorporel model, as developed by Desjardins. It is defined as the ability to present oneself and be seen with pride in one’s masculinity, femininity, gender diversity, and sexual arousal (Bischof et al., 2020). This capacity corresponds to two essential skills identified in the model: narcissism and exhibitionism, meaning the ability of recognising one's own strengths, feeling lovable and sexually desirable, and showing oneself as lovable, sexually desirable and sexually aroused (Chatton et al., 2005). Key factors that promote SSCf include the eroticisation of one’s own sexual body and a sense of erotic competence. This refers to the confidence that upcoming sexual experiences will be pleasurable, combined with the ability to arouse oneself and a partner and fully enjoy the experience (Bischof et al., 2020). It is important to note that there is some conceptual overlap between SSCf and SSC. For example, BI and GI contribute to both constructs, and

SSEs closely relates to one's sense of erotic competence. For this reason, the definitions of each term have been clearly outlined in this chapter to ensure conceptual clarity and consistency throughout the study. In this thesis, particular emphasis within SSCf is placed on the two key skills of narcissism and exhibitionism.

2. Research topic

This chapter sets out the core themes of this thesis, focusing on solitary sex, SSC, and SSCf. These interconnected areas shape how individuals experience and understand their sexuality, and this chapter aims to deepen that understanding while highlighting their importance.

2.1 The history of solitary sex

This chapter explores the historical context of solitary sex. Building on the earlier discussion of the terms "masturbation", "onanism" and their etymology, it is crucial to understand how stigma has shaped perceptions and behaviours around the practice. For much of history, onanism was largely silenced and seen as taboo. Laqueur (2003), in *Solitary Sex: A Cultural History of Masturbation*, explains that widespread stigma and guilt emerged especially after the anonymous publication of *Onania* around 1712. Before this, masturbation occupied an ambiguous position, neither fully accepted nor condemned, which is evident in the lack of a specific vocabulary for solitary sex. In the early eighteenth century, it became increasingly pathologized across the Western world, as *Onania* presented a strongly negative view of masturbation, framing it as a serious medico-ethical problem. Following this publication, similar works helped to reinforce and spread these beliefs, such as *L'onanisme* by the Swiss physician Tissot in 1760 and the anonymous *Livre sans titre – conséquences fatales de la masturbation* in 1830. The tracts warned that masturbation was not only morally wrong but also responsible for a range of dire health issues, including tuberculosis, epilepsy, pimples, blindness, impotence, madness, and various mental illnesses. These texts commonly referred to masturbation as "self-abuse" or "self-pollution," terms that reveal the deeply negative attitudes towards the practice during this period. As Foucault (1999) stated, these publications marked the beginning of the crusade against masturbation.

Sigmund Freud also contributed to the perception of masturbation as potentially harmful. He considered masturbation to be a possible cause of neurosis and hysteria. Although Freud may have considered onanism to be a normal developmental behaviour in children, he believed it should not be practised as an adult. He even referred to it as the "primary addiction", implying that all other addictions could be viewed as substitutes for this original

compulsion (Freud, 1905). These negative associations continued well into the twentieth century and this enduring stigma has fuelled confusion and perpetuated harmful narratives about the practice (van Driel, 2013). According to Laqueur (2003), the moral concerns introduced in the eighteenth century persisted, and although fears of physical harm like tuberculosis or madness have faded, they have often been replaced by psychological consequences such as guilt, shame, and neurosis.

A major shift in attitudes towards masturbation took place in the twentieth century, influenced by changing cultural movements and scientific developments. Psychologists and psychiatrists began advocating for more open, evidence-based views on sexuality (Laqueur, 2003). Pioneering sexological research also played a key role. The Kinsey Reports challenged longstanding moral and medical narratives by offering empirical insights into human sexual behaviour, including masturbation. Likewise, Masters and Johnson's work helped demystify sexual function and pleasure for both professionals and the public. While not focused on promoting masturbation, their findings, particularly on women's frequent use of it and the higher satisfaction it often brought compared to heterosexual intercourse, contributed to a broader recognition of female sexual autonomy (Laqueur, 2003).

The twentieth century also saw cultural shifts that reshaped public discourse around masturbation. The emergence of sexually transmitted infections (STIs), the rise of feminist and gay rights movements, and the influence of artists contributed to a more open conversation. As Barry Reay (2020) notes in *Sex in the Archives*, masturbation symbolised gay liberation in the 1960s and 1970s and later became associated with safe sex during the AIDS crisis. Artist, sex educator and activist Betty Dodson helped redefine masturbation as a feminist issue, promoting self-love and bodily autonomy through her 1974 pamphlet *Liberating Masturbation* and group workshops (Döring, 2022). The rise of sex shops and sex toys further transformed sexual culture. Good Vibrations, the first sex shop in the USA, opened in San Francisco in 1977 and helped change how sexuality was discussed and experienced (Comella, 2017). Interestingly, around the same time, several states in the USA enacted "anti-obscenity" laws banning the sale of sex toys, highlighting the continued cultural resistance to sexual autonomy.

In sum, the history of solitary sex is a complex and conflicted one. As Reay (2020) astutely observes, the secretive nature of masturbation, in addition to its potential for excess and boundless capacity for imagination, has concerned numerous generations. Although public discourse has shifted from a time when masturbation was discussed almost exclusively in

a tone of condemnation to one where self-pleasure is more openly acknowledged, new forms of stigma and fear have appeared.

2.2 Solitary sex in the current sociocultural context

Solitary sex is now recognised as a highly prevalent sexual behaviour and the views of masturbation are significantly more positive. Since the 1970s, scholarly literature has increasingly portrayed masturbation not as a shameful or deviant act, but rather as a normal, beneficial, and integral component of human sexuality (Driemeyer, 2013). Sexologists have helped shift cultural attitudes by challenging myths and negative views of masturbation, promoting it as a normal and healthy behaviour (Kaestle & Allen, 2011). More recently, they have also emphasised its role as a pleasurable and fulfilling experience (Bockting & Coleman, 2002).

Beyond academic discourse, there are numerous cultural examples that reflect and promote the newer positive dimensions of autoeroticism. One notable area is pornography consumption, which is often directly linked to masturbation; studies have shown that its primary purpose is to enhance the experience of solitary sex (Solano et al., 2020). Cultural celebrations and movements have also embraced masturbation as something to be acknowledged and even publicly honoured. For example, National Masturbation Day, launched by the sex-positive retailer Good Vibrations in San Francisco, began in May 1995 and continues to take place annually. Events such as “masturbationathons” also serve as both fundraisers and awareness campaigns (Campodonico, 2024). These initiatives aim to break the taboo surrounding masturbation and transform it into an opportunity for promoting body positivity. Online platforms with educational goals, such as *OMGyes* (OMGYES.com, n.d.), which advocates for female sexual pleasure, further exemplify this trend. Together, these examples reflect a growing sociocultural embrace of masturbation as a healthy, pleasurable, and even empowering act.

However, despite the increasing visibility of sex-positive perspectives, masturbation continues to occupy a complex position in contemporary culture, and it remains a topic that is rarely discussed openly. Persistent negative attitudes continue to shape both public and private discourse (Bockting & Coleman, 2002; van Driel, 2013). Belief in the dangers of masturbation has resurfaced in recent years, particularly through concerns about sex addiction; interestingly echoing Freud’s views. In these discourses, masturbation is often treated as a symptom of pathology rather than a normal sexual behaviour. Both “sex addiction” and “hypersexual disorder” have consistently identified frequent masturbation as a key indicator of dysfunction. What would be accepted in a sex-positive context is thus

pathologized in another (Reay, 2020). Moreover, this tension is often internalised, with conflicts that stem from concerns about losing self-control, worries about engaging in the behaviour too frequently, or broader cultural discomfort with sexual practices that do not involve a partner (Mascherek et al., 2021). This perspective has been reinforced by influential cultural narratives, such as those found in the *Kinsey Reports*, which contributed to the idea that masturbation is merely a substitute for “real” sex, that is, sexual intercourse (Driemeyer, 2013). Ultimately, discomfort around masturbation persists not only due to lingering stigma but also because of its solitary nature. As Reay (2020) notes, many people remain unsettled by the inherent solitariness of solitary sex.

Masturbation is still often portrayed negatively in popular media. For instance, the iconic movie *American Pie* depicts it as embarrassing, reinforcing a stigmatised view of the topic (Madanikia et al., 2013). Online, abstinence-focused groups like *NoFap*, named after slang for masturbation, promote avoiding it to regain focus and self-discipline. Beyond personal goals, *NoFap* has been linked to beliefs that masturbation is harmful, but also to conservative ideologies, promoting traditional gender roles and restrictive sexual norms (Burnett et al., 2024).

Overall, the cultural context plays a key role in shaping sexual behaviour, as family, peers, and community influence what is considered acceptable (Khumalo et al., 2020). Education also plays a crucial part; accurate, affirming sexual education can improve knowledge and foster positive attitudes towards masturbation (El-afandy & Hagrasy, 2024). Conversely, negative or moralistic messages from schools or parents contribute to more negative views. Despite growing support for comprehensive sex education, masturbation remains a contentious topic, reflecting ongoing societal discomfort (Ray & Afflerbach, 2014). This ambivalence means young people often experience both the physical pleasure of masturbation and cultural shame, perpetuated through derisive humour and humiliation (Kaestle & Allen, 2011). Studies show they rarely learn about masturbation from parents and receive only brief mentions in school, with mixed attitudes shared among friends shaping their interpretation of media portrayals (Watson & McKee, 2013). As a result, media plays a key role in normalising or stigmatising masturbation, though it often reinforces traditional gender stereotypes, depicting men as sexually assertive and women as relationship-focused (Kaestle & Allen, 2011).

On top of that, religious teachings continue to exert a strong influence on cultural views of masturbation. The Catholic Church, for example, condemns it, linking the act to negative psychological and social outcomes (Vitz & Williams, 2024). Historically, this moral

condemnation reshaped perceptions, as Betty Dodson explained in *Plural Loves* (2005): in ancient Ireland, the Gaelic word for masturbation meant “self-love,” but with Christianity’s arrival, it was changed to “self-abuse,” turning a natural behaviour into a sin punishable by God. Similarly, Islam holds predominantly negative views on masturbation, which can foster sexual guilt and inhibition, affecting individuals’ relationships with solitary sex (Rigo & Saroglou, 2018). Comparable prohibitions exist in Jewish law and tradition; as reflected in the Babylonian Talmud, attitudes towards masturbation closely resemble those found in Christian teachings (Vitz & Williams, 2024).

So, comparing the taboos across different eras, from the outright unacceptability of the past to today’s more subtle but pervasive feelings of mockery and shame, shows that while cultural attitudes have evolved, stigma persists in new forms (Reay, 2020). This reveals the complex and shifting nature of societal discomfort. The social stigmatisation continues to shape how individuals experience and express their sexuality, including in solitary contexts. This underscores the relevance of examining the connection between solitary sex and how individuals perceive their sexual selves. The ongoing taboo also intersects deeply with issues of gender, leading us to explore in the next chapter how masturbation is further complicated by rigid gender roles and expectations.

2.3 Solitary sex and gender

This chapter examines how gender roles and social expectations shape individuals’ experiences and perceptions of masturbation. This thesis hypothesises that gender roles may negatively influence how individuals experience and interpret solitary sex, particularly among cisgender women, who are often subject to greater societal scrutiny and moral judgment. This hypothesis will first be explored through a review of the existing literature. Subsequently, by including both cisgender men and women in the qualitative sample, the study aims to further clarify these gendered patterns.

While the literature has explored gender's influence on solitary sex, much of it remains focused on cisgender participants from western, educated, rich and democratic contexts and often reflects androcentric biases (Klein et al., 2022). Although understanding how gender diversity affects masturbation is vital, this thesis is limited to cisgender experiences and will not explore gender-diverse perspectives further.

One of the most consistent gender differences in sexual behaviour is the frequency of solitary sex. Research repeatedly shows that men[1] report masturbating more often than women. This gap reflects broader inequalities in sexual autonomy and pleasure, commonly referred to as the "pleasure gap" or "orgasm gap" (Frederick et al., 2018), and extends beyond solitary sex to other sexual activities as well.

Large-scale surveys illustrate this clearly. In the United Kingdom, 73% of men and 36.8% of women reported masturbating in the past four weeks (Gerressu et al., 2008). Similar trends appear in Australia (72% of men vs. 42% of women; (Richters et al., 2014) and China (35% of men vs. 13% of women; (Das et al., 2009). In Egypt, the gap is especially pronounced: 82.1% of men vs. 18.9% of women reported masturbating; with nearly one-fifth of women saying they didn't know what masturbation was, compared to none of the men (Kasemy et al., 2016). These findings should be interpreted with caution, however, as cultural context and societal openness around sexuality, particularly in countries such as China and Egypt, may significantly influence participants' willingness to report such behaviours.

The gender gap pattern holds across age groups. A Norwegian study found men masturbated more frequently than women at every age (Fischer & Træen, 2022), and this higher frequency is echoed globally in the literature (Herbenick et al., 2023). Among college students in the USA, only women and gender-diverse students reported never having masturbated (Leistner et al., 2024). Also of interest is another study on young adults in Malaysia, in which men reported not only more frequent autoeroticism, but also starting earlier in life (Phuah et al., 2023). Analyses confirm that solitary sex (and pornography use) show the largest gender gaps among sexual behaviours (Petersen & Hyde, 2010).

Recent research indicates that women's masturbation frequency has increased since earlier national studies. For example, data from a national survey in the USA show higher rates among women in 2022 compared to 2010, suggesting gradual societal shifts in masturbation practices (Leistner et al., 2024). Similar trends appear in Germany, where studies of 16- to 18-year-olds reveal more girls reporting masturbation in 2013 than in comparable groups from 1980 and 1990 (Weller, 2013). Although a gender gap remains, it indicates a slow societal shift. Reflecting this, Böhm and Mathiesen (2016) found that

[1] Most existing literature refers to "men" and "women" without specifying participants' cisgender status. Consistent with this, the terms "men" and "women" are used as presented in the original studies.

female students currently view the right to sexual pleasure and satisfaction as a given, highlighting evolving attitudes towards female autoeroticism.

However, the gender gap persists in other areas of solitary sex. Research shows that boys are more likely to experience their first orgasm alone, while girls often first reach orgasm with a partner (Hogarth & Ingham, 2009). The authors suggest that young women are less likely than young men to have learned how to pleasure themselves before sexual activity with a partner. As Rose (2017) insightfully noted in her thesis *What's Fappening* on masturbation, boys discover their sexuality through themselves, whereas girls discover theirs through boys. However, recent social changes indicating earlier masturbation among young women may signify an evolving trend of girls becoming more openly engaged in self-pleasure and learning about their sexuality on their own.

As was stated earlier, there is also a gender gap in pornography use. Studies of young adults show that at least 90% of male participants have viewed pornography, often regularly, whereas most females report little or no consumption (Schmidt & Matthiesen, 2011; Weller, 2013). Additionally, females who found pornography arousing did not consistently experience positive reactions to the content (Schmidt & Matthiesen, 2011). While this gap narrows somewhat with age, a significant difference in consumption persists throughout adulthood (Ballester-Arnal et al., 2022; Gonin-Spahni et al., 2019; Solano et al., 2020). This highlights the existence of gender-based disparities across various dimensions of sexuality.

Several factors might help explain the persistent gender gap in solitary sex. Even if female masturbation has gained visibility through the sexual revolution, increased gender equality, and media like *Sex and the City* and *Oprah* (Böhm & Matthiesen, 2016; Fahs & Frank, 2014), it remains stigmatised. The Egyptian study previously mentioned links the gender gap to restrictive sexual norms and stigma that limit women's pursuit of pleasure (Kasemy et al., 2016). Women are often viewed through a cultural lens as either bad and promiscuous or, on the contrary, as good when chaste (Bareket et al., 2018). Other cultural portrayals reinforce this divide: male masturbation is seen in young adult literature as healthy and normal, while female masturbation, especially among teens, still evokes anxiety and fear (Stein, 2012). In addition, Alsaoub (2015) astutely observed in a thesis on female autoerotism that masturbation might be considered a male activity partly due to male genitalia being more visible and culturally prominent.

This bias is also reflected in language. The term masturbation possibly has masculine roots in its etymology (van Driel, 2013). Men also have a richer vocabulary for referencing their genitals and masturbation than women do (Fahs & Frank, 2014). Furthermore, recent

research has revealed that sex education hardly ever includes information about female masturbation (van Niekerk, 2023). Overall, cultural norms generally validate men's masturbation more than women's, leading women to develop their sexual understanding through male-centered perspectives and internalise male sexual schemas, which can cause feelings of abnormality about their own sexuality (Evans-Grimm, 2011; Leistner et al., 2024).

As a result, research shows men and women hold different attitudes towards solitary sex, with men generally viewing masturbation more positively than women (Phuah et al., 2023). Men see it as healthy and supportive of sexual development; women often struggle to accept it as normal and are less open about their experiences (Böhm & Matthiesen, 2016; Kaestle & Allen, 2011; Leistner et al., 2024). Moreover, research has found higher rates of sexual guilt, anxiety, shame, and awkwardness among women compared to men (Foust et al., 2022; Leistner et al., 2024; Lentz & Zaikman, 2021; Petersen & Hyde, 2010). Some women report feeling "gross" during masturbation, a sentiment not expressed by men in similar studies (Leistner et al., 2024). Female masturbation is sometimes described as "not ladylike," reflecting enduring gendered stigmas (Watson & McKee, 2013). Additionally, women depend more on partner approval than men do (Kaestle & Allen, 2011). These facts are also reflected in teenagers' behaviour: socially, boys commonly discuss masturbation jokingly or competitively with peers, while girls rarely talk about it (Watson & McKee, 2013).

In summary, societal expectations create a double standard around solitary sex, where men generally feel more culturally accepted to engage in the practice than women (Leistner et al., 2024). It is noteworthy that the stigma and shame associated with female masturbation likely contribute to lower reported rates and underreporting (Kasemy et al., 2016; Leistner et al., 2024). This persistent taboo restricts open discussion and limits research on the topic. To better understand and normalise solitary sex, it is essential to challenge these cultural biases and reshape attitudes towards autoeroticism.

2.4 Sexual self-concept

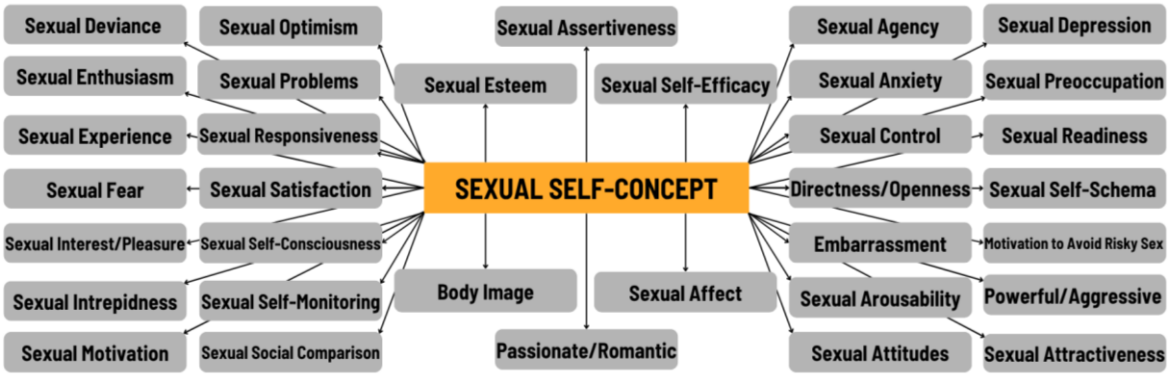
This chapter shifts the focus to SSC, its structure, development, and significance. SSC is a multidimensional construct that takes shape during adolescence. Research indicates that it not only results from sexual experiences but also guides future sexual behaviour, and that its developing and consolidating is a key developmental task during this stage of life (Hensel et al., 2011; Rostosky et al., 2008).

Since the 1980s, there have been endeavours to evaluate SSC. As noted previously, definitions vary, and numerous tools have been developed to measure different dimensions

of the construct. As Ashley et al. (2023) pointed out, there is no universally accepted scale for assessing SSC. In their review, they identified 34 distinct constructs related to the concept, which are represented in Figure 1.

Figure 1

Dimensions of sexual self-concept



Note. All items of sexual self-concept as identified by Ashley et al. (2023). Created by the author.

Ashley and colleagues (2023) raised concerns about the validity of the SSC construct in empirical research due to this wide variation in dimensions used across studies. This inconsistency makes it difficult to draw clear comparisons or general conclusions. As a result, one of the initial steps in the present study involved carefully considering which items would be most relevant and appropriate for exploring SSC in the specific context of solitary sex. In Ashley et al.'s analysis, the most used dimensions were SSEs, SA and SSE, followed by BI. Similarly, Astle et al. (2023) noted that constructs like SSEs, BI and GI, SA, and SSE often serve as indicators of broader measures of SSC. These five items might represent only a portion of the full construct illustrated in the previous figure. Nonetheless, it is important to note that some constructs appear under different names but relate closely to one another. For instance, SSE may be conceptualised in a similar manner to sexual agency, or sexual self-monitoring, self-consciousness and social comparison may be associated with SSEs.

Other parameters such as sexual anxiety, sexual depression, and sexual satisfaction, while often present in the literature, were considered by Ashley and colleagues as theoretically inconsistent with SSC and better seen as outcomes of a negative or incongruent SSC. Therefore, to suit the scope of this Master's thesis, this study focuses on five key dimensions reflecting SSC: SE, BI, GI, SA, and SSE.

When reviewing the literature, it is also important to distinguish SSC from sexual self-schema. Deutsch et al. (2014) define SSC as the broad perception of oneself as a sexual being, while sexual self-schema refers to specific cognitive evaluations of aspects like openness or emotional warmth. Astle et al. (2023), in their literature review, note that some scholars view sexual self-schema as part of SSC. This thesis focuses on SSC, as it offers a more comprehensive framework for exploring how solitary sex influences individuals' experience of their sexuality.

SSC is one specific domain within the broader construct of self-concept. The self-concept encompasses what individuals believe about themselves, their traits, characteristics, and overall identity. It is both cognitive and emotional, involving thoughts about the self as well as feelings of competence and self-worth (Pajares & Schunk, 2006).

A complex interplay of biological, psychological, and social factors shape SSC, which remains dynamic across the lifespan. Influences such as media, family, peers, educational and religious institutions, STIs, physical or psychological disabilities, race, marital status, and age all play a role in its development (Hensel et al., 2011). Life transitions, such as becoming a parent, menopause, divorce, the death of a partner, or retirement, can also significantly impact SSC (Astle et al., 2023). In addition, experiences of trauma and mental health challenges have been shown to influence how individuals perceive their sexual selves (Astle et al., 2023; Potki et al., 2017). Despite growing interest, some of these factors remain underexplored. As recent scholarship suggests, future research should continue to investigate SSC in populations affected by physical health issues, trauma, mental health difficulties, and major life changes (Astle et al., 2023).

SSC, like general self-concept, plays a central role in how individuals understand themselves and make meaning of their sexual identities. As Ashley et al. (2023) note, it can significantly influence how they feel about various areas of their lives. Research has shown that SSC is linked to a range of psychosexual health outcomes across both heterosexual and sexual minority populations. Studies have found associations between SSC and sexual behaviour, including intentions to engage in sexual intercourse (O'Sullivan et al., 2006) and increased levels of sexual activity (Passler et al., 2023). Furthermore, a positive SSC has been associated with higher sexual satisfaction (Antičević et al., 2017; Passler et al., 2023; Shepler et al., 2018), improved sexual responsiveness and functioning (Carpenter et al., 2009), and greater relationship satisfaction (Lee, 2017). Beyond sexual and relational outcomes, it has also been connected to overall life satisfaction and mental health, with lower levels of anxiety and depression linked to a more positive SSC (Heidari et al., 2017;

Salehi et al., 2015). Additionally, SSC has shown associations with attachment styles, highlighting its broader relevance in psychological and relational domains (Mohammadi Nik et al., 2018).

These findings underscore the importance of SSC as a key component of individual well-being, influencing not only sexual functioning but also emotional and relational health. The specific associations related to each dimension of SSC selected for this thesis will be examined in greater detail in the following subchapters.

2.4.1 Sexual self-esteem

SSEs, like SSC, is a multidimensional construct that develops through sexual experiences and refers to the value a person places on themselves as a sexual being. In addition to the broader sociocultural factors affecting SSC, more specific influences on SSEs have been identified in the literature. Cognitive distractions during sexual activity, such as self-consciousness about appearance and performance, are negatively associated with SSEs (Dove & Wiederman, 2000). Furthermore, self-compassion and sexual satisfaction have been shown to positively influence SSEs (Kocur et al., 2023). Sexual arousability also appears to play a role; higher levels of sexual arousability are linked to increased SSEs (O'Sullivan et al., 2006).

SSEs is linked to various aspects of sexual well-being. While its overall correlation with sexual health is positive but modest, sexual functioning shows the strongest association (Sakaluk et al., 2020). Higher SSEs relates to more frequent oral sex, more recent partners, and longer romantic relationships (Maas & Lefkowitz, 2015). Lower SSEs can lead to sexual concerns and dysfunctional or uncommitted sexual behaviours (van Bruggen et al., 2006). Research on SSEs and sexual safety is limited and mixed. Some studies find higher SSEs linked to more risk-taking in steady relationships (D. Rosenthal et al., 1991), while others show women with higher SSEs are more motivated to avoid risky behaviour (Schick et al., 2010), such as engaging in unprotected sex or failing to prevent sexually transmitted infections or unintended pregnancy. Contraception use varies according to gender, with men who do not employ contraception reporting higher SSEs, whereas women who do not use contraception report lower SSEs (Maas & Lefkowitz, 2015). Studies on women reveal that lower SSEs is linked to negative views of sexuality, higher sexual dysfunction, and greater sexual dissatisfaction (O'Sullivan et al., 2006; Ramezani et al., 2012; Tayebi et al., 2021). SSEs also partly mediates the link between child maltreatment and later sexual revictimization, suggesting a protective role (van Bruggen et al., 2006).

In summary, SSEs seems to be interlinked with sexual function and health, but more research is needed to fully understand these dynamics.

2.4.2 Body image

BI is a multidimensional construct encompassing affective, cognitive and behavioural reactions to one's perceived physical appearance (Wilson et al., 2021). Body image self-consciousness refers to negative thoughts and feelings about one's body during sexual encounters, involving heightened awareness of how one appears to a partner during intimacy (Wiederman, 2000). This evaluation of BI can significantly influence a person's interests and experiences during sexual activity (Potki et al., 2017).

Body dissatisfaction is a widespread concern, with studies reporting highly variable rates among adults in the USA. Estimates range from 11% to 72% in women and 8% to 61% in men (Fiske et al., 2014). Another study found rates between 13.4% and 31.8% for women, and 9.0% to 28.4% for men (Fallon et al., 2014). Overall, body dissatisfaction tends to be higher in women than in men.

Sociocultural influences play a major role in shaping BI related to sexual health. Key factors include cultural norms, physical health, psychological conditions, individual physical attributes like body size, as well as sociocultural identities such as race and ethnicity (Wilson et al., 2021). Additionally, self-compassion and sexual satisfaction positively affect body esteem, with stronger effects observed in women than men (Kocur et al., 2023).

BI has been identified as a key pathway through which self-objectification leads to negative health outcomes (Szymanski & Henning, 2007). However, most research has focused on women, with limited studies on men. In women, body dissatisfaction, perceived external evaluation, and body image self-consciousness negatively affect sexual satisfaction, desire, arousal, and orgasm function (Afshari et al., 2016; Dove & Wiederman, 2000; Quinn-Nilas et al., 2016; Sanchez & Kiefer, 2007; Wilson et al., 2021). These factors also influence sexual safety by increasing risky sexual behaviours (Gillen et al., 2006; Littleton et al., 2005; Schooler et al., 2005; Wilson et al., 2021). In men, body image concerns are linked to sexual dysfunctions such as erectile difficulties and premature ejaculation, particularly among gay and bisexual men (Levitan et al., 2019). Additionally, recreational physical activity predicts better BI, which in turn relates to improved sexual function and satisfaction in men (Breuer, 2013).

Overall, BI seems to significantly impact sexual health, but more research, especially involving men, is needed to clarify these associations.

2.4.3 Genital image

GI refers to an individual's perception of their genital appearance, including aspects such as appearance, function, and smell or taste (Applebaum & Placik, 2022; Fudge & Byers, 2017). Winter (1989) was the first to quantitatively measure GI, focusing on men's views of the size and appearance of their genitalia. Two key aspects are important: GI, which involves satisfaction with the appearance of one's genitals (Winter, 1989), and genital self-consciousness, which describes the level of self-consciousness during sexual activity concerning one's genitals (Schick et al., 2010). This concept closely parallels body image self-consciousness discussed earlier.

Genital image concerns are common and affect both men and women. Among women, dissatisfaction with genital appearance is more prevalent than in men (Morrison et al., 2005). Reported rates vary, with between 18-36% expressing general dissatisfaction and up to 69% dissatisfied with specific genital features (Bartolomé et al., 2022; Fudge & Byers, 2017). In men, around 20% report dissatisfaction with their genitals, primarily linked to perceptions of small penile size (Herbenick et al., 2013).

The idea of what constitutes a "normal" genital appearance varies widely and is shaped by media and cultural norms. Among the sociocultural factors affecting GI, sexual experiences have been identified as an influence on the perceptions of normal genital appearance (Applebaum & Placik, 2022). In women specifically, many have internalised narrow cultural beauty ideals, partly due to media portrayals, which contribute significantly to negative perceptions of their genitalia (Schick et al., 2010). Education around vulva anatomy is frequently limited; many young women enter adulthood with little knowledge about the normal range of genital appearance or function (Sharp & Fernando, 2023). Even anatomy textbooks often fail to depict the full range of genital diversity (Hayes & Temple-Smith, 2022). All those societal taboos make women feel embarrassed or uncomfortable discussing their genitals openly (Yüksekol et al., 2020).

In men, penis size is a major factor, as previously mentioned. In many cultures, a larger penis is closely associated with masculinity and sexual performance, which places considerable importance on size (Herbenick et al., 2013; V. Koçak & Tufan, 2024). This pressure is further reinforced by media-driven ideals, such as the portrayal of above-average penis sizes in pornography. It has been shown that pornography negatively affect

GI (Thorpe et al., 2024). Together, these findings show that GI is shaped by a range of sociocultural influences for both women and men.

Research has explored the link between GI and various aspects of sexual well-being, with a stronger focus on women. Generally, women who report a more positive GI also report better sexual function. Increased GI in women is directly associated with higher sexual satisfaction, increased sexual desire, improved sexual functioning; as well as better mental health, including lower sexual distress and depression (Berman et al., 2003; Komarnicky et al., 2019; Mohammed et al., 2025; Yüksekol et al., 2020). Conversely, negative genital perceptions in women are linked to lower sexual satisfaction, greater sexual anxiety, and reduced motivation to avoid risky sexual behaviours (Schick et al., 2010). In men, greater satisfaction with GI is predictive of lower sexual anxiety and lower erectile dysfunction, as well as higher sexual satisfaction (Komarnicky et al., 2019; Wilcox et al., 2015). In contrast, negative GI was associated with premature ejaculation (V. Koçak & Tufan, 2024). In conclusion, the literature shows an important potential association between GI and sexual health. Nonetheless, more research is needed, especially on men.

2.4.4 Sexual assertiveness

Research has established that SA is correlated with several positive outcomes, although many of these studies have used different definitions of SA. Most studies define SA as the ability to recognise, prioritise, and express one's own needs, desires, and limits during sexual interactions (Zerubavel & Messman-Moore, 2013). Even if not all authors have chosen the same items, many emphasise sexual communication and prioritising one's own needs and pleasure (Ferrer-Urbina et al., 2019; Hurlbert, 1991; Morokoff et al., 1997; Smylie et al., 2013; Snell, 1998). Based on these results, and to distinguish clearly between SA and SSE, this thesis defines the first as the ability to communicate personal preference and boundaries, as well as to prioritise one's own pleasure.

SA was reported playing a fundamental role in sexual functioning and is distinct from general assertiveness (Santos-Iglesias & Sierra, 2010). Importantly, this skill develops over time. As it was stated, adolescents are not born knowing their sexual needs, desires, and limits or being competent to negotiate them in their intimate relationships; rather, these are skills that are acquired through experience (Couture et al., 2023).

SA is shaped by multiple sociocultural influences, similar to those known to shape sexual self-concept. In addition, cultural scripts around gender roles seem to play a significant role, which has been extensively discussed in the literature. Traditional gender prescriptions

continue to associate femininity with sexual submissiveness, while masculinity is linked to more dominant roles; attitudes which can prevent women from expressing their mental and physical interests to their partners or from asking to have their sexual needs met (Zerubavel & Messman-Moore, 2013). In this context, a stronger belief in the sexual double standard has been shown to reduce sexual communication and sexual self-disclosure (Greene & Faulkner, 2005). To underscore the important role of the relationship dynamics, several studies have shown that SA may be hindered by anticipated partner reactions. This can lead to ignoring one's own needs, desires, and limits (Couture et al., 2023; Dai et al., 2021; Morokoff et al., 1997). Additionally, sexual experiences also play a role in shaping SA. Factors such as the type of partnership and experiences of sexual victimisation are relevant (López Alvarado et al., 2020; Morokoff et al., 1997).

Concerning the effects of SA on sexual health, numerous studies have identified SA, particularly the ability to self-disclose one's sexual needs and desires, as one of the most important factors contributing to both sexual and relationship satisfaction (Bennett-Brown & Denes, 2023; Brown & Weigel, 2018; Gonin-Spahni et al., 2019; Lentz & Zaikman, 2021; Zegeye et al., 2020). Some research has shown that higher SA is associated with greater intentions to communicate about sexual health, increased knowledge regarding HIV and other STIs, more supportive norms and attitudes towards safer sex, and is a predictor of condom use (Morokoff et al., 2009; Noar et al., 2002; Widman et al., 2018; Zamboni et al., 2000). However, not all findings show consistent patterns, highlighting the need for further research on this specific association.

SA plays a role in establishing and maintaining long-term, fulfilling intimate relationships and in preventing intimate partner sexual violence (Kelley et al., 2016; Marchezini-Cunha & Tourinho, 2010). More specifically, several longitudinal studies have shown that a history of sexual victimisation can lead to decreased SA, and conversely, low SA can increase the risk of sexual violence (Franz et al., 2016; Kearns & Calhoun, 2010; Kelley et al., 2016). In women specifically, higher levels of SA have also been correlated with fewer instances of unwanted sexual contact and sexual coercion (Ehrhardt et al., 2002; Testa & Dermen, 1999).

More research has been conducted on the relationship between SA and sexual function in women. Higher levels of SA have been shown to contribute positively to various aspects of women's sexual health, enhancing sexual activity, orgasm function, sexual desire, sexual arousal, sexual satisfaction, relationship satisfaction, and overall mental well-being (Abraham, 2016; Anders & Olmstead, 2019; Chizary et al., 2023; Greene & Faulkner, 2005;

Hurlbert, 1991; Kelley et al., 2016; Leclerc et al., 2015; López Alvarado et al., 2022; May & Johnston, 2022; Ménard, 2014; Sayyadi et al., 2019). In contrast, SA has been less extensively examined in men. When studied, it is often addressed in relation to both genders or with a stronger emphasis on preventing risky sexual behaviour rather than promoting sex-positive aspects such as expressing one's own desires or focusing on personal sexual pleasure.

To conclude, the literature emphasises the importance of SA in sexual health outcomes. Nonetheless, more comprehensive research is needed, particularly concerning men and the specific impact of SA on their sexual functioning. Additionally, since varying definitions are used across studies, sometimes intermixing SA with SSE as defined in this thesis, it is important to note that some of these findings may be relevant to both constructs.

2.4.5 Sexual self-efficacy

As mentioned above, the terms SA and SSE are often used interchangeably in literature. For example, Morokoff and colleagues (1997) designed the concept of SSA around three distinct components: initiation of desired sex, refusal of unwanted sex, and condom insistence. However, other researchers have described these abilities as components of SSE. For the purposes of this study, SSE is defined as the ability to initiate or refuse sexual activities and the feeling of being in control of one's sexuality (D. Rosenthal et al., 1991; Serier et al., 2021; Smylie et al., 2013; Snell, 1998). Zimmerman et al. (2008) even distinguish between different types of SSE depending on the context. Refusal self-efficacy refers to the belief in one's ability to say no to sexual activity; situational self-efficacy involves confidence in refusing or engaging in various forms of physical intimacy other than intercourse; and condom self-efficacy is the perceived confidence in the own ability to use condoms. No such distinctions were made in this thesis; instead, a more general concept of SSE was evaluated.

More broadly, self-efficacy has been identified as one of the primary precursors to actual behaviours. If an individual feels highly efficacious in performing a task, they are more likely to engage in that task in the future (Schunk & DiBenedetto, 2020), underscoring the relevance of this concept in the context of sexuality. Bouchard and Humphreys (2019) stressed that the ability to refuse unwanted sexual situations and initiate desired ones is a crucial aspect of human sexuality.

A review of the literature identified several factors influencing SSE. In addition to those previously mentioned in relation to SSC, specific influences such as the role of

communication skills were highlighted, showing that they are positively related to conflict resolution and relationship assertiveness (Javidi et al., 2025). Gender roles again appear to play a significant role in shaping SSE. Research suggests that men are often socialised to be more agentic, while women are traditionally expected to adopt more passive roles (Kiefer et al., 2006). These traditional norms surrounding passive female sexuality can make it more difficult for women to advocate for themselves. In contrast, lower belief in sexual double standards has been associated with increased sexual initiation (Greene & Faulkner, 2005). The role of the partner is also an important influence on SSE. On one hand, women may worry about their partner's reactions or fear harming the relationship if they refuse sex (López Alvarado et al., 2022). On the other hand, supportive partner behaviours and increased autonomy within the relationship have been shown to enhance young women's SSE (Zimmer-Gembeck, 2013).

The literature has increasingly examined the effects of SSE on various aspects of sexual health. In the context of consent, SSE has been linked with a stronger ability to advocate for consent (Astle et al., 2023), as well as with recognising consent behaviours, practising consent, and identifying healthy relationships (Baldwin-White, 2024). Regarding safe sex, SSE is closely tied to safer sexual practices, including STI knowledge, testing, condom use, and the ability to refuse unprotected sex (Addoh et al., 2017; Chilisa et al., 2013; Curtin et al., 2011; Dévieux et al., 2002; Edison et al., 2022; Guzman & Dee, 2022; Ibañez et al., 2017; Reissing et al., 2005; Richner & Lynch, 2024; L. Rosenthal et al., 2012; Smylie et al., 2013; Soler et al., 2000; Torregosa & Patricio, 2022). As several authors have noted, it is through SSE that individuals develop the confidence and self-regulation needed to avoid risky sexual behaviours (Closson et al., 2018; Palacios-Delgado & Ortego-García, 2020).

Gendered differences emerge once again, particularly in research examining sexual function, where the focus has predominantly been on women. Higher SSE has been significantly associated with improved outcomes on various subscales of sexual function, including libido, orgasm, lubrication, sexual arousal, and overall sexual satisfaction (Assarzadeh et al., 2019; Kafaei Atrian et al., 2019; Ogallar-Blanco et al., 2024; Saminfar & Vaziri, 2019). Conversely, lower feelings of sexual agency have been linked with diminished sexual satisfaction and reduced orgasmic ability (Kiefer et al., 2006).

In sum, while a substantial body of research has explored the links between SSE and safe sex practices, there remains a notable lack of focus on more sex-positive dimensions such as sexual desire, pleasure, and satisfaction, especially including men. Scholars have emphasised the need to examine not only the role of SSE in preventive sexual behaviours

but also its influence on promoting sexual well-being and fulfilment (Ogallar-Blanco et al., 2023). Further research is needed in this area. As discussed in the previous section, many of these findings may also reflect the effects of SA, given the conceptual overlap between SSE and SA.

2.4.6 Interconnections among sexual self-concept constructs

It is noteworthy that scholars have highlighted reciprocal links between the various constructs discussed, indicating that they may mutually reinforce one another. For instance, body image self-consciousness and genital image dissatisfaction are associated with lower SSEs (Schick et al., 2010; Wiederman, 2000), whereas body satisfaction and a positive GI are linked to higher SSEs (Amos & McCabe, 2016; van den Brink et al., 2013). SSEs has been found to positively relate to SSE (O'Sullivan et al., 2006; Rostosky et al., 2008), and both constructs are also connected to SA. Higher SSEs is associated with greater SA (Attaky et al., 2020), while SA itself can lead to improved SSE (Blanc et al., 2017). Similarly, dissatisfaction with BI is linked to poorer GI (Silva Gomes et al., 2019), while a positive GI correlates with greater overall body satisfaction (Komarnicky et al., 2019). Lastly, SA and SSE have also been shown to influence each other, with SA improving SSE (Blanc et al., 2017) and SSE predicting SA (Morokoff et al., 1997). These interrelated findings underscore the complexity and interconnectedness of the dimensions that shape SSC. Recognising these reciprocal influences is essential for understanding how solitary sex may contribute to positive developments across multiple dimensions of SSC, as certain dynamics may be simultaneously linked to multiple constructs.

2.5 Sexual self-concept and gender

As has been indicated in the preceding sections of this chapter, gendered differences appear to exert an influence on the development of SSC and its five dimensions. Ashley et al. (2023) note that sexual and gender identities occupy a central position in SSC, as individuals develop their sense of self through their membership of gender groups, with men and women coming to hold different perceptions. Similarly, Deutsch et al. (2014) emphasise that societal gender roles influence how men and women view themselves as sexual beings. They also observed gender-related differences in the evaluation of SSC scales, suggesting structural influences rooted in traditional gender norms and leading to men generally reporting more positive scores. Guyon et al. (2020) further observed that women often develop a more interdependent SSC focused on relationships, while men form a more independent, autonomy-centered view. Another factor that could contribute to this dynamic is the fact that more women are victims of unwanted sexual acts. Studies have shown that

women are more often victims of sexual violence, as well as sexual coercion in their romantic relationships (Fernández-Fuertes et al., 2020; Jeffrey & Senn, 2025), which can negatively impact SSC. These findings highlight the importance of including a gendered perspective in SSC research and justify the specific focus on gender in this thesis.

2.6 The Sexocorporel model

This chapter focuses on the concept of SSCf, a construct central to this thesis and rooted in the theoretical framework of the Sexocorporel model. To contextualise this focus, it is necessary to first introduce the model itself. Sexocorporel is a model of sexual functionality and is a valuable tool for gaining an understanding of the depth and richness of human sexuality (Bischof, 2017). It also offers a comprehensive framework of human sexual development, consisting of fifteen interrelated components that emerge through the interplay of individual experience and social learning processes, as defined in a text written by Desjardins and colleagues (Chatton et al., 2005). These fifteen components are organised into four main categories. The physiological components refer to the physical aspects of sexuality, as well as the function and development of sexual arousal through different ways (Chatton et al., 2005). The sexodynamic components relate to the experiencing or perceiving in the context of sexuality and how these factors influence a person's sexual behaviour and sexual identity (Kneubühler, 2024). The cognitive components encompass the knowledge, values, norms, ideologies, ways of thinking, ideals and misconceptions that influence one's understanding and experience of sexuality (Kneubühler, 2024). And lastly, the relationship components focus on relevant relationship skills, such as erotic and love communication as well as erotic and seduction skills (Chatton et al., 2005).

2.7 Sexual self-confidence as per Sexocorporel

SSCf is one of the sexodynamic components and is considered a central element of sexual experience within the Sexocorporel model. As originally explained by Desjardins, it encompasses two capacities that are significant for sexual health: narcissism and exhibitionism (Chatton et al., 2005). However, both constructs are understood differently from the common-sense interpretation, which carries more negative connotations. Here, narcissism refers to the ability to develop a positive self-image, to view oneself with pride, to find oneself attractive, and to recognise one's own strengths. Exhibitionism characterises the ability to show oneself confidently, with pride and self-awareness, and to present oneself as lovable and erotically desirable. It was also described as the way individuals proudly

present themselves in their masculinity, femininity, or gender diversity, even when sexually aroused (Bischof et al., 2020).

SSCf begins to develop in early childhood through self-stimulation and external reactions to the child's genitals, among other factors. It continues to develop in adolescence, influenced by bodily changes and contact with peer groups. In adulthood, it is built on realistic self-perception and self-assessment rather than the approval of others (Bischof et al., 2020). The importance of SSCf is emphasised by Desjardins and Audette (2024), where it is described as a key erotic quality. According to them, SSCf, together with the ability to express it through the body, is particularly significant in cultures that highly value intimacy, tenderness, affection, and emotional expression. It reflects a person’s capacity to present themselves as desirable and sexually exciting, making it a powerful factor in stimulating sexual arousal. SSCf is also said to be a core aspect of the Sexocorporel approach, alongside the promotion of body awareness and self-acceptance (Kneubühler, 2024). Furthermore, learning to understand and cope with one's own body and its sexual responses can help reduce feelings of shame and develop a positive body perception. This provides an important foundation for positive sexual development.

Several key factors have been identified as contributing to the development of SSCf. These include cognitive components such as the internalised permission to feel pride in oneself, the eroticisation of one’s own sexual body, the ability to adapt to social gender norms to a certain extent, and the capacity for autonomy and self-validation (Bischof et al., 2020). The Sexocorporel model conceptualises the body and mind as an integrated whole, with each continuously influencing the other, in line with the contemporary notion of embodiment (Bischof, 2020). This perspective emphasises the importance of body language in influencing SSCf.

Further important contributing elements include a sense of erotic competence, the ability to arouse oneself and one’s partner, and the belief that future sexual experiences will be satisfying (Bischof et al., 2020). This relationship has also been examined in the literature. For instance, it was found that individuals with positive perceptions of their own sexual attractiveness, which can be broadly understood as narcissism in the Sexocorporel framework, tend to report higher levels of SSEs; and conversely, SSEs itself has been shown to predict how sexually attractive individuals perceive themselves to be (Amos & McCabe, 2016, 2017; López Alvarado et al., 2020). As already discussed in Chapter 1.7, this shows that a conceptual overlap with SSEs exists. Consequently, the focus of this thesis when evaluating SSCf will be on the two core functions of narcissism and exhibitionism.

A connection between SSCf, BI and GI also exists. An important aspect of narcissism involves perceiving oneself and one's genitals as erotically attractive (Bischof, 2020). As noted by sexologists Kostenwein and Krem (2024), experts in the Sexocorporel approach, SSCf is directly linked to the appreciation of one's own body and genitals. This topic was also explored in a Master's thesis on female GI, which found significant correlations between GI and the ability to experience orgasm, as well as with SSCf and overall sexual satisfaction (Henning, 2019). Other studies support these findings, showing a positive relationship between BI and SSCf or perceived sexual attractiveness (Amos & McCabe, 2016; López Alvarado et al., 2020). In conclusion, these constructs are deeply interconnected and difficult to separate. Therefore, when addressing SSCf and specifically the narcissism component, this thesis will consider it not only in relation to BI and GI but as part of a broader, more inclusive concept of how an individual perceives their attractiveness and recognises their strengths.

As outlined earlier in the theoretical framework of the Sexocorporel model, SSCf is closely linked to sexual health, arousal, and pleasure. This suggests that SSCf plays an important role in sexual function and satisfaction. Although research specifically applying the Sexocorporel model remains limited, one notable study should be highlighted. Bischof-Campbell et al. (2019), in their study on female sexual arousal and orgasm using the Sexocorporel model, found that in women, greater body movement during arousal was linked to higher SSCf, indicating a strong, positive connection with their femininity, body, and sexual expression. Since body movement was positively associated with sexual arousal and orgasm, this could suggest a beneficial impact of SSCf on these two aspects. Overall, literature directly addressing SSCf is scarce. For example, Turkish researchers focused on the topic but defined SSCf differently. They have characterised it by feeling comfortable with one's own sexuality, having sexual awareness, being able to speak openly about the own opinions and feelings related to sexuality, and having the courage to take part in sexual relationships (Batmaz & Çelik, 2022). This conceptualisation differs from the Sexocorporel perspective, although it is noteworthy that Batmaz and Çelik found a significant negative relationship between SSCf and sexual dissatisfaction.

Other scholars have examined sexual self-attractiveness, finding that a positive self-evaluation of sexual attractiveness is linked to greater sexual satisfaction, a higher frequency of partnered sex, and an increased number of sexual partners (Amos & McCabe, 2017). This association has been studied more extensively in women, where positive sexual self-attractiveness was linked to higher sexual satisfaction, desire, pleasure, orgasm frequency, and overall sexual activity (Bancroft et al., 2011; Koch et al., 2005; Thomas et

al., 2019), with some research suggesting it has a greater impact on women's emotional and physical sexual satisfaction than on men's (Luo, 2015).

To summarise, SSCf appears to be a key indicator of sexual health and function. However, this association warrants further investigation, particularly with a focus on the conceptualisation of SSCf as outlined in the Sexocorporel model.

2.8 Sexual self-confidence and gender

Gender plays an intrinsic role in SSCf within the Sexocorporel framework. As Desjardins and colleagues explain, SSCf is closely tied to the sense of gender (Chatton et al., 2005), another key sexodynamic component of the model that reflects one's personal, subjective perception of their physicality (Bischof et al., 2020). This sense of gender is constructed from two elements: the sense of belonging to the sexual body and the sense of belonging to gender groups. According to Sztenc (2024), the sense of belonging to the sexual body primarily refers to the subjective experience of one's own genitals, but also encompasses all bodily zones linked to sexual arousal for the individual. Meanwhile, the sense of gender represents how a person perceives and evaluates their own gender identity within their social and cultural environment. The connection is also reflected in the definition of SSCf, where how proudly an individual feels and presents themselves in their masculinity, femininity, or gender diversity is considered a central element (Bischof et al., 2020). This relationship highlights the importance of considering gender not just as a demographic variable but as a lived, embodied experience that can deeply influences SSCf.

The theme of SSCf in relation to gender is also explored in existing literature. For example, gender differences have been observed in how individuals value their sexual self-attractiveness: for men, masculinity tends to be associated with sexual experience and responsiveness, whereas for women, femininity is more often linked to romantic and sexual attractiveness (Garcia & Carrigan, 1998). This supports findings from Chapter 2.7 suggesting that sexual attractiveness may be a more influential factor for women than for men. Moreover, Amos and McCabe (2016) found that conformity to gender norms often had a stronger influence on self-perceived sexual attractiveness than BI.

To conclude, societal gender norms appear to play a notable role in the development of SSCf. Individuals who do not conform to traditional gender patterns may encounter greater challenges in forming positive self-evaluations. This could affect both abilities of narcissism and exhibitionism, as well as their sense of belonging to gender groups, which are all key factors in the development of SSCf within the Sexocorporel framework. These observations

invite further exploration into how diverse gender identities, along with the social norms and expectations surrounding them, may either support or hinder the formation of SSCf. Despite this and the acknowledgment of the importance of gender, a detailed examination of participants' sense of gender fell outside the primary scope of this work, given the breadth of other factors explored. Nonetheless, openness to the topic was maintained throughout the interviews.

3. Literature review

This chapter presents a comprehensive review of the existing literature relevant to the research question, which investigates the effects of solitary sex on SSC and its five components as defined in this thesis, as well as on SSCf, as understood in the Sexocorporel model. The review aims to contextualise the current study within the broader academic discourse, identify key findings and theoretical perspectives, and highlight gaps in the literature that this research seeks to address.

3.1 Solitary sex and sexual self-concept

The association between masturbation and SSC has been a subject of interest to several researchers. For instance, Coleman explored how masturbation can positively contribute to sexual well-being, reporting a significant link between solitary sexual activity and a more affirming SSC (Bockting & Coleman, 2002). Similarly, research conducted by Hogarth and Ingham (2009) on young women highlighted that engaging in masturbation in a positive and affirming context contributed to the development of a healthier and more confident perception of their sexual selves. These findings underscore the potential of solitary sexual practices to support sexual self-awareness and a more positive sexual self-view.

To investigate this potential connection more precisely, the present study will examine each of the five components of SSC, as defined within this thesis, in relation to solitary sexual behaviour. This approach aims to provide a more nuanced understanding of how masturbation may influence various dimensions of sexual self-perception.

3.1.1 Solitary sex and sexual self-esteem

As Betty Dodson (1974) already famously asserted in her seminal work *Liberating Masturbation*, the discovery of personal eroticism and sexual pleasure can significantly contribute to the development of self-esteem. Early research from the 1990s supported this view. Hurlbert (1991) found that female masturbation was positively linked with higher levels

of SSEs, greater sexual desire, and overall sexual satisfaction. Similarly, a study by Smith et al. (1997), revealed a positive correlation between masturbation frequency and SSEs among high school students. More recent studies have continued to affirm these patterns. Rodríguez-Domínguez et al. (2022) demonstrated that individuals who reported higher levels of masturbation also tended to score higher on measures of SSEs. A study by Baudrexl et al. (2018) examining a male population in Germany found that both sexual activity and masturbation were significantly associated with all four dimensions of SSC they used in their study, including SSEs.

There also appears to be a potential link between solitary sexual activity and the development of erotic competence, a core aspect of SSEs. Two studies have noted that women, in the context of solo sexual exploration, reported gaining greater awareness of their bodies and sexual responses, which in turn contributed to feelings of confidence and competence in their sexuality (Carvalheira & Leal, 2013; Foust et al., 2022). Another connection highlighted in the literature, and introduced in Chapter 1.1, is the relationship between masturbation and improved sexual functioning. It was found that individuals who reported higher levels of sexual functioning and fewer difficulties tended to show higher levels of SSEs (Carvalheira & Leal, 2013). It could be suggested that solitary sex, through its contribution to improved sexual functioning, may also support the development of more positive SSEs.

Taken together, the literature suggests a potential positive association between autoeroticism and SSEs. However, this area remains underexplored, with relatively few studies offering in-depth analysis. Additionally, not all research supports this association; for example, one study found no significant link between solitary sexual activity and SSEs (Ægisdóttir, 2016). These mixed findings point to the need for further, more nuanced research in this field.

3.1.2 Solitary sex and body image

As with much of the existing literature on BI and sexual health, research on the relationship between solitary sex and BI has predominantly focused on women. Several studies have found that women with a more positive BI or greater body satisfaction tend to report higher frequencies of masturbation (Burri & Carvalheira, 2019; Shulman & Horne, 2003). One study, already referenced earlier, examined this relationship in men and found that BI was positively associated with both the frequency of sexual activity and masturbation (Baudrexl et al., 2018).

This association has been further supported by scholars who suggest that, for women, masturbation may contribute to body satisfaction by encouraging bodily exploration, increasing comfort with one's physical self, and facilitating the discovery of sexual pleasure (Bockting & Coleman, 2002; Bowman, 2014; Foust et al., 2022; Kvalem et al., 2019). This association between BI and solitary sex has also been observed in more specific contexts. For example, research involving clinical populations of women undergoing treatment for eating disorders has identified a positive relationship between masturbation and body satisfaction (Wiederman & Pryor, 1997).

It is also important to consider the possibility of a reciprocal relationship between BI and sexual behaviour. For instance, it was emphasised that a positive BI, or a reduced sense of self-consciousness regarding physical appearance, may allow women to experience sexual pleasure more freely (Berman et al., 2003). Similarly, another study found that poor BI was linked to lower levels of both partnered and solitary sexual desire (Dosch et al., 2016), further suggesting a complex and bidirectional relationship between BI and masturbation.

In conclusion, existing research suggests a generally positive association between masturbation and BI or body satisfaction, particularly among women. However, despite these promising findings, the impact of solitary sexual activity on BI remains an under-researched area. On top of that, it should be mentioned that some studies have failed to establish a significant link between these variables (Horne & Zimmer-Gembeck, 2005; Kvalem et al., 2019), indicating that the relationship may be more nuanced than initially assumed. Furthermore, the existing literature’s focus on female populations points to the need for broader research across diverse gender groups to better understand this potential link.

3.1.3 Solitary sex and genital image

As previously noted, much of the research exploring the relationship between masturbation and body-related perceptions continues to focus primarily on women. This trend is also evident in the examination of links between solitary sexual activity and GI.

Several studies have demonstrated that women who report higher frequencies of masturbation tend to hold more positive perceptions of their genitals (Chaves & Carvalheira, 2025; Herbenick et al., 2011). In a related study, Herbenick and Reece (2010) found that women who had experienced orgasm during self-masturbation using a vibrator scored significantly higher on the Female Genital Self-Image Scale. This suggests that not only the frequency but also the quality of solo sexual experiences, such as achieving orgasm, may

play a role in shaping genital self-perception. More recent research showed similar findings, indicating that women who considered masturbation an important part of their sexual lives reported more positive GI (Soares et al., 2024).

A potential reciprocal relationship between GI and solitary sexual behaviour has also been suggested in the literature. Bowman (2014), who also reported that engaging in masturbation may contribute to improvements in GI, found indications that women who already hold a positive perception of their genitals are more likely to engage in masturbation, suggesting a bidirectional dynamic between the two factors.

In conclusion, there appears to be an association between solitary sex and GI. Furthermore, since GI may be considered a component of overall BI, the findings presented in the Chapter 3.1.2 further support this conclusion. Nonetheless, this area of research remains limited, particularly regarding male populations. Further studies are needed to investigate these associations across more diverse groups and to gain a deeper understanding of the underlying mechanisms.

3.1.4 Solitary sex and sexual assertiveness

Masturbation has been identified as a potentially important factor in the development of SA. As Coleman noted, understanding your sexual responses is essential for effective communication with sexual partners, and this understanding can be achieved through solitary sex (Bockting & Coleman, 2002). Other scholars have explored this relationship and reported similar findings. For example, one study from Iceland found that both the frequency of masturbation and the frequency of achieving orgasm through masturbation were linked to increased SA (Hilmarsdóttir, 2017). However, the predominant focus continues to be on women.

A connection between solitary sex and SA lies in self-knowledge. Regular masturbation is believed to provide women with the means to explore their sexual desires and develop a deeper knowledge of what sexually pleases them (Bowman, 2014; Fahs & Frank, 2014). Building on this, the link between self-knowledge and SA has also been established. Research shows that this sexual self-knowledge enables girls and women to better comprehend their sexual preferences, express their needs during sexual encounters, and achieve better overall sexual well-being (Foust et al., 2022; Hogarth & Ingham, 2009; Horne & Zimmer-Gembeck, 2005; Kaestle & Allen, 2011; Saliares et al., 2017). Some of these authors further emphasise that autoeroticism plays a crucial part in positive sexual development and self-understanding, which ultimately fosters social skills and the ability to

form healthy relationships (Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Saliares et al., 2017).

Turning to the connection between masturbation and the focus on one's own sexual pleasure, which is another aspect of SA, research highlights that masturbation and orgasmic responsiveness have been linked to individuals being more attuned to their own sexual pleasure and more proficient in achieving it (Bowman, 2014; Hogarth & Ingham, 2009).

In conclusion, through multiple mechanisms, solitary sexual activity appears to positively influence SA, particularly among women. However, not all studies align with this finding, as another study found no significant relationship between weekly masturbation and being outspoken (G. Koçak, 2009), a dimension that can be understood as a form of SA. This inconsistency underscores the need for further research, especially studies that include men and more diverse populations.

3.1.5 Solitary sex and sexual self-efficacy

Only a few studies to date have explored how solitary sexual experiences influence SSE. As with other areas of this topic, the literature has mainly targeted women.

Several studies suggest that solo masturbation may contribute to feelings of sexual empowerment, a greater sense of agency, and increased SSE among women (Bowman, 2014; Foust et al., 2022; Hogarth & Ingham, 2009). These experiences are also often described as promoting a sense of independence and control over one’s own sexual pleasure.

In conclusion, while the existing research points to a possible positive relationship between solitary sex and SSE, this link has not yet been thoroughly investigated. Moreover, current findings are exclusively based on female samples, highlighting a lack of exploration of these dynamics in men. As such, further research is needed to clarify this relationship and to include more diverse gender populations in future studies.

Overall, the reviewed literature suggests that one’s experience with and perspective on autoeroticism may play a meaningful role in shaping SSC. Across the various dimensions of SSEs, BI and GI, SA, and SSE, a generally positive association with solitary sex has emerged. While these findings are promising, the existing literature remains limited in scope and depth, with much of the research focused on women and often lacking comparative data across genders. Moreover, the directionality of these relationships is not always clear.

The potential reciprocal dynamics between masturbation and SSC have not been consistently explored or sufficiently evaluated.

3.2 Solitary sex and sexual self-confidence

This chapter turns to the existing literature on the potential impact of solitary sex on SSCf. According to the Sexocorporel framework, key components of SSCf include the eroticisation of one's own sexual body and the development of erotic competence. As discussed in the Chapter 3.1, solitary sex, by fostering self-knowledge and a stronger sense of erotic competence, has a demonstrated positive influence on SSEs. These same mechanisms may also play a role in enhancing SSCf as conceptualised within the Sexocorporel model, even if the definition of SSCf was limited to the constructs of narcissism and exhibitionism for the purposes of this thesis. In addition, masturbation appears to contribute positively to BI and GI. These improvements may support greater self-attractiveness and feed into the narcissistic dimension of SSCf. While the specific relationship between solitary sexual activity and SSCf, as defined by the Sexocorporel model, has not yet been directly studied, several existing findings point towards a possible connection.

Firstly, a possible link between masturbation and the narcissistic component of SSCf might exist. In a qualitative study, Foust et al. (2022) reported that women described a sense of power in recognising themselves as visually appealing and sexually attractive during solitary sexual experiences. Similarly, Bowman (2014) highlighted that feelings of sexual empowerment deriving from female masturbation often include sensations of being powerful, strong, and sexy, suggesting a potential acknowledgement of one's own strengths and desirability. Moreover, research by Fahs and Frank (2014) highlighted that masturbation was associated with greater self-acceptance, an aspect closely linked to the development of SSCf.

Another study has examined the effects of solitary sexual activity on individuals' feelings related to their gender identity. Baudrexl et al. (2018) found that, among men, the frequency of sexual activity and masturbation was associated with all four dimensions of SSC, including the subjective experience of masculinity. One possible interpretation of these findings is that developing a positive relationship with one's body and sexuality through solitary sexual activity may help individuals feel more connected to their gender identity. However, this observation has not been examined in women, and thus further evaluation is required. As previously explained, this aspect will nevertheless not be the primary focus of this thesis.

These observations suggest that solitary sex might contribute to the broader development of SSCf. It is also worth noting that some researchers have examined the impact of masturbation on general self-confidence. For instance, studies by Kimura et al. (2013) and Newcomb (1985) found that individuals who engaged in masturbation reported higher levels of overall self-confidence. One could hypothesise that general self-confidence might in turn help foster SSCf.

In conclusion, while current findings suggest several potential pathways through which solitary sexual activity may positively influence SSCf, the research in this area remains limited. In particular, the specific application of the Sexocorporel model to this topic has not yet been systematically explored. This thesis therefore aims to contribute to filling this gap by examining the possible associations between solitary sex and SSCf, as conceptualised within the Sexocorporel framework.

3.3 Subjective experiences and attitudes towards solitary sex

One of the hypotheses of this thesis is that not only the presence of autoeroticism, but also the way in which it is experienced, may significantly influence its impact on SSC and SSCf. A central aspect of this context involves the emotions and cognitions that accompany solitary sex. Cognitions are also an important aspect of the Sexocorporel model, representing one of its four main components and playing a key role. As Desjardins and colleagues stated (2005), having a foundation of accurate knowledge about sexuality, along with a cognitive framework that allows individuals to freely explore their sexuality without feelings of guilt or restraint, is essential for good sexual health. However, guilt and shame are among the most commonly reported negative emotions related to masturbation, due to cultural, moral, or religious beliefs, as was outlined in Chapter 2. This suggests that such negative cognitions may have a significant adverse effect on sexual health. This chapter explores the role of guilt and shame in solitary sexual experiences and examines how these emotions may affect the potential benefits of masturbation for sexual self-development.

Several studies have explored the guilt and internal conflict some individuals experience around masturbation, leading to the development of concepts such as masturbatory guilt and ego-dystonic masturbation. Masturbatory guilt was defined by Grubbs et al. (2019) as the experience of those who engage in masturbation yet simultaneously condemn it as morally reprehensible. Castellini et al. (2016) similarly describe it as masturbation followed by a sense of guilt. They further explained that such internal conflicts are often linked to inappropriate or intrusive sexual cognitions that heighten distress and reinforce negative emotions. These dynamics may diminish the potential benefits of solitary sex by framing it

in a context of psychological discomfort, as well as directly impact sexual behaviour. It was found that shame led many participants to make deliberate efforts to suppress or control their desire to masturbate (Kaestle & Allen, 2011).

Shame and guilt related to solitary sexuality have been documented worldwide, with prevalence rates varying widely. In the USA, nearly 60% of individuals aged 18–24 reported feelings of guilt (Laumann et al., 2000). In China, 76.6% of men experienced at least some degree of guilt (Zhang & Zhang, 2025). In comparison, only 15.4% of male participants identified such feelings in Italy (Corona et al., 2010) and 10.9% in South Korean (Choi et al., 2000). Notably, much of this research has focused on male populations. These wide variations in prevalence likely reflect differing cultural attitudes, social norms, and levels of openness regarding sexuality across countries. In more conservative societies, stronger feelings of guilt may be common, while more liberal contexts might foster acceptance and reduce such negative emotions. Additionally, differences in willingness to disclose such feelings, particularly among men who may experience social pressure to appear confident or unaffected, could also influence prevalence rates, potentially leading to underreporting in some populations. Moreover, as discussed in Chapter 2.3, women may be even more vulnerable to negative attitudes, emotions, and cognitions surrounding masturbation. This underscores the need for further research to better ascertain the prevalence of masturbatory guilt across various gender demographics.

Literature on the subject indicates that negative feelings or cognitions associated with masturbation can significantly affect both sexual and psychological well-being. As discussed in Chapter 1.1, masturbation has been shown to provide relief from anxiety and depressive symptoms. However, some studies report contrasting findings, identifying associations between higher frequencies of masturbation and increased levels of negative emotions, anxiety, and depressive symptoms (Castellini et al., 2016; Cyranowski et al., 2004; Frohlich & Meston, 2002; Jiao et al., 2022; Phuah et al., 2023; Rowland, Kolba, et al., 2020). The nature of this relationship, however, remains unclear. Several scholars suggest that it may not be the act of masturbation itself that leads to negative outcomes, but rather the guilt and shame that often accompany it (Bockting & Coleman, 2002; Phuah et al., 2023). Supporting this view, research has shown that women with a history of depression may exhibit a stronger desire for, and more frequent engagement in, masturbation; suggesting that solitary sexual activity may serve as a self-soothing strategy (Cyranowski et al., 2004; Frohlich & Meston, 2002).

Several negative outcomes in sexual and mental health have been associated with masturbatory guilt in the literature. Impaired sexual functioning, lower GI, increased psychological distress (including anxiety and depression), relationship difficulties, and reduced overall well-being and quality of life have all been associated with feelings of guilt or shame related to masturbation (Albobali & Madi, 2021; Aneja et al., 2015; Castellini et al., 2016; Corona et al., 2010; Soares et al., 2024).

These findings suggest that an individual's subjective experience of masturbation could influence its impact on overall well-being. As shown above, negative emotions such as guilt are associated with poorer GI, reduced sexual and mental health, and lower overall well-being; all factors closely linked to SSC and SSCf. A central hypothesis of this thesis is that primarily positive autoerotic experiences may foster a more positive SSC and greater SSCf; conversely, negative cognitions and emotions experienced during masturbation might adversely affect both constructs. The previous findings indicate that there may be an association between these variables. Nonetheless, further evaluation is necessary to clarify the directionality and strength of these relationships, as well as to consider potential moderating factors such as individual differences. Consequently, the emotional and cognitive context of masturbation will be included in the analysis that follows, as well as their impact on the development of SSC and SSCf.

4. Methods

The methodological approach employed to address the research questions of this study is outlined below. This includes a presentation of the research design and the rationale underpinning the methodological decisions, followed by detailed descriptions of the literature review process, data collection, and data analysis procedures. As previously noted, qualitative social research methods were utilised.

4.1 Literature review

The first step in the research process to explore the relationship between solitary sex, SSC and SSCf, involved conducting a comprehensive literature review to examine the existing research status on the topic. According to Döring and Bortz (2016), it is a fundamental tool for every scientific work. The review addressed key themes, and multiple academic databases were utilised, including the Online-Katalog Gesamtband der Hochschulbibliothek der Hochschule Merseburg, PubMed, Google Scholar, and Elicit, to gather relevant studies and scholarly articles. The following terms were used: masturbation, solo-sex, solitary sex, onanism, autoeroticism, sexual activity and sex*; sexual self-concept, self-concept, self-

image, self-perception, self-regard, self-schema, sexual self and self-knowledge; sexual self-esteem, self-esteem, body image, body satisfaction, body perception, genital image, genital self-image, genital satisfaction, sexual assertiveness, assertiveness, sexual self-efficacy, self-efficacy, sexual self-confidence, self-confidence; self-respect, self-assurance, self-regard, self-reliance, self-worth and self-determination. The wide choice of search terms was designed to ensure a broad exploration of the research topic. Initially, the research was limited to publications from the past ten years; however, the scope was later expanded to include older studies in order to provide a more comprehensive overview of the existing literature. Concerning research about SSCf, due to the scarcity of papers on the Sexocorporel model, some of the material consisted of lecture documents from the Master of Arts in Sexology. These have been declared as such in the references.

4.2 Data collection

The research included semi-structured interviews with six participants, three cis women and three cis men, aged between 25 and 35 years, residing in Switzerland. The choice of interview setting was guided by the advantages of direct face-to-face conversation, a classic form of qualitative data collection which particularly fosters the process of understanding different individuals (Döring & Bortz, 2016). The choice of participants was based on the recognition that cis women and cis men may experience masturbation differently due to societal gender expectations and norms, as outlined in Chapter 2.3. As gendered socialisation processes seem to influence how individuals perceive their sexual behaviour and sexual self-perception, this study aimed to provide a clearer understanding of these gendered experiences by including both cis women and cis men. Furthermore, the balanced gender composition enables a preliminary comparative perspective between both genders, without aiming for statistical generalisation. Although including a broader spectrum of gender identities, such as transgender or non-binary individuals, would be of equal importance, the focus on cisgender individuals allows for clearer comparisons and reduces potential complications in data analysis.

Furthermore, the focus was on young adults between 25 and 35 years of age residing in Switzerland, based on the recognition that it is a period reflecting important steps in sexual developmental, as outlined in Chapter 1.2. The decision to work with a small, purposive sample was guided both by the aim of gaining in-depth insights into individual experiences and perspectives, and by considerations of feasibility within the scope of this thesis.

Participants were recruited through an informative flyer designed specifically for this study, which can be seen in Appendix A. The flyer included the title of the Master's thesis, a brief

description of the research topic, the timeframe of the study, inclusion criteria, and key information about participation. To maximise outreach and accessibility, the flyer was created in both German and French. This bilingual approach was chosen to reflect the linguistic diversity of Switzerland, as well as the author's personal background, residing in the German-speaking part of the country while originally coming from a French-speaking region. The German version is presented in Appendix A, with the aim of facilitating comprehension for the reader. The flyer was distributed through the author's personal and extended social network. As a result of this recruitment strategy, the first individuals to express interest in participating were French-speaking. These prospective participants were provided with extensive information on the context and setting of the study and an informed consent form, which was written in French. In accordance with ethical standards, the original version is included in Appendix B. Upon receiving their written consent, they were included in the study. Additional volunteers, some of whom were German-speaking, were not retained, as the targeted number of participants had already been reached and, to facilitate the interview process, the language of the interviews was limited to French. An overview of the sample, including basic demographic information, is presented in the Table 1.

Table 1

Demographic data

Respondents	R1	R2	R3	R4	R5	R6
Age	32	29	32	31	28	33
Gender identity	Cis man	Cis woman	Cis man	Cis woman	Cis man	Cis woman
Sexual orientation	Hetero-sexual	Hetero-sexual	Hetero-sexual	Hetero-sexual	Hetero-sexual	Hetero-sexual
Relationship and family status	Single	Mono-gamous relationship (4 yrs)	Mono-gamous relationship (4 yrs)	Mono-gamous relationship (7 yrs) One child	Mono-gamous relationship (4 yrs)	Mono-gamous relationship (6 yrs) One child
Occupation	Jeweller and designer	Senior social worker	Visual arts teacher	Environmen-tal engineer	Civil engineer	Architect

Note. Overview of respondents' demographic data. Created by the author.

A semi-structured interview guide was developed for this study and is presented in Appendix C. It comprised 23 main questions accompanied by follow-up prompts to be used selectively, depending on the participants' responses. The guide was carefully designed to ensure questions were asked in an open and flexible manner, avoiding the fixation on predetermined variables, a practice aligned with qualitative research principles (Döring &

Bortz, 2016). The questions were formulated positively and grounded in a review of relevant literature. The following scales and questionnaires addressing the five items of SSC, as defined in this study, were examined:

- Multidimensional Sexual Self-Concept Questionnaire (Snell, 1998)
- Female Genital Self-Image Scale (Herbenick & Reece, 2010)
- Self-esteem/Self-image Female Sexuality Questionnaire (Lordello et al., 2014)
- Sexual Assertiveness Scale (Smylie et al., 2013)
- Sexual Self-Efficacy Scale (D. Rosenthal et al., 1991)

From these, the most pertinent themes relating to the research questions were identified, and questions were formulated. Regarding SSCf, educational materials about the Sexocorporel model were utilised, including its various components and how to evaluate them (Bischof et al., 2020).

The interview commenced with an introductory question aimed at gently easing participants into the topic and assessing their personal interests regarding the subject matter. This was followed by questions exploring experiences with solitary sex. Subsequently, the topic of SSC was introduced, addressing its five dimensions as chosen for this thesis. The guide proceeded to explore SSCf, and participants were then invited to discuss the role of solitary sex within this context. To conclude, an open invitation was made for participants to share any additional thoughts they considered relevant. The original interview guide was written in English and subsequently translated into French with the help of DeepL Translate (n.d.) for the purpose of conducting the interviews. However, the English version is provided in Appendix C to facilitate a clearer understanding for readers.

A clear and structured procedure was planned for the conduct of the interviews, following recommendations by Döring and Bortz (2016). This included considerations on how to appropriately begin and conclude each interview, as well as practical arrangements such as the positioning of chairs and the preparation of recording equipment. To ensure smooth and trouble-free interviews, trial runs were conducted at home, where the interview questions were practiced and recordings tested. Individual appointments were arranged via text messages, which aligned with the communication method used by participants to volunteer for the study. Given that participants resided in various regions across Switzerland, interview locations were chosen individually in consultation with each participant. Care was taken to select quiet and undisturbed environments to facilitate participants' comfort and openness. Prior to each interview, refreshments were provided, and informed consent forms were signed. Participants were invited to address the

interviewer on a first-name basis, a suggestion that was universally accepted. Small talk was used at the beginning to establish rapport and help participants feel at ease. The purpose and framework of the Master's thesis were then explained, including a reminder, as recommended again by Döring and Bortz (2016), that participants could pause or stop the interview at any time. Before commencing the interview, participants were invited to ask any remaining questions. The planned duration for each interview was between one and one and a half hours; however, one interview extended to 1 hour and 40 minutes. Audio recordings were made and saved locally to ensure data protection. Participants were informed about the recordings and assured that these would be deleted following the completion of the thesis review. Finally, participants were encouraged to contact the researcher afterward should they have any additional questions, reflections, or concerns related to their participation.

The transcription of the interviews was conducted following the transcription rules outlined in the Master's coursework of the author on qualitative research at ISP Zürich (Jufer, 2024). Each respondent was assigned a code beginning with "R" followed by a number corresponding to the chronological order of the interviews, while "Int" was used to denote the interviewer, i.e., the author. The interviews were transcribed verbatim using the software MAXQDA 2020 (VERBI Software, 2020). Non-verbal sounds, such as laughter, were indicated in brackets to preserve the context of the interactions. Minor self-made corrections were applied where necessary to ensure clarity or make needed corrections. To guarantee participant anonymity, all names, places, and any other identifying information were carefully removed or anonymised during the transcription process. All transcripts were produced in French, the original language of the interviews, and are available separately as indicated in Appendix D. Selected transcript excerpts translated into English with the assistance of DeepL Translate (n.d.) are provided in Appendix E for the reader's convenience.

4.3 Data analysis

The final stage of this research involved a qualitative content analysis conducted in accordance with Mayring's method. This approach facilitated a systematic categorisation and interpretation of the interview data, enabling the identification of recurring themes and patterns relevant to the core research questions. As Mayring (2015) emphasises, the development of a category system is central to qualitative content analysis. Furthermore, he highlights that these categories should be elaborated and tested directly on the empirical material to ensure their validity.

In line with these principles, a coding guide was developed through a multi-step process. Initially, a preliminary list of possible categories was generated deductively, based on the structure and themes of the interview guide. Subsequently, one interview transcript was color-coded according to these main themes to verify that the existing categories adequately captured the data. This process also allowed for the refinement and division of categories into meaningful subcategories where necessary. Through this iterative procedure, minor adjustments were made, and the coding guide was optimised to better represent the data. Following Mayring's (2015) guidelines, the categories were nominal and non-hierarchical; for example, the third category titled "Influence of solitary sex on SSC" holds equal weight alongside others. Each category and subcategory were accompanied by clear definitions and coding rules, with the definitions being grounded in relevant literature, as outlined in Chapter 1.7. To illustrate these categories, anchor examples were selected from the six interview transcripts. For instance, an anchor example for the third category, mentioned above, is: "Another cool thing is that I know myself really well in that area [solitary sex]. So I can also say what suits me and what doesn't when we are together as a couple." (R5, 340, translation supported by DeepL Translate, n.d.). The complete coding guide can be found in Appendix F.

Following the development of the coding guide, it was evaluated by an external reviewer, a fellow Master's student, who independently assessed the categories and coding rules. This external review corroborated the accuracy of the coding process and supported the findings, thereby enhancing the scientific validity, specifically the reliability and objectivity, of the results in accordance with Mayring's (2015) quality criteria. Once the coding guide was validated, the qualitative data were coded using the software MAXQDA 2020 (VERBI Software, 2020), which facilitated efficient organisation and analysis of the material. After completing the coding process, additional content analysis techniques, as again outlined by Mayring, were applied to deepen the analysis. The first technique employed was summary, whereby the coded material was condensed to highlight the essential content while maintaining the core meaning. This involved selecting small segments to be presented without alteration, paraphrasing other sections, or logically extrapolating overarching themes from the data. The second technique was content structuring, which involved organising the summaries into tables, as it can be seen in the presentation of the results in Chapter 5. This approach provided a clearer overview of the results and supported a more comprehensive interpretation of the findings.

In addition to the measures described above, other important quality criteria as presented in the Master's coursework on qualitative research by Jufer (2024) were rigorously followed

throughout the research process. The criterion of honesty was upheld through verbatim transcription of the interviews, ensuring that participants' words were accurately represented. Transparency was maintained by providing a detailed and clear description of all methodological steps in this chapter. The criterion of pertinence was addressed by focusing on a research theme that is relevant to a broad population and holds particular significance in professional fields such as sex therapy, specifically regarding the evaluation of solitary sex and its impact on SSC and SSCf. Finally, fairness was ensured through a respectful and considerate approach to all interviewees, who were consistently treated with care and sensitivity throughout the study.

4.4 Data protection and research ethics

This research strictly adhered to the three fundamental principles of ethical treatment of research participants as described by Döring and Botz (2016).

Firstly, voluntariness and informed consent were ensured for each participant. The informed consent form clearly explained the context and purpose of the study, the nature and timeframe of the interviews, the setting, the use of audio recordings, and the participants' unconditional right to withdraw at any time without consequences. This form was sent to participants in advance, allowing them sufficient time to consider their participation. It was reviewed and signed prior to the commencement of each interview, thereby confirming that all participation was voluntary and fully informed.

Secondly, protection against harm and impairment was a priority throughout the study. Before starting the interviews, participants were orally informed of potential risks related to the sensitive nature of the topic, including possible emotional discomfort or distress, such as feelings of shame, anxiety, or fear of stigma. Participants were explicitly allowed to skip any questions or terminate the interview at any point without explanation. Efforts were made to foster a comfortable and non-judgmental atmosphere during the interviews. Following each session, participants were asked about their well-being and given the opportunity to share any additional thoughts. They were also encouraged to contact the researcher afterward if they wished to discuss any concerns or reflections.

Thirdly, anonymisation and confidentiality of participant data were rigorously maintained. Audio recordings, transcripts, and related documents were securely stored with password protection, accessible only to the author. Participants were informed that the audio data would be retained only until the completion and review of the Master's thesis. Moreover, anonymised excerpts from transcripts were used in the thesis to illustrate findings. To

safeguard participant privacy, all identifying details were removed from the transcripts, as detailed previously. This comprehensive approach ensured that confidentiality and privacy were preserved throughout the research process.

5. Results

This chapter presents the findings derived from the six in-depth interviews conducted as part of this qualitative study. The analysis focuses exclusively on data that directly addresses the research questions, ensuring that the results remain relevant and aligned with the study's core aims. First, the participants' individual experiences with solitary sexual practices, their SSC, and their SSCf will be described, considering each dimension separately. This section aims to capture the nuanced and subjective nature of these experiences as reported by the interviewees. Next, attention shifts to the interplay between solitary sex and both SSC and SSCf. This section presents how participants perceive autoeroticism as influencing these two aspects, in line with the research question that specifically focuses on this association. Finally, the chapter considers other potentially influential factors that emerged during the interviews. It also addresses the interviewees' perceptions of gender's role in shaping experiences related to solitary sex, SSC, and SSCf.

In order to facilitate the presentation and understanding of the findings, different formats were employed. For certain sections, tables were created to provide a clear and concise overview of specific results, as described in Chapter 4.3. In other cases, narrative summaries and direct quotations from participants were used to convey the depth and nuance of individual experiences.

5.1 Experience with solitary sex

As previously mentioned, the initial results that will be presented relate to the experience of each individual with solitary sex. This section aims to provide an overview of how individuals engage in and relate to the practice, including their cognitions and emotions.

Participants reported a wide range of masturbatory frequencies, mainly characterised by variability rather than consistent habits. R1 noted a general decrease over the years due to more frequent partnered sex, estimating three to four times per week with occasional longer breaks. R2 described highly irregular patterns, ranging from months of abstention to multiple times per week or even per day. R3 reported a daily frequency, punctuated by extended breaks, and a notable increase after the end of a relationship with a high-libido partner. R4 also described a decline in frequency, limited by time constraints and parenting

responsibilities, sometimes “depriving” herself despite desire. R5’s frequency shifted with living arrangements, varying from multiple times daily when alone, to every four to five days with his partner. R6 masturbated less than in the past, particularly since becoming a parent, but maintained a fairly regular pattern when time allowed. In summary, participants cited several factors influencing their masturbatory behaviour, including relationship status, cohabitation, frequency of partnered sex, work obligations, and childcare. One participant also linked reduced social interaction to decreased frequency, due to fewer external sources of arousal.

A range of masturbatory practices and contexts were recounted, reflecting diverse habits and preferences. Some individuals (R1, R3, and R5) primarily engaged in manual self-stimulation, while others (R2, R4, and R6) reported a predominant use of sex toys during solitary sexual activity. Several participants (R1, R2, and R6) approached masturbation in a goal-oriented manner, often aiming directly for orgasm rather than engaging in prolonged exploration. Occasionally, others allocated more time for self-exploration or to be present in the moment. The contexts in which masturbation occurred varied widely, encompassing both specific routines and spontaneous behaviours. Common locations included the shower, bed, couch, and, in some instances, the car or being next to the partner. The consumption of pornography was mentioned by all, varying in frequency between always (R3), most of the time (R6), sometimes (R4, R5) or rarely (R1, R2). It was noted that fantasies were also often used (R1, R2, R4, R5 and R6), along with erotic comics and podcasts for one specific person (R2).

The satisfaction of each participant with their current masturbatory habits was measured as well. Overall, the respondents expressed satisfaction to varying degrees, yet all identified at least one area for potential improvement, although none indicated an immediate desire to implement changes. R1, R2 and R6 all recognised the potential benefits of a modified approach to masturbation, involving increased time for self-discovery, which they thought could have more lasting benefits on an emotional and cognitive level. R3 and R5 both expressed some concerns regarding the potential for excessive frequency but specified themselves that they ultimately felt content with their current experience. R3 and R6 reflected on their regular use of pornography and the potential benefits of refraining from it, such as experiencing less self-judgment related to the type of pornographic content consumed, as well as discovering new ways of masturbating without pornography. R6, for example, mentioned that she felt less connected to her emotions when consuming pornography. Lastly, R4 expressed a desire to undertake it more regularly in the future, but at present lacks the time to do so.

The reasons for masturbating were enquired to ascertain whether there were more positively or negatively oriented motivations. A wide range of responses were provided by all respondents. The main themes were then extrapolated from these responses to allow for thematic comparison and analysis. These themes were subsequently organized into Table 2 to provide a clearer overview. The table also indicates when an item has been cited multiple times, meaning by multiple individuals.

Table 2

Reasons for masturbating

Responding to a physiological need (2x)	Responding to sex drive/sexual urge (3x)	Seeking pleasure (6x)	Seeking intensity/ adrenaline	Burning off energy (2x)
Relaxing mentally and/or physically (6x)	Destressing/ releasing tension (3x)	Method of self-care/ well-being (3x)	Taking a break	Doing something nice
Releasing negative emotions (2x)	Seeking relief from thoughts	Escaping from reality (2x)	Feeling of freedom (2x)	A way to be able to let go
Wanting a moment with myself (3x)	Taking time/a break for me (2x)	Giving myself a present	Method of self-discovery (2x)	Method of self-introspection
Compensating for lack of partnered sex (2x)	Responding to missing partner	Responding to arousing stimuli (2x)	Reacting to arousing media contents	Seeking to consume something (pornography)
Form of pastime (3x)	Method for falling asleep (2x)	Method for waking up	Training for sexual skills	

Note. Overview of cited reasons for masturbating. Created by the author.

The participants were also invited to share their prior experience of solitary sex, including their first experience, as this could potentially influence their SSC and SSCf as well. The information was then paraphrased and, to summarise the key points, it was compiled into Table 3. The sequence in which the first experiences occurred was indicated by numbering.

Table 3

First experiences with solitary sex

Respon-dents	Age at first experience	First masturbatory practices	First meaning of solitary sex
R1	14-15	Manual stimulation to erotic films	- Burning off energy - Learning sexual abilities to achieve fulfilling partnered sexual experiences
R2	12	1. Inadvertent contact with water jets 2. Use of shower head 3. Manual stimulation	- Discovering own body - Feeling shameful about it, like doing something forbidden

R3	14	1. Manual stimulation alone in bed 2. Manual stimulation to computer games with erotic content 3. Manual stimulation to pornography	- Gaining a deeper understanding due to previously limited knowledge of the genital system's function
R4	8-10	1. Inadvertent contact with water jets 2. Inadvertent, then conscious stimulation of genitals whilst horse riding 3. Stimulation with teddy bear 4. Manual stimulation	- Discovering own body - Preparing for partnered sexual encounters
R5	11-12	Manual stimulation alone in bed	- Discovering own body - Feeling shameful about it
R6	12	1. Inadvertent stimulation with vaginal insertion of tampon 2. Anal stimulation with cotton bud 3. Manual stimulation (for a few seconds, without reaching orgasm)	- Feeling shameful about it, afraid of getting caught - Lacking confidence in ability to reach orgasm alone

Note. Overview of first experiences of participants with solitary sex. Created by the author.

Most participants provided only an estimated age at which they first engaged in masturbatory practices, whether consciously or not. Regarding sexual education, all participants recalled having little knowledge of the topic during their youth. One woman shared that she only learned later as a young adult that female masturbation was normal, saying that she "learnt quite late that there are a lot of women who do it. [...] For me, it was a bit of a guy thing." (R6, 468-570, translation supported by DeepL Translate, n.d.). As for sex education classes, three participants remembered the topic being mentioned briefly, while the others had no recollection of it being addressed at all. Conversations with peers were limited. Two of the men recalled discussing masturbation with male friends during adolescence and even it being a recurrent topic, though never going into details. For most, more open conversations on the topic only began in young adulthood. Notably, no participants reported having discussed masturbation with parents or siblings. A few participants sought out information independently, as two mentioned finding guidance through books or youth magazines.

5.2 Cognitions and emotions related to solitary sex

This section presents participants' cognitions and emotional responses related to solitary sex. The analysis highlights how individuals interpret, evaluate, and emotionally engage with their masturbatory experiences. The interviewees reported a range of positive, negative, or mixed cognitions regarding solitary sex. The most notable perspectives are summarised below.

Positive cognitions were expressed by many participants, who felt that masturbation was generally an under-discussed subject that deserved greater attention. Similarly, they criticised the lack of comprehensive sex education on the topic, emphasising that it should be addressed more thoroughly given its relevance to most individuals. Masturbation was regarded as a significant early sexual experience during adolescence. Several participants described it as a personal choice or a fundamental right to pleasure. It was also associated with feelings of emancipation and empowerment. For instance, it was said that: “The perception of masturbation [...], there's this whole thing of, of emancipation, too hum... where you say well actually we accept our bodies, we play with them, it's great” (R1, 314, translation supported by DeepL Translate, n.d.). Additionally, some noted its multiple benefits and highlighted that it was harmless. Two participants viewed masturbation as important in their current lives, although one qualified this by stating it was not a priority but rather held a secondary role. More precisely, this participant explained that “it's still something that's... That has to be there in my life, I think. But I wouldn't say it's important [...]. If I had a scale up to 10... I don't know, I'd say 6, 6-7. [...] It's not what would have priority.” (R4, 134-136, translation supported by DeepL Translate, n.d.).

In contrast, more negative cognitions emerged from four respondents who expressed that masturbation was not essential for them personally; they prioritised other activities and engaged in solitary sex only when time permitted or could even do without it altogether. Almost all respondents reported that partnered sexual experiences were more meaningful, beneficial, and satisfying. Some viewed masturbation as a compensatory behaviour for the absence of partnered sex. One individual even described masturbation as “seen as a failure” (R5, 678, translation supported by DeepL Translate, n.d.), implying that it was stigmatised as something only those unable to find partners engaged in. Furthermore, two participants described using masturbation as a way to cope with or compensate for broader life frustrations, associating this fact with a less positive connotation. Despite these divergent views, others acknowledged that, notwithstanding the negative or ambivalent feelings, masturbation could hold greater significance or offer more benefits in their lives if they approached it differently or devoted more attention to it.

Regarding the emotions associated with solitary sex, a combination of various feelings was said to have been observed before, during or after the act by the interviewees. The reported emotions were regrouped compiled in Table 4, and it was recorded when they were cited by several individuals.

Table 4

Emotions related to solitary sex

Positive emotions		Negative emotions		Mixed emotions
Sexual desire	Sexual pleasure (6x)	Sadness (3x)	Melancholy	Absence of shame
Sexual arousal (6x)	Adrenaline kick	Emotional down (2x)	Emptiness	Absence of frustration
Excitement	Relaxation (6x)	Tiredness	Shame (4x)	Something less than joy
Calmness	Relief/release (5x)	Guilt	Disgust	Positive melancholy
Joy/enjoyment (3x)	Mindfulness	Loneliness	Stress	Introspectiveness
Mental focus (2x)	Well-being	Frustration (2x)	Overwhelm (2x)	Little emotion, practicality
Affectionateness	Sensuality	Pressure/tension		

Note. Overview of emotions related to solitary sex cited by the participants. Created by the author.

All of them reported experiencing sexual pleasure, sexual arousal, and relaxation. In addition, relief or release was mentioned by most. A participant explained that it often was a combination of emotions and that she mainly felt “strong emotions. It can be joy, it can be, hum, arousal, it can be anger, it can be... But emotions that are, well, quite intense. I'd say that afterwards, um... Well, I'm a lot more relaxed. Like crazy.“ (R2, 122, translation supported by DeepL Translate, n.d.).

However, shame emerged in the accounts of four participants and was identified as the predominant negative emotion. It should be noted that it often was related to specific contexts. One example would be the reaction of the partner, with a respondent explaining that “I was afraid he'd come home and hear me, you see. [...] And... And then it happened a few times, and then... I'm just so ashamed.” (R6, 120-122, translation supported by DeepL Translate, n.d.). It should also be specified that most interviewees indicated that they generally felt few negative aspects or if they felt any, it was with a reduced frequency compared to positive ones.

5.3 Sexual self-concept

The five dimensions of the SSC were assessed for each interviewee. The present section offers an insight into the respondents' self-evaluation of the five dimensions, with the presentation of illustrative examples for each, in form of excerpts from the interview transcripts. For a clearer overview, those have been assembled in Table 5.

Table 5

Illustrative examples of SSC in participants

SSC items	Excerpts from interview transcripts
SSEs	"Well, I think that... I'd say I think I know how to... Give pleasure. I mean... [...] I'd say I'm a good lay." (R4, 320)[2]
	"But yes, yes, the comparison [of my sexual skills with those of others], for me, is hy-per... You know, I'm also aware that it's not, um... We're worth what we're worth, we are what we are, um... [...] Even if I know that and I realise it, I can't, um... Dismiss these emotions and... Yes, comparison is super important." (R2, 268)
BI	"I like my body. Hum... I'm also... Well, it's luck, you know. I didn't do it on purpose, but... I think... I think I'm beautiful." (R3, 289)
	"Like, the light, I think, helped me to, I don't know, make myself look... I thought that maybe I was sexier and that maybe the things I didn't want to be judged on, I already had a bit of a belly. And then, like, I thought, ah he might see less, well, yeah" (R4, 256)
GI	"I wouldn't say it's sensual. I don't think, ah my vulva is really sexual or beautiful or anything like that. [...] No, I don't think that, no. But I don't think it's disgusting either." (R6, 414-416)
	"Well, there's a thing about boys [...] it's that we compare the length of each other's dicks. It's a classic and [...]. It's not a myth, and at the same time, I've never had a very big cock" (R1, 258-260)
SA	"but we also communicate a lot. I mean, sometimes I say to her, yeah, but then, sometimes I say, no, don't do it like that too much, then do it differently" (R5, 764)
	"Well, I'm putting a lot of pressure on myself, more for his pleasure [than mine]. Yeah." (R6, 176)
SSE	"it's something I don't know how to do. I could never stop having sex, even if I ... If I notice that I don't want to" (R2, 308)
	"And I have become very sincere too. Yes. And now, in fact, if things aren't going well any more, then I stop, and I don't force myself any more." (R6, 214)

Note. Illustrative examples of the five dimensions of SSC in participants. Created by the author.

The findings demonstrate that the presence of SSEs, BI, GI, SA, and SSE was perceived in diverse and nuanced ways, reflecting the individual experiences and self-perceptions of the participants. These reflections underline the dynamics that might play a significant role in shaping SSC.

5.4 Influence of solitary sex on sexual self-concept

This part of the chapter explores the perceived influence of solitary sex on participants' SSC. Various forms of influence on the different dimensions of the SSC were reported.

[2] All interview excerpts were translated from the original French with the support of DeepL Translate (n.d.), with subsequent editing by the author for accuracy.

Those influences were then summarised in Table 6 in connection to each separate item of SSC. The table also indicates which participants relayed the different influences.

Table 6

Influences of solitary sex on SSC

SSC items	Forms of influence on SSC item	R1	R2	R3	R4	R5	R6
SSEs	Solitary sex helps train for partnered sex, to satisfy partner	X			X	X	
	Solitary sex helps me feel good about myself sexually	X			X	X	X
	Solitary sex is empowering and fosters self-care and self-love						X
	Having the feeling that I masturbate more often than others makes me feel less good about myself			X		X	
	Not being able to masturbate without pornography makes me feel less good about myself			X			
	Feeling pressure to reach orgasm whilst masturbating makes me feel less good about myself						X
BI	Solitary sex is a way of taking care of myself physically	X					
	Solitary sex helps me feel at ease with my body, know it better and trust it		X			X	
	Solitary sex helps me feel sexy and is a way of loving my body						X
GI	Discovering pleasurable sensations with solitary sex helped me feel good about my genitals		X		X		
	Knowing I can pleasure myself helps me trust my genitals				X		X
	Seeing myself sexually aroused helps me feel good about my genitals					X	
	Having the feeling that solitary sex influenced/provoked my penile curvature			X			
SA	Solitary sex helps me know myself, my desires and limits better	X		X	X	X	X
	Solitary sex helps me focus on my own pleasure		X		X	X	X
	Not being able to satisfy myself without a sex toy prevents me from knowing myself, my desires and limits						X
SSE	Solitary sex helps me know myself, to feel secure and in control	X			X	X	X
	Solitary sex allows me to try sexual practices out and then be able to ask for or say no to them			X	X	X	
	Solitary sex allows me to reach orgasm and feel more in control						X
	Not being able to satisfy myself without a sex toy makes me feel less in control						X

	Having the feeling that I masturbate more often than others makes me feel less in control			X		X	

Note. Overview of influences of solitary sex on SSC reported by the participants. Created by the author.

In sum, participants described a wide range of ways in which solitary sex influenced their SSC. For example, one participant emphasised the role of masturbation in developing self-awareness and improving communication in partnered sex: “For me, masturbation was also a way of getting to know myself. And then, [...] If you have a partner or if you're a partner, you know what you want too” (R5, 18, translation supported by DeepL Translate, n.d.). Another participant framed solitary sex as a form of preparation in order to be able to have satisfactory partnered encounters, stating: “I almost saw masturbation as training for real sexuality, you know. [...] It's nice to be able to manage... when you want it to go on for a while, when you're cuddling and everything, when you have the sex not to... not to ejaculate at that moment.” (R1, 300, translation supported by DeepL Translate, n.d.).

More nuanced influences were also reported, which should be considered. One such instance was shared by a participant who reflected on how relying primarily on a vibrator restricted her ability to explore pleasure in other ways, which she believed could have an impact on her SA: “I have the impression that, because in fact, masturbation, for me, is just this vibrator, you know, it's not like, I think that if I managed to get pleasure on my own, in several ways, and if I could elaborate that more, I think it would help me a lot more in my sexuality as a couple, to be able to say, ah, more like that” (R6, 284, translation supported by DeepL Translate, n.d.).

Despite the diversity of responses, certain areas showed no reported influence. Notably, several participants (R1, R3, R4) stated that solo sex did not alter how they felt about their bodies. Additionally, R2 emphasised that solitary sex did not impact her SA, as she viewed partnered sex as a distinct context involving different desires and boundaries.

5.5 Sexual self-confidence

The objective of this segment is to provide an insight into how respondents evaluated their SSCf, as defined by the Sexocorporel model and with the precise focus on the assessment of the narcissistic and exhibitionistic abilities in regard to sexuality. Participants appraised their qualities in this respect in a variety of ways, some of which are presented below.

A first example is how a participant described his own attractiveness, stating, “I see myself as someone who's fairly, um, fairly confident. [...] Yeah, frankly, quite confident, quite

confident about my... attractiveness." (R1, 206-208, translation supported by DeepL Translate, n.d.). Similarly, another participant conveyed exhibitionistic abilities, by saying that: "Yeah, I'm charming, yeah, I use my charm [...]. I like to flirt, that, yeah, I think, that's it. [...] I think, I play, I play, I'm very playful like that. Then, I think, I... I think, it's more in my attitude, my look" (R6, 334-342, translation supported by DeepL Translate, n.d.). Interestingly, the same participant also expressed more nuanced perspectives. She remarked, "But um, in everyday life, for example, I don't really see myself as someone who's... who's... sexually attractive, yeah." (R6, 397, translation supported by DeepL Translate, n.d.). The findings demonstrate that the presence of SSCf, or more specifically, of narcissistic and exhibitionistic qualities, was perceived in different ways and might be impacted by multiple factors.

5.6 Influence of solitary sex on sexual self-confidence

This section focuses on how participants perceived the impact of solitary sex on their SSCf. Table 7 presents the various forms of influence identified during the interviews, based on their accounts. The table also specifies which participants referred to each aspect.

Table 7

Influences of solitary sex on SSCf

	Forms of influence on SSCf	R1	R2	R3	R4	R5	R6
SSCf	Solitary sex helps me feel confident about what I can offer and feel sexually attractive/desirable	X					
	Solitary sex is an indicator of a healthy sexual function, and it helps me feel sexually attractive/desirable	X		X			
	Solitary sex helps me feel generally sexier and more attractive						X
	My partner knowing about my solo sexuality makes me feel more sexually attractive/desirable		X				X
	Solitary sex helps me feel confident about what I can offer and show myself	X	X	X		X	

Note. Overview of influences of solitary sex on SSCf reported by the participants. Created by the author.

As shown in the table, five ways in which SSCf could be impacted by solitary sex were identified. One participant, for instance, linked solitary sexual activity directly to her sense of sexual desirability, stating: "yes, that, I really think, I think I feel sexier, actually, because I masturbate" (R6, 368, translation supported by DeepL Translate, n.d.). Interestingly, one participant (R4) did note that solitary sex did not enhance her SSCf in any form. Moreover, several participants (R2, R4, R5, and R6) also reported that the benefits of solitary sex

extended beyond sexuality, contributing to a broader sense of self-confidence in everyday life. One interviewee described the impact of reduced solitary sexual activity, noting: “but the times when I'm much less, er... With myself or times when I'm not doing it [masturbation], well I'll be a lot less confident” (R2, 60, translation supported by DeepL Translate, n.d.).

5.7 Other influences on sexual self-concept and sexual self-confidence

In addition to solitary sex, participants identified a range of other factors that contributed to shaping their SSC and SSCf. This part of the chapter explores these additional influences, which have been organised and presented under the following main categories:

- Experiences within relationships and partnered sex
- Personal knowledge and sexual education
- Societal expectations and media influences
- Significant life changes
- General mental well-being
- Aspects related to sexual functioning

The first and most prominent category identified by participants concerns the influence of experiences within relationships and partnered sex. This category included various dynamics that shaped both SSC and SSCf. For instance, an influence that was reported several times involved being in a trusting relationship that offered a safe space for exploration and communication, as well as receiving affirming feedback from partners; factors reported to support all five aspects of the SSC and enhance SSCf. For example, one participant explained: “Now that I'm in a relationship, things are much better. I mean, clearly. I think I have a lot more self-confidence now that I'm in a relationship. [...] In my body” (R5, 574–576, translation supported by DeepL Translate, n.d.). Engaging in sexual experimentation with one or multiple partners and the absence of negative or traumatic sexual experiences also contributed positively to several dimensions of both concepts. Conversely, negative influences on SSC were linked to fear of judgment or criticism, often stemming from the lack of a safe space. One participant cited receiving feedback during sex and having significantly older partners as sources of pressure that negatively affected SSEs. She stipulated that “because I also have a lot of older partners. [...] There's a side where you're younger, and you have to show that you're as good as someone twice your age. You see.” (R2, 256-258, translation supported by DeepL Translate, n.d.). According to several of the participants, a tendency to adapt to the communication patterns of one's partner to the detriment of one’s own needs, or a propensity to prioritise the partner's pleasure over one's own, could be a source of reduced SA. Finally, experiencing a lack of

partnered sexual activity was interpreted by some as a lack of “success” in their sexual lives and had an impact on both the SSEs and SSCf.

The second most influential category identified by participants concerns their general knowledge of sexuality and experiences with sexual education. Examples of influences included self-directed learning through media, books, and other resources, which was described as beneficial to four of the five parameters of SSC (SSEs, GI, SA and SSE) and to SSCf. For instance, a female participant remembered that “when I was younger, I know I used to think, ah, yeah, but why are my labia sticking out? Like, in the books, it doesn't stick out and stuff. Then I thought, ah, but is that normal? [...] like, now, well, I know, well, because, well, I've grown up, and I've also done some research.” (R4, 278, translation supported by DeepL Translate, n.d.). Two participants specifically noted gaining a clearer understanding of the differences between media depictions of sex, especially in films, and real-life sexual experiences, leading to more realistic expectations. One male participant also shared that learning about female sexuality and identifying as a feminist positively impacted his SSEs and SSCf. In contrast, the absence of inclusive or comprehensive sexual education was seen as detrimental. A lack of normalisation around female masturbation negatively affected SSE and SA, while limited information on masturbation frequency contributed to feelings of inadequacy, lowering SSEs and SSE. The lack of representation of vulvar diversity in educational materials and media was also linked to negative GI in cis women. Finally, insufficient education on consent and sexual communication was cited as a barrier to developing SA and SSE.

The third category, cited by several respondents in varying contexts, concerns the influence of societal expectations and media portrayals particularly in the domain of BI and GI. These external standards often served as a reference point in shaping how individuals evaluated their own physical appearance. Some participants reported positive influences on BI and GI when they perceived themselves as aligning with prevailing norms of attractiveness, such as having a muscular or slim body, a certain penis size, being clean-shaven, or smelling pleasant in the genital area. One interviewee illustrated this point well, stating: “I don't say to myself, ah my vulva is really sexual or beautiful or whatever. [...] But then, for example, my vulva, I really tell you, when I look in the mirror and then I look, yeah, afterwards, as I'm shaved, if I'm shaved, [...] I like that, and I think it's beautiful [...].” (R6, 414-420, translation supported by DeepL Translate, n.d.). In contrast, others described negative impacts when their bodies deviated from these ideals, concerning features such as hair loss, curvier body types, larger breasts, or the presence of stretch marks.

The remaining three categories were mentioned less frequently but still provide insights into the development of SSC and SSCf. Significant life changes, such as pregnancy, childbirth, and breastfeeding, were cited by both mothers in the study, though with differing perspectives. One participant described these experiences as positively influencing her BI and GI, while the other reported a negative impact, highlighting the complexity of the evolution of body perceptions during such important changes. General mental well-being was mentioned by two participants as having a positive effect on both their SSC and SSCf. Sexual functioning also emerged as a relevant factor. Two participants experiencing sexual dysfunction noted its negative impact across several dimensions of their SSC, as well as on their SSCf.

This chapter highlighted a range of additional factors influencing participants' SSC and SSCf. A comprehensive overview of the relationship between each factor and the relevant dimensions of both concepts can be found in Table 11, in Appendix G. The table also includes the specific elements cited by each interviewee.

5.8 Gendered influences

Finally, one remaining factor central to the hypothesis of this thesis, the role of gender norms and expectations, will be examined in this section. Although no direct questions regarding gender were included in the interview guide, every participant independently brought up the topic during the conversation. Each respondent reflected on how their gender may have shaped certain experiences or influenced the way they answered specific questions. Two primary areas emerged from these reflections: the perceived influence of gender on experiences with solitary sex, and its role in shaping SSC and SSCf. Table 8 provides a concise representation of all related statements and citations addressing these gendered dimensions.

Table 8

Gendered influences on solitary sex, SSC and SSCf

	Excerpts from interview transcripts
Gendered influences	"And it's very different, I think, between men and women because [...] I think she needs it less, yeah." (R5, 414-428)[3]

[3] All interview excerpts were translated from the original French with the support of DeepL Translate (n.d.), with subsequent editing by the author for accuracy.

on solitary sex	“they [men] are less open, talk less easily, about that sort of thing [masturbation].” (R3, 8)
	“And I think male sexuality is a lot more boring than... I mean... You know, in the sense of, it's just super obvious, it's like, you masturbate, and it's good. [...] Well, it's so much more complex, the female genitalia, that... Yeah. That, yeah, it's great to be able to discover it as a woman, and it's really important” (R3, 243-245)
	“I mean, I think masturbation is quite subject to norms too. [...] A man who masturbates is, let's say, normal. Whereas a woman, not so much.” (R6, 438)
	“It's less easy too. I imagine, as a woman. [...] There's also this side where... *(pause)* Where the sex is outside, so to speak. [...] But where it's less visible, I would say [...]. I think that means a shitload.” (R5, 432-438)
	“I have the impression that it's very, very different. The perception of masturbation, well precisely when I talk about it with female friends, there's this whole emancipation thing, too [...] There's a bit of this feminist thing of we don't need men to pleasure us and all that. [...] But men, we've... we've never been in that paradigm.” (R1, 474)
	“It's ok for the guy, you know, to take his time and masturbate. The fact that the woman does it, there's a side to the man, well, either he has to be there or he has to know.” (R2, 557)
	“Male masturbation, on its own, is, like, normal. For women, it's not so normal. But on the other hand, it's normal to have a sex toy. But on the other hand, it's not really normal for men.” (R5, 450)
	“There are certainly plenty of little girls and young adults [...] who are discovering, I mean, pleasure in this way [in a fortuitous way].” (R4, 72)
Gendered influences on SSC and SSCf	“there's something boys do, it's a classic but I've experienced it as very, very true, it's that... we compare the length of each other's dicks, you know” (R1, 258)
	“I remember, for sure, it was impossible to visualise what a clit looked like. A penis, well, we've all drawn them” (R2, 541)
	“I mean, I don't know, men's sexuality is often about domination and stuff” (R3, 102)
	“There is much, much, much more often a balance of power in the other direction. So, you see, when you talk to me about control, I tend to think... at what point in my life did I exert undue control over my [female] partner?” (R3, 373)
	“A certain frustration on the part of some women, who don't feel... well treated or, who don't, yeah who don't reach orgasm because their partners are rubbish etc., so, and, and this phenomenon [...], of you still have to last hum, you know, you have to do several positions [...] So as not to... so as not to disappoint you see” (R1, 300)
	“I think a woman can always sense if you're... sexually calm [...]. And so if you're frustrated and in need of, it... it's really going to be a total love killer. [...] If the person is sexually active, that's something women sense.” (R1, 458-460)
	“A lot of women, they'll say well... I don't know if... if he's interested, but so hum, I'll let him handle it. But that's still very gendered.” (R1, 464)
	“And I think, in the connotations, you know, a bit about women... The woman who's beautiful, the woman who's slim, the woman who's... Who reflects an image, and well, in sexuality, it must also be top-notch.” (R2, 246)

Note. Overview of gendered influences on solitary sex, SSC and SSCf reported by the participants. Created by the author.

These gendered patterns, along with the broader findings of the study, will be examined in greater depth in the following chapter.

6. Discussion

This chapter discusses the main findings of the study in relation to existing literature on solitary sex, SSC, and SSCf. The results are first interpreted and contextualised within relevant theoretical and empirical frameworks. Following this, the key limitations of the study will be outlined, offering a critical reflection on methodological choices and the scope of the research. The following section begins by addressing the research question: How does the practice of masturbation influence SSC and SSCf, as defined by the Sexocorporel framework, in young adults?

6.1 Solitary sex and sexual self-concept

This chapter will begin by assessing SSC and its five dimensions in the sample. To illustrate this, Table 9 was created to list all indicators mentioned by participants which reflect these dimensions, such as the contents visible in Table 5 in form of excerpts from the interview transcripts. A “+” symbol is used to mark each indicator referenced by a participant, thus showing if a participant cited multiple ways in which his or her SSC might be more positive or negative.

Table 9

Representation of SSC in participants

Respondents	R1	R2	R3	R4	R5	R6
High sexual SSEs	++++++++	++++	++++	++++	++++	+++++
Low sexual SSEs	+	++++	+++	+		+++++
Positive BI	+++++	++++	++++	++++	++++++	++++
Negative BI	++	++	+	+++++	++	+
Positive GI	++	++	+++	++	+++	+++
Negative GI	+	+	+			++
High SA	++++	+++++	+++++	++++	++++	+++
Low SA		+++	+		+	++++
High SSE	++++	+++	+++	++++	+++	+
Low SSE	+	++	+++		+	++

Note. Overview of items representing the five factors of SSC in participants. Created by the author.

In summary, the different indicators serve to show possible tendencies of positive or negative SSC. As shown in the table, all participants expressed predominantly positive

aspects of their SSC. It is important to note that each indicator might not carry the same significance or hold the same meaning for every individual. Therefore, the table should not be viewed as an exhaustive representation of the SSC but rather as an indicative overview, highlighting tendencies towards more positive or negative perceptions. While the specific distribution between the five aspects of SSC varied between individuals, each interviewee demonstrated more indicators associated with positive dimensions than with negative ones.

Building on this, the following section will examine how solitary sex specifically impact each of the five dimensions of SSC. An examination of Table 6 reveals that most reported influences were positive, suggesting that masturbation might frequently contribute to the enhancement of SSEs, BI, GI, SA, and SSE than to negative impacts on these dimensions.

Three main impacts were identified regarding the influence on SSEs and were reported by multiple respondents. The first concerns the learning of sexual competencies through masturbation, which has also been reported in the literature as supporting feelings of competence and confidence in one's sexuality (Carvalheira & Leal, 2013; Foust et al., 2022). The second relates to solitary sex serving as a form of training for partnered sex, enabling individuals to feel more confident in satisfying potential partners. The third impact involves the combination of empowerment, self-care, and self-love associated with autoeroticism, which was described as positively influencing SSEs by helping individuals feel good about themselves sexually. Bowman (2014) similarly reported aspects of empowerment and self-understanding linked to solitary sex, here also connected to SSEs. Some negative aspects were also mentioned, such as concerns or frustrations about excessive frequency, porn consumption, or difficulties reaching orgasm. While these factors adversely affected SSEs, it is important to note that they are only indirectly related to solitary sex. It indicates that the subjective experience of one's solo sexuality or solo sexual practices may influence this relationship. Overall, solitary sex appears to have mainly positive effects on SSEs. This is consistent with multiple studies that have found positive associations, as outlined in Chapter 3.1.1.

Regarding the effects of solitary sex on BI, participants mentioned fewer connections compared to other areas. Those who did report effects described masturbation as a form of self-care that helped them feel more at ease with their bodies. Bowman (2014) also highlighted this aspect of bodily comfort gained through the practice. Additionally, some respondents noted that the knowledge acquired about their own sexual functioning fostered greater trust and love for their bodies, contributing to higher body satisfaction. However, three participants reported no influence of masturbation on their BI. One could hypothesise

that two of these individuals already had a positive BI, which may have reduced the perceived impact of solitary sex. The third participant reported a predominantly negative BI, stating that masturbation had no effect on it, while citing other factors that had a positive impact. Lastly, it is worth noting that no negative impacts of solitary sex on BI were reported. In conclusion, the results are mixed. Autoeroticism might have a positive impact on BI, but possibly other factors could play a more significant role in shaping BI, which will be explored further later in the discussion. Compared to the existing literature, which generally reports mainly positive effects, these findings appear more nuanced, showing a complex dynamic between the two concepts. Additionally, as few studies focus on men, it is noteworthy that male participants in this study also mentioned some positive effects, albeit in few instances.

When considering the impact of solitary sex on GI, participants also mentioned fewer associations compared to other areas. One key point was that discovering pleasurable sensations helped individuals appreciate their genitals' capacity for pleasure, contributing to positive feelings about them. Herbenick et al. (2011) reported a similar effect, noting that masturbation increases familiarity and confidence with one's genitals. This sense of confidence and trust was echoed by participants, who felt more satisfied with their genitals as a result of trust in achieving pleasure. Another participant mentioned the visual aspect of masturbation, describing how seeing oneself aroused enhanced feelings of genital self-attractiveness. Only one negative comment arose briefly: an interviewee expressed concern that masturbation might have influenced his penile curvature. However, it should be noted that this reflects only a specific context, as well as possible misinformation and societal pressure regarding the appearance of genitals. Overall, the influences were mostly positive. Interestingly, in line with the existing literature, which primarily focuses on women, almost only women reported an impact on their GI. This may suggest a lesser effect in men. Alternatively, men's generally higher level of genital satisfaction could reduce the impact of masturbation on this aspect, though further research is needed to examine this association more deeply.

Now focusing on the influence of solitary sex on SA, participants made numerous mentions, revealing clearer patterns. The first aspect, cited by five participants, was self-knowledge gained through autoeroticism, which helped individuals identify their likes and dislikes and communicate them effectively. This development of self-understanding is also reflected in various studies discussed in Chapter 3.1.4. Another commonly reported aspect was the increased focus on personal pleasure during solitary sex, noted by four interviewees and supported by findings from Bowman (2014) and Hogarth and Ingham (2009). The only negative aspect, mentioned by one participant and indirectly related to solitary sex, was the

dependence on sex toys to reach orgasm, which was seen as limiting self-discovery and the ability to communicate desires and boundaries in partnered sexual experiences. Overall, there appears to be a positive association between solitary sex and SA in the sample, which is consistent with the findings presented in the literature review. Nonetheless, the findings indicate that variations in masturbatory practices and the capacity to achieve sexual pleasure and orgasm, among other factors, may affect this relationship.

Lastly, examining how solitary sex shapes SSE, several themes emerged. First, the self-knowledge gained through masturbation helped individuals to feel more secure in their sexual abilities and in greater control. Hogarth and Ingham (2009) also observed this in young women, linking self-understanding to enhanced control in sexual situations. Second, trying sexual acts alone increased comfort in performing them with partners, including the ability to request or refuse them based on personal preference. Those two first aspects were each mentioned several times. A more specific aspect, only referred to once, was that reaching orgasm through solo sex helped the person regain control amid long-term orgasmic difficulties. Bowman (2014) noted that focusing on personal pleasure can empower women and increase self-agency, which may explain this effect. However, the same respondent showed ambivalent perspectives on the matter, with less control perceived at the same time due to dependence on sex toys to reach orgasm. Lastly, there were few mentions of negative influences, with two participants expressing mild concerns about frequency and fears of addiction affecting their sense of control; however, both stated they currently felt comfortable with their practice. Unlike the existing literature focusing only on women, this study also observed positive impacts in the three cis men of the sample. Overall, solitary sex appears to have a positive effect on SSE. Nonetheless, individual self-evaluation of the quality of solitary sexuality may influence this relationship, among other factors. This indicates that a combination of factors should be considered in order to identify clear patterns in the association between solitary sexuality and SSE.

In summary, the findings suggest that solitary sex might play a constructive role in developing a more positive SSC. This supports the thesis's research question and the fact that solitary sex positively influences SSCf in young adults by fostering a deeper understanding and promoting a positive image of their sexual self. However, the presence of some negative influences highlights the complex and multifaceted nature of this relationship. It is also noteworthy that the sample generally exhibited positive SSC, a point that warrants further discussion. This outcome may be attributed to the fact that the sample consisted primarily of individuals who masturbate regularly, which would further support a positive association between both concepts. Alternatively, other factors may have had a

stronger influence on the development of their SSC. This will be further discussed in Chapter 6.5.

6.2 Solitary sex and sexual self-confidence

The assessment of SSCf in the sample will be the starting point of this chapter. Table 10 was developed to catalogue the presence of indicators cited by participants that may be indicative of a tendency towards higher or lower SSCf. This approach is similar to that used for Table 9, with each "+" representing a reported indicator based on narratives such as those cited in Chapter 5.5.

Table 10

Representation of SSCf in participants

Respondents	R1	R2	R3	R4	R5	R6
High SSCf	+++	+++	++	+++	+++	++
Low SSCf				+		+

Note. Overview of items representing SSCf in participants. Created by the author.

The table presents once again findings which were predominantly positive, with most participants expressing thoughts and experiences that suggest a generally high level of SSCf. It should again be noted that items do not hold the same weight or meaning for each individual, as they are based on subjective interpretations from the interviewees themselves. Consequently, the table should not be regarded as a comprehensive representation of the SSC. Instead, it should be seen as a general tendency.

Regarding how solitary sex influences SSCf, the first three dynamics observed by the interviewees were not found in existing literature, which may be due to the limited research available on Sexocorporel. The most frequently cited effect was that SSCf is gained through knowing what one can offer sexually, an aspect which was learned in the context of solitary sex, and what helped individuals feel sexually attractive and desirable and present themselves confidently to others. Other influences included the trust in one's good sexual functioning, as well as the feeling that a partner's knowledge of one's solo sexuality, which both enhanced feelings of sexual attractiveness and desirability. Additionally, a last aspect mentioned by one participant is that masturbation helped feeling sexier and more attractive beyond just sexual contexts. These feelings of sexiness linked to masturbation were also reported in Bowman's (2014) study, showing that these last results of the present study we in line with the literature.

As shown in Table 7, participants reported only positive effects of solitary sex, suggesting that it could generally contribute to a stronger sense of SSCf. While the existing literature mainly highlights connections with the narcissism aspect of SSCf, this study also suggests a potential impact on the exhibitionism aspect. Interestingly, four participants noted that autoeroticism boosts confidence in general, a finding supported by previous research (Kimura et al., 2013; Newcomb, 1985). This could also represent an indirect pathway through which solitary sex positively impacts SSCf, considering that general self-confidence may in turn strengthen SSCf. Again, it should be noted that the sample exhibited predominantly high levels of SSCf, which may be attributed to regular masturbatory practices, but the role of other influencing factors should also be considered. As stated previously, the topic of further influences will be discussed in more detail later in this chapter. In summary, while a positive association between solitary sex and SSCf was observed in the sample, additional elements emerged, revealing a nuanced and interconnected pattern.

6.3 Subjective experiences and attitudes towards solitary sex

The next section addresses another hypothesis of this thesis, which states that negative attitudes and subjective experiences related to masturbation may disrupt the relationship between solitary sex, SSC, and SSCf, potentially leading to more negative outcomes. To explore this, the different categories of cognitions, emotions, and reasons for masturbating will be examined here.

Starting with cognitions, participants reported many thoughts, which were predominantly positive. These included associating masturbation with a fundamental right to pleasure and experiencing feelings of emancipation and empowerment through the practice. It was also frequently mentioned that masturbation deserves a more prominent role in society and education, reflecting the evolving perspectives on masturbation discussed in the earlier chapters of this thesis. At the same time, some more ambiguous responses indicated a possibly lingering impact of stigma surrounding masturbation. Several participants associated the practice with feelings of shame, a desire to conceal it, fear of others' opinions, or a sense of not being “allowed” to experience sexual pleasure. These sentiments reflect the concept of masturbatory guilt. Concerns about frequency also emerged, echoing findings in the literature that report worries about engaging in the behaviour too often (Mascherek et al., 2021). Such concerns seem to align with the newer fears of the 20th century and highlight the ongoing tension between sex-positive discourse and the pathologisation of sexual behaviours, as discussed by Reay (2020). Additionally, the idea that solo sexuality is somehow less valid or “less glorious” than partnered sexuality suggests

that stigma surrounding masturbation may be more persistent or important than stigma related to other types of sexuality.

These conflicting views may also shape how participants regard masturbation in their lives. While two participants described it as holding an important place, one noted that it was still not a priority, and the remaining four did not consider it essential. Interestingly, some respondents acknowledged themselves the potentially greater significance of solitary sex. They expressed ambivalent views, ranging from perceiving it as unimportant to considering that they might benefit more from the practice if they approached it differently. Those different attitudes and ambivalence could influence how they subjectively experience solitary sex and, in turn, how it affects their SSC and SSCf. For instance, as shown in the study by Soares et al. (2024), individuals who view solitary sex as a significant part of their sexuality reported stronger effects on GI. It could be hypothesised that a similar dynamic might apply to other aspects of SSC and SSCf.

Regarding the reasons for masturbating, as outlined in Table 2, nearly all motivations for engaging in solitary sex were associated with positive feelings or outcomes. The most frequently cited reasons were the pursuit of sexual pleasure and relaxation, reflecting the emotions described above. Less positive motivations included the absence of a partner, suggesting a compensatory function, and, in some cases, the use of pornography as a stimulus, though perceived in a negative light. These latter reasons may once again reflect the influence of societal stigma and prevailing cultural attitudes towards masturbation. Within the sample, approaches towards masturbation ranged from a desire for self-exploration to a more goal-oriented focus on reaching orgasm. As discussed previously, this self-discovery component appears to play an important role in enhancing SSC and SSCf. This suggests that the underlying reasons for solitary sex may significantly influence its effects on sexual health and could also have had an impact here. Notably, several participants themselves acknowledged that they could benefit by placing greater emphasis on exploration and self-awareness. This recognition highlights their awareness of the potential positive impact of a more self-reflective and mindful approach to solo sexuality.

Continuing with emotions, participants reported mostly positive experiences. All described feelings of sexual pleasure, arousal, and relaxation during solitary sex, with most also mentioning a sense of relief or release. This suggests that masturbation was predominantly associated with positive and physically gratifying sensations. However, some negative emotions were also present. Shame emerged in the accounts of four participants and was identified as the most common negative emotion. As discussed earlier in this thesis, shame

appears to be a recurring theme; although it should be specified that for some, these feelings were tied to past experiences, such as during youth or specific circumstances. Additionally, sadness was mentioned several times, not necessarily as a result of masturbation, but sometimes as a pre-existing emotional state that led to the act, suggesting a compensatory function or a search for emotional relief. In conclusion, participants generally reported more positive emotions compared to their earlier experiences with masturbation, indicating a trajectory of positive sexual development and a sex-positive mindset. Nonetheless, the presence of mixed emotions highlights the sometimes ambiguous nature of the experience and the possible impact of societal stigma surrounding the practice in the sample.

To conclude, participants expressed a mix of positive and negative thoughts, emotions, and attitudes towards masturbation, though positive experiences predominated. Contrary to findings in the literature suggesting that men view masturbation more positively than women (Phuah et al., 2023), all participants, regardless of gender, displayed a combination of both. Although it should be mentioned that while five interviewees reported mostly positive emotions, one cis woman expressed predominantly negative feelings, which might reflect the findings of this study but requires further exploration. Whether negative cognitions and emotions impact SSC and SSCf remains unclear when considering the results of this study. Some participants with past or recurrent feelings of shame now showed generally positive SSC and high SSCf, while others without such experiences expressed less positive sexual self-perceptions. Moreover, even those who placed little importance on solitary sex generally reported positive SSC and SSCf. These findings suggest a complex and nuanced dynamic that would require more focused research to fully understand. Nevertheless, given the existing literature on the subject, the important role of attitudes towards solitary sexuality should still be recognised.

6.4 Gendered influences

This chapter explores the gendered influences on the research question, addressing the final hypothesis of this study: that gender roles shape how individuals experience solitary sex, which may in turn affect its impact on SSC and SSCf.

As previously indicated in Chapter 5.8, multiple influences on the practice of solitary sex and on both SSC and SSCf were reported by participants. These findings reflect the perspectives explored in the literature reviewed throughout this thesis. Notably, the results suggest that male masturbation may remain more socially accepted than female masturbation. The interviewees' perspectives also pointed to the persistence of traditional

gender roles, expecting women to adopt a more submissive position focused on their male partners' pleasure, while portraying men as dominant, responsible for initiating sexual activity, and generally feeling more in control.

In addition to participants' explicit reflections on gender, several gendered differences emerged implicitly in the data. All three cis women reported using sex toys, while none of the cis men did, which may reflect societal expectations surrounding their use. Two of the three cis men expressed concerns about the frequency of their masturbation, fearing it might be excessive, an anxiety not shared by the women, which could be explained by their generally lower masturbatory frequency. The three cis women were also more critical of the lack of sexual education, particularly regarding female masturbation. This aligns with existing literature showing that sex education rarely includes information on the topic (van Niekerk, 2023) and the still existing gender gaps in sexuality. Additionally, all three cis women described discovering their solitary sexuality more by chance than the cis men, again possibly reflecting the lack of guidance provided to young girls. Hogarth and Ingham (2009) similarly noted that young men are more likely than young women to know how to pleasure themselves before engaging in partnered sex, a pattern reflected in this study, where only one female participant recalled such an experience, but none of the cis men.

Regarding GI, none of the cis women described their vulvas as beautiful or desirable, although all expressed comfort with them in practice. No comparable concerns were raised by the cis men, which again could highlight the impact of sociocultural views and supports literature showing that genital dissatisfaction is more common among women (Morrison et al., 2005). In terms of SA, two cis women reported sometimes prioritising their partner's pleasure over their own, an attitude not mentioned by any of the cis men, which could again be a reflection of societal views on the importance of female sexual pleasure, as was discussed in Chapter 2.3.

These differences underscore the continuing influence of gender on sexual perceptions and behaviours, often manifesting in subtle but meaningful ways. In summary, both subjective and objective gendered differences, as examined in this study, appear to play a significant role in shaping masturbatory practices, SSC, SSCf, and, ultimately, overall sexual health.

6.5 Other influences on sexual self-concept and sexual self-confidence

Many additional factors influencing SSC and SSCf were either reported by participants or identified in the literature. These influences are important to acknowledge and will be discussed here.

The role of experiences within relationships and partnered sex was frequently mentioned by participants. While both positive and negative influences were discussed, many participants expressed that partnered sex was perceived as more meaningful, satisfying, or beneficial for certain aspects of SSC and SSCf. Reflecting this, some participants perceived masturbation as a form of compensation for partnered sex, an outlook potentially shaped by societal attitudes that tend to value romantic relationships more highly. Participants also linked the influence of partners and relationships to SSC and SSCf, noting that these relational factors might have a greater impact on aspects such as BI than solitary sex. This may suggest that external feedback plays a particularly strong role in shaping body image, potentially reflecting broader societal views that place significant importance on beauty standards.

Nonetheless, it is worth considering that solitary sex may play a complementary and not only compensatory role in relation to partnered sex. Given that solitary sex may contribute positively to sexual development and enhance abilities that support sexual and relationship satisfaction, its importance should not be overlooked. Overall, this could indicate an interdependent relationship. Solitary sexuality influences partnered sexual experiences, and vice versa. Rather than being mutually exclusive or hierarchically valued, the two may often be interconnected in their influence on SSC and SSCf. In summary, the findings of this study indicate that experiences within partnered sexuality and relationships more broadly may play a significant role in shaping SSC and SSCf. However, solitary sex also appears to have positive effects, and the exact interplay between these two dimensions of sexuality warrants further exploration.

Participants' reflections also highlighted the importance of personal knowledge and sexual education on the topic. Significant gaps were revealed in both formal and informal sex education regarding solitary sex. It was often not addressed at all, or only briefly mentioned in sex education classes, and participants generally could not recall discussing the topic with their families. While some recalled conversations with peers, these were mostly among boys and framed in a humorous or unserious way, an observation also noted in the study by Watson and McKee (2013). Many reported having to seek out information on their own and noted its impact on various aspects of SSC. Moreover, being knowledgeable was consistently associated with positive outcomes. Furthermore, as half of the participants linked their early solitary sexual experiences with negative emotions such as shame, guilt, and doubt, this suggests a possible connection between lack of education and negative early experiences. These findings are consistent with previous research that shows their essential role. The literature also indicates that cultural context and education are both

contributing factors in shaping sexual development, as family, peers, and community influence what is considered acceptable, while affirming sexual education fosters positive attitudes toward solitary sex (El-afandy & Hagrasy, 2024; Khumalo et al., 2020).

Societal expectations and media influences were also explicitly mentioned by respondents as important factors shaping their experiences. The impact of societal norms is visible throughout this thesis and the presented results, underscoring its central role in shaping solitary sex, SSC and SSCf. Media influence was primarily associated with BI and GI: participants reported feeling positively when they perceived themselves as aligning with prevailing standards of attractiveness, and negatively when they did not. The portrayal of sexuality in movies and television was also criticised for presenting unrealistic sexual norms, and for being counterproductive to healthy practices such as open sexual communication and consent. Some participants explained that they had to actively distinguish between societal and media-driven representations of sexuality and the values they identified as more beneficial for their sexual health, thus recognising their impacts.

While closely related to media influences, pornography warrants separate mention. In this study, several interviewees associated it with negative cognitions and emotions, stating that it could negatively affect various aspects of SSC (SSEs, BI, GI and SA) as well as SSCf. Like mainstream media, pornography was seen as reinforcing unrealistic sexual and relational expectations. This may have influenced the results, particularly since some participants reported frequently or consistently masturbating to pornography, making it difficult to isolate the effects of solitary sex from those of pornography consumption.

Significant life changes such as pregnancy, childbirth, and breastfeeding were mentioned by both mothers in the study, though they expressed differing perspectives and reported different impacts on their SSC. Existing literature also highlights that such transitions can significantly influence SSC (Astle et al., 2023). However, it would be valuable for future research to explore this topic further, particularly by examining its effects on men or individuals of other gender identities undergoing similar life changes, as both participants concerned in this study were cisgender women.

General mental well-being was mentioned by two participants as having a positive effect on both their SSC and SSCf. For example, one participant noted a noticeable improvement since experiencing fewer depressive symptoms. This connection may be explained by the link between general self-concept and self-confidence, both influenced by overall mental health and reflected in their sexual counterparts, SSC and SSCf. Moreover, the literature supports this relationship, showing that mental health challenges can affect how individuals

perceive their sexual selves (Astle et al., 2023; Potki et al., 2017), further highlighting its significance.

Sexual functioning also emerged as a factor worth considering. Two participants reported experiencing sexual dysfunction (orgasmic dysfunction and ejaculatio praecox) and noted its adverse effects across several dimensions of their SSC, as well as on their SSCf. As seen in Chapter 2, SSC and SSCf both play an important role in promoting sexual health, including sexual functioning. Interestingly, the reciprocal relationship also appears to exist and may warrant further research on the topic.

Various aspects of masturbatory practices appear to play a significant role in shaping SSC and SSCf, as previously discussed. Factors such as the frequency of masturbation and the type of stimulation used, including sex toys or specific manual techniques, may have notable impacts. For example, as previously described, one participant expressed ambivalent feelings about using sex toys, partly feeling constrained by a dependence on them to reach orgasm. At the same time, many participants highlighted the benefits of being able to satisfy themselves in different ways, emphasising gains in self-knowledge and an increased ability to guide potential partners during partnered sex. This suggests that while sex toys can be valuable tools for enhancing sexual pleasure, they may also have potential downsides in relation to their impact on SSC.

Another parameter related to the type of masturbatory stimulation that may play a role, but was not directly examined in this study, is the arousal mode, as defined in the Sexocorporel model. Arousal modes refer to characteristic ways of using body movement and muscle tone to regulate or increase sexual arousal (Chatton et al., 2005). These modes vary, with some involving greater physical effort, which may inhibit access to deeper sexual or emotional pleasure due to increased muscular tension. In connection with the concept of embodiment, such bodily patterns influence psychological experiences and may negatively affect the related cognitions and emotions. It can therefore be hypothesised that arousal modes may impact SSC and SSCf, making this an interesting focus for future research.

Masturbatory satisfaction may also be an important factor. All participants acknowledged aspects they wished to change, including dedicating more time, engaging in greater self-exploration, experimenting with different stimulation techniques, or avoiding pornography. This suggests that they were not fully satisfied with their solitary sexuality. A possible consequence is that greater satisfaction with solitary sexuality could exert a stronger positive impact on SSC and SSCf, making it a valuable area for further investigation.

Other potential influences on SSC and SSCf were acknowledged in the literature review of this thesis, such as religious beliefs or age-related differences. While these factors weren't investigated in this study, their impact on the research question might also warrant further research.

In summary, the data revealed a mix of positive and negative influences, with many negative experiences reported as part of the participants' past. Most respondents showed a clear progression towards more positive perceptions and fewer negative influences in adulthood compared to their youth, reflecting a positive sexual development. The results highlight not only the potentially significant role of solitary sex in shaping SSC and SSCf, but also the influence of numerous other intersecting factors, reflecting the multifaceted nature of human sexuality. This underscores the importance of adopting a holistic perspective when examining the development of sexual self-concept and sexual self-confidence.

6.6 Limitations

The following section outlines the limitations of this study, which should be considered when interpreting the findings and assessing their broader applicability.

One limitation concerns the choice of subject. SSC and SSCf share many overlapping dimensions. This interconnectedness of constructs, particularly between SA and SSE, and between SSC and SSCf may have influenced the results. These aspects are not always easily distinguishable from one another, which presents a challenge in isolating their individual effects. To mitigate this, the concepts were initially clearly defined and differentiated at the outset, and the interview questions were carefully constructed to maintain this distinction as much as possible. However, despite these efforts, some degree of overlap or mutual influence between the constructs may still have occurred.

Several limitations related to the sample should be acknowledged. The small sample size of six participants, while appropriate for the scope and requirements of this Master's thesis, limits the generalisability of the findings. Nonetheless, in qualitative research, the emphasis lies in the depth and richness of the data rather than statistical representativeness. The objective was to gain a detailed and nuanced understanding of participants' experiences rather than to produce broadly generalisable conclusions. Moreover, all participants were within a similar age range, which restricts insights into how experiences related to solitary sex, SSC, and SSCf may differ across life stages. Including a more diverse age range could provide valuable comparative insights and shed light on developmental or generational differences, even though this was not the primary aim of the thesis.

On top of that, the sample consisted exclusively of individuals who identified as cisgender. While this was an intentional decision to maintain a focused scope given the limited sample size, it means the study does not capture the potentially distinct experiences of individuals across the gender spectrum. Sexual orientation was another limitation of this study, as all participants identified as heterosexual, even though this was not an inclusion criterion. While the interview questions were designed to be inclusive and neutral in terms of sexual orientation, the lack of diversity in this regard may have limited the range of perspectives captured, particularly as sexual orientation can influence experiences of SSC and SSCf.

Relationship status also emerged as a potential limitation. Although it was not a required condition, five of the six participants were in long-term relationships, with only one identifying as single. This may have influenced how solitary sex was perceived and practiced, as well as its relationship with SSC and SSCf. A more balanced distribution across different relationship statuses could have provided a wider range of experiences and insights, while alternatively, focusing on a specific relationship context might have helped minimise potential biases. Parenthood was another relevant factor, as two participants had young children and reported that this significantly shaped their solitary sexuality. While this may have impacted the results, it is important to note that SSC and SSCf were explored as dynamic and evolving constructs, encompassing past experiences and not limited solely to present circumstances.

As a final limitation concerning the sample size, all participants originated from similar cultural and ethnic backgrounds, specifically the French-speaking part of Switzerland, a Western, affluent, and developed region. Additionally, all had completed higher education degrees. This homogeneity may limit the generalisability of the findings to other cultural or ethnic contexts, where differing norms and taboos surrounding masturbation, as discussed throughout this thesis, could significantly influence experiences related to SSC and SSCf.

Several limitations related to the methodology should be considered. First, self-selection may have led to a sample more comfortable with masturbation, potentially skewing findings towards more positive or reflective perspectives and excluding more conflicted or negative narratives. However, participants' openness and the presence of critical responses suggest this bias was limited. Additionally, the qualitative interview format means the researcher's tone, phrasing, and identity could have influenced responses, especially given the sensitive nature of the topic. To minimise this, questions were formulated as openly as possible; yet, due to the spontaneous nature of the discussions, the optimal phrasing of questions may not have been consistently maintained. Finally, the cross-sectional design limits the ability

to assess how solitary sex impacts SSC and SSCf over time. Although participants discussed their development, longitudinal research would provide deeper insight into these evolving dynamics.

A final limitation to note is social desirability bias. Given the intimate and sensitive nature of the interviews, participants may have consciously or unconsciously shaped their responses to appear more confident, enlightened, or socially acceptable. This bias is particularly relevant to topics like solitary sex, SSC and SSCf, which may be overstated as a result. Although, as mentioned earlier, interviewees did report negative aspects of these concepts, it remains impossible to determine the extent to which this bias may have influenced their responses.

7. Conclusion

To conclude this thesis, the main findings will be summarised, highlighting their significance in understanding the research topic. Following this overview, attention will be directed towards the implications of these findings for sexual health, along with recommendations for future research and practice.

7.1 Summary of main findings

Solitary sex is a common aspect of human sexuality, yet it remains shaped by stigma and various sociocultural influences. Despite its prevalence, it is often underdiscussed, whether among peers, in sexual education, or in broader societal discourse. However, it constitutes an important dimension of sexual development and contributes meaningfully to overall sexual health. The aim of this thesis was to explore the influence of solitary sexual practices on SSC and SSCf, two constructs closely linked to sexual health, satisfaction, and the way individuals perceive and value their own sexuality. Through qualitative interviews with six young adults, the study found a generally positive association between solitary sex and the five dimensions identified as components of SSC in this research: SSEs, BI, GI, SA and SSE. While links between solitary sex and BI or GI were somewhat less prominent, the overall connection to SSC was supported. Solitary sex also appeared to positively influence SSCf, and both its narcissistic and exhibitionistic dimensions as conceptualised within the Sexocorporel framework.

Several key aspects emerged in the evaluation of how solitary sex influences both SSC and SSCf. One of the most prominent themes was self-discovery, which led to increased self-knowledge and the development of sexual competencies. This, in turn, fostered a sense of

capacity and control over one's own sexuality, and enhanced the ability to communicate sexual desires and boundaries, as well as to initiate or refuse sexual activities. Additionally, an emphasis on self-care and the pursuit of one's own sexual pleasure contributed to more positive feelings about one's sexual self and greater comfort with one's body, genitals, and sexuality overall. These experiences further supported a stronger sense of sexual attractiveness and desirability, along with increased confidence in how one presents oneself to others in sexual or intimate contexts.

Various elements influencing the association were also examined, and it became apparent that cognitions, including the attitudes towards masturbation, and emotions may play a significant role, even if it was not always possible to establish their exact impact. As the thesis included three cis women and three cis men, it was possible to observe that gender roles appeared to influence masturbatory behaviours, as well as participants' perceived SSC and SSCf. This was visible in the results and was also explicitly mentioned by the interviewees. A wide range of additional factors was considered, including experiences in partnered sexuality and relationships, levels of knowledge and sexual education, societal and media influences, significant life changes, mental and sexual health, and specific aspects of solitary sex, such as the use of sex toys and masturbatory satisfaction. While this list is not exhaustive, all these elements were reported as playing an important role. These diverse influences indicate a complex dynamic and reflect the multifaceted nature of human sexuality, suggesting that the impact of solitary sex on SSC and SSCf may be nuanced and shaped by numerous factors. Nonetheless, this thesis highlighted the important role of solitary sex and its potential benefits for SSC, SSCf, and, ultimately, overall sexual health. It supports the notion of self-affirming masturbation, highlighting how solitary sex emerges not just as a physical act, but as a meaningful and affirming experience of the sexual self.

7.2 Implications for sexual health

One of the key implications emerging from this thesis is the significant potential of solitary sex to contribute to overall sexual health. As demonstrated both in the presented findings and throughout the existing literature, autoeroticism can play a meaningful role in sexual development and sexual health. Recognising and validating masturbation as a legitimate and healthy part of human sexuality is therefore essential. By promoting a more sex-positive - and specifically solo-sex-positive - framework, this work aims to help normalise solitary sexual practices and challenge the persistent stigma that continues to surround them. The findings of this thesis may also serve as a valuable educational resource, helping to dispel

common myths, question harmful beliefs, and support informed, autonomous decision-making in the context of sexuality. In doing so, it can contribute to the promotion of comprehensive sexual health and well-being.

SSC was chosen as a central focus in this thesis, as it also promotes sexual health. SSC shapes how individuals perceive and experience their sexuality, influencing sexual satisfaction. A positive SSC is linked to healthier sexual behaviours and greater well-being. SSCf, as defined in the Sexocorporel model, plays a key role in sexuality by reflecting how individuals perceive their sexual attractiveness and their ability to express it confidently. The capacity to feel desirable and to show oneself to others with ease supports satisfying sexual experiences and positive relational dynamics. Thus, exploring how solitary sex contributes to both concepts helps highlight their potential as a meaningful factor in promoting overall sexual health.

Moreover, guilt, shame, and generally negative attitudes towards masturbation can result in adverse outcomes, including detrimental effects on SSC and SSCf. Raising awareness about these dynamics is crucial. Providing culturally sensitive resources and education can help individuals critically examine internalised beliefs and develop more positive, accepting attitudes towards solitary sexuality. This, in turn, can lead to more fulfilling experiences and support both sexual and mental health. The findings also highlight how gendered norms and expectations continue to shape attitudes towards solitary sex, influencing SSC and SSCf differently across genders. Encouraging critical reflection on these norms, especially those that discourage women and marginalised genders from exploring their sexuality, can support more inclusive and affirming experiences. Promoting sexual empowerment regardless of gender identity contributes to broader sexual health by fostering autonomy, self-awareness, and equitable access to sexual wellbeing.

In summary, understanding the role of solitary sex in shaping SSC and SSCf offers valuable insights for promoting overall sexual health. Addressing gender norms and reframing negative attitudes like guilt and shame are essential steps towards fostering a more positive and inclusive sexual culture. These considerations naturally lead to concrete future recommendations, which will be explored next.

7.3 Future recommendations

This last chapter presents future recommendations organised into three key domains: sexual education, sexual therapy, and future research. These domains offer promising ways to improve understanding and support for solitary sex, SSC and SSCf.

Sexual education represents a significant method for promoting positive attitudes towards masturbation and counteracting the persistent stigma and taboos surrounding solitary sexuality. By informing individuals about its benefits and essential role in sexual development and overall sexual health, education can foster greater acceptance and understanding. To begin with, the subject of solitary sex should be broached, as it often remains unaddressed to this day. Explicitly including masturbation as a normal and healthy aspect of sexuality within sexual education is essential for dismantling stigma and promoting positive sexual development from an early age. Classes should then provide a safe space where young people can freely express their thoughts, ask questions, and share their fears or doubts, helping them confront and reshape their beliefs. Additionally, sexual education should address gender disparities, as highlighted by Leistner et al. (2024). Emphasising the normalcy and positive aspects of masturbation across all genders is vital for fostering a more inclusive and sex-positive educational environment.

Aspects of SSC should be thoughtfully integrated into sexual education curricula. Including diverse images of naked bodies and genitals, along with education about bodily diversity, has demonstrated beneficial effects on BI and GI (El-afandy & Hagrasy, 2024; Sharp & Fernando, 2023). Sexual education should also address sexual scripts and norms, encouraging individuals to focus more on their own needs. Training in communication skills has been found to improve SA and help prevent unwanted sexual experiences (Abraham, 2016; Couture et al., 2023). Additionally, consent education, which has become a central part of many programs, remains crucial. Moreover, promoting these elements could also support SSCf, given its close connection to SSC.

Masturbation has long been used as a therapeutic tool in sexual therapy, particularly for addressing sexual dysfunctions. Clinicians, sexologists, and therapists could utilise solitary sex to support and improve various dimensions of SSC, including SSEs, BI, GI, SA and SSE, as well as SSCf. It is essential to integrate educational components within therapy that normalise masturbation and highlight its positive role in sexual health. Providing clients with information about the benefits of solitary sex can help reduce stigma and guilt, which are common barriers to positive sexual experiences. The Sexocorporel model offers, among its many strengths, a valuable framework to help clients understand how their cognitions and emotions influence their subjective sexual experiences in a solitary context. This increased awareness can enable clients to identify and reframe negative beliefs or feelings that hinder their masturbatory practices and consequently SSC and SSCf.

Additionally, therapists should be attentive to the presence of masturbatory guilt, as this internal conflict can adversely impact SSC and SSCf and overall sexual health. Addressing these feelings in a supportive therapeutic environment is critical for promoting sexual well-being and growth. By fostering a sex-positive space, professionals can assist clients in cultivating a healthier relationship with their sexuality, incorporating solitary sex as an integral and beneficial part of it.

Future research recommendations were partly highlighted throughout this thesis, as numerous areas remain underexplored and warrant further investigation. A concise overview of key directions for future study is presented here. Further exploration of the associations between solitary sex, SSC, and SSCf should remain a focal point, ideally involving larger participant samples to allow for more generalisable conclusions. A focus on all aspects of SSCf, including the sense of gender, which was not regarded in this study, could also provide greater insight into the influence of solitary sex on individuals' relationships with their gender and sexual identity. Comparing SSC and SSCf among individuals who masturbate and those who do not could also offer valuable insights into these dynamics. Additionally, longitudinal studies are recommended to assess how solitary sex affects SSC and SSCf over time.

A more detailed exploration of the role of cognitions and emotions related to solitary sex and their impact on these concepts should also be a goal of future research. Furthermore, there should be greater attention to how gender roles influence SSC, SSCf, and overall sexual health. It is important that future studies include diverse populations, encompassing different age groups, sexual orientations, gender identities, and sociocultural backgrounds, with particular focus on existing gaps such as gender and sexual minorities. Another valuable focus would be to examine how mental health factors such as anxiety, depression, and trauma intersect with solitary sex and influence SSC and SSCf.

On top of that, further investigation is needed to compare influencing factors that appear to play significant roles. For example, examining the relative influences of solitary versus partnered sexuality on SSC and SSCf, as well as comparing SSC and SSCf among individuals who use different masturbation techniques, including variables such as arousal mode and sex toy use, should be explored in greater depth to clarify their nuanced impacts. Moreover, the role of media consumption, including pornography and online sexual content, deserves more attention, as it may significantly shape sexual attitudes, behaviours, and the development of SSC and SSCf.

Lastly, research on how knowledge gained through sexual education influences masturbatory practices, SSC and SSCf would provide valuable insights into the role of education in shaping these concepts. Further exploration into therapeutic interventions aimed at improving SSC and SSCf through solitary sex or related approaches could also contribute to developing effective strategies for enhancing sexual health.

Overall, incorporating solitary sex and SSC-related elements into sexual education encourages positive attitudes towards sexuality, strengthens SSC and SSCf, and supports more fulfilling sexual experiences. Emphasising openness, diversity, communication, and consent could create a solid foundation for lifelong sexual well-being. Recognising the importance of solitary sex in sexual therapy is also of significant importance. By utilising the therapeutic potential of solitary sexuality, clinicians can support clients in developing a positive SSC, a high SSCf and promote their overall sexual health well-being. Future research remains essential to deepen our understanding of these relationships and to refine educational and therapeutic approaches, ensuring they are inclusive, evidence-based, and effective in promoting sexual health across diverse populations.

Afterword

Writing this thesis has been more than an academic exercise; it has been a deeply reflective and personal journey. Exploring a topic that is still often met with silence or discomfort, I was reminded repeatedly of the importance of giving space to overlooked aspects of sexuality. What began as a spontaneous idea scribbled on a list gradually turned into a subject that challenged and inspired me across the entire process.

Throughout this work, I was repeatedly confronted with the complexity of human sexuality, the power of personal narratives, and the many layers that shape how we view and experience solitary sex. I leave this thesis not only with a greater understanding of the topic, but also with a strengthened belief in the value of open, inclusive, and nuanced conversations about sexuality.

One of the most meaningful takeaways from this process is how much it will inform my future work as a sexologist, whether in educational settings or therapeutic contexts. The insights gained here will help me recognise the significance of solitary sex in people's sexual development, and the importance of supporting a healthy, self-affirming relationship to one's sexuality.

I would like to conclude with inspiring words that beautifully capture the core message of this thesis: "Masturbation is our primary sex life. It is our sexual base. Everything we do beyond that is simply how we choose to socialise our sex life." (Dodson, 1974)

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Appendix

Appendix A: Informative flyer

Appendix B: Declaration of informed consent to participate in an interview

Appendix C: Interview Guide

Appendix D: External USB-Stick

Appendix E: Excerpts from interview transcripts

Appendix F: Coding guide

Appendix G: Table 11 - Other factors influencing SSC and SSCf

Appendix H: Selbständigkeitserklärung

Appendix A

Informative flyer

Warum dieses Thema

Sexualität im Allgemeinen und Selbstbefriedigung im Speziellen werden zunehmend als wesentliche Bestandteile der menschlichen Gesundheit betrachtet. Trotz der Tatsache, dass Masturbation eine häufige sexuelle Aktivität ist und das allgemeine Interesse an sexueller Gesundheit wächst, bleibt die wissenschaftliche Forschung zu diesem Thema begrenzt.

Ziel der Studie

Das Ziel meiner Studie ist es, ein besseres Verständnis für die Auswirkungen der Solosexualität auf das sexuelle Selbstkonzept zu entwickeln, einschließlich des Selbstbildes, des Selbstwertgefühls, der Selbstsicherheit sowie der damit verbundenen Emotionen und Kognitionen bei jungen Erwachsenen.

Warum es für dich interessant sein kann

Die Teilnahme an der Studie könnte dir ermöglichen, ein tieferes Verständnis darüber zu entwickeln, wie du deine Sexualität lebst. Zudem könnte eine wertvolle Auseinandersetzung mit den Themen Selbstbild und Selbstsicherheit erfolgen. Gleichzeitig möchte ich dich darauf hinweisen, dass das Thema sehr intim und sensibel ist und möglicherweise starke Emotionen oder Reaktionen hervorrufen kann.

Was du noch wissen solltest

Die Teilnahme an dieser Studie ist freiwillig. Deine Zustimmung zur Teilnahme kann jederzeit ohne Angabe von Gründen widerrufen werden, ohne dass dir dadurch Nachteile entstehen. Eine ausführliche Einverständniserklärung wird dir vorab zur Verfügung gestellt.
Die Gesprächsinhalte werden mit deiner Zustimmung audioaufgezeichnet und anschließend anonymisiert transkribiert. Aus den anonymisierten Transkripten werden Auszüge in Form von anonymen Zitaten in meiner Masterarbeit verwendet. Die Audioaufzeichnungen werden nach Abschluss der Masterarbeit gelöscht.

Falls du interessiert bist oder noch Fragen hast, melde dich bei mir! Ich freue mich auf deine Kontaktaufnahme - und auf die spannende Gespräche!

Appendix B

Declaration of informed consent to participate in an interview

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Formulaire de consentement à la participation à un interview

isp zürich
Institut für Sexualpädagogik
und Sexualtherapie

HoME
HOCHSCHULE
MERSEBURG
University of
Applied Sciences

FACHBEREICH
SOZIALE ARBEIT.
MEDIEN. KULTUR.

Formulaire de consentement à la participation à un interview dans le cadre du travail de Master

„Self-Affirming Masturbation - Exploring the Impact of Solitary Sex on Sexual Self-Concept and Sexual Self-Confidence As Per Sexocorporel in Young Adults"

- J'ai été informé(e) que l'interview se déroule dans le cadre du travail de Master de la personne signataire, Valentine Friedli, en vue de l'obtention du diplôme académique «Master of Arts in Sexologie» et qu'il durera environ 1 à 1,5 heure.

- J'ai été informé(e) oralement et par écrit des objectifs, du déroulement de l'étude, des effets attendus, des éventuels avantages et inconvénients, ainsi que des risques potentiels.

- Mes questions concernant ma participation à cette étude ont été répondues de manière satisfaisante.

- Je sais que l'interview sera enregistré (audio). L'enregistrement audio sera transcrit et anonymisé. J'accepte que des extraits des transcriptions anonymisées sous forme de citations anonymes soient utilisés dans le cadre du

rendu écrit. L'enregistrement audio sera supprimé à l’obtention du diplôme de Master.

- J’ai disposé de suffisamment de temps pour prendre la décision de participer à l'étude.
- Je participe volontairement à cette étude. Je peux à tout moment et sans fournir de raisons retirer mon consentement à participer, sans que cela me cause d’inconvénients.
- Dans l'intérêt de ma santé, la personne en charge peut m'exclure de l'étude à tout moment.

Lieu:_____ Date:_____

Prénom et nom _____

(en caractères d'imprimerie)

Signature _____

Nom Intervieweur/se _____

(en caractères d'imprimerie)

Signature _____

Appendix C

Interview Guide

INTERVIEW GUIDE

Setting: drinks, recorder, interview guide, paper, pen, tissues

Start:

- Greetings, thanks
- Repeat context and goal of master's thesis, explain main structure of interview (duration, "rules" = express need for break/stopping at any time, recording)
- Sign consent, ask about remaining questions
- Start recording

Theme	What I want to know	Concrete questions	Additional questions
Kick-off		**1**. What interested you or motivated you to participate?	What did you think about while reading the flyer?
Solitary sex	What is the person's individual experience with solitary sex?	**2**. What does masturbation mean for you?	Alone, with partner, orgasm…? Did it change over time?
		3. Can you tell me more about your current experience with masturbation?	How often? What turns you on? Reasons for/against? Would you like to change anything?
		4. How did your experience with masturbation change over the years?	Why? Which influences?
		5. How do you feel before/during/after masturbation?	What are your thoughts? And emotions? Have your thoughts and emotions ever been different? Has it ever caused negative feelings?
		6. How important is masturbation for you?	Associated values? What does it give you?
SSC	How is the person's **sexual self-esteem**?	**7**. What do you think about yourself as a sexual person? *or* What words come to mind if you try to describe yourself as a sexual person?	How do you feel about yourself? And as a sexual partner? Is there something you would want to change?
		8. What aspects of yourself as a sexual person do you compare with others?	Do you compare yourself to others? Do you think you are good at sex? Or even better at sex than others?
	How did **solitary sex influence** the person's **sexual self-esteem**?	**9**. In what ways, if any, do you think masturbation has affected the way you feel/think about yourself as a sexual person?	Any experiences where masturbation made you feel better/worse about yourself? How was it when you started masturbating? And now?

			Do you think it can have an influence in general?
	How is the person's **body image**?	**10**. How would you describe your relationship with your body?	What do you like about your body? Or not? Did it evolve over the years? How do you feel when you look in the mirror? Or see yourself in pictures?
		11. How would you describe your relationship with your body when it comes to sex?	Do you think about your body during sex? How comfortable do you feel with your body during sex? How do you feel when a partner touches your body? How do you feel when your partner sees you naked?
	How did **solitary sex influence** the person's **body image**?	**12**. In what ways, if any, do you think masturbation has affected the way you see your body?	Any moments where masturbation made you feel better/worse about your body? How was it when you started masturbating? And now? Do you think it can have an influence?
	How is the person's **genital image**?	**13**. How do you feel about your genitals? *or* What words come to mind if you try to describe the way you feel about your genitals?	Would you say you like or dislike not? Do you look at them? Do you feel like you know them well? What do you think about their various aspects like size, shape, look, odour?
		14. How do you feel about your genitals when it comes to sex?	Do you think they function well? Can they provide you pleasure? How do you feel when you look at/ touch them? How do you feel when a partner looks at/touches them? Do you think your genitals can arouse others?
	How did **solitary sex influence** the person's **genital image**?	**15**. In what ways, if any, do you think masturbation has affected the way you feel about your genitals?	Any moments where masturbation made you feel better/worse about them? How was it when you started masturbating? And now? Do you think it can have an influence?
	How is the person's **sexual assertiveness**?	**16**. In what ways do you express your sexual desires?	Do you know and communicate your sexual preferences and boundaries? Is your own pleasure important to you? Do you ask for sexual acts?

			What do you do if something doesn't feel good?
	How did **solitary sex influence** the person's **sexual assertiveness**?	**17**. In what ways, if any, do you think masturbation has affected the way you express your sexual desires?	Any experiences where masturbation helped/made it harder? How was it when you started masturbating? And now? Do you think it can have an influence?
	How is the person's **sexual self-efficacy**?	**18**. Do you feel like you can determine the sexual aspects of your life?	Do you feel in control of your sexuality? How comfortable are you with initiating/refusing sex? Do you have the feeling you are able to meet your own needs when masturbating?
	How did **solitary sex influence** the person's **sexual self-efficacy**?	**19**. In what ways, if any, do you think masturbation has affected the way you are able to control the sexual aspects of your life?	Any moments where it made you feel in control/loss of control? How was it when you started masturbating? And now? Do you think it can have an influence?
SSCf	How is the person's **sexual self-confidence**?	**20**. Which aspects of yourself do you consider attractive? And lovable? And sexually desirable?	What do you think others would find attractive? Which aspects of yourself make you feel proud? Do you think of yourself as sexy?
		21. What are the ways in which you present yourself as attractive? And as lovable? And as desirable?	Do you like to show yourself? Which aspects of yourself do you like to show? Do you like to show yourself as sexually aroused?
		22. In what ways, if any, do you think masturbation has affected the way you see yourself as potentially attractive, lovable or sexually desirable? And to show yourself as a sexual person?	Any experiences where masturbation made you feel confident/unsure? How was it when you started masturbating? And now? Do you think it can have an influence?
Wrap-up		**23**. Is there something you would want to add?	

End of interview:

- Stop recording
- Thanks, clarify if remaining questions, feedback
- Explain next steps for the master's thesis

Appendix D

External USB-Stick

Full transcripts of all six interviews in original language (French).

Appendix E

Excerpts from interview transcripts

Excerpts[4] from interview transcript with R1

300	R1: […] I think that, yes, I've had this thing. So as not to... so as not to disappoint, you know, so as not to disappoint people. So in fact I almost see, at least in those years, I almost saw masturbation as training for real sexuality, you know. It's like a kind of... pre...
301	Int: But then... of preparation or training
302	R1: Of preparation, yeah.
303	Int: But rather to be able to perform satisfactorily, if you can put it that way, but in relation to sexuality to...
304	R1: Yeah, or not getting caught out too, er, at a time when you don't want to. It's nice to be able to manage... when you want it to go on for a while, when you're cuddling and everything, when you have the sex not to... not to ejaculate at that moment. Because there's that down effect, which is like ah well there you go, thank you goodbye you know. And it's never against the partner, but... it's just like that. So it was possible to avoid these limitations by understanding more about the spasms, the precursory things that make you want to come and so on, you know
305	Int: Oh yeah. So to give you a kind of, a sense of, well, control, just knowing how my body works, how I can use my body in what situations... yeah
306	R1: Yeah, and then it's about being able to um... enjoy the moment, because you belong to yourself, fully, you know.

[4] All interview excerpts were translated from the original French with the support of DeepL Translate (n.d.), with subsequent editing by the author for accuracy.

Excerpt from interview transcript with R2

382	R2: Yeah, but I think masturbation helped. But also because, you see, the fact that... You also look at yourself, you observe the sensations, you also see how you react. Um... I mean, you see...
383	Int: So a bit of self-knowledge too.
384	R2: Yeah.
385	Int: Yeah. Knowing how you react, what you feel, where.
386	R2: Yeah, that's it. And then, despite everything, you know, a side of... Well, I'll take an example where, I don't know, well... You see, typically, women's labia are so different. And it's such a thing too, you know, I mean... With porn, you have to have sex in a way that... All smooth and clean-shaved, with no hair or anything. And that's always been a huge complex for me, because... You can't say that I have a different sex, but it's not, er... Like the kind you see in pornos. Well, at first, I thought, well, OK, I'm a bit ashamed of that, you know. And then, finally, well, by experimenting with masturbation, I noticed that in fact, there are things... Well, it's more of a strength, because it gives me such sensations that there are women who have never, well, who will never find it, you know.
387	Int: Hum, yeah.
388	R2: And who will never have that because they don't have...
389	Int: Your body.
390	R2: That’s it.
391	Int: And your private parts, and... Yeah.
392	R2: And I think, well... Yeah.
393	Int: Ah, that's interesting what you say. So, not just the relationship with your body, but also the relationship with your private parts, with your sex, which is... Which has changed.
394	R2: That’s it.

Excerpt from interview transcript with R3

237	R3: Yeah. I think that... Then, well, in terms of masturbation, er... Pure, I mean... If I only take that aspect. I don't... I don't... You see, typically, something I've heard several times in my life is like... (*R3 laughs*) The fact of, of having a finger up your anus, it's a pleasant thing. And these are things I've tried two or three times on my own, and I don't know. I didn't find it crazy either, or I didn't... I don't know, you see. Maybe it's just... I was too embarrassed to really give it my all. But I didn't really enjoy it. And I talked about it with my partner, and like... You see, it's a sort of, a project, um... One day, we're going to try it, and in fact, it's not a given, it's like that, you know.
238	Int: Ok.
239	R3: You see, in the sense that there was a sort of thing about discovering new things, in relation to my body, after all. But globally, it's still a very primitive kind of thing, um... I just take my hand and do it. You know, it's not...
240	Int: Ok. But there's also a certain aspect of having tested certain things, or discovered certain things that afterwards have allowed to know...
241	R3: Just a little bit. Hum…
242	Int: Or potentially, I'd like to do this with someone or not. Yeah. But that's not the main part.
243	R3: Yeah, and I think that this question asked to someone in a female body, I don't know how you say it, er... The answer is completely different. And I think that male sexuality, it's a lot more boring than... I mean... You know, in the sense of, it's just really obvious, it's like, you masturbate, and that's it. Whereas I feel like... Well, it's... It's more subtle than that obviously, but, well... If I schematise a little...
244	Int: In broad terms.
245	R3: Right. And I think that the... Well, it's so much more complex, the female genitalia, that... Yeah. That, yeah, it's so beautiful to be able to discover it as a woman, and it's ultra important, and... Well, power to female masturbation.

Excerpt from interview transcript with R4

209	Int: Hum-hum. (*pause*) Hum, yeah. To get back to the link, with masturbation, we were talking about several subjects at once, but we were talking about knowing your preferences, knowing your limits, and being able to communicate them. Do you feel that masturbation played a role in this? Knowing a bit about your likes and dislikes, being able to talk about them...
210	R4: In my sexuality?
211	Int: Yeah, in sexuality, and then, in general too, as a couple, afterwards, or for you in your evolution.
212	R4: Yeah, because, well, typically, um, if, um, I wanted my partner, well, even before, yeah. But even more so now, because I remember, well, because it's now, and it's present, but, like, um, well, in what we call foreplay [...] in the course of the sexual relationship, when we do a bit of foreplay, in the old way, if you can say it like that, like, if he masturbates me, well, I've always been able to say, ok, no, I don't like that, do like that, well, guiding him, saying, ok, um, there, um, you're pressing too hard, you have to go around a bit, well, telling him, um, ok, I also want this, this, this. ... That, I don't like that, er, well, I think it helped me to, to guide the person afterwards, too, yeah.
213	Int: Yeah. And so you could also link it to the fact that you discovered yourself before, with masturbation.
214	R4: Yeah. Well, maybe not everything, but at least, er, externally, yeah. The part...
215	Int: More like stimulating the clitoris, for example.
216	R4: Yeah, on the clitoris, yeah. Maybe the rest a little less so, but in any case, for that, I think that I have, well... What I've discovered, myself, I've tried to instil it in my partners.

Excerpt from interview transcript with R5

14	R5: Well, for me personally, it was my first approach to sexuality. And also, I think it's important to, well, maybe also to know a bit more about it, or...
15	Int: Hum-hum.
16	R5: Well, there are, there are lots of things about... How do you say, about the first time with a partner, but there's never, well, we never talk about the first time you masturbate, actually.
17	Int: Hum-hum, yeah.
18	R5: And this is... I think it can also build, well, I think you also build your... I mean, I think masturbation, well, for me personally, but... For me, masturbation was also a way of getting to know myself, actually. And then, as a result, it's, well, by knowing yourself, I think, really well, that afterwards you can... If you have a partner or if you're a partner, you also know what you want, and what you... What you also need to have a fulfilling sex life, I think. I mean, it's also a learning process, and I think it's the basis of a fulfilling sexuality, so to speak.
19	Int: And you said, I found it interesting, that it's something we talked about at the time, the first time, with someone.
20	R5: Yeah, well, that’s it.
21	Int: A partner, or partners, but, yeah, but not necessarily the first time with yourself, hum...
22	R5: Yeah, what's funny is, you remember the other first time. But not at all the first time you masturbated.

Excerpt from interview transcript with R6

98	R6: Yeah, and a bit of a thing where um... Or self-esteem, or something like that. It's more like... Pff... It's a bit more direct like that, then hum... But I think it could, I could have more fun, I think. If I did it [solitary sex] differently. But I've never really learned to do it differently, I don't know, yeah.
99	Int: Yeah. So it's a bit like saying maybe it could be... Done differently, give you different things then?
100	R6: Yeah. Yeah, I think, yeah.
101	Int: Yeah. And would you also say that's something you'd like to change? That aspect of it?
102	R6: Yeah. Yeah. I'd like to have more, um... (*pause*) I don't necessarily have that much love for myself when I'm doing it. I mean... I'm always saying to myself, ah but hum... (*pause*) Come on, concentrate now. Stop moving on to other things all the time. It's not very kind to myself, yeah, my thoughts or my attitude when I'm doing it, yeah.
103	Int: Yeah. Yeah, you said... But you spoke rather quickly about your self-esteem, that it didn't necessarily have a very positive effect on that. You quickly mentioned...
104	R6: No, I have the impression that, um... Well, for example, if I compare it to my sexuality as a couple, it has a much greater effect on my self-esteem because... We take the time, we give ourselves the space, we're in a moment where it's right, we say things to each other, we necessarily always say nice things, but um... There's more of a caring context and a bit of... A beautiful context. Here it's a bit... When I masturbate it's a bit more... Yeah, it's a bit less... caring I think.
105	Int: A bit of kindness, maybe a bit more of a negative connotation as a result.
106	R6: Yeah.

Appendix F

Coding guide

Category	Sub-category	Definition	Anchor examples	Coding rule
1. Experience with solitary sex	1.1 Current experience with solitary sex	Present-day experiences related to solitary sex. It encompasses aspects such as frequency, techniques or practices, context, purpose and masturbatory satisfaction. The focus is on the individual's current relationship with the behaviour, as opposed to historical patterns.	"I sometimes use masturbation to de-stress. To fall asleep. To wake myself up." (R5, 66) "Well, when I'm on my own, it's often in the morning and evening. […] And then when I'm with my partner, it's not like that at all." (R5, 148) "Well, I go on Pornhub. And I watch a video... I mean, I look for a video I like. And then I masturbate." (R3, 28)	All references of current practices of solitary sex and not of past behaviours.
	1.2 Past experience with solitary sex	Past experiences related to solitary sex. It encompasses aspects such as first experiences with solitary sex, the development of arousal patterns, the evolution of the practice, and educational factors (e.g. sex education, discussion with parents/friends). The focus is on the individual's past relationship with the behaviour, as opposed to current patterns.	"Well, for me personally, it was my first approach to sexuality." (R5, 14) "You discover that rubbing a teddy bear [...] between your legs, well it feels good." (R4, 88) "Before, I was more inclined to discover my body. Well, you're going to take the time to touch it and everything." (R2, 36) "we were talking about masturbation, but I mean in the sense that making jokes about it when you're a teenager is pretty normal. But then, to what extent you talk about it in a sincere way, I don't know." (R3, 12)	All references of past and not current practices of solitary sex and the process or trajectory since its discovery.
	1.3 Cognitions related to solitary sex	The thoughts and cognitive processes related to solitary sex based. It encompasses aspects such as attitudes, ideologies, belief systems, codifications, value judgments and idealizations.	"Well, it's perhaps not valued enough, let's say, masturbation." (R5, 396) "Well, I see it as something that's your body, your choices and you do what you want." (R4, 16) "For me, sexuality is much more important... Hum… Between two people..." (R2, 212) "I don't really worship this masturbation thing." (R1, 166)	All references of positive, negative, ambivalent and neutral cognitions related to solitary sex.

	1.4 Emotions related to solitary sex	The range of emotional responses related to solitary sex. It encompasses both positive emotions (e.g., pleasure, relaxation, joy) and negative emotions (e.g., guilt, shame, loneliness), as well as ambivalent or neutral emotional states.	“For me, it's just a pleasure thing.” (R4, 12) “strong emotions. It could be joy, it could be, er, excitement, it could be anger, it could be... But emotions that are, well, quite intense.” (R2, 122) “Because maybe I was a bit ashamed. Yeah. Maybe there was this side to it” (R6, 108) “ It's more of a loneliness thing, actually [...]. When you go on Pornhub, there's always a little ad before the thing. And it's like ‘fed up masturbating alone’, you know. And every time, I think, no, it's OK! (*R3 laughs*) [...]. But I think it's also a bit to reassure myself. ” (R3, 66)	All references of emotions felt before, during and/or after the practice of solitary sex, in the past or currently.
2. SSC	2.1 SSEs	The self-assessment of one’s own capacity to engage in sexual behaviours and to experience a satisfying and enjoyable sexuality. It encompasses aspects such as self-evaluating oneself, comparing oneself with others, as well as seeing oneself as sexually competent in a solitary or partnered context of sexuality.	“But yes, yes, for me the comparison is ve-ry... [...]I mean, you see, I'm fine with myself in that regard, but it's clear that... Even if I know it and I realise it, I can't, hum... Dismiss those emotions, and then... Yes, the comparison is super important.” (R2, 268) “and I'm tooting my own horn here but I think I'm a pretty good lover.” (R1, 226)	All references of positive, negative or mixed sexual self-esteem.
	2.2 BI	The perception and feelings about one’s own body, along with the beliefs about how others perceive it, which may arise in both general and sexual contexts. It encompasses feelings emerging when seeing one’s own body, getting touched, showing oneself naked or thinking about one’s own body during sexual activities.	“But I feel comfortable in my body, and I also feel comfortable being naked.” (R6, 386) “When it comes to sex, we love our bodies when we make love.” (R5, 588) “I'm not... I mean, embarrassed to show myself to my partner. Well... But that doesn't mean that I feel... Beautiful.” (R4, 236)	All references of subjective opinions about the own body, being positive, negative or mixed.
	2.3 GI	The perceptions, thoughts, attitudes, and	“Well, I think when I was younger I said to myself,	All references

		feelings about one's own genitals, which may arise in both general and sexual contexts. It encompasses feelings emerging when seeing or showing one's own genitals, one's genitals getting touched, thinking about one's own genitals during sexual activities.	it was related to this cliché thing, but that I experienced as true, that I had a smaller sex than the others." (R1, 348) "And I've always said to myself, because I've got really big labia [...], well I'm not normal" (R2, 549) "maybe I think I'm more beautiful when I've got a hard-on than when I don't" (R6, 608)	of subjective opinions about the own genitals, being positive, negative or mixed.
	2.4 SA	The capacity to be assertive, decisive, and self-reliant regarding aspects of one's own sexuality, whether in solitary or partnered contexts. It encompasses the ability to communicate personal preferences and boundaries, as well as to prioritize one's own pleasure.	"Well, I'm putting myself under a lot of pressure, more for his own pleasure." (R6, 176) "I mean, sometimes I say, yeah, but then, sometimes I say, no, don't do it like that, and do it differently." (R5, 764) "If I don't want something, or if he doesn't want something, we'll tell each other and we won't... Well... Be offended." (R4, 172)	All references of being or not being able to be assertive, decisive and self-reliant in the context of sexuality.
	2.5 SSE	The capacity of dealing effectively with the aspects of one's own sexuality, whether in solitary or partnered contexts. It encompasses feeling in control of one's sexuality and being able to initiate or refuse sexual activities.	"It's not because I say no to something that I'm going to be angry with myself afterwards." (R4, 174) "And this is quite funny because it's something I don't know how to do. But I, I could never stop a sexual intercourse, even if I... If I noticed that I didn't want it." (R2, 308) "I'd like to have more confidence in my desire, confidence in my pleasure, actually." (R6, 174)	All references of being or not being able to deal with the aspects of the own sexuality.
3. Influence of solitary sex on SSC	-	The perceived influence of one's own experiences with solitary sex on the different elements of one's sexual self-concept: sexual esteem, body image, genital image, sexual assertiveness and sexual self-efficacy.	"Another cool thing is that I know myself really well in that area. So I can also say what suits me and what doesn't when we are together as a couple." (R5, 340) "Yeah, no, I don't think it's helped my confidence in my appearance. Well, about	All references of a positive, negative, mixed or non-existent influence.

			what I think of myself physically." (R4, 248)	
4. SSCf	-	The capacity of narcissism and exhibitionism as defined per Sexocorporel. It encompasses aspects such as the ability of recognising one's own strengths, feeling lovable and sexually desirable (narcissism), and showing oneself as lovable, sexually desirable and sexually aroused (exhibitionism).	"I see myself as someone who's pretty uh, pretty confident [...], pretty confident in my... attractiveness." (R1, 206-208) "in everyday life, like this, I don't really see myself as someone who is... is... sexually attractive, yeah." (R6, 326)	All references of existent or non-existent forms of narcissism and/or exhibit-tionism.
5. Influence of solitary sex on SSCf	-	The perceived influence of one's own experiences with solitary sex on the two forms of sexual self-confidence (narcissism and exhibitionism) as defined per Sexocorporel.	"yes, that, I really think, I think I feel sexier, actually, because I masturbate." (R6, 368) "Int: Do you feel that masturbation may have had an influence on this? The fact that you see yourself, that you feel confident, that you see yourself as someone desirable [...] R1: No. Honestly, hum, it's mostly experiences with women." (Interview 1, 441-442)	All references of positive, negative, mixed or non-existent influence.
6. Other factors influencing SSC	-	The perceived influence of other factors on the different elements of one's sexual self-concept: sexual esteem, body image, genital image, sexual assertiveness and sexual self-efficacy. It encompasses aspects such as the influence of relationship status, exchanges with others, past partnered sexual experiences, and educational or cultural aspects.	"Entering into a couple so to speak, into a relationship, has enormously changed my perception of... My body." (R5, 622) "I've never had a traumatic experience where someone has said to me, ah, you've got a little cock [...]. I've always received more like compliments, you know, about my hum carnal parts, you know. So [...] I felt valued" (R1, 350)	All references to any other possible factors, along with whether their influence is positive, negative, mixed, or non-existent.
7. Other factors influencing SSCf	-	The perceived influence of other factors on the two forms of sexual self-confidence (narcissism and exhibitionism) as defined per Sexocorporel. It encompasses aspects such as the influence of relationship status,	"Yeah, I think I can be attractive like that too. But that's only because of my girlfriend, really, completely." (R5, 664) "I'm a boxer too, so there's something about the self-confidence of... being confronted with someone who wants to	All references to any other possible factors, along with whether their influence is

		exchanges with others, past partnered sexual experiences, and educational or cultural aspects.	hit you etc. [...] and so I'm going to... from that self-confidence, I'm going to put people at ease. ” (R1, 452)	positive, negative, mixed, or non-existent.
8. Gendered influences on solitary sex, SSC and SSCf	-	The perceived influence of gender roles in aspects such as experiences with solitary sex, sexual self-concept (sexual esteem, body image, genital image, sexual assertiveness and sexual self-efficacy), and sexual self-confidence as defined per Sexocorporel. The focus is specifically on cisgender women and men.	“I mean, I think masturbation is quite subject to norms too. [...] A man who masturbates is, let's say, normal. Whereas a woman, not so much.” (R6, 438) “I think a woman can always sense if you're... sexually calm [...]. And so if you're frustrated and in need of, it... it's really going to be a total love killer. So even if you are, you have to pretend you're not. [...] To attract someone. [...] If the person is sexually active, that's something women sense.” (R1, 458-460)	All references of positive, negative or mixed influence of gender roles.

Appendix G

Table 11

Other factors influencing SSC and SSCf

SSC items/SSCf	Forms of influence on SSC item/SSCf	R1	R2	R3	R4	R5	R6
SSEs	General well-being and confidence help me feel good about myself sexually	X					
	No bad/traumatic sexual experiences in the past help me feel good about myself sexually	X				X	
	Knowledge through media or books helps me develop my sexual abilities	X	X		X		
	Sexual experiences with partners and getting positive feedback help me feel good about myself sexually	X	X			X	
	Having an understanding of female sexuality as a man helps me satisfy my female partners			X			
	Being in a trusting relationship helps me feel better about my sexual abilities despite my sexual dysfunction			X			X
	Comparing my sexual abilities to the ones represented in pornography makes me feel less sure of them	X					X
	Lack of normalization of female masturbation made me feel bad about engaging in it		X				X
	Lack of sexual education about “normal” masturbatory frequency makes me feel less good about myself			X		X	
	Being afraid of my partner’s judgement about my solitary sexuality made me feel bad about it		X			X	X
	Getting feedback from a partner during sexual intercourse makes me feel bad about myself		X				
	Having older partners makes me less sure about my sexual abilities		X				
	Being affected by a sexual dysfunction makes me feel less sure about my sexual abilities			X			X
BI	Fitting within societal standards helps me feel good about my body	X		X			
	Having muscles helps me feel good about my body	X		X			
	Losing weight helps me feel good about my body		X				X
	Being in a trusting relationship helps me accept and show my body to my partner		X		X		
	Positive feedback from sexual partners helps me like my body		X			X	
	Being pregnant and giving birth helped me like my body						X

	Being pregnant, giving birth and breastfeeding made me feel less good about my body				X		
	Losing my hair made me feel less good about my body					X	
GI	Meeting common size expectations helps me feel good about my genitals			X			
	Positive feedback from sexual partners helps me like my genitals	X			X		
	Knowledge through books helps me accept my genitals		X		X		
	Having a good hygiene and shaving helps me feel good about my genitals		X				X
	Looking at my genitals in a mirror helps me accept them						X
	Being pregnant and giving birth helped me like my genitals						X
	Lack of sexual education about vulva diversity made me feel less good about my genitals		X		X		
	Lack of diverse representation of genitals in media or books made me feel less good about my own		X		X		
SA	General well-being and confidence help me communicate better	X					X
	Knowledge through media or books helps me know my desires and limits and communicate them better	X	X		X		
	Differentiating sexuality as shown in media (films) and real-life sexuality helped me see the importance of communication	X			X		
	Experimenting with (multiple) partner(s) helps me know myself, my desires and limits better	X	X	X		X	
	Being in a trusting relationship helps me communicate my desires and limits				X	X	X
	Lack of sexual education about consent and communication prevented me from communicating	X			X		
	Lack of sexual education about diverse masturbatory techniques prevented me from knowing my desires and limits					X	
	Lack of normalization of female masturbation prevented me from doing it and getting to know myself						X
	Being influenced by communicative skills represented in pornography prevented me from communicating	X		X			
	Feeling dependant of partner's expectations of my own pleasure makes it partly less important		X				
	Having a partner who communicates less makes it harder for me to communicate			X			
SSE	No bad/traumatic sexual experiences in the past help me feel in control	X		X	X	X	

	Knowledge through media or books helped me learn to initiate or refuse sexual activities	X	X		X		
	Experimenting with (multiple) partner(s) helped me learn to initiate or refuse sexual activities	X	X				
	Being in a trusting relationship helps me initiate or refuse sexual activities				X	X	X
	Lack of sexual education about consent and communication prevented me from asking for sexual activities	X			X		
	Lack of sexual education about "normal" masturbatory frequency makes me feel less in control			X		X	
	Being affected by a sexual dysfunction makes me feel less in control			X			X
SSCf	Sexual experiences with partners and positive feedback help me feel sexually attractive/desirable and show myself	X				X	
	General well-being and confidence help me feel sexually attractive/desirable and show myself	X					
	No bad/traumatic sexual experiences in the past help me show myself	X					
	Boxing helps me feel sexually attractive/desirable	X					
	Being sexually active will get sensed by others and make me more attractive/desirable	X					
	Being in a trusting relationship helps me show myself		X		X	X	X
	Having an understanding of women, being a feminist help feel me sexually attractive/desirable			X			
	Knowledge through media or books helps me show myself				X		
	Having playful times with my partner without the pressure of sexual intercourse helps me feel sexually attractive/desirable and show myself						X
	Specific contexts (night out) help me feel sexually attractive/desirable						X
	Having less sexual encounters than others makes me feel less sexually attractive/desirable	X					
	Being single over a longer period of time makes me feel less sexually attractive/desirable and less confident showing myself					X	
	Lack of sexual education about vulva diversity made me feel less sexually attractive/desirable and less confident showing myself		X		X		
	Being affected by a sexual dysfunction makes me feel sexually attractive/desirable			X			X

Note. Overview of factors influencing SSC and SSCf other than solitary sex and reported by participants. Created by the author.

Appendix H
Selbständigkeitserklärung

Hiermit erkläre ich, dass ich die vorliegende Arbeit selbstständig und ohne fremde Hilfe verfasst und keine anderen Hilfsmittel als die angegebenen verwendet habe. Sämtliche Textstellen der Arbeit, alle Formulierungen, Ideen, Untersuchungen, Gedankengänge, Analysen und sonstigen schöpferischen Leistungen, Grafiken, Tabellen und Abbildungen, die benutzten Werke oder Quellen aus dem Internet eins zu eins oder dem Sinn nach entnommen sind, habe ich durch Quellenangaben korrekt kenntlich gemacht.

Die Eigenständigkeit der Arbeit erstreckt sich über alle Phasen der Erstellung, von der Konzeption über die Durchführung bis hin zur Dokumentation. Der Einsatz von Künstlicher Intelligenz (KI) erfolgte ausschliesslich zur Unterstützung in Form von Recherchehilfen oder sprachlicher Verbesserung. Alle durch KI generierten Inhalte wurden überprüft und ggf. angepasst, um den wissenschaftlichen Standards zu entsprechen.

Diese Erklärung gilt als verbindliche Zusicherung meinerseits über die Authentizität und Selbstständigkeit meiner wissenschaftlichen Leistung.

Die Arbeit wurde bisher in gleicher oder ähnlicher Form keiner anderen inländischen oder ausländischen Prüfungsbehörde vorgelegt und noch nicht veröffentlicht. Die vorliegende schriftliche Fassung entspricht der eingereichten elektronischen Version.

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