

3

Bodies That Are Always Out of Line: A Closer Look at “Age Appropriate Sexuality”

Sara I. McClelland and L.E. Hunter

Moral panics draw a line in the sand: between threatening and non-threatening, normal and abnormal, acceptable and unacceptable. Stanley Cohen, credited with coining the term “moral panic” in 1972, argued that a moral panic occurs when “[a] condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests” (9). We see a compelling question within Cohen’s passive articulation (that is, *emergence*) of how moral panics develop. Moving away from a passive definition of panic to an active one, what can be understood about the psychological and cultural mechanisms that shape individuals and the moral panics that surround them?

In this chapter, we examine one rhetorical mechanism often used to determine threat in the public sphere—the category of “age appropriate.” Appropriateness in terms of age is important because this category is consistently used to distinguish who or what has become out of order, thereby marking the person or behavior as both un-ordered and un-natural. Taking this a step further, we examine one specific form of demarcating age appropriate: “age appropriate sexuality.” Within the sexuality domain, rules governing appropriateness actively manage which behaviors bodies can be performed with whom, and at what age. We explore how “age appropriate sexuality” constrains considerations of which bodies are considered competent or capable (regardless of age) to be sexual, and, conversely, when bodies are considered “out of line.” Age appropriate sexuality demonstrates how certain bodies, and often female bodies, are the sites of emergent threat and thereby, often sites of moral panic.

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While the phrase “age appropriate” is most recognized for its role in discussions of children, we expand this discussion to examine how messages about “appropriate” norms of sexual expression travel with women late into life. Using a life course perspective that asks researchers to explicitly link early life experiences with later ones (Carpenter 2010), we forward a critique of the term “age appropriate sexuality” for its potential to constrict sexual expression for women at all ages. With this insight, we observe how the framework of “age appropriate sexuality” is deployed in such a way *that there is never a time or place that female sexuality is “age appropriate.”*

Age appropriate: Firm, yet vague, paradox

“Age appropriate” is a phrase that has circulated widely in contemporary cultural and political discourses for the last century. From political debates (Kolawole 2008), to sex education (Bradley et al. 2012), to movie and television programming (Zurbriggen et al. 2007), this term asks us to respect boundaries—most often around children—that presumably offer to protect individuals from materials, knowledge, and experiences that are *beyond their capacity*.

Some of the most potent examples of the use of age appropriate boundaries are evident in discussions of sexuality education in schools. Schools often serve as a flashpoint for moral panics; they sit at the crossroads of several key components of a panic, including: children, intersecting public and private spheres (Robinson 2012), familial and community norms about sex and sexuality, and taboos surrounding adults talking to children about sex (Tobin 2001). As a result, conversations about sex education, both in the U.S. and abroad, often hold within them enormous urgency and are consistently sites of moral panic about what children will learn. Indeed, the genesis of sex education in schools was rooted in the social hygiene movement of the early 1900s, which aimed to save poor and working class, racial and ethnic minority children whose “unclean” parents were unfit to provide adequate moral guidance (Bay Cheng 2003, 63).

Kerry Robinson (2012) describes this urgency and panic as a quality of children’s “difficult citizenship.” Robinson argued that children are not regarded as full citizens, but citizens-in-development. Part of the panic around children’s sexuality is that this development could go wrong; if children gain access to the “wrong” kind of sexual knowledge or experience, they may not become the “good” kind of sexual citizen. In Anglophone countries in particular, “the ‘good’ normative adult

citizenship subject ... is white, middle-class, heterosexual and upholding Christian family morals and values” (Robinson 2012, 258; see also Berlant 2004). On the grounds of trying to prevent “corruption,” children are denied access to sexual knowledge:

The “pure” and “innocent” child is critical to the formation of the good moral heteronormative adult citizen. Children’s access to sexual knowledge before it is considered to be developmentally appropriate—discursively defined within a moral, Christian, heteronormative framework—is perceived as corrupting the child’s innocence and potentially leading to children’s promiscuity and immature sexual activity. (Robinson 2012, 264–265)

What kinds of citizens will sexually knowledgeable children grow up to be? Though this question is rarely explicitly asked, the fear of the deviant sexual (adult) citizen underlies much of the panic around children’s sexuality. Children are therefore often denied access to information about sexuality, both to prevent deviant development, but also to prevent them from developing “too quickly.” Because sexuality is often used as a dividing line between adulthood and childhood, discourses of innocent children and protection of the vulnerable are used to reinforce these barriers to sexual information (Fine and McClelland 2007).

While it is a marker of protection, the term “age appropriate” also demands that we not ask too many questions about its meaning. It’s a kind of wink, an agreed upon signal that we all know what *appropriate* means. The term also signals agreement that there is something dangerous afoot and protection is required. There is, however, often very little understanding of exactly where the line in the sand is drawn or why. Appeals to appropriateness hold within them not only judgments, but also an implicit message that the boundary between appropriate and inappropriate is real, sturdy, and—most importantly—often beyond the scope of critique.

However, “age appropriate” is an empty signifier. It stands in for meaning, but remains inherently meaningless because its meaning is always in flux and at the whim of the speaker. Judith Levine makes a similar point in *Harmful to Minors* (2003) when she argues: “I avoid the commonly used term ‘age appropriate’ which I find to be both too specific and not specific enough” (183). Deployments of age appropriateness obscure processes of history, politics, social construction, and personal opinion, and insert, instead, a common sense appeal for an agreed upon boundary that is created and maintained, but without

structure and often without merit. Appropriateness, as an idea, assumes and pays homage to an omniscient arbiter of right and wrong—an arbiter who is nameless and formless, and as a result, *even more powerful* in its declarations of appropriate and inappropriate. For that reason, it is a powerful rhetorical device that deserves our closer attention.

Excess: Sexuality, race and narratives of innocence

Reminiscent of Gayle Rubin's "hierarchy of sex" (1993) in which she made explicit what had been a too often silent ranking of sexual expression from "good" to "bad," the term "age appropriate" operates along a similar continuum that distinguishes morally good from bad sex—most often for children and adolescents. When young bodies are seen as excessive (that is, when their bodies engage in activities that are beyond the imagined range for their age, gender, class, or race), they are often imagined as inappropriate and their sexuality becomes often marked as either dangerous or in danger. It is this link between inappropriateness and danger that frequently defines childhood sexuality. As others have noted, this unbounded fear of how children encounter sexuality has made any talk of children and sex inherently suspect:

These days about the only situation in which it is legitimate to even talk to children about sex is within sex education or investigation for alleged abuse. Anything else risks the accusation of being sexually abusive or the stigma of being erotically involved. (Stainton Rogers and Stainton Rogers 1992, 176)

Indeed, childhood sexuality is the site where discussions of appropriateness have been at their apex. Our analysis of the term "age appropriate sexuality" and its implicit demarcation of "enough" and "not too much," offers a bridge to McClelland and Fine's (2008) earlier theoretical work in which they analyzed the historical equation of young female sexuality with *excess*. The concept of "excess" draws our attention to the line between what is required and what is not required, but is there anyway. In their examination of excess, McClelland and Fine (2008) observed how excess is strategically attached to specific bodies, thoughts, and behaviors that are determined to be out of line and, as a result, positioned as (unproblematic) objects of surveillance. With examples drawn from focus groups, media analysis, and policy interventions, McClelland and Fine (2008) argued that young women's bodies and sexualities, their reproductive capacities but also their desires

(for sex, pleasure, freedom, same-sex relationships, masturbation), consistently emerge as a strategic platform for cultural anxieties. They found that young female sexuality is always imagined as too big, too much, and always out of line: "Young women are fundamentally and inherently sexually excessive. Their sexuality captures cultural attention and collected cultural (and feminist) anxieties" (89).

As the idea of *excess* effectively polices young female desiring bodies, it tightens its grip even further on young women of color, who are consistently imagined as (additionally) too big, too loud, too sexual, and wasteful of too many public resources (McClelland and Fine 2008; Fine 2012). It is here, where cultural lessons about excess teach us what is "more than is needed" or "too much," that we can begin to observe the shifting space between non-threatening and threatening and see the mechanisms that underlie the development of moral panics about sexuality.

Jessica Fields' (2008) ethnographic examination of public and private schools' sex education policies illustrates the racialized assumptions within debates concerning what young people can and should learn about in school. Using interview and observational data collected in a North Carolina school district from school administrators, teachers, parents, and students, Fields observed how African American girls were consistently positioned as central to teen pregnancy, promiscuity, and disease. Evoking and building upon Dorothy Roberts' (1997) incisive observation that African American youth never benefit from the image of childhood innocence, but are rather "born guilty," Fields found that, in fact, African American children were cast as dangerous bodies, capable of corrupting their innocent white peers: "[A]dults consistently argued that [abstinence] curricula would protect innocent children from others' corrupting influence; racialized language and images suggested that these 'others' were poor, African American girls" (Fields 2005, 549).

Jeffrey Moran (2000) has similarly argued that the "invention of the adolescent" by G. Stanley Hall at the turn of the twentieth century explicitly limited the category of adolescence to Euro-Americans and the upper and middle classes. Moran (2000) highlighted how those involved in the social hygiene movement of the early 1900s focused on adolescent sexuality as a way to "control, shape and channel the growing youth's impulses" (41); this rhetoric consistently relied on marginalizing immigrants, the working class, and African American youth as a way to strengthen and solidify rules and expectations about "appropriate" sexual behavior:

[A] "savage" youth was considered fully sexually mature, sexually active, at an age when the "civilized" adolescent was just beginning

his most strenuous period of mental and spiritual growth. (Moran 2000, 17)

These examples demonstrate how racist rhetoric often underlies the development and maintenance of social norms surrounding sexuality and how some are already always excluded from the category of “appropriate.” However, with these analytic tools we can also see that certain bodies are set up to be sites of panic; some bodies do not have the opportunity to be seen as anything except “threatening.”

As determinations of *excess* mark what is too much, determinations of what is *age appropriate* mark certain bodies—often female and often African American—as threatening and requiring management and containment. This leads, as many have noted, to linking threatening bodies to danger, contagion, and subsequent moral panics about: (1) the sexual knowledge that children should be shielded from; and (2) those adults who are committed to providing sex education, who become positioned squarely as perverts who have an “unnatural” interest in children and sexuality (Davies and Robinson 2010). However, as the next part of this chapter shows, this has not always been the case.

Historical perspectives on age-appropriate childhood sexuality

Though interest in child sexuality was minimal throughout the seventeenth century, medical authorities emerged in the eighteenth century to regulate masturbation by determining its harm, especially for children (Fishman 1982; Foucault 1978). Masturbation was regarded as “a menace to the future of civilization” and was believed to cause, among other things, epilepsy, impotence, blindness, fatigue, and death (Hare 1962, 4). The danger of children’s sexuality was elevated to the status of a “social evil” by the nineteenth century, with moral and medical discourses working together to justify children’s surveillance and regulation (Angelides 2004). The fear of children’s sexuality elicited several pedagogical interventions, from dormitory architecture to bathroom-monitoring practices, as adults focused on preventing sexualized contact, including limiting opportunities for privacy and seeing other children’s genitals (Foucault 1978). Throughout the twentieth century, this shifted for adults; studies affirmed that masturbation was common in healthy people and that the practice was uncorrelated with mental disorders (Hare 1962).

Many theorists and clinicians over the twentieth century argued also for normalizing childhood sexuality, including Freud (1940) and Kinsey

and colleagues (1953). For example, Freud’s theory of infantile sex stages (1940) framed sexual knowledge, exploration, and pleasure as necessary to normative psychological development, thereby helping to popularize the idea of “appropriate” childhood sexual growth. He argued that sexuality early in life is non-pathological, normative, and occasionally confusing; indeed, he suggested that each child was supposed to grapple with a series of psychosexual crises. However, the result of overcoming these crises was to create a “healthy” psyche and sexuality. Freud (1940) argued that resolving these crises demanded appropriate amounts of sexual growth and exploration. As new models of medically normal development started to emerge, Freud’s framework popularized the idea that children could experience “just enough” sexual exploration. Models of appropriate sexual experiences assuaged adults’ fears of the sexual child and of the imagined future of that child as a sexually excessive adult. Freud helped to reframe children’s sexuality as normal and appropriate, even as he catalogued the sexual pathologies that could result from earlier sexual experiences.

So goes the double standard of children’s sex: if children deviate from the discourse of child sexlessness (for example, by masturbating or expressing sexual interest), and this deviance is also statistically normal, childhood sexuality is simultaneously “normal” and “deviant” (Foucault 1978; Robinson 2012). Foucault has, perhaps, made this point most clearly in his discussion of “pedagogization of children’s sex” (1978, 1990). He observed the simultaneous presence and absence of children’s sexuality—as both “natural” and “contrary to nature” (104). Foucault’s observations of this doubled quality of childhood sexuality are what, in part, has inspired the surveillance of childhood sexuality without bounds. Like the image of the figure of the child emerging from negative space, Foucault alludes to the power of absence, the unsaid:

[B]y sexualizing childhood, the idea was established of a sex characterized essentially by the interplay of presence and absence, the visible and the hidden; masturbation and the effects imputed to it were thought to reveal in a privileged way this interplay of presence and absence, of the visible and the hidden. (Foucault 1990, 153)

As seen in this brief outline of discourses surrounding childhood sexuality, there have been enormous changes in what is considered “age appropriate” over the past four centuries. Looking more carefully at contemporary discourses, there is one consistent finding: childhood sexuality is framed as both a danger *from within* (as seen in the

anti-masturbation discourses) and *from without* (as seen in the framing of all childhood sexuality as rooted in abuse; see Tobin 2001). These frameworks justify adult intervention into children's sexuality; educators, parents, and communities work with state vectors of power to create a network with the authority to regulate child and adolescent sexuality—from consent laws (Ehrlich 2009; Fischel 2010), to discourses surrounding childhood sexual abuse (Angelides 2004), as well as policies regulating the content of sex education in schools (Fine and McClelland 2006).

Children themselves are left with little ability to counter this discourse except, of course, by continuing to provide counter-evidence with every "age inappropriate" conversation that displays sexual knowledge or "inappropriate" behaviors that reflect the prepubescent sexual impulse, from hands down diapers to commonly played games of "doctor." Like the normalizing discourse, however, even this common behavior can backfire. As young bodies become "sexual bodies," they become objects of surveillance—and the young person's body is deemed "at risk," in danger, dangerous, and importantly, inappropriate. These associations often cling to young female bodies (Fine and McClelland 2007; McClelland and Fine 2008).

Age appropriate: Implications for young women

Female sexuality, and specifically female pleasure, exists in this space of not necessary, excessive, and perhaps, always as a result, inappropriate. Fears of excessive female sexuality, in fact, accelerated a moral panic in the nineteenth century when the medical community believed that masturbation caused insanity and disease (Cameron and Kulick 2003; Hare 1962; Whorton 2001). Excessive sexuality in women was considered suspect because of its potential to undermine patriarchy; it revealed that women did not depend on men for sexual release and that reproductive possibilities were not the only outcome of sexual activity. The term "heterosexual" was coined in 1869 as a way to denote perversion—having sex with someone of the other gender for pleasure rather than to reproduce. The first heterosexuals were men who had sex with pregnant women or who engaged in oral sex rather than intercourse (Cameron and Kulick 2003).

While many of these definitions of perversion have changed in the last century, this fragile constellation of ideas about appropriateness have regulated sexual expression in ways that specifically target young women. Because young women are fundamentally and inherently

sexually excessive, their sexuality captures cultural attention and collects cultural and feminist fears. Collectively, we seem to wonder, how much is enough? Their sexuality flaunts itself as "much larger than needed," goes far "beyond sufficient or permitted limits," and is consistently cast as overindulgent.

A few historical examples can trace how these limits shift, but not without resistance. In the early 1900s, as cities became denser and new forms of labor demanded migration away from families and into urban areas, working-class girls began to negotiate a freer sexuality away from the surveillance of their families. While "[m]any working girls developed standards of their own that allowed for some sexual freedom but stopped short of sanctioning premarital coitus" (D'Emilio and Freedman 1988, 200), many were also engaging in premarital sex, much to the concern of their mothers. By the end of the 1920s, middle-class girls were dating, necking, and petting as part of their normal sexual experiences, and premarital sex rates had hit roughly 50 percent, where they remained until the 1960s (D'Emilio and Freedman 1988). As in most cases of female sexuality, these changes were sources of great alarm, not only among these girls' mothers but also as a social issue; by the end of the 1930s, harsh media censorship had been institutionalized and moralistic Christian fundamentalism had emerged to attempt to constrain "excessive sexuality" (D'Emilio and Freedman 1988).

The next great shift in women's sexuality in the United States occurred in the 1960s with the Sexual Revolution. Disparate events coincided to challenge young women's sexual restrictions: hormonal birth control allowed greater control of reproduction, media censorship repeals enabled more common depictions of sexuality, female sexual desire was recognized in popular books, and women's entry into the job market afforded them greater economic control of their lives. However, many still see the increased visibility of female premarital sex as the core of the Sexual Revolution: "For all the changes in sexual mores that occurred in the 1960s and 1970s, the spread of sexual activity among the young marked the sharpest break with the past" (D'Emilio and Freedman 1988, 353). This was not because the practice actually emerged in the early 1960s, but rather because white middle-class Americans began to accept the *idea* of young women having premarital sex (Allyn 2001). As the idea of female premarital sex took greater hold in the 1970s, a harsh sexual double standard persisted, and women who expressed public interest in sex suffered consequences ranging from verbal harassment and unwanted propositions, to sexual assault (Allyn

2001; Crawford and Popp 2003; Reiss 1960). If women's sexual excess could not be curbed, it would at least be punished.

Mary Douglas (1966) and Elizabeth Grosz (1994) are just two authors to have warned about the costs of women becoming a social body—a body that is required to be clean, obedient, and law abiding. Bodies that fall outside of this definition are suspect as dirty, marginal, and problematic. In other words, inappropriate. Although some groups of adult women have made strides in refusing to be labeled as dirty or problematic (such as the recent grassroots organizing around SlutWalk;

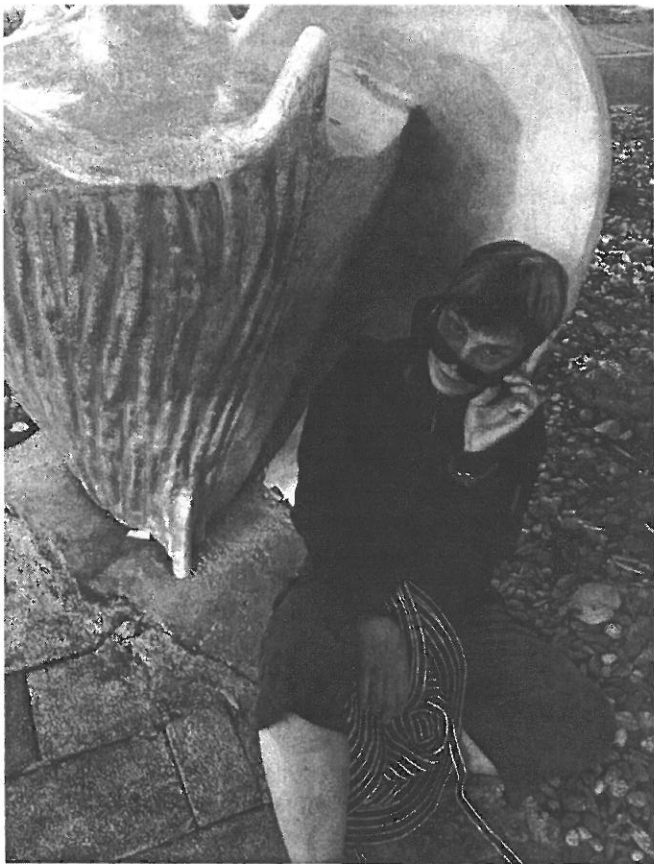


Figure 3.1 "Holly and the Conch Shell": Holly Hughes, renowned performance artist, knows a moral panic when she sees one

Ringrose and Renold 2012), young women often remain stuck with these words. And, we would add, so do women whose health places them back within this category of contaminated, contaminating, and ill-behaved bodies. This notion of excessive and inappropriate bodies bond young women with their sisters in later life who once again face being "age inappropriate" when they discuss their own sexuality. While young women's excessiveness is framed by their emotional vulnerability due to innocence, older and aging women's excessiveness is framed by their physical vulnerability. Both groups, however, are haunted by calls and beliefs about inappropriateness in regards to their sexuality.

Age appropriate: Implications for ill and aging women

Moving from young bodies that are imagined as excessive and inappropriate due to their youth and femaleness, we widen the scope of our analysis to include bodies that are imagined as inappropriate due to their bodies becoming ill. This turn towards the end of life adds an important layer to the question of what is "age appropriate sexuality" because it enables an exploration of how ideas of "too much" and "more than enough" survive adolescence and come to form sexual lives in unexpected ways. Within discourses of age appropriate sexuality, women find themselves always out of line, as the line in the sand is redrawn again and again as women age from child, to adolescent, to older adult. Following the lead of sociologist Laura Carpenter (2010), we link these time points in order to observe the development of gendered sexuality over the life course. We aim to see "how sexual beliefs and behaviors result from individuals' lifelong accumulation of advantageous and disadvantageous experiences" (Carpenter 2010, 155).

In a study with women diagnosed with metastatic breast cancer, we have been interested in how women's ideas of sexuality and intimacy develop and change over the life span. In particular, we have examined how sexuality is imagined and experienced in the liminal space near the end of life. Researchers have largely avoided this question of sexuality and illness and, even more so, avoided questions of sexuality in patients who have moved outside of "survivor" narratives (for example, Speer et al. 2005). In our research, we have interviewed and surveyed over a hundred women about their sexual health and experiences of sexuality in order to address this important gap in the literature.

We have asked women to tell us about what kinds of expectations they have for their own bodies, their sexual selves, what kinds of sexuality they experience or wish they could experience, and about

how this has changed for them. Interestingly, the role of cancer does not play as large a role as one might expect. After all, cancer and its many treatments take an enormous toll on the body. Surgeries, radiation, chemotherapy—all of these leave the body beaten up, altered, scarred, fatigued, and often in ongoing pain; mucous membranes dry; and breasts often removed. But in addition to cancer, there are several additional ways that threads of age appropriate narratives emerge, even when women are well past what we commonly think of as the years in which people worry whether their sexuality is appropriate.

Findings from this research reveal that women describe being caught in a double bind between competing ideas of age appropriate sexuality: on the one hand, they are pressed by norms that insist one must be sexual throughout one's entire lifetime (Potts et al. 2003) and on the other hand, norms that position aging and ill women as inherently not sexual, lacking both sexual interest and sexual desirability. Across the interviews, women described ways that their sexuality is consistently shaped by others' expectations of what is appropriate sexuality, in particular, for women who are aging, ill, and in the palliative stage of care.

Three examples from the interviews illustrate this point. Read separately, one might see each of the experiences as unique; however, read together, a theme emerges about age appropriate sexuality which has elements that mirror those of their younger peers: lack of information about sex, worries about how to please a partner, and managing physical pain related to intercourse. Throughout each of these is an elaboration of how expectations about the "right" way to be sexual are interpreted and managed, often with little guidance or alternative ways to imagine being sexual.

In the first example, a participant echoes a common theme throughout the interviews: not being provided with any information about how genitals, bodies, or experiences of sexual desire might change due to surgery and/or treatments such as chemotherapy. One woman described this as follows: "Sometimes things in that [genital] area change ... I think we would've liked to have known that stuff because you're, you're kind of left in the dark about it. [The doctors] just don't talk about sex, you know?" Women in the study often described surprise about how little doctors and staff spoke about sex and potential sexual changes. Participants interpreted this silence as doctors were either "too busy" to talk about these issues, "uncomfortable with things like that," or didn't consider the women as needing information about sexual health either due to being unpartnered, older, or too ill (see also Flynn et al. 2012).

In a second example, a participant talked about how the loss of her breasts due to her mastectomy affected her male partner. She described how she makes up for this loss by making sure he is sexually satisfied through regular intercourse and oral sex:

Yeah, I want to make sure that he isn't dissatisfied and you know, and, you know [sigh]. So I like to do things, you know, that he enjoys. And also there's a big part missing now that he used to enjoy. I don't feel like I'm cheated, but in a way I almost feel that he's cheated, because, you know, that's not there anymore for him. [Q: meaning your breasts?] Right, exactly, you know, so, because they were such a huge part for both of us, but [sigh] I can deal with it. I deal with things easier than he does, so I can get past it and—but I guess in way I feel like because that was taken away, maybe I should, you know, try to—I mean just make sure everything's okay, everything else.

In her description, we see evidence of the labor involved in keeping her sexual body from being a disappointment, since as she states, her breasts were "such a huge part" of their sex life prior to her cancer diagnosis. While in the first quote we heard a participant describe not knowing enough about how her sex life would change, in this second quote we hear something that didn't necessarily need to be learned from doctors, as it was learned early in life—the cost of having a sexual body that suffers from lack and the labor one must do to make up for this lack.

In a third example, a participant described her use of lidocaine, a numbing agent, during intercourse in order to reduce the pain she experienced after going through menopause related to her cancer treatment. This example extends the prior one as it brings into focus the ways that age appropriate sexuality has come to be equated with the presence of intercourse regardless of physical pain (Marriott and Thompson 2008).

I mean that was the main thing was that [it] really hurts when you have [intercourse]. So the lidocaine solves the problem ... [Q: And so how is it for you with the lidocaine?] Oh, it's great. I mean, you know, it has to take its, its effect. And initial penetration can be a little bit tricky, but once it's finished, it's fine. It's as if it was before all my, you know, cancer.

The consequences of framing "appropriate" sexuality only around heterosexual intercourse is evident, as are the costs of having a body that is imagined as "out of line." This example brings into focus the strategies

that women employ to manage their sexual bodies in order to not fall out of line and remain sexually available.

These examples speak to what are described in the Introduction to this volume as “prevalent contemporary discourses around normative sexuality.” They also offer new ways to think about how sexual imaginations are shaped by gender and heteronormative expectations throughout the life span. Rather than explicit references to age appropriate sexuality, these examples demonstrate how appropriateness is internalized and polices sexuality from within. These findings speak to the ways that ill and aging women imagine their sexual lives as shaped largely by expectations others have of them, expectations that sexuality is something that ends with age, and perhaps most importantly, sexuality that remains an object of negotiation and sacrifice, even late into life. Our findings demonstrate some of the ways that early messages regarding sexuality are not merely limited to the young, but remain active throughout a woman’s sexual life.

These findings do not stand alone. In a study of women 45–80 with urogenital issues, Huang and her colleagues (2009) found that women—women with symptoms of vaginal dryness, soreness, and pain during sex—tried to remain sexually active with their partner or continue to have vaginal intercourse, even if their extreme discomfort meant they couldn’t enjoy the activity, feeling that it was important for their relationships or important for their lives in other ways. Huang’s analysis was that, “They want to remain sexually active even if the experience is more painful than pleasurable. I think part of this shows that older women have different priorities about their sexual activity than might be thought” (NSRC 2009).

Our analysis would add an additional element to Huang’s—that women later in life are caught in a double bind that started much earlier in their lives. They are caught in between notions of age appropriate meaning that one *must* be sexual, especially with the emergent definitions of intercourse being life long, and that aging women are inherently *not sexual*. This doubled quality echoes Foucault’s (1978/1990) description of childhood sexuality as paradoxical—always present and simultaneously absent: both “natural” and “contrary to nature” (104). In short, the constraints of age appropriate sexuality that are placed in childhood remain both fixed and paradoxical throughout a woman’s lifetime.

These findings alert those of us working in sexuality research, education, and policy development to the long-term implications of messages concerning what is “age appropriate.” With this insight, we want to challenge the (unconscious) collective fantasy that sexuality

information and sexual experiences can be divided into perfectly proportional (appropriately sized) bites. This fantasy implicitly assumes that sexual information and experience will tax the system (of children, of young women, and of ill and aging women). This fantasy also implies that we are imagining a body and mind that are weak, not up for the task, and most importantly, that sex itself (and knowledge about it) insists on stamina and health. As a result, bodies that are ill or infirm or not up to the task also see themselves as inappropriate and outside the boundaries of sexual knowledge, activity, and pleasure.

By placing two time points in relation to one another, we can see important connections between the moments when female sexuality is described as inappropriate. While young women are framed by their emotional vulnerability due to innocence, older women are framed by their physical vulnerability due to aging. By bringing these two time points together—and the lack of definition for each time point—it becomes possible to see how “age appropriate sexuality” is a powerful frame that is put into place, and due to its vague nature, this frame lingers indefinitely.

The limits of age appropriate frameworks

In an effort to develop the history of the idea of age appropriate sexuality, we examined several historical and contemporary examples of how this term has been used in regard to women’s sexual expression. We reviewed how this term has circulated in several contexts, ranging from debates about sex education, to historical theories about childhood sexuality, to discussions of female sexuality in adolescence and women at the end of life. We explored how the term “age appropriate sexuality” has been employed as a way to manage social and personal relationships as it communicates standards concerning limits of how much sexual knowledge, activity, and pleasure are imagined as sufficient, and therefore, appropriate. Throughout, we questioned the definitions of *age appropriate* and its alter-ego *inappropriate*, as a means to understand the range of meanings that are inferred and received by women who contend with both terms when conceptualizing their own sexual subjectivity and well-being.

It is essential to understand the idea of *appropriateness* for its power to regulate social and personal interactions, yet appear natural and without a regulatory purpose. Definitions and arguments for appropriateness create socially agreed upon decisions concerning order, rules, and norms. The term “appropriate” often insinuates that these rules are

naturally occurring, their agreed upon-ness determining what should be and what should not be. The point in examining this term is to understand its meanings, as well as its implications: How does it position all of us—adults and children—within an agreed upon sense of right and wrong? When people constantly invoke this term, where do we believe this authority for determining appropriateness comes from? Which bodies get caught up in the nets of appropriateness? And, perhaps most importantly, are alternative readings of appropriateness possible?

Perhaps what we learn when we look more carefully at this term is that its use is more for the speaker to position her or himself as “not” bad—not a pedophile, not asking children to have sex, not meaning that kindergartners should be learning about sex, not inappropriate. It’s less about the person who is being protected in these moments, but often more about the adult who is assuring everyone that there was no illicit meaning implied.

The term “age appropriate” is a site of critical consensus. It provides assurance that is meant to ameliorate worry, but it also coats adult sexuality in layers of Vaseline—a layer of thick discourse that suggests there actually *are* appropriate or normal or agreed upon practices and amounts of knowledge and pleasure based on one’s age. And this, we fear, will only mean that bodies, and particularly female bodies, are set up to fail not only when they are young, but also throughout their lifetimes.

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4

Raising Bloody Hell: Inciting Menstrual Panics through Campus and Community Activism

Breanne Fahs

Introduction

When I teach a course called “Gender, Bodies, and Health,” designed to explore topics that include everything from pregnancy and domestic violence to orgasm and food politics, nothing provokes more disgust, hostility, and discomfort than the week on menstruation. Male students have left the class on the first day when I merely mention that we will study menstruation in the second week; women often gaze uncomfortably down at the syllabus and have later characterized menstruation as a topic they *do not discuss*. Certainly, the panics that surround menstruation have long rendered the menstruating body shameful, taboo, silent, and even pathological. From the historic separation of women’s menstruating bodies into “menstrual huts” (Guterman, Mehta, and Gibbs 2008) to the pervasive insistence upon the (pre)menstruating body as disordered (for example, PMDD, accusations of women “on the rag” when they express anger, etc.), women have had to confront their internalized body shame and cultural expectations for the *absence* of menstruation for some time.

This chapter examines complex responses to a simple activism assignment given to my “Psychology of Gender” course in which I asked undergraduates to design a public intervention that would challenge negative attitudes about menstruation. By examining the history of menstrual shame and, conversely, menstrual *activism* to combat such shame, along with an account of the kinds of strategic interventions students created, I outline the relationship between gender, power, and the menstruating body. I then explore the potential volatility surrounding the moral panics of menstruation by reflecting on the unexpected moral panic that ensued following the completion of this assignment.

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Edited by

Breanne Fahs, Mary L. Dudy and Sarah Stage
Arizona State University, USA

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