UNIVERSITÉ DU QUÉBEC À MONTRÉAL

ANALYSE QUALITATIVE DES EXPÉRIENCES DE DÉVOILEMENT DE LA VIRGINITÉ À L'ÂGE ADULTE ÉMERGENT : LE POINT DE VUE DE JEUNES FEMMES

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Avertissement

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RÉSUMÉ

Des travaux récents montrent que les transitions sexuelles tardives, dont la virginité à l'âge adulte, sont socialement stigmatisées. D'ailleurs selon des théories sur l'identité et la stigmatisation, la virginité tardive est conçue comme une identité stigmatisée et invisibilisée. Les connaissances sur les identités stigmatisées montrent l'importance de leur dévoilement et les conséquences personnelles et interpersonnelles de leur dissimulation. Jusqu'à maintenant, l'expérience subjective de la virginité tardive, ainsi que les expériences des adultes vierges quant au dévoilement de cette identité à leur entourage ont été peu considérées. Pour pallier ces limites, la présente étude qualitative explore les expériences individuelles et sociales de la virginité tardive (perceptions, motivations, identité) et de son dévoilement (réactions des confidents et ses impacts perçus). Pour ce faire, des entretiens semi-dirigés ont été réalisés auprès de 11 femmes s'identifiant comme hétérosexuelles et vierges et n'ayant jamais eu de relation sexuelle pénienne-vaginale. Les données recueillies ont été soumises à une analyse de contenu dirigée (Hsieh et Shannon, 2005). Deux grandes catégories conceptuelles émergent de l'analyse des données : (a) le sens accordé à la virginité et; (b) dévoilement et dissimulation – la gestion du stigmate de la virginité. En dépit de sa nature temporaire, les participantes anticipent que le sens donné à leur virginité va perdurer. Elles se sentent préoccupées par le risque de perdre une opportunité d'être en relation et ce peu importe qu'elles aient, ou non, dévoilé leur virginité. Les résultats de ce mémoire soutiennent la nécessité de lutter contre la stigmatisation de la virginité en favorisant la visibilité de la virginité tardive en tant qu'identité. Les implications pour les intervenants œuvrant en éducation à la sexualité, les cliniciens et les chercheurs sont discutés. Les constats de cette étude soulignent l'importance de développer des interventions qui promeuvent la virginité tardive comme une expression de la diversité sexuelle.

Mots clés : virginité tardive ; adulte émergent ; femme ; stigma ; dévoilement ; recherche qualitative

ABSTRACT

Recent research has highlighted that off-time sexual transitions such as late virginity are often experienced as a stigma. Based on stigma and identity theories, late virginity is conceptualized as a concealable and stigmatized identity. The literature on concealable stigmatized identities emphasizes the significance of their disclosure and the personal and interpersonal consequences of their concealment. Little is known about the subjective experience of late virginity as an identity and about adult virgins' experiences of disclosing this identity to others. The present study explored personal and social experiences of adult virginity (i.e., perceptions, motives, identity) and its disclosure (i.e., confidants' reactions and their impact) through in-depth semi-structured interviews with 11 heterosexual women aged 24-29 who identified as virgins and had never engaged in penile-vaginal intercourse. Data was analysed using directed content analysis (Hsieh & Shannon, 2005) and two main conceptual categories were identified: a) Framing virginity: Making sense of not having sex, and b) Disclosure and concealment: Managing virginity stigma. Participants perceived the meaning of their virginity as likely to endure despite its anticipated temporary nature and described the risk of losing a relationship opportunity as present whether they disclosed or concealed their virginity. The results of this master's thesis highlight the need to challenge virginity stigma by increasing awareness and the visibility of late virginity as an identity. Implications for sexual educators, clinicians and researchers are discussed and focus on interventions that frame late virginity as a form of sexual diversity.

Keywords: late virginity; emerging adulthood; female; stigma; disclosure; qualitative research

INTRODUCTION

Social clock theory (Lehnart, Neyer, & Eccles, 2010) stipulates that the ideal timing for important life transitions is determined by social norms within a given sociohistorical context, echoing *lifespan* (Baltes, 1987) and *lifecourse* (Elder, 1998) theories that stress the importance of undergoing these transitions in sync with one's peers. In light of these theories, youth who deviate from the norm of their peer group with regards to the age of first sexual intercourse are likely to experience more challenges.

First sexual intercourse is an important life transition most commonly defined by heterosexuals as first penile-vaginal penetration (Carpenter, 2001; Hans & Kimberly, 2011; Trotter & Alderson, 2007). The majority of youth in Quebec and Canada undergo this transition between the ages of 16 and 18 (Lambert, Mathieu-Chartier, Goggin, & Maurais, 2017; Maticka-Tyndale, 2008), and similar findings on American adolescents have led researchers to identify its occurrence before the age of 16 as early and after 18 as late (Zimmer-Gembeck & Helfand, 2008).

Research on the topic of virginity (i.e., the absence of first penile-vaginal penetration) has traditionally focused on identifying risks associated with early sexual initiation (e.g., sexually transmitted infections [STIs], unwanted pregnancy) (Boislard, Dussault, Brendgen & Vitaro, 2013; Brückner & Bearman, 2005; Halpern, Waller, Spriggs, & Hallfors, 2006; Kaestle, Halpern, Miller & Ford, 2005; Zimmer-Gembeck & Helfand, 2008), and predictors of first sexual intercourse among adolescents with the goal of delaying early sexual initiation (Halpern et al., 2006). Comparatively less research

attention has been given to those who delay sexual initiation into *emerging adulthood*, a distinct developmental period that encompasses the ages of eighteen to twenty-nine with an emphasis on identity exploration (Arnett, 2000, 2004). Late sexual initiation is often assumed to be associated with less risk and higher psychosocial adjustment (Haase, Landberg, Schmidt, Lüdke & Silbereisen, 2012). However, contemporary adolescent sexuality research has shifted toward regarding adolescent sexual activity as both normative and developmentally appropriate (Boislard, 2014; Tolman & McClelland, 2011). Individuals who delay first sexual intercourse into emerging adulthood are therefore also considered *off-time* in relation to their peers, and a longitudinal study examining off-time sexual transitions among 20- to 29-year-old adults found that both early and late sexual initiators reported lower subjective well-being and compromised psychosocial adjustment (Haase et al., 2012). The late initiators also reported low self-esteem and poorer social relations, characterized as a lower likelihood to have a romantic partner and a true friend of the same gender (Haase et al., 2012).

These characteristics may be explained in part by stigma toward sexually inexperienced adults. A study examining the impact of late transitions to first sexual intercourse found that heterosexual virgins perceived themselves to be stigmatized for their inexperience, and both non-virgins and virgins self-reported as unlikely to consider entering a relationship with a virgin, resulting in fewer opportunities for romantic relationships (Gesselman, Webster, & Garcia, 2016). Considering that virginity is not visible and awareness of someone's virginity is required in order for them to be stigmatized for it, exploring experiences of disclosure may be critical in understanding the stigma faced by late sexual initiators. Little is also known about adult virgins' experiences of disclosing their virginity to others, nor about the impact of these experiences on their subjective well-being. Further understanding of these experiences from the perspective

of emerging adult virgins would provide much needed direction for educational and clinical interventions.

Gender differences have also been noted in virginity loss experiences and in the meanings young adults ascribe to their virginity. In a qualitative study, women were more likely than men to describe themselves as lacking agency in their experiences of virginity loss and to report viewing their virginity as a gift (Carpenter, 2002, 2010). These differences suggest there may also be variations in the subjective experience of adult virginity by gender.

As such, this master's thesis aimed to explore personal and social experiences of virginity and its disclosure from the perspective of mid-to-late emerging adult female virgins aged 24-29. The operational definition used for virginity in this thesis was the absence of an experience of penile-vaginal penetration, in line with existing research on self-reported definitions of virginity loss among heterosexuals (Carpenter, 2001; Hans & Kimberly, 2011; Trotter & Alderson, 2007). The ages of 24-29 years old were selected in this thesis to account for the fact that much research on "late" virginity has focused either on the early years of emerging adulthood or covered a wide age range without distinguishing between the ages in results. Given that this period of development is known for identity exploration, a focus on early years is likely to involve participants at the start of this exploratory process, whereas mid-to-late emerging adults may be further along in this developmental process and more able to reflect on their experience of moving further away from their peer norms regarding sexual initiation. The main goal of this research was to contribute to the limited scope of current knowledge on adult virginity and to support future more in-depth research with this population.

This master's thesis is organized into four chapters. Chapter 1 presents a review of the literature on virginity and the conceptual framework guiding this research with particular attention on stigma, identity, and disclosure theories. Limitations in existing research are also presented. Chapter 2 details the methodology used, including a description of the participants, procedure, analyses, and ethical considerations. The results of this study are presented in chapter 3 in the form of a scientific article submitted for review to the Canadian Journal of Human Sexuality. Chapter 4 of this master's thesis discusses the principal results in light of educational, clinical and research implications for professionals in sexology, as well as the limitations of this research.

CHAPTER I

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

In this chapter, a review of the literature is presented alongside the concepts and theories guiding this research. Given the little existing research specifically on late virginity, the literature review is presented in light of key stigma, identity, and disclosure theories.

1.1   Diversity within the virgin identity

A variety of reasons, definitions, and amounts of sexual experience have been reported by adolescent and emerging adult virgins, demonstrating significant diversity within the virgin identity (Carpenter, 2001; Sprecher & Regan, 1996; Uecker, Angotti, & Regnerus, 2008; Zimmer-Gembeck & Helfand, 2008).

Adolescent and emerging adult virgins have most often reported religious beliefs and parental attitudes regarding premarital sex as their primary reasons for virginity (Halpern et al., 2006; Paul, Fitzjohn, Eberhart-Phillips, Herbison & Dickson, 2000; Zimmer-Gembeck & Helfand, 2008). However, other reported reasons include not having been in a relationship long enough or not having enough love in the relationship, fear of pregnancy, being too shy or embarrassed to initiate sex, and not having met the person they want to have intercourse with (Blinn-Pike, 1999; Paul et al., 2000; Sprecher & Regan, 1996; Zimmer-Gembeck & Helfand, 2008). While not always made explicit in research on virginity, an important distinction has also been made between voluntary

and involuntary virginity (Donnelly, Burgess, Anderson, Davis & Dillard, 2001). Thirty-four participants in a study on involuntary celibacy who were not currently partnered and had no sexual experience reported that it was not a lack of sexual desire that prevented them from engaging in sexual activity, but rather the inability to find a willing partner (Donnelly et al., 2001). Virginity can therefore be understood as on a complex continuum from voluntary to involuntary, and on which several personal challenges and social conditions may intersect.

Differences have also been reported in amount of sexual experience and activity among people who identify as virgins. Some report past or present engagement in oral or anal sex, while others report no sexual activity at all (Uecker et al., 2008; Donnelly et al., 2001). Among involuntary virgins, the majority reported never having dated or engaged in sexual activity of any kind with another person (Donnelly et al., 2001). One study has suggested subclassifying virgins who report having engaged in oral or anal sex as *technical virgins* in order to account for these difference in sexual experience when presenting virginity research results (Sprecher & Regan, 1996).

Given that virginity itself is a socially constructed concept, several studies have also explored definitions of its loss and found penile-vaginal penetration to be the most commonly reported definition by heterosexual young adults and professionals in the sexuality field (Carpenter, 2001; Hans & Kimberly, 2011; Randall & Byers, 2003; Trotter & Alderson, 2007). A quantitative study with 409 students and 111 professionals certified by the American Society of Sex Educators, Counselors, and Therapists (AASECT) found that 84% of student participants and 76% of professional participants defined virginity as an absence of penile-vaginal intercourse (Hans & Kimberly, 2011). A large majority (74-99%) of 155 Canadian undergraduate students have also defined virginity loss as involving penile-vaginal intercourse with or without orgasm, while a smaller majority (49-60%) included penile-anal intercourse in their

definition (Trotter & Alderson, 2007). The presence of orgasm for one of both partners also increased the likelihood of a sexual encounter being defined as sex and thus constituting virginity loss (Trotter & Alderson, 2007). All 61 participants in a qualitative study on experiences of virginity loss included first penile-vaginal penetration in their definitions of virginity loss, however the 22 participants among them who self-identified as lesbian, gay, or bisexual were more likely to include oral and anal sex in their definitions of virginity loss (Carpenter, 2001). Little research has focused on documenting definitions of virginity loss or markers of sexual initiation among non-heterosexuals, particularly women who have sex with women.

While first penile-vaginal penetration has become a definition for virginity loss for many heterosexual men and women, research has also focused on its origins as a belief that the irreversible act of a woman's hymen tissue tearing during first intercourse constitutes virginity loss (Cinthio, 2015; Mullaney, 2001). While anatomically innacurate, this perspective has proved to be symbolically powerful and continues to threaten the emotional and physical safety of countless women across cultures (Cinthio, 2015; Mullaney, 2001). Despite access to critical reflections and factual information on the concepts of virginity and the hymen, adolescent participants in a Swedish study shared the perspective that only female virginity was visible, controllable, and charged with emotional and cultural significance (Cinthio, 2015). As such, the concept of virginity was found to serve multiple functions in relation to identity and control, particularly for young women.

1.2   Stigma as a source of psychosocial challenges for late virgins

Lifespan developmental psychology regards personal development as an ongoing process throughout an individual's life, consisting of several distinct stages, each with unique tasks that are associated (Elder, 1998). The timing of the resolution of

developmental tasks within these stages is therefore viewed as critical to healthy psychosocial adjustment and may be considered *on-time* or *off-time* in relation to one's peers (Baltes, 1987; Havighurst, 1972). Both early and late transitions are characterized as off-time, and the more offset one is from the norm set by one's peers in either direction, the greater the expected impact on their psychosocial adjustment (Elder, 1998).

In the case of virginity, past research has mainly focused on early sexual transitions, likely due to the visible risks of STIs, unwanted pregnancies, and compromised psychosocial adjustment with which early sexual activity has been associated (Boislard et al., 2013; Brückner & Bearman, 2005; Halpern et al., 2006; Kaestle et al., 2005; Zimmer-Gembeck & Helfand, 2008). The absence of sexual activity in adolescence in the case of late initiators may appear less threatening, even positive, and therefore attract less research interest (Haase et al., 2011).

However, recent sexuality research on adolescence has shifted towards regarding sexuality in this life stage as normative and as one of the developmental tasks associated with adolescence (Tolman & McClelland, 2011; Zimmer-Gembeck & Helfand, 2008). A review of literature on adolescent sexual behaviour found that many researchers defined first sexual intercourse before the age of 16 as early and after the age of 18 as late (Zimmer-Gembeck & Helfand, 2008), supporting the conceptualization of sexuality as a normative task of adolescence. This timing is also in line with research findings that the majority of Canadian and Quebecois youth engage in first sexual intercourse between the ages of 16 and 18 (Lambert et al., 2017; Maticka-Tyndale, 2008). From this perspective, individuals who remain virgins throughout adolescence into the next developmental phase of *emerging adulthood* constitute a non-normative, off-time group.

In addition to marking the age at which virginity is considered late, the age of eighteen marks the start of emerging adulthood, a developmentally distinct period that lasts until the age of twenty-nine (Arnett, 2000, 2004). The theory of emerging adulthood builds on Erikson's (1968) belief in the possibility of a prolonged adolescence in industrialized societies and proposes that while identity exploration begins in adolescence it mainly takes place in emerging adulthood. This phase is therefore described as a period of rapid psychosocial development, with identity exploration viewed as a central feature. An emphasis on exploration in love and work also make emerging adulthood important for the development of romantic relationships (Arnett, 2000, 2004).

Recent studies have begun to examine the effects of maintaining virginity into emerging adulthood (Gesselman et al., 2016; Haase et al., 2011). One study examined the timing of first sexual experiences and subsequent psychosocial adjustment in young adults aged 20-29 years of age and found that early and late initiators both reported lower subjective well-being and compromised psychosocial adjustment, while late initiators were also found to have poorer social relations (Haase et al., 2011). Another study found that sexual inexperience limited future sexual and romantic relationship opportunities due to stigma, as both virgin and nonvirgin participants expressed a preference for sexually experienced partners (Gesselman et al., 2016).

Once a valued characteristic in a potential partner, there has been a decline in the cultural value of virginity over the course of the 20th century (Buss, Shackelford, Kirkpatrick, & Larsen, 2001). This change is reflected in the current culture of *compulsory sexuality* in Western contemporary societies (Gupta, 2015). Described as a system of social regulation, compulsory sexuality assumes that all people are sexual, pressures them to be, and marginalizes various forms of nonsexuality through social norms and practices (Gupta, 2015). One such practice of compulsory sexuality is stigmatization, through which an individual who possesses an unexpected and

undesired attribute is reduced from a whole person to a "tainted, discounted one" in other's minds (Goffman, 1963, p.3). The term *sexual stigma* has been used to refer to stigmatization towards sexual minorities, a key individual manifestation of which is *internalized stigma* (Herek, 2007). Stigma becomes internalized when an individual accepts a sexual stigma into their value system either through a demonstration that their perception is in line with the stigmatizing attitudes of society when they do not possess the stigma themselves (*sexual prejudice*), or through negative attitudes towards the self (*self-stigma)* when they do possess the stigma (Herek, 2007).

Stigma was reported in a study with 33 women and 28 men aged 18 to 35 years old on the meaning they ascribed to their virginity (Carpenter, 2001, 2002, 2005). Three metaphors for virginity emerged from participants' narratives: virginity as a stigma, as a gift, and as part of the process of growing up. Twenty-three participants reported interpreting their own virginity as a stigma and were described as intensely concerned with shedding their virgin status as soon as possible. More female participants in the study reported viewing virginity as a gift, more male participants viewed virginity as stigma, and a similar amount of male and female participants reported viewing virginity as part of the process of growing up. However, participants of both genders who lost their virginity later, especially after 18 years, were more likely to feel stigmatized (Carpenter, 2002). Many of these participants concealed their virginity and intended to do so until they were no longer virgins, either actively by misrepresenting their sexual histories or passively by allowing others to assume they weren't virgins (Carpenter, 2001, 2002). Efforts to conceal their virginity from others increased as they got older, to the extent that this group was also described as the least likely to use or discuss contraception at the time of virginity loss for fear of appearing inexperienced (Carpenter, 2001). Gender differences in virginity loss trajectories and experiences were also highlighted in this research (Carpenter, 2002, 2010). Carpenter (2002) notes that women were more likely to describe themselves as lacking agency in their

experiences of virginity loss and that social scripts regarding virginity more typically urged them to "save themselves," (Carpenter, 2010). While men and women both run the risk of violating social norms regarding how long they should remain in the virgin identity (Mullaney, 2001), women face additional and contradictory expectations to remain virgins for most of their young lives (Cinthio, 2015). Navigating these and other traditional female sexual scripts may add to the psychological, social, and health risks that women already face in becoming sexually active (e.g. risk of pregnancy) (Wiederman, 2005).

1.3   Disclosing virginity as a concealable stigmatized identity

While identity is typically associated with the actions an individual takes (*doings*), the actions one deliberately does not take (*not-doings*) may be equally significant to one's sense of self (Mullaney, 2005). The impact of these not-doings is also likely to depend on when they occur in an individual's biography in relation to cultural norms, and whether they would constitute a first act if done (Mullaney, 2005).

Not-doings that are invisible to others may require *disclosure*, defined in the literature on concealable stigmatized identities as revealing information about the identity that was not previously known to a confidant (Chaudoir & Fisher, 2010). Mullaney (2005) describes the act of disclosing and receiving others' responses as integral to abstinence as it is through this act that social meaning is created, taking shape through when it occurs, how it is defined, and to whom.

This perspective on the significance of disclosure echoes the narrative identity tradition, in which an individual's identity and sense of self are ever-evolving, slowly being constructed over time through the stories one tells about themselves and their repetition (McLean, Pasupathi, & Pals, 2007). Narrative accounts contribute to a person's overall

life story and to the creation of a coherent identity over time (McAdams & McLean, 2013). How one frames their abstinence is therefore essential and must be coherent with one's historical and cultural context since framing organizes meaning to the self and others by providing a reference point for why an individual abstains (Mullaney, 2005). Three common frames for sexual abstinence have been identified: religion (e.g., not engaging in premarital sex due to observation of religious proscriptions), a health strategy (e.g., to avoid STIs), and personal choice (Mullaney, 2005). While personal choice has become a significant contemporary frame, employing it on its own may leave abstainers vulnerable to questioning and discussion about private aspects of their virgin identity, such as their motivations. On the other hand, traditional frames (i.e., religion and health strategy) may serve as more convenient ways to give a satisfactory explanation of their abstinence without needing to elaborate further.

The potential need to elaborate and legitimize a personal choice to others can result in the experience of disclosure as a burden (Mullaney, 2005). Reactions can range from total acceptance to extreme hostility, making moments of disclosure unpredictable and vulnerable. An additional layer of vulnerability is present when the invisible not-doing is stigmatized, as is the case with adult virginity, which situates a person as discreditable since it can be discovered at any moment (Goffman, 1963). A choice must therefore be made between managing others' reactions along with any uncomfortable situations that may result from voluntary disclosure, or managing the fear of being discredited and the stress of nondisclosure (Goffman, 1963).

Those who choose nondisclosure often do so by either *passing*, which involves presenting oneself as a member of the non-stigmatized majority (i.e., non-virgin adults) and managing the burden of undisclosed discrediting information (Goffman, 1963). Almost all stigmatized individuals in a position to pass will do so intentionally at some point because of the social rewards of doing so (Goffman, 1963). In fact, learning to

pass is considered a stage in a stigmatized person's socialization. In the case of an invisible stigma, passing may also be a passive position given that it is typically assumed that an individual is a member of the majority unless an action is taken to state otherwise. A stigmatized person is therefore likely to default to passing in situations where their stigma relates to an area that isn't appropriate to disclose to strangers and acquaintances. However, even casual relationships involve spending time together and an exchange of personal information that could reveal discrediting information. An individual is therefore assumed to pay a great psychological price of high anxiety when passing (Goffman, 1963). They may feel alienated by the inability to fully identify with the group they are passing into, while also unable to take a stand if they witness comments or actions against their group, perhaps even feeling endangered if they don't join in. A hyper awareness of social situations is likely as the stigmatized person must constantly scan these situations to manage their stigma and is forced to consider aspects of the interaction that go unnoticed by most. Another consequence of passing is the possibility of being caught off guard by an unanticipated need to disclose discrediting information. Situations can arise in which continuing to pass would require an outright lie (e.g., being asked a specific question related to the stigma) which could result in pressure to further elaborate a lie to avoid disclosing the truth (i.e., "in-deeper-ism") (Goffman, 1963). Some stigmatized individuals therefore opt to altogether avoid situations where they may need to disclose or to maintain distance in relationships to prevent them from ever developing to a point where they would feel obligated to disclose (Goffman, 1963).

Some stigmas, such as virginity, have so little impact on casual relationships that intimate relationships may be the ones where disclosure is most feared (Goffman, 1963). Non-disclosure is common early in relationships since less intimate relationships are more likely to elicit stereotypical responses, while it is assumed that a person is more likely to understand and realistically assess a person's overall qualities

when receiving a disclosure as a relationship becomes more intimate (Goffman, 1963). However, as relationships become more intimate they may also move past the point where withholding the information can be framed as honourable (Goffman, 1963). Nondisclosure is also viewed in the narrative identity tradition as reducing opportunity for integration and release of an experience, and could therefore be considered problematic (Pasupathi, 2007; Pasupathi et al., 2009).

Both disclosure and concealment (i.e., passing) were found to carry interpersonal costs and benefits across four studies on a variety of stigmatized identities (Newheiser & Barreto, 2014). Planning to disclose a stigmatized identity resulted in high levels of negative expectations before the interaction, while concealing reduced feelings of belonging through felt inauthenticity and reduced self-disclosure of information unrelated to the stigmatized identity. Those who possess a concealable stigmatized identity are therefore faced with a central dilemma of the trade-off between the high costs of disclosing their identity and the interpersonal costs of concealing their identity (Newheiser & Barreto, 2014). Although concealing was not found to have any interpersonal benefits, the majority of participants reported a preference for concealing over disclosing (Newheiser & Barreto, 2014).

When asked to rate their perceptions of three sex-related personal disclosures, a sample of 842 heterosexual and gay undergraduate participants rated disclosing "I am a virgin" as more uncomfortable than "I am gay" or "I am heterosexual" (Kaufmann, Williams, Hosking, Anderson, & Pedder, 2015). Both heterosexual and gay participants rated disclosure of virginity as the most uncomfortable of the three, more so than disclosing their sexual orientation. In terms of confidants, heterosexual participants rated disclosure of virginity to a close friend or counsellor as "slightly comfortable," while both heterosexual and gay participants rated the same disclosure to every other confidant as "uncomfortable" to "very uncomfortable." Comfort with disclosure was

correlated with participants' perceptions of closeness to each confidant in the following order from most to least comfortable: same sex best friend, partner, sibling, parent, counsellor, colleague, online, stranger. Female participants had higher overall ratings of comfort for all three disclosures, with the exception of when the confidant was a stranger (Kaufmann et al., 2015).

1.4   Limitations in current research

While certain psychosocial challenges associated with delaying first sexual intercourse beyond the normative timeframe are known, such as stigma and limited relationship opportunities, relatively little is known about the subjective experience of these challenges and their sources.

A traditional focus in virginity research on identifying risks (Boislard et al., 2013; Brückner & Bearman, 2005; Kaestleet al., 2005; Zimmer-Gembeck & Helfand) and predictors of early sexual initiation (Halpern et al., 2006) has led virginity to be studied primarily in terms of its loss. Religiously-motivated intentional virginity is also overrepresented in virginity research, limiting our understanding of unintentional and non-religious late virgins who may be more likely to experience challenges.

The little research that exists on emerging adult virginity has focused on either the early ages (e.g., 18-21 in Paul et al., 2000), or a wide range without distinction between the ages in the results (e.g., 18-27 in Halpern et al., 2006). There are likely to be significant differences at the beginning and end of this 11-year developmental period with challenges related to being off-time increasing as emerging adults in their late twenties begin the transition into young adulthood (Arnett, 2000). Research with mid-to-late emerging adults is therefore needed to explore these challenges.

The literature on concealable stigmatized identities highlights disclosure and the consequences of concealing a stigmatized identity as central themes in the experiences of stigmatized individuals (Chaudoir & Fisher, 2010). Existing research has yet to analyse adult virginity through the lens of concealable stigmatized identities, and employing this model stands to deepen our understanding of the role of disclosure and the impact of stigma in the challenges faced by adult virgins.

1.5   Objectives and research questions

The present master's thesis aims to fills these gaps by exploring personal and social experiences of virginity (i.e., definitions, motives, identity) and its disclosure (i.e., confidants' reactions and their impact) among mid-to-late emerging adult female virgins aged 24-29.

Several research questions can be drawn from the empirical and theoretical literature presented. Do emerging adult female virgins view their virginity as a significant component of their identity? Do they perceive themselves to be stigmatized for this identity? Is disclosure significant to their experiences of virginity?

CHAPITRE II

METHODOLOGY

This research was conducted in the context of a larger study on adult virginity called DiverJe (Diversité des trajectories d'adultes vierges) and supported by a grant from the Social Sciences and Humanities Research Council awarded to its primary researcher, Marie-Aude Boislard. The main objective of DiverJe is to better understand the connections between virginity, psychosocial adaptation, and mental and sexual health. More specifically, DiverJe has four sub-objectives: 1) to identify the diverse profiles of adult virgins and their distinctive characteristics; 2) to explore the psychosocial experiences of adult virgins; 3) to explore the role of virtual spaces in experiences of late virginity; 4) to assess the gendered social representations of late virginity. This research was guided by the second sub-objective of DiverJe of exploring the psychosocial experiences of adult virgins.

This chapter presents the research methodology used for this thesis project. Participants are presented, followed by the procedure, analyses conducted, and the ethical considerations. Considering this research project's objectives of exploring personal and social experiences of virginity and its disclosure from the perspectives of emerging adults, a qualitative design was most relevant. Past qualitative studies have facilitated the emergence of new research directions through the identification of common metaphors used by individuals to describe their virginity (Carpenter, 2001, 2002), and an emphasis on how participants abstain rather than why (Mullaney, 2005). These

studies support a qualitative approach as the optimal method of exploring the subjective experiences of adult virgins.

2.1 Participants

The sample was comprised of 11 English-speaking women aged 24-29 (M = 25.5, SD = 1.6) who self-identified as heterosexual virgins and reported never having engaged in penile-vaginal intercourse. Inclusion criteria were self-identification as heterosexual and a virgin, never having engaged in penile-vaginal penetration, being born in Quebec, having English as a first language, and having completed high school education in English in Quebec. Variations have been found in definitions of virginity loss based on sexual orientation (Carpenter, 2001) and little research has focused on these definitions among women who have sex with women. Heterosexual women's definitions of virginity have however been extensively researched with penile-vaginal penetration identified as the most commonly reported definition (Hans & Kimberly, 2011; Randall & Byers, 2003; Trotter & Alderson, 2007). Self-identification as a heterosexual and never having engaged in penile-vaginal penetration were therefore selected as inclusion criteria. Self-identification as a virgin was used in order to explore virginity as an identity and experiences of its disclosure (Mullaney, 2005). Location and language-specific criteria were chosen to allow for homogeneity in terms of culture, since culture may influence sexual values and motivations (Halpern et al., 2006) and Montreal has a very multicultural population (Statistics Canada, 2017). However, these inclusion criteria were reconsidered over the course of the study to better reflect this multicultural reality in light of the context of Quebec as a francophone province. Many potential participants were bilingual (French and English) but had learned French first, or they were anglophone Quebecers who completed their schooling in French. Therefore the criteria of having English as a first language and having completed high school in English in Quebec were no longer considered necessary. Participants who were not

born in Quebec were also deemed eligible if they had completed high school in Quebec, suggesting they immigrated at a young enough age to integrate into Quebec culture.

Religion as a primary motivation for virginity was the only exclusion criterion as this motivation has already been extensively documented (Halpern et al., 2006; Herold & Goodwin, 1981; Paul et al., 2000). Religious youth report less peer acceptance of premarital intercourse (Herold & Goodwin, 1981), suggesting that delayed virginity is a norm among this group. Religiously-motivated virgins were therefore excluded because disclosure is expected to be a less significant theme for them than for those outside of their peer group norms.

Participants reflected Montreal's diverse population (Statistics Canada, 2017) in terms of culture and first language (see Table 2.1 for participant sociodemographic characteristics). All participants were born in Quebec, with the exception of one who immigrated to Canada when she was two years old and arrived in Quebec at the age of seven. For six participants, one or both parents were born outside of North America (St. Vincent, Trinidad, France, Sri Lanka, Pakistan, Greece, and Lebanon). At the time of their interviews, participants lived alone (n=3), with family members (n=6), or with roommates (n=2). Two participants were involved in romantic relationships for less than a year at the time of their interviews, while the remainder were single and dating no one. When asked about their lifetime sexual experience, the majority of participants reported having kissed a partner (n=9) and having masturbated alone (n=8). The two oldest participants (Elizabeth, 29 and Amanda, 28) reported the least partnered experience, with one having none at all and the other having kissed a partner. No participants reported having engaged in penile-anal penetration.

Table 2.1

Participant Sociodemographic Characteristics

	Participant*	Age	Birthplace	First language(s)	Religion	Education
1	Elizabeth	29	Quebec	English and French	n/a	CEGEP diploma
2	Amanda	28	Montreal	English	Christian	Bachelor's degree
3	Mallory	26	Montreal	English	Jewish	Master's in progress
4	Jade	26	Repentigny	French	n/a	CEGEP diploma
5	Missy	25	Rimouski	French	n/a	Bachelor's degree
6	Tally	25	Gatineau	Ukrainian	n/a	Master's in progress
7	Viah	25	Quebec	English	Muslim	Master's in progress
8	Jenna	25	Montreal	English	Jewish	Bachelor's degree
9	Stephanie	24	Montreal	Arabic	Muslim	Bachelor's in progress
10	Natasha	24	Montreal	English	Greek orthodox	Bachelor's in progress
11	Daisy	24	Sri Lanka	English	n/a	Bachelor's in progress

*All names have been changed to preserve anonymity

2.2 Procedure

Participants were recruited between June 2016 and June 2017 through posters shared in public spaces (i.e., English universities and Colleges, cafés), on social media (i.e., a popular Montreal blog, Montreal-based Facebook pages, Craigslist categories and Reddit threads), as well as by snowball sampling (Goodman, 1961). Recruitment

materials encouraged individuals to contact the candidate to receive more information about the study and to confirm eligibility through a short phone interview (see Annex A). Thirty-one women contacted the candidate to participate in the study (see Table 2.2). Of these contacts, three were no longer interested after the first response was sent and six never responded to the first response or follow-up email. Unfortunately, the reasons these nine women lost interest are unknown as they never communicated with the candidate again. Eleven contacts were not eligible to participate because they were too young (n=3), they did not respond to inclusion criteria (n=1), they did not complete high school in Quebec (n=3), their virginity was primarily motivated by religion (n=3), or they were located elsewhere and unable to complete the interview in person (n=1). All ineligible contacts expressed interest in participating in future studies on the topic. One participant was recruited through snowball sampling, however the majority of participants did not know of other female virgins in their social network.

Table 2.2

Eligibility

Potential participants	n
Eligible and interested	11
Never responded after initial contact	6
Too young	3
High school not completed in Quebec	3
Religiously motivated	3
No longer interested	3
Did not respond to inclusion criteria	1
Located elsewhere	1

Semi-structured interviews were then scheduled at the university (n=7) or elsewhere (n=4) based on the participant's needs and preferences. The majority of interviews (n=7)

took place at the university in interview rooms designed for this purpose, however other locations used included a participant's home (n=2), a university library study room (n=1), and a café (n=1). Interviews took place in Montreal and were conducted in English by a native English-speaker (the candidate). Participants were given $20 in compensation for their time and transportation expenses.

Seeing as this is a newer area of research, a semi-structured interview guide (see Annex B) was followed to guide the direction of the interview and to go more in-depth where needed. The length of the interviews ranged between 54 and 120 minutes (M = 88.72) and six themes were covered: virgin identity and disclosure; family attitudes; sexual education; peer relationship experiences; romantic relationship experiences; internet usage and sources of support. These themes were developed based on the limited existing research on adolescent and emerging adult virginity. Virgin identity and disclosure was selected as a theme based on the theoretical and empirical literature on abstinent identities (Mullaney, 2005), stigma (Goffman, 1963), and concealable stigmatized identities (Chaudoir & Fisher, 2010). Peer and romantic relationship experiences were chosen as themes in line with this same literature, and to further explore psychosocial adjustment (Haase et al., 2012). Family attitudes were explored since adolescent and emerging adult virgins most often report religious beliefs and parental attitudes as a primary motivation for virginity (Halpern et al., 2006; Paul, et al., 2000; Zimmer-Gembeck & Helfand, 2008). Sexual education was also selected to explore education received and knowledge of safer sex practices since fear of pregnancy has been reported as a reason for maintaining virginity (Blinn-Pike, 1999). The final theme on internet usage and support was inspired by another phase of the DiverJe study on forum use. Little is known on sources of support for adult virgins, although several online forums and communities that discuss adult virginity exist. This theme was therefore created to explore whether participants accessed these resources or any others.

Following the interviews, participants completed a short questionnaire (see Annex C) for the larger DiverJe study with sociodemographic data and three validated measures of self-esteem (Rosenberg, 1965), sexual subjectivity (Horne & Zimmer-Gembeck, 2006), and life satisfaction (Diener et al., 1985).

2.3   Analyses

The interviews were audio recorded with consent from participants and transcribed verbatim. Each transcript was read and reread to gain a general understanding of all gathered material and to note initial themes. The data were then categorized and classified using a *mixed categories model* (L'Écuyer, 1987) in which an initial coding grid was developed based on empirical and theoretical literature, interview notes, and preliminary readings of transcripts, but remained flexible to additions and modifications along the way.

A team coding approach (Weston et al., 2001) was used to develop a shared coding grid for the larger DiverJe study by three graduate students including the candidate and members of the research team (Boislard and Fernet). The coding grid was tested and refined, and a codebook was created to document operational definitions and decisions made throughout the coding process. Prior to coding all of the material from the three studies, 10% of the data was randomly selected to be coded and subjected to an inter-rater reliability test (following Weston et al., 2001). Inter-rater reliability testing has been described as an effective way to develop a shared perception of a phenomenon through ongoing conversation and to ensure codes are applied consistently (Weston et al., 2001). This process encourages thoroughness through repeated interrogation and consideration of alternative interpretations that result in a systematic process of analysis (Barbour, 2001). Material was selected by drawing page numbers for each interview and the three coders then independently coded their own copy of the same

document using the software NVivo. Codes were not discussed during the testing of the coding grid to ensure consistency throughout the process; any questions on the codes and codebook were noted for later discussion. Once all material was coded, an inter-rater reliability test achieved a kappa coefficient of 80.33. A meeting was then held between the three coders to discuss the units where agreement was low and to further refine the codes (Weston et al., 2001). Differences in coding were most often due to different interpretations of codes that remained within similar ideas, therefore these codes were re-examined and discussed to ensure there was consensus among coders, and modified in the codebook for clarity.

Identity and disclosure emerged as particularly salient aspects of participants' psychosocial experiences of virginity during this coding process. A study highlighting the stigma faced by adult virgins was also published while this research was in progress (Gesselman et al., 2016). The decision was therefore made to focus the analyses of this master's thesis on these aspects of participants' experiences of virginity. The significance of identity and disclosure in participants' narratives, and the newly published data on stigma also suggested the potential of examining virginity as a concealable stigmatized identity.

Directed content analysis (Hsieh & Shannon, 2005) was conducted to build and expand on existing theory and research on concealable stigmatized identities and emerging adult virginity. The conceptual framework for this master's thesis was elaborated to include key identity, stigma, and disclosure theories, and current research. Additions were made to the initial coding grid based on this framework. The interview material was then coded using the newly elaborated coding grid, and categorized into themes related to the theories in order to create conceptual categories. All coding procedures were supported by the software NVivo. The final conceptual categories were then developed by the candidate and reviewed independently to ensure inter-judge

agreement by her director and co-director (Boislard and Fernet). The conceptual categories are presented in the article that follows in the next chapter.

2.4   Ethical considerations

This project received ethics approval from the Comité d'éthique de la recherche pour les projets étudiants (CERPE) at l'Université du Québec à Montréal (UQÀM) in April 2016 before recruitment began (see Annex D for ethics certificate). In the interest of ensuring informed and explicit consent, the researcher read through the consent form (see Annex E) with participants and provided them with a copy. Participants were informed that the interview process could cause discomfort and that they could take a break or end the interview at any time without prejudice.

To ensure anonymity and confidentiality, participants were asked to choose a pseudonym and a code was created comprised of their initials and year of birth to identify their data throughout the study (i.e., MF1988). All physical data (i.e., consent forms and questionnaires) was securely stored under lock and key at UQÀM and all digital data (i.e., recordings, transcriptions, SPSS and NVivo databases) was encrypted and password protected

CHAPITRE III

ARTICLE

"YOU'RE A VIRGIN? REALLY!?": A QUALITATIVE STUDY ON EMERGING
ADULT FEMALE VIRGINS' EXPERIENCES OF DISCLOSURE

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Abstract

Recent research has highlighted that off-time sexual transitions such as maintaining virginity in adulthood are often experienced as a stigma. Based on stigma and identity theories, adult virginity is conceptualized as a concealable and stigmatized identity. The literature on concealable stigmatized identities emphasizes the significance of their disclosure and the personal and interpersonal consequences of their concealment. Little is known about the subjective experience of adult virginity as an identity and about adult virgins' experiences of disclosing this identity to others. The present study explored personal and social experiences of adult virginity (i.e., perceptions, motives, identity) and its disclosure (i.e., confidants' reactions and their impact) through in-depth semi-structured interviews with 11 heterosexual women aged 24-29 who identified as virgins and had never engaged in penile-vaginal intercourse. Data was analysed using directed content analysis (Hsieh & Shannon, 2005) and two main conceptual categories were identified: a) Framing virginity: Making sense of not having sex, and b) Disclosure and concealment: Managing virginity stigma. Participants perceived the meaning of their virginity as likely to endure despite its anticipated temporary nature and described the risk of losing a relationship opportunity as present whether they disclosed or concealed their virginity. The results of this study highlight the need to challenge virginity stigma by increasing awareness and the visibility of adult virginity as an identity. Implications for sexual educators, clinicians and researchers are discussed and focus on interventions that frame adult virginity as a form of sexual diversity.

Keywords: adult virginity; emerging adulthood; female; stigma; disclosure; qualitative research

"YOU'RE A VIRGIN? REALLY!?:
A QUALITATIVE STUDY OF EMERGING ADULT FEMALE VIRGINS'
EXPERIENCES OF DISCLOSURE

Social clock theory (Lehnart, Neyer, & Eccles, 2010) stipulates that the ideal timing for important life transitions is determined by social norms within a given sociohistorical context, echoing *lifespan* (Baltes, 1987) and *lifecourse* (Elder, 1998) theories that stress the importance of undergoing these transitions in sync with one's peers. In light of these theories, youth who deviate from the norm of their peer group with regards to the age of first sexual intercourse are likely to experience more challenges. First sexual intercourse is an important life transition most commonly defined by heterosexuals as first penile-vaginal penetration (Carpenter, 2001; Hans & Kimberly, 2011; Trotter & Alderson, 2007) and the majority of youth in Quebec and Canada undergo this transition between the ages of 16 and 18 (Lambert, Mathieu-Chartier, Goggin, & Maurais, 2017; Maticka-Tyndale, 2008; Rotermann, 2012). Similar findings on American adolescents have led researchers to identify the occurrence of first sexual intercourse before the age of 16 as early and after 18 as late (Zimmer-Gembeck & Helfand, 2008). While research on virginity has traditionally focused on identifying risks associated with early sexual initiation (e.g., sexually transmitted infections [STIs], unwanted pregnancy) (Boislard, Dussault, Brendgen, & Vitaro, 2013; Boislard & Poulin, 2011) and predictors of first sexual intercourse among adolescents with the goal of delaying early sexual initiation (Halpern, Waller, Spriggs, & Hallfors, 2006), comparatively less attention has been given to the challenges faced by those for whom sexual initiation happens later than the norm of their peer group. Contemporary adolescent sexuality research has shifted toward regarding adolescent sexual activity as both normative and developmentally appropriate (Boislard, 2014; Tolman & McClelland, 2011) meaning individuals who delay first sexual intercourse into emerging adulthood are now also considered *off-time* in relation to their peers. A longitudinal study examining off-time sexual transitions among 20- to 29-year-old

adults found that both early and late sexual initiators reported lower subjective well-being and compromised psychosocial adjustment (Haase, Landberg, Schmidt, Lüdke, & Silbereisen, 2012). The late initiators also reported low self-esteem and poorer social relations (i.e., a lower likelihood to have a romantic partner or a true friend). These characteristics may be explained in part by stigma toward sexually inexperienced adults. A study examining the impact of late transitions to first sexual intercourse found that heterosexual virgins perceived themselves to be stigmatized for their inexperience, and both non-virgins and virgins self-reported as unlikely to consider entering a relationship with a virgin, resulting in fewer opportunities for romantic relationships (Gesselman, Webster, & Garcia, 2016). Considering that virginity is not visible and awareness of someone's virginity is required in order for them to be stigmatized for it, exploring experiences of disclosure may be critical in understanding the stigma faced by late sexual initiators. Little is known about adult virgins' experiences of disclosing their virginity to others, nor about the impact of these experiences. The present study therefore explored the personal and social experiences of virginity and its disclosure from the perspective of mid-to-late emerging adult female virgins aged 24-29.

Stigma

Over the course of the 20$^{\text{th}}$ century, there has been a decline in the cultural value of virginity (Buss, Shackelford, Kirkpatrick, & Larsen, 2001), a change that is reflected in the current culture of *compulsory sexuality* in Western contemporary societies (Gupta, 2015). Described as a system of social regulation, compulsory sexuality assumes that all people are sexual, pressures them to be, and marginalizes various forms of nonsexuality through social norms and practices (Gupta, 2015). One such practice is stigmatization, through which an individual who possesses an unexpected and undesired attribute is reduced from a whole person to a "tainted, discounted one" in other's minds (Goffman, 1963, p.3). The term *sexual stigma* has been used to refer

to stigmatization towards sexual minorities, a key individual manifestation of which is *internalized stigma* (Herek, 2007). Stigma is internalized when an individual accepts a sexual stigma into their value system either through a demonstration that their perception is in line with the stigmatizing attitudes of society when they do not possess the stigma themselves (*sexual prejudice*), or through negative attitudes towards the self (*self-stigma)* when they do possess the stigma (Herek, 2007).

Virginity self-stigma (Herek, 2007) was reported in a study with 33 women and 28 men aged 18 to 35 years old, in which 23 participants reported interpreting their own virginity as a stigma (Carpenter, 2001, 2002, 2005). Described as intensely concerned with shedding their virgin status as soon as possible, many of these participants concealed their virginity and intended to do so until they were no longer virgins, either actively by misrepresenting their sexual histories or passively by allowing others to assume they weren't virgins (Carpenter, 2001, 2002). Efforts to conceal their virginity from others increased as they got older, to the extent that this group was also described as the least likely to use or discuss contraception at the time of virginity loss for fear of appearing inexperienced (Carpenter, 2001).

Gender differences in virginity loss trajectories and experiences were also highlighted in this research (Carpenter, 2002, 2010). Carpenter (2002) notes that women were were more likely to describe themselves as lacking agency in their experiences of virginity loss and that social scripts regarding virginity more typically urged them to "save themselves," (Carpenter, 2010). This and other traditional female sexual scripts may add to the psychological, social, and health risks that women face in becoming sexually active (e.g. risk of pregnancy and/or damage to social reputation) (Wiederman, 2005).

Identity and Disclosure

In addition to marking the age at which virginity is considered later, the age of eighteen marks the start of *emerging adulthood,* a developmentally distinct period that lasts until the age of twenty-nine (Arnett, 2000, 2004). Emerging adulthood builds on Erikson's (1968) belief in the possibility of a prolonged adolescence in industrialized societies, proposing that while identity exploration begins in adolescence it mainly takes place in emerging adulthood. Identity exploration is therefore viewed as a central feature of emerging adulthood with an emphasis on love and work, making this period important for the development of romantic relationships (Arnett, 2000, 2004).

While identity is typically associated with the actions an individual takes (*doings*), the actions one deliberately does not take (*not-doings*) are also significant to their sense of self, and the impact of these not-doings will depend on when they occur in an individual's biography in relation to cultural norms, and whether they would constitute a first act if done (Mullaney, 2005). Not-doings that are invisible to others may require *disclosure*, defined in the literature on concealable stigmatized identities as revealing information about the identity that was not previously known to a confidant (Chaudoir & Fisher, 2010). Mullaney (2005) describes the act of disclosing and receiving others' responses as integral to abstinence as it is through this act that social meaning is created, taking shape through when it occurs, how it is defined, and to whom.

This perspective on the significance of disclosure echoes the narrative identity tradition, in which an individual's identity and sense of self are ever-evolving, slowly being constructed over time through the stories one tells about themselves and their repetition (McLean, Pasupathi, & Pals, 2007). Narrative accounts contribute to a person's overall life story and to the creation of a coherent identity over time (McAdams & McLean, 2013). How one frames their abstinence is therefore essential and must be coherent

with one's historical and cultural context since framing organizes meaning to the self and others by providing a reference point for why an individual abstains (Mullaney, 2005). Three common frames for sexual abstinence have been identified: religion (e.g., not engaging in premarital sex due to observation of religious proscriptions), a health strategy (e.g., to avoid STIs), and personal choice (Mullaney, 2005). While personal choice has become a significant contemporary frame, employing it on its own may leave abstainers vulnerable to questioning and discussion about private aspects of their virgin identity, such as their motivations. On the other hand, traditional frames (i.e., religion and health strategy) may serve as more convenient ways to give a satisfactory explanation of their abstinence without needing to elaborate further.

The potential need to elaborate and legitimize a personal choice to others can result in the experience of disclosure as a burden (Mullaney, 2005). Reactions can range from total acceptance to extreme hostility, making moments of disclosure unpredictable and vulnerable. An additional layer of vulnerability is present when the invisible not-doing is stigmatized, as is the case with adult virginity, which situates a person as discreditable since it can be discovered at any moment (Goffman, 1963). A choice must therefore be made between managing others' reactions along with any uncomfortable situations that may result from voluntary disclosure, or managing the fear of being discredited and the stress of nondisclosure (Goffman, 1963).

Those who choose nondisclosure often do so by *passing*, which involves presenting oneself as a member of the non-stigmatized majority (i.e., non-virgin adults) and managing the burden of undisclosed discrediting information (Goffman, 1963). Almost all stigmatized individuals in a position to pass will do so intentionally at some point because of the social rewards of doing so (Goffman, 1963). In fact, learning to pass is considered a stage in a stigmatized person's socialization. In the case of an invisible stigma, passing may also be a passive position given that it is typically assumed that

an individual is a member of the majority unless an action is taken to state otherwise. A stigmatized person is therefore likely to default to passing, especially in situations where their stigma relates to an area that isn't appropriate to disclose to strangers and acquaintances. However, even casual relationships involve spending time together and an exchange of personal information that could reveal discrediting information. An individual is therefore assumed to pay a great psychological price of high anxiety when passing (Goffman, 1963). They may feel alienated by the inability to fully identify with the group they are passing into, while also unable to take a stand if they witness comments or actions against their group, perhaps even feeling endangered if they don't join in. A hyper awareness of social situations is likely as the stigmatized person must constantly scan these situations to manage their stigma and is forced to consider aspects of the interaction that go unnoticed by most. Another consequence of passing is the possibility of being caught off guard by an unanticipated need to disclose discrediting information. Situations can arise in which continuing to pass would require an outright lie (e.g., being asked a specific question related to the stigma) which could result in pressure to further elaborate a lie to avoid disclosing the truth (i.e., "in-deeper-ism") (Goffman, 1963). Some stigmatized individuals therefore opt to altogether avoid situations where they may need to disclose or to maintain distance in relationships to prevent them from ever developing to a point where they would feel obligated to disclose (Goffman, 1963).

Some stigmas, such as virginity, have so little impact on casual relationships that intimate relationships may be the ones where disclosure is most feared (Goffman, 1963). Non-disclosure is common early in relationships since less intimate relationships are more likely to elicit stereotypical responses, while it is assumed that a person is more likely to understand and realistically assess a person's overall qualities when receiving a disclosure as a relationship becomes more intimate (Goffman, 1963). However, as relationships become more intimate they may also move past the point

where withholding the information can be framed as honourable (Goffman, 1963). Nondisclosure is also viewed in the narrative identity tradition as reducing opportunity for integration and release of an experience, and could therefore be considered problematic (Pasupathi, 2007; Pasupathi, McLean, & Weeks, 2009).

Both disclosure and concealment (i.e., passing) were found to carry interpersonal costs and benefits across four studies on a variety of stigmatized identities (Newheiser & Barreto, 2014). Planning to disclose a stigmatized identity resulted in high levels of negative expectations before the interaction, while concealing reduced feelings of belonging through felt inauthenticity and reduced self-disclosure of information unrelated to the stigmatized identity. Those who possess a concealable stigmatized identity are therefore faced with a central dilemma of the trade-off between the high costs of disclosing a stigmatized identity and the interpersonal costs of concealing one's identity (Newheiser & Barreto, 2014). Although concealing was not found to have any interpersonal benefits, the majority of participants reported a preference for concealing over disclosing (Newheiser & Barreto, 2014).

Limitations in current research and current study

While certain challenges associated with delaying first intercourse beyond the normative timeframe are known (e.g., stigma and reduced relationship opportunities), relatively little is known about the subjective experience of these challenges and their sources. The literature on concealable stigmatized identities highlights disclosure and the consequences of concealing a stigmatized identity as central themes in the experiences of stigmatized individuals (Chaudoir & Fisher, 2010). Existing research has yet to analyse adult virginity through the lens of concealable stigmatized identities, and employing this model stands to deepen our understanding of the role of disclosure and the impact of stigma in the challenges faced by adult virgins. The present study

aims to fills these gaps by exploring personal and social experiences of virginity (i.e., definitions, motives, identity) and its disclosure (i.e., confidants' reactions and their impact) among mid-to-late emerging adult female virgins aged 24-29.

Method

This research was conducted in the context of a three-part bilingual (English and French) study on adult virginity called DiverJe, which aimed to better understand experiences of adult virginity in terms of psychosocial adaptation, and mental and sexual health. A qualitative design was the most relevant to meet the present study's objectives of exploring personal and social experiences of virginity and disclosure. Past qualitative studies have facilitated the emergence of new themes and research directions for virginity (Carpenter, 2005; Mullaney, 2005).

Participants

The sample was comprised of 11 English-speaking heterosexual women aged 24-29 ($M = 25.5$, $SD = 1.6$) who self-identified as virgins and reported never having engaged in penile-vaginal penetration. Self-identification as a virgin was an inclusion criterion in order to explore virginity as an identity and experiences of its disclosure (Mullaney, 2005). In line with existing research on self-reported definitions of virginity loss, never having engaged in penile-vaginal penetration was the second inclusion criterion used to define virginity. Religion as a primary motivation for virginity was the only exclusion criterion. Religious youth report less peer acceptance of premarital intercourse (Herold & Goodwin, 1981), suggesting that delaying virginity is a norm among this group. Therefore, religiously-motivated virgins were excluded as disclosure is expected to be less significant for this group relative to those who fall outside of their peer norms, and because religiously-motivated virginity has also already been

extensively studied (Halpern et al., 2006; Herold & Goodwin, 1981; Paul, Fitzjohn, Eberhart-Phillips, Herbison, & Dickson, 2000).

Participants reflected Montreal's diverse population (Statistics Canada, 2017) in terms of culture and first language (see Table 3.1 for participant sociodemographic characteristics). All participants were born in Quebec, with the exception of one who immigrated to Canada when she was two years old and arrived in Quebec at the age of seven. Participants lived alone (n=3), with family members (n=6), or with roommates (n=2). Two participants were in romantic relationships for less than a year at the time of the interview, while the remainder were single and dating no one. When asked about their lifetime sexual experiences, the majority of participants reported having kissed a partner (n=9) and having masturbated alone using their hands (n=8). The two oldest participants (Elizabeth, 29 and Amanda, 28) reported the least partnered experience, with one having none at all and the other having kissed a partner. No participants reported having engaged in penile-anal penetration.

Table 3.1

Participant Sociodemographic Characteristics

	Participant*	Age	Birthplace	First language(s)	Religion	Education
1	Elizabeth	29	Quebec	English and French	n/a	CEGEP diploma
2	Amanda	28	Montreal	English	Christian	Bachelor's degree
3	Mallory	26	Montreal	English	Jewish	Master's in progress
4	Jade	26	Repentigny	French	n/a	CEGEP diploma
5	Missy	25	Rimouski	French	n/a	Bachelor's degree
6	Tally	25	Gatineau	Ukrainian	n/a	Master's in progress
7	Viah	25	Quebec	English	Muslim	Master's in progress
8	Jenna	25	Montreal	English	Jewish	Bachelor's degree

9	Stephanie	24	Montreal	Arabic	Muslim	Bachelor's in progress
10	Natasha	24	Montreal	English	Greek orthodox	Bachelor's in progress
11	Daisy	24	Sri Lanka	English	n/a	Bachelor's in progress

*All names have been changed to preserve anonymity

Procedure

This project received institutional ethics approval before recruitment began. Participants were recruited between June 2016 and June 2017 through posters shared in public spaces (i.e., English universities and Colleges, cafés), on social media (i.e., a popular Montreal blog, Montreal-based Facebook pages, Craigslist categories and Reddit threads), as well as by snowball sampling (Goodman, 1961). Recruitment materials encouraged individuals to contact the first author to receive more information about the study and confirm eligibility through a short phone interview. Individual semi-structured interviews were then scheduled at locations based on each participant's needs and preferences. The majority of interviews (n=7) took place at the university in interview rooms designed for this purpose, however other locations used included the participant's home (n=2), a university library study room (n=1), and a café (n=1). Interviews took place in Montreal, Quebec, a predominantly French-speaking province, but were conducted in English by a native English-speaker as participants were a subsample of the larger bilingual study. Participants were given $20 CAD in compensation for their time and transportation expenses. To ensure anonymity and confidentiality, participants were asked to choose a pseudonym.

Table 3.2

Semi-Structured Interview Guide Themes and Key Questions

Theme	Questions
Virgin identity and disclosure	In your own words, why are you a virgin?
	How would you define virginity?
	What does being a virgin mean to you personally?
	Do you speak openly about your virginity to others? If so, in what contexts?
	How have people responded when you've disclosed your virginity?

Seeing as this is a newer area of research, interviews followed a semi-structured format to allow participants' responses to guide the direction of the interview and go more in-depth when needed. The length of the interviews ranged between 54 and 120 minutes (M = 88.72) and six themes were covered. To respond to the study objectives of exploring experiences of virginity and disclosure, this analysis focused on the virgin identity and disclosure theme of the interview guide (see Table 3.2 for sample questions). The interviews were audio recorded with consent from participants and transcribed verbatim. Following the interviews, participants completed a short sociodemographic questionnaire.

Analyses

Directed content analysis (Hsieh & Shannon, 2005) was conducted to build and expand on existing theory and research on concealable stigmatized identities and emerging adult virginity. Once transcripts were repeatedly and thoroughly read to gain a general understanding of all the material, the data were categorized and classified using a mixed categories model (L'Écuyer, 1987) in which an initial coding grid was developed based on empirical and theoretical literature, interview notes, and preliminary readings of

transcripts, but which remained flexible to addition and modification of categories. A team coding approach (Weston et al., 2001) was used by three graduate students to develop a shared coding grid for the DiverJe study. The coding grid was tested and refined, and a codebook was created to document operational definitions throughout the coding process. Prior to coding all of the material, 10% of the data was randomly selected to be coded and subjected to an inter-rater reliability test following Weston et al. (2001), Inter-rater reliability testing has been described as an effective way to develop a shared perception of a phenomenon through ongoing conversation and to ensure codes are applied consistently (Weston et al., 2001). Material was selected from each interview or data set by determining the number of pages equal to 10% and randomly drawing that number of pages (e.g. 30 transcript pages equals 3 pages drawn). Three coders then independently coded the selected data using the software NVivo. Once all of the material was coded, an inter-rater reliability test was performed and achieved a kappa coefficient of 80.33. The remaining 90% of the material for the present study was then coded by a single coder using. Conceptual categories were then developed and reviewed independently by two researchers to ensure inter-judge agreement.

Results

The results of this study are organized into two conceptual categories a) Framing virginity: Making sense of not having sex, and b) Disclosure and concealment: Managing virginity stigma (see table 3 for a summary of conceptual categories). Each category and its sub-themes are described and illustrated in this section with excerpts from participants. The number of participants with statements that fell into each category and sub-theme is specified.

Table 3.3

Summary of the Conceptual Categories

Categories and sub-categories

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1. Framing Virginity: Making Sense of Not Having Sex

    1.1. The "first time" as a relational event with high potential for emotional "complications" (11)

    1.2. A temporary identity with enduring symbolic meaning (9)

        1.2.1. Virginity as a "statement" of strength and self-respect (3)

        1.2.2. Virginity as "always there" and therefore a "big part of who you are" (6)

        1.2.3. "A vicious circle": virginity and associated stigma as a barrier to relationships and

        intimacy (6)

2. Disclosure and Concealment: Managing Virginity Stigma

    2.1. Context-dependent disclosures: Reacting with peers (11) and initiating with partners (6)

        2.1.1. Casual disclosures in reaction to unexpected situations with peers (11).

            2.1.1.1.   A "mix of feelings" in response to a reactive disclosure (6).

        2.1.2. Proactive disclosure as a strategy for expectation management, understanding, and

        mutual disclosure (6).

            2.1.2.1.   A "full spectrum" of extreme reactions to disclosure (6)

    2.2. Resilience when faced with stigmatizing reactions to disclosure (4)

    2.3. Stigma as a catalyst for non-disclosure: passing and concealment (11)

        2.3.1. Managing stigma by passing as a non-virgin (8)

Framing Virginity: Making Sense of Not Having Sex

This first conceptual category refers to how participants make sense of their virginity. It is comprised of their perceptions of their virginity, their "first time," and the role of virginity in their personal identity, all of which inform how they frame their experience of virginity to themselves and others. From the point of view of participants, virginity went beyond the absence of a physical act and held deeper emotional and symbolic meaning.

The "first time" as a relational event with emotional "complications" (11). All participants marked the transition from virgin to non-virgin by the physical act of vaginal penetration with a penis, and made no reference to sexual desire, pleasure, or orgasm in their definitions. Participants spoke at length about perceiving a relationship as the ideal context for their "first time," in large part due to the high potential for emotional "complications" such as regret, betrayal, and rejection. For this reason, five participants viewed their virginity as a result of never having been in a relationship, describing it with statements such as: "it's really just circumstances" (Elizabeth, 29), "I've just never been in like a proper relationship" (Viah, 25), and "it just hasn't happened" (Tally, 25).

Four participants who were currently (n=2) or had been (n=2) in romantic relationships expressed uncertainty and fear of regret as motivations for their virginity. When describing a past romantic relationship, Amanda (28) said that "the emotions that go with the arguments or the breakups would already be a lot to get over and I can't imagine if I gave all of myself to someone how I would deal with that afterwards." She spoke of the trust necessary to allow another person to see her in "a vulnerable state," and of keeping her virginity as avoiding "complications like feelings and emotions."

Both participants in current relationships, Jenna (25) and Natasha (24), wanted more certainty that it was "the right time" and that they were with the right person. Natasha said, "now is not a good time," because she had "a lot going on" with her upcoming graduation and job search. Jenna first shared that she'd "rather take [her] time" and then pointed to an additional factor: "I still haven't been able to have an orgasm, so I'd like that to happen first (laughs)." In regards to wanting to be with the right person, Jenna wanted to be "more sure" that her and her partner would stay together. Natasha explained that she didn't need to wait for marriage for her "first time," she just had to be sure about the person because she perceived it as "the ultimate step to say: 'I'm committed to you and committed to this.'" She added that the relationship not working out would "hurt more than anything" and leave her feeling bad about deciding "to trust" and "be with" the person.

Six participants perceived their current fears of betrayal and rejection as resulting from the relationships modeled by their parents. Four described periods of abandonment by their fathers, and two were aware that at least one parent was regularly unfaithful in their marriage. Mallory (26) described the "intense trauma" from her parents as a main reason for her virginity, and said, "If my father can treat me this way, somebody who's supposed to love me unconditionally, how can I ever let anybody else in?" Natasha (24) described having "trust issues with males" and said, "my dad was never really a father. And he had cheated on my mother repeatedly before he finally left us when I was 9."

A temporary identity with enduring symbolic meaning (9). Virginity was viewed by all eleven participants as a temporary identity since they all intended to engage in penile-vaginal intercourse at some point in the future. Stephanie said, "When I'm not gonna be a virgin anymore, this is gonna go (laughs). It's part of me that's gonna go." Natasha (24) described it as "just another characteristic that for me right now identifies me." She elaborated by saying, "As you go through life, [your identity] becomes more

complete depending on what you go through. So, for right now it's complete in the fact that I am a virgin, but when that time comes I would be at a different stage and there would be another characteristic that would be appropriate." Despite its expected temporary nature, nine participants described virginity as holding deeper symbolic meaning that was likely to endure.

Virginity as a "statement" of strength and self-respect (3). Three participants perceived their virginity as a "statement" of strength and self-respect towards themselves and others. Amanda (28) described it "not as a label to cherish" but as a demonstration to herself and others of "self-discipline," "self-control," and "being strong in [her] values and beliefs." She said, "it's more just for myself, knowing if I believe in something I can actually stick to it even if it's hard," and "[...] it feels good to think that by preserving my virginity, I'm kind of letting people know that I don't just accept anything." Natasha (24) said, "It means that I'm true to myself, [...] I'm not doing something before I'm ready to, so it's kind of just solidifying what I feel and how I feel about myself."

Virginity "as always there" and therefore a "big part of who you are" (6). When describing the role of virginity in her identity, Elizabeth (29) said it was "always there" and "a big part" of her life since it plays a role in her dating and life decisions. Jade (26) explained that "What you go through in life makes you who you are. It's part of my story [...] so it's part of my identity as well." Missy (25) said that it was "sadly" part of her identity "because if I wasn't a virgin I think there are some things in my life that would be different. Maybe where I would've been, who I would've been." She added that "It's weird because when you're not a virgin, it's not even part of your identity, just... normal. There's no 'not virgin.'"

"A vicious circle": virginity and associated stigma as a barrier to relationships and intimacy (6). Six participants described a "vicious circle" in which they couldn't find a romantic relationship because they were virgins, but were virgins because they couldn't find a relationship. Elizabeth (29) said, "There is a stigma about being a virgin, especially at my age." She compared her situation to that of a recent university graduate who can't gain experience because no one will hire them due to their lack of experience: "It's like a vicious circle, it just goes around, then you get stuck I guess and there's nothing to do about it." Viah (25) felt similarly and said, "When you're 25 people don't wanna date you if you're a virgin, because they're just like, 'why would I do that?'" Jade (26) said that she was "so sick of the judging," and found it "really tiring." These participants perceived their virginity as the result of circumstance (e.g., lack of opportunity) and typically disclosed early to potential partners.

Four of these participants described a painful absence of intimacy in their lives resulting from this circle. Mallory (26) felt "more pained about not having intimate relationships and that kind of intimacy with someone than about the actual virginity." She equated this intimacy to "feeling like somebody understands you and knows you in that way." Elizabeth (29) explained that "If it was just to have a quickie that'd be super easy, but I know it's not the same thing. I want the connection, I want more than just the sex (deep inhale and exhale)." Jade described feeling she was "missing out on some part of the human experience." Missy (25) said it was "kind of weird" and "sad" because most of her friends had experienced relationships and sex in high school. "I'm 25 (laughs) so it's, like, a long time, and for them it's just normal: boyfriend, sex... but I didn't have any boyfriends and never had sex."

Disclosure and Concealment: Managing Virginity Stigma

This second conceptual category encompasses participants' experiences of virginity as a concealable stigmatized identity, including their strategies for disclosure, how they perceive and manage the reactions of others, and the perceived impact of these experiences on future disclosures.

Context-dependent disclosures: Reacting with peers (11) and initiating with partners (6). Every participant shared experiences of disclosing their virginity to at least one confidant, such as a peer, a close friend, a partner, or a family member. Participants described both proactive and reactive approaches to disclosure, and which approach was taken depended on the social context. Reactive disclosures were described exclusively with peers, while proactive disclosures were described only with established and potential partners. Just as the type of disclosure depended on the social context, the response received depended on both the social context and the type of disclosure.

Casual disclosures in reaction to unexpected situations with peers (11). Every participant had disclosed reactively at some point, when a situation arose that provided an opportunity to do so. Reactive disclosures were only described with peers, mostly other women, and in the context of casual conversations where "Someone [was] talking about relationships and it just led to that" (Amanda, 28). Most participants described comfortably volunteering the information when it seemed relevant and chose to disclose when they could have easily avoided it since they weren't the focus of the conversation. For example, when Tally's (25) friend was talking about her first time with her boyfriend and she responded with "I don't know, (laughs) I haven't had that experience." Stephanie (24) also shared that peers often commented on how much she

knew about sex during discussions on the topic, to which she'd reply, "Yeah, but you know I'm a virgin? (laughs)."

Three participants described disclosing because another female virgin did first: "We had a get-together and one of the girls was like, 'oh there's this boy but it didn't turn out, he would've been my first.' So, I know that she's also a virgin, so I let her know" (Tally, 25). Jenna (25) also told a story about being directly asked if she was a virgin by two acquaintances: "It was uncomfortable but then I said that I was and then they both went 'Oh yeah, us too' (laughs)." Despite several stories of disclosure to other female virgin peers, only three participants knew another virgin for certain at the time of their interviews.

Viah (25) perceived other women as "usually a lot more supportive" when she disclosed because she felt "they understand it better." Disclosures to other women seemed "easier" to Jenna (25) as well. No form of planning or preparation was described as necessary when it came to peer disclosures, which may explain the tendency toward reactive disclosures in this context. Seven participants also laughed when describing experiences of reactive disclosures to peers, finding them amusing at times.

A "mix of feelings" in response to a reactive disclosure (6). Six participants described a process with peers in which a single disclosure prompted a series of reactions beginning with surprise ("What!?"), followed by disbelief ("How is that possible?"), questioning ("But why?"), and finally dropping the subject ("She's never brought it up again" [Natasha, 24]). This progression would develop in a matter of minutes, leading Jade (26) to believe that confidants experience "a mix of feelings." For three participants, the questioning focused on the fact that they had previously been in long-term relationships: "She was curious. She's like, 'But you were in a relationship before

for three years and now you're in one for a year..."' (Natasha, 24). Viah (25) thought that it was "always such a huge shock to people" because she didn't "come across as super conservative" to others. Daisy (24) explained that the questioning often made her uncomfortable because she didn't "wanna get into the whys" of her virginity with other people. Natasha (24) referred to the questioning as a "negative reaction" that she's "not ready to always hear."

Proactive disclosure as a strategy for expectation management, understanding, and mutual disclosure (n=6). Proactive disclosures, in which the participant initiated the disclosure, occurred with potential or established partners and with a specific objective in mind: to manage expectations, to be understood, or to find out the same information about their partner. Four participants disclosed proactively to manage expectations, such as Amanda (28) who described telling a partner, "Before anything even happens, let me just tell you straight up that I'm a virgin, so if that's what you're looking for it's not going to work (laughs)." Similarly, Viah (25) said that she won't "engage in something physical with someone without them knowing because it can get messy." One participant, Jade (26), shared that she would initiate disclosure because she would want someone she felt comfortable with "to be able to understand" her - where she stands, and where she's coming from. Another participant, Natasha (24), initiated a conversation that led to disclosure because she wanted to know if her partner was still a virgin: "It was kind of an indication as to who the person was that I'm dealing with." The fact that he wasn't a virgin brought up "a lot of anxiety" for her that "it may not be as special," or "as meaningful" to him if they had sex. She also worried about whether there would be "some kind of comparison" or "association" made to his past experience. Compared to reactive disclosures to peers, participants took on a more serious tone when they shared their experiences of disclosing to potential and established partners. When laughter was present in two participants' stories it was in the context of sarcasm or disbelief.

A "full spectrum" of extreme reactions to disclosure (6). The noted difference in tone when sharing may be associated with participants' experiences of partners' reactions to disclosures. A "full spectrum" of reactions was described, with an emphasis on extremes: "I get very understanding to like 'holy shit, you're a virgin at twenty-nine!?' and just shut off" (Elizabeth, 29), "either they'll try to pursue or be like 'oh that's not what I was talking about' and it would just kind of fizzle out" (Amanda, 28), "either it increases their respect for me or it makes them patronize me" (Viah, 25). Jade (26) described it as "refreshing" to receive an understanding response and for someone to "not make a big deal out of it," suggesting this wasn't a common occurrence. Descriptions of stigmatizing responses, such as shutting off, rejection, and condescension, were often accompanied by long quiet pauses to take deep breaths.

Resilience when faced with stigmatizing reactions to disclosure (4). Four participants described resilience through self-talk as a coping strategy when faced with stigmatizing responses from both peers and partners. Elizabeth (29) perceived herself as "very open-minded and accepting," and explained that her partner would need to be as well. "I'm not gonna say 'well pleeeeasee!' and like 'It'll be finnneeee!' If you're freaking out with this well... Dude, keep walking (laughs), I don't want you either." In a similar manner, Mallory (26) described telling herself and other female virgins she's known that "If you tell this person you are a virgin and they bolt, you didn't wanna have sex with him in the first place." Viah (25) simply said that "If people are gonna be judge-y about it, then they're stupid."

While these participants maintained this strategy when faced with stigmatizing reactions, they chose to pass as non-virgins most of the time to avoid the unnecessary emotional energy required to manage these situations. Elizabeth (29) explained "that it just sucks that there's still so much prejudice."

Stigma as a catalyst for non-disclosure: passing and concealment (11). The most common reason for non-disclosure to both peers and partners was to avoid a stigmatizing reaction similar to ones received in the past. According to Mallory (26), "The fear when you're an adult virgin is telling someone the truth and having them react. That this person is going to be like 'what the fuck is wrong with you?'" Elizabeth (29) described an online experience where a potential partner only said, 'I don't like blood' and then blocked her. "There's still people who aren't comfortable with it so you get bummed out and kind of back off about talking about it more." Stephanie (24) said she doesn't disclose her virginity to friends anymore because of past experiences of judgement: "I avoid it because of how people look at me." Natasha (24) explained: "It's not that I'm ashamed of it […]. I'd just rather not have to explain myself for my choice, especially if it's not someone that I'm close to."

stigma by passing as a non-virgin (8). Eight participants described managing the stigma towards their virginity by passing when others assumed they weren't virgins. Viah (25) avoided disclosure in these situations by relying on other sexual experiences she has had: "I have something to contribute but I don't have to explicitly say like where the boundary is." Stephanie (24) said, "I just don't say anything. And I act as if I had sex (laughs)." Tally (25) described how "Some people sometimes from the beginning are kind of interested, and I'm like 'oh no, I like to wait' (laughs)".

Participants attempts to pass weren't always successful. Missy (25) shared an experience in which she went to a chalet with a group of classmates from her undergraduate program and someone decided they should all share their stories of virginity loss: "Do I lie? or try to just escape the question? But when you escape the question, I think that most of the people think 'she's a virgin' or 'she's been raped.'" When Missy told her classmates that she didn't want to talk about it, a friend who she thought didn't know responded with "I thought you were a virgin…" Caught off-guard,

Missy firmly repeated that she didn't want to talk about it and her friend quickly changed the subject to her own story.

Three participants said they drew a line between passing and lying, saying that while they wouldn't "advertise" their virginity, they wouldn't lie about it either. If someone directly asked if they were virgins, they would disclose because they weren't "ashamed". No participant shared an experience of explicitly lying about their virginity, but passing through avoidance was described by eight of them.

Discussion

This study aimed to explore personal and social experiences of the virgin identity and its disclosure among mid-to-late emerging adult female virgins aged 24-29. The main findings presented for discussion are divided into the individual and social spheres. The individual sphere examines virginity as a temporary identity in the context of emerging adulthood, while the social sphere focuses on the central role of disclosure in experiences of stigma and opportunities for relational intimacy.

On the individual level, participants perceived their virgin identity as temporary because they intended to engage in intercourse at some point in the future. Despite this intention, most participants described the symbolic meaning of their virginity (i.e., as a statement of strength and self-respect, a part of who they are that is always there, and as a barrier to relationships and intimacy) as likely to endure. At the time of their participation, some participants were also beginning to ask themselves whether their virginity might in fact be permanent rather than temporary, as it had already continued for longer than they had anticipated. This questioning and reframing of the duration of the virgin identity is best interpreted with the participants' ages in mind, as they were emerging adults and identity exploration with an emphasis on love is known to be central to this developmental phase (Arnett, 2000, 2004). Only four participants had

ever been in romantic relationships at the time of the study and their virginity was an ongoing topic of conversation in these relationships. For the remaining participants, their experience of romantic relationships was limited to disclosure or concealment of their virginity. This meant that the focus of participants' romantic interactions was often their virginity, which may have not only limited their identity exploration in the domain of romantic relationships but also reinforced the place of virginity in their sense of self. As participants in this study were between the ages of 24-29 and are thus in mid-to-late emerging adulthood, they may have been approaching the end of this phase and the resolution of their identity exploration. In this case, the lasting personal meaning of their virginity could be interpreted as a demonstration of their identity crystallizing with their virginity. Alternatively, it is possible that virginity simply held such a significant place in their identity at the time of their interviews that it was difficult for them to project themselves into the future without it.

On the social level, participants' narratives always returned to the issue of managing their virgin identity through either disclosure or concealment. Disclosure played a significant role in participants' experiences of virginity and associated stigma, providing empirical support for conceptualizing adult virginity as a concealable stigmatized identity (Newheiser & Barreto, 2014). Both disclosure and concealment carried interpersonal costs, the most common of which in both cases seemed to be the loss of the relationship itself. Being in a relationship of any kind creates a need to disclose as it is through disclosure that intimacy with others is fostered (Goffman, 1963). However, in participants' narratives, intimacy was often halted by the need to disclose, either due to rejection or discomfort with the other person's reaction. Echoing Goffman's description of invisible stigmas, being an adult virgin involved the regular decision "to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where," (Goffman, 1963, p.42). The weight of this continual decision often depended on the type of relationship

involved. While most participants described casual and voluntary disclosures to peers, the questioning that often followed these disclosures was perceived as uncomfortable and impacted their likelihood to disclose in the future. Peer reactions resembled Mullaney's (2005) description of bewilderment, in which an abstinent identity disclosure is received with curiosity rather than an expression of blatant hostility or rejection. While evidently less severe than an extreme reaction, this curiosity and questioning placed a burden on participants as they were expected to respond and to convince others of the legitimacy of their abstinence, while some of them may have been doubting it themselves. According to Mullaney (2005), this curiosity occurs in some cases because the confidant understands the reason why a person abstains from sexual intercourse but not the logistics of how, while in others the confidant may not understand the reason at all. When the reason isn't understood at all, it may be because the confidant is so invested in sexual intercourse itself that they can't imagine someone not engaging in it, or they may feel the abstainer violates the "normal" way of abstaining. Either motivation may have been at play when participants described being questioned about their virginity in light of having been in long-term relationships or having engaged in sexual activity without vaginal-penile penetration. Although peers' reactions were not blatantly stigmatizing, disclosure often created discomfort with the confidant rather than increased intimacy and led many participants to choose to conceal their virginity in the future by passing instead. For the adult virgins in this study, this ultimately meant fewer intimate relationships with peers, and fewer opportunities for them to tell their story.

The risks of disclosure to actual or potential romantic partners were perceived by participants as greater than those associated with disclosing to peers because their virginity impacted romantic relationships more deeply. Many participants viewed disclosure as necessary in romantic relationships, since passing as a non-virgin carried the risk of sexual expectations they weren't prepared to meet. The full spectrum of

extreme reactions that participants described from partners did include support and acceptance, but the stigmatizing reactions seemed to have a greater emotional impact and be more central in their narratives. The stigmatizing reactions also had a stronger influence on whether they would continue to disclose or actively seek romantic relationships at all if they were not prepared to assume the risks of passing. While many participants disclosed in hopes of a relationship continuing to develop, a common reaction was indirect rejection which often put an end to the relationship altogether before it had even begun. This was discouraging to participants, in large part because they all saw a relationship as the ideal context for their first time to occur. This "vicious circle" that several participants mentioned meant continuing to be virgins when they no longer wanted to be and a painful absence of intimacy from not being able to form romantic relationships.

Theoretical implications

The theoretical literature guiding this study emphasizes the significance of disclosure in the lived experience of invisible and stigmatized identities (Chaudoir & Fisher, 2010; Goffman, 1963; McAdams & McLean, 2013; McLean et al., 2007; Mullaney, 2005). In this study, the fear of the other person's reaction was reported as the main reason for nondisclosure by participants, since it often entailed a drastic change in perception that resulted in the end of relationships. However, not disclosing at all appeared to have a similar outcome, as it entirely removed the possibility of building intimacy and meant the loss of relationships by default.

In addition to these interpersonal costs, the narrative identity tradition highlights reduced opportunity for integration as a potential personal cost of nondisclosure (Pasupathi, 2007; Pasupathi et al., 2009). Nondisclosure can be a missed opportunity for adult virgins to affirm an integral part of their identity and to build intimacy that

could result in social support or romantic relationships. For those who desire it, these opportunities could also create the context for first sexual intercourse.

In line with previous findings that late sexual transitions are associated with challenges to healthy psychosocial adjustment (Haase et al., 2012) and that stigma was one such challenge found to limit romantic relationship opportunities (Gesselman et al., 2016), this study provides additional support for the application of social clock theory to delayed first sexual experiences. The curiosity and questioning faced by participants when disclosing, along with the need to justify themselves with a reason for virginity at their age, highlighted their desynchronization with their peers and the stigma associated with being outside the social clock.

Implications for intervention

The results of this study demonstrate that adult virgins face some of the same interpersonal challenges as other sexual minorities in regards to the unpredictability of disclosure outcomes and the emotional consequences of stigma. The assumption that all heterosexual adults have had their "first time" is pervasive and confronting the sexual prejudice born out of this assumption is difficult because, as Herek (2007) notes, stigma is often internalized at a young age and reinforced by society. Sexual minorities also tend to be invisible, which facilitates the perpetuation of stigma by limiting how often people are faced with the need to examine their own sexual prejudice (Herek, 2007). This invisibility impacts adult virgins as well, who may be left feeling that they are alone in their experience. Almost every participant asked at some point if there even were any other participants and many shared that they decided to participate because they wanted to know more about other adult virgins and how they compared to them. One participant also shared that knowing an older woman whom she admired and who was a virgin until she was 35 helped her to accept her own virginity, highlighting the

importance of having a role model with whom she could identify. Due to this, a focus on visibility and awareness of adult virginity as a form of sexual diversity in educational and clinical interventions, as well as in research contexts, may be an effective way to begin to challenge virginity stigma.

There is often an assumption in adolescent sexual education that youth are already engaging in sexual activity or will be in the near future. While this may be the case for the majority, sexual education interventions are opportunities to frame differences in sexual timing, such as adult virginity, as expressions of sexual diversity. By presenting adult virginity as a form of sexual diversity, sexual education can challenge sexual prejudice and self-stigma through visibility of the identity itself and by promoting a more inclusive vision of sexuality. Sexual education could also highlight differences within the identity by including representations of virginity that challenge common stereotypes, such as individuals who are non-religious, sexually active, and involved in romantic relationships. Ultimately, sexual education interventions should aim to create opportunities for youth to explore what sexuality means to them, their motivations to engage or not engage in sexual activity, and to address myths that pressure youth to follow certain sexual trajectories.

The questioning and stigmatizing responses faced by adult virgins during disclosure have significant implications for clinicians since these individuals may anticipate receiving the same reactions in a clinical context. If clinicians maintain a non-judgemental approach that avoids assumptions, therapy can become a safe and supportive space for adult virgins to explore, develop, and affirm their identity without the need to justify it. Depending on the individual's needs, it could also provide a context for the development of coping strategies related to disclosure that promote resilience. Adult virgins have diverse experiences and goals, so clinicians must also avoid assuming the reason for seeking clinical therapy.

This study also highlights the need for more research on adult virginity as a form of intervention. Research offers additional opportunities for adult virgins to explore their experiences in a neutral context and may directly challenge virginity stigma through more accurate representations of adult virginity. In the absence of research, current representations stem mainly from mainstream media, in particular television shows and films that tend to perpetuate stereotypes and reinforce extreme reactions to adult virginity disclosures. The accessibility of research findings is therefore crucial to their potential impact.

This lack of empirical data also limits the current scope and quality of interventions on the topic of adult virginity. Very few supports or resources exist on the topic of adult virginity, and the ones that were found throughout this research were neither evidence-based nor designed by regulated professionals. The most easily accessible resources include online "experience-based" articles and programs with titles such as "How to lose your virginity in _ days," often authored by self-identified former adult virgins. Another accessible form of support available is through online peer communities. However, while many aim to genuinely be supportive that support sometimes involves encouraging others to lose their virginity through stigmatizing comments. While many sexual therapists and clinicians likely work privately with adult virgins and use their clinical expertise to do so with sensitivity in the absence of this research, filling this research gap would facilitate the design of more ethical interventions that would also challenge the quality of existing ones.

Study Limitations and strengths

The main limitation of this study is that it was not designed as a study on stigma and disclosure but rather to explore various aspects of the lives of emerging adult female virgins (i.e., virgin identity and disclosure; family attitudes; sexual education; peer

relationship experiences; romantic relationship experiences; internet usage and sources of support). The significance of stigma and disclosure in participants' narratives became apparent during data analysis, hence the necessity to further explore these aspects when aiming to examine experiences of the virgin identity. However, the scope of this study's results on stigma and disclosure were limited by the fact that the interview guide did not address these aspects of participants' experiences in-depth. This also posed a challenge for thematic data saturation, which refers to the degree to which identified codes and themes are present in the data (Saunders et al., 2018). Certain conceptual sub-categories that involved half or fewer participants and were therefore less present in the overall data were retained due to their significance to those participants. Regardless, this analysis demonstrates the importance of further research on virginity stigma and suggests several interesting research directions that would benefit from further exploration.

Other limitations include this study's relatively small and self-selected sample. In light of the sample size, data collection saturation was considered to have been achieved when new interviews failed to yield new codes or changes to the codebook (Guest, Bunce, & Johnson, 2006). Participation required disclosing a stigmatized identity to a stranger, therefore the results should be interpreted as a reflection of the experiences of adult virgins who were comfortable doing so. Interviews were also conducted by an emerging adult female researcher, and while some participants may have felt more comfortable with an interviewer close to their age, others may have felt less so if reminded of past interactions with their peers.

The operational definition used for virginity (i.e., an absence of penile-vaginal penetration) is also an important limitation in exploring the virgin identity since it excluded individuals who identify as virgins but define virginity differently. This definition was selected based on the definition of virginity most commonly reported

for heterosexuals, however it remains a controversial one given that many other experiences can represent sexual initiation to some individuals. These include but are not limited to other specific sexual acts, such as oral and anal sex, (Carpenter, 2001) or whether an orgasm has occurred for one or both partners (Trotter & Alderson, 2007). Furthermore, having engaged in penile-vaginal penetration does not systematically signify no longer being a virgin, as may be the case in experiences of sexual assault (Carpenter, 2001). Broader definitions of virginity should be considered in future research to better reflect this diversity within the virgin identity (for discussion and definitions, see Barnett, Fleck, Marsden, & Martin, 2017; Carpenter, 2001; Diorio, 2016). Finally, variations have been found in definitions of virginity loss based on sexual orientation with lesbian, gay male, and bisexual participants more likely to include oral and anal sex in their definitions than heterosexual participants (Carpenter, 2001). Similarly, differences may exist in the experiences and definitions of virginity among women who have sex with women when compared to heterosexual women. Defining virginity through the absence of penile-vaginal penetration may therefore not be inclusive of individuals who do not identify as heterosexual or of those who do not subscribe to heterosexual norms in this regard. Future research should further examine definitions of virginity among individuals with diverse experiences of sexual initiation, in turn facilitating research on experiences of virginity within these populations.

Despite quite a bit of diversity within the sample in terms of religion, culture, spoken languages, and education, the results of this study are limited to this context. Future research should focus on replication of this study with a larger sample and with different populations, such as men, non-heterosexuals, individuals living with more than one stigmatized identity (e.g. virginity and physical disability), and in rural settings, in order to better understand the virgin identity and its intersection with other identities.

While previous research has associated late sexual transitions with lower subjective well-being and compromised psychosocial adjustment (Haase et al., 2012), this may not reflect the many possible trajectories and patterns of development within the virgin identity, including but not limited to individuals who identify as asexual or for whom virginity is entirely voluntary. Research that focuses on identifying these diverse patterns and trajectories would also expand our concept of adult virginity and allow for more representative research on subjective well-being. Exploring the relationship between an individual's views on sexuality and virginity and the impact of these views on individual patterns of stigma and disclosure would also be essential. Future research should also examine adult virginity across emerging adulthood and the lifespan through longitudinal research that explores the evolution of this identity over time in order to identify age-specific patterns in experiences of virginity and its disclosure. The next phase of the DiverJe study is currently underway with participants over the age of 30 with the goal of exploring these age differences.

While adult virgins are not responsible for the reactions of others or attempting to control them, it may also be significant to explore the potential impact of the casual approach to disclosure that many participants described on the types of responses they received. The casual nature of the conversations may lend itself to questioning if confidants are caught off-guard or if participants are perceived to be more open than they actually are to discussion on the topic. It may not be apparent to confidants that this can be a personal and uncomfortable subject matter, which may result in unintentionally stigmatizing responses.

Despite certain limitations, this study had many strengths. The use of a team coding approach and inter-rater reliability ensured a level of rigor and consistency in this study's data analysis (Tracy, 2010). In line with the implications for intervention highlighted in this article, this study also provided participants with an opportunity to

explore their experiences of virginity in a non-directive and safe context. Finally, with very little existing research on adult virginity this study contributes to the same visibility and awareness of the virgin identity that it identifies as lacking and advances current knowledge on adult virginity.

Conclusion

While previous research has highlighted the link between virginity stigma and limited relationship opportunities (Gesselman et al., 2016), the findings of this study emphasize the role of disclosure in both stigma and limited relationship opportunities. Interventions focused on challenging virginity stigma through increased awareness in sexual education, therapy, and research contexts may therefore have a positive impact on adult virgins' lives.

Above all, these findings highlight the necessity for educators, clinicians, and researchers to begin this awareness with themselves through reflection on their own internalized stigma and potential for sexual prejudice towards adult virgins as it is likely to influence their work. With little existing research on adult virginity, professionals must question whether their beliefs and interventions are based in sexual prejudice, and challenge them before they seek to work with others if they hope to be effective in their interventions. This process of questioning one's own assumptions is likely to set the tone for meaningful work with adult virgins.

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CHAPTER IV

DISCUSSION

In this final chapter, the main results of this master's thesis are discussed in light of the existing empirical and theoretical literature. Implications for sexological intervention are explored, followed by the limitations of this research and suggestions for future research directions.

4.1   Reminder of study objectives and research questions

The present master's thesis aimed to explore personal and social experiences of the virgin identity and its disclosure among mid-to-late emerging adult female virgins aged 24-29. A review of the literature and theories of identity, stigma and disclosure inspired three research questions: 1) Do emerging adult female virgins view their virginity as a significant component of their identity? 2) Do they perceive themselves to be stigmatized for this identity? 3) Is disclosure significant to their experiences of virginity? Participants of this research did in fact describe their virginity as a significant part of their identity and many perceived themselves to be stigmatized for this identity. Participants also described disclosure as playing a significant role in their experiences of virginity. These findings are further discussed and contextualized in the section that follows.

4.2   Main findings

The main findings presented for discussion are divided into the individual and interactional levels. The individual level examines the finding that participants perceived their virginity as a temporary identity with enduring meaning and situates this perception in the context of the theory of emerging adulthood. The interactional level discusses the central role of disclosure in participants' experiences of stigma and opportunities for intimacy in relationships.

On the individual level, participants perceived their virgin identity as temporary because they intended to engage in intercourse at some point in the future. Despite this intention, most participants described the symbolic meaning of their late virginity (i.e., as a statement of resilience and self-respect, a part of who they are that is always there, and as a barrier to relationships and intimacy) as likely to endure. At the time of their participation, some participants were also beginning to ask themselves whether their virginity might in fact be permanent rather than temporary, as it had already continued for longer than they had anticipated. This questioning and reframing of the duration of the virgin identity could be interpreted with the participants' ages in mind, as they were emerging adults and identity exploration with an emphasis on love is known to be central to this developmental phase (Arnett, 2000, 2004). Only four participants had ever been in romantic relationships at the time of the study and their virginity was an ongoing topic of conversation in these relationships. For the remaining participants, their experience of romantic relationships was limited to disclosure or concealment of their virginity. This meant that their virginity was often present in these interactions in which they hoped to establish or maintain an emotional connection, which may have not only limited their identity exploration in the domain of romantic relationships but also reinforced the place of virginity in their sense of self. As participants in this study were between the ages of 24-29 and are thus in mid-to-late emerging adulthood, they

may have been approaching the end of this phase and the resolution of their identity exploration. In this case, the lasting personal meaning of their virginity could be interpreted as a demonstration of their identity crystallizing with their virginity. Alternatively, it is possible that virginity simply held such a significant place in their identity at the time of their interviews that it was difficult for them to project themselves into the future without it.

On the interactional level, participants' narratives constantly returned to the issue of managing their virgin identity through either disclosure or concealment. Disclosure played a significant role in participants' experiences of virginity and associated stigma, providing empirical support for conceptualizing adult virginity as a concealable stigmatized identity (Newheiser & Barreto, 2014). Both disclosure and concealment carried interpersonal costs, the most common of which in both cases seemed to be the loss of the relationship itself. Being in a relationship of any kind creates a need to disclose as it is through disclosure that intimacy with others is fostered (Goffman, 1963). However, in participants' narratives, intimacy was often halted by the need to disclose, either due to discomfort with the other person's reaction or rejection. Echoing Goffman's description of invisible stigmas, being an adult virgin involved the regular decision "to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where," (Goffman, 1963, p.42). The weight of this continual decision often depended on the type of relationship involved. While most participants described casual and voluntary disclosures to peers, the questioning that often followed these disclosures was perceived as uncomfortable and impacted their likelihood to disclose in the future. Peer reactions resembled Mullaney's (2005) description of bewilderment, in which an abstinent identity disclosure is received with curiosity rather than an expression of blatant hostility or rejection. While evidently less severe than an extreme reaction, this curiosity and questioning placed a burden on participants as they were expected to respond and to

convince others of the legitimacy of their abstinence, while some of them may have been doubting it themselves. According to Mullaney (2005), this curiosity occurs in some cases because the confidant understands the reason why a person abstains from sexual intercourse but not the logistics of how, while in others the confidant may not understand the reason at all. When the reason isn't understood at all, it may be because the confidant is so invested in sexual intercourse itself that they can't imagine someone not engaging in it, or they may feel the abstainer violates the "normal" way of abstaining. Either motivation may have been at play when participants described being questioned about their virginity in light of having been in long-term relationships or having engaged in sexual activity without vaginal-penile penetration. Although peers' reactions were not blatantly stigmatizing, they may have led to discomfort with the confidant rather than increased intimacy, which may have led some participants to choose to conceal their virginity in the future by passing instead. For the adult virgins in this study, this may have ultimately meant fewer intimate relationships with peers, and fewer opportunities for them to tell their story.

The risks of disclosure to actual or potential romantic partners were perceived by participants as greater than those associated with disclosing to peers because their virginity impacted romantic relationships more deeply. Many participants viewed disclosure as necessary in romantic relationships, since passing as a non-virgin carried the risk of sexual expectations they weren't prepared to meet. The full spectrum of extreme reactions that participants described from partners did include support and acceptance, but it was the stigmatizing reactions that seemed to have a greater emotional impact and be more central in their narratives. The stigmatizing reactions also had a stronger influence on whether they would continue to disclose or actively seek romantic relationships at all if they were not prepared to assume the risks of passing. While many participants disclosed in hopes of a relationship continuing to develop, a common reaction was indirect rejection which often put an end to the

relationship altogether before it had even begun. This was discouraging to participants, in large part because they all saw a relationship as the ideal context for their first time to occur. This "vicious circle" that several participants mentioned meant continuing to be virgins when they no longer wanted to be and a painful absence of intimacy from not being able to form romantic relationships.

4.3   Theoretical implications

The theoretical literature guiding this study emphasizes the significance of disclosure in the lived experience of invisible and stigmatized identities (Chaudoir & Fisher, 2010; Goffman, 1963; McAdams & McLean, 2013; McLean et al., 2007; Mullaney, 2005). In this study, the fear of the other person's reaction was reported as the main reason for nondisclosure by participants, since it often entailed a drastic change in perception that resulted in the end of relationships. However, not disclosing at all appeared to have a similar outcome, as it entirely removed the possibility of building intimacy and meant the loss of relationships by default.

In addition to these interpersonal costs, the narrative identity tradition highlights reduced opportunity for integration as a potential personal cost of nondisclosure (Pasupathi, 2007; Pasupathi et al., 2009). Nondisclosure can be a missed opportunity for adult virgins to affirm a part of their identity that has greatly impacted their life experience and to build intimacy that could result in social support or romantic relationships. For those who desire it, these opportunities could also create the context for first sexual intercourse.

In line with previous findings that late sexual transitions are associated with challenges to healthy psychosocial adjustment (Haase et al., 2012) and that stigma was one such challenge found to limit romantic relationship opportunities (Gesselman et al., 2016),

this study provides additional support for the application of social clock theory to understanding delayed first sexual experiences. The curiosity and questioning faced by participants when disclosing, along with the need to justify themselves with a reason for virginity at their age, highlighted their desynchronization with their peers and the stigma associated with being outside the social clock.

4.4   Implications for intervention in the field of sexology

The results of this study demonstrate that adult virgins face some of the same interpersonal challenges as other sexual minorities in regards to the unpredictability of disclosure outcomes and the emotional consequences of stigma. The assumption that all heterosexual adults have had their "first time" is pervasive and confronting the sexual prejudice born out of this assumption is difficult because, as Herek (2007) notes, stigma is often internalized at a young age and reinforced by society. Sexual minorities also tend to be invisible, which facilitates the perpetuation of stigma by limiting how often people are faced with the need to examine their own sexual prejudice (Herek, 2007). This invisibility impacts adult virgins as well, who may be left feeling that they are alone in their experience. Due to this, a focus on visibility and awareness of adult virginity as a form of sexual diversity in educational and clinical interventions, as well as in research contexts, may be an effective way to begin to challenge virginity stigma.

There is often an assumption in sexual education that youth are already engaging in sexual activity or will be in the near future. While this may be the case for the majority, sexual education interventions are opportunities to frame differences in sexual timing, such as late virginity, as expressions of sexual diversity. By presenting late virginity as a form of sexual diversity, sexual education can challenge sexual prejudice and self-stigma through visibility of the identity itself. Sexual education could also highlight differences within the identity by including representations of virginity that challenge

common stereotypes, such as individuals who are non-religious, sexually active, and in romantic relationships.

The questioning and stigmatizing responses faced by adult virgins during disclosure have significant implications for clinicians since these individuals may fear receiving the same reactions in a clinical context. Adult virgins also have diverse experiences and goals, so clinicians must begin by avoiding an assumption about the reason for seeking clinical therapy. If clinicians maintain a non-judgemental approach, therapy can become a safe and supportive space for adult virgins to explore, develop, and affirm their identity without the need to justify it. Depending on the individual's needs, it could also provide a context for the development of coping strategies related to disclosure that promote resilience. While adult virgins cannot control the reactions of others, reflection on their own motivations and approaches to disclosure may help them to better determine the situations in which they want to disclose and how they will manage various outcomes. Considering the stigmatized nature of adult virginity, online interventions such as therapy through text or video chat may also be an effective approach to working with this population.

This study also highlights the need for more research on adult virginity as a form of intervention. Research offers additional opportunities for adult virgins to explore their experiences in a neutral context and may directly challenge virginity stigma through more accurate representations of adult virginity. In the absence of research, current representations stem mainly from mainstream media, in particular television shows and films that tend to perpetuate stereotypes and reinforce extreme reactions to adult virginity disclosures. The current scope and quality of interventions on the topic of adult virginity are also limited by this lack of empirical data. Very few interventions on the topic of adult virginity exist, and the ones that were found in the research for this master's thesis were not evidence-based or designed by regulated professionals.

While no interventions were found specifically for female virgins, an example of one targeting men is an online program called "The Adult Male Virgins System: Lose your virginity in 90 days!" (Kermit, n.d.). Designed by a Montreal dating and relationship coach named Frank Kermit, this program is comprised of a handbook and a seminar that are described as experience-based. Programs by unregulated professionals such as Kermit (n.d.) are more accessible than accurate information on adult virginity. The accessibility of research findings is therefore crucial to their potential impact. While some sexual therapists and clinicians likely work privately with adult virgins and use their clinical expertise to do so with sensitivity in the absence of this research, filling this research gap would facilitate the design of more ethical interventions that would also challenge the quality of existing ones.

4.5   Study limitations and strengths

The main limitation of this thesis project is that it was not designed as a study on stigma and disclosure but rather to explore different aspects of the lives of emerging adult female virgins (i.e., virgin identity and disclosure; family attitudes; sexual education; peer relationship experiences; romantic relationship experiences; internet usage and sources of support). The significance of stigma and disclosure in participants' narratives became apparent during data analysis, hence the necessity to further explore these aspects in aiming to examine experiences of the virgin identity. However, the scope of this project's results on stigma and disclosure were limited by the fact that the interview guide did not address these aspects of participants' experiences in-depth. This also posed a challenge for thematic data saturation, which refers to the degree to which identified codes and themes are present in the data (Saunders et al., 2018). Certain conceptual sub-categories that involved half or fewer participants and were therefore less present in the overall data were retained due to their significance to those participants. Regardless, this analysis demonstrates the importance of future research

on virginity stigma and provides several interesting research directions that would benefit from further exploration.

Other limitations include this project's small and self-selected sample. Seeing as adult virgins are already a minority of the general population, challenges in recruitment may have been related to the specificity of certain inclusion criteria related to language and location. The sample may have been larger if French-speaking women were also included. In light of the sample size, data collection saturation was considered to have been achieved when new interviews failed to yield new codes or changes to the codebook (Guest, Bunce, & Johnson, 2006). The sample was also self-selected and participation required disclosing a stigmatized identity to a stranger, therefore the results should be interpreted as a reflection of the experiences of adult virgins who were comfortable doing so. Interviews were also conducted by an emerging adult female researcher (the candidate), and while some participants may have felt more comfortable with an interviewer close to their age, others may have felt less so if reminded of past interactions with their peers. Despite quite a bit of diversity within the sample in terms of religion, culture, spoken languages, and education, the results of this study are limited to this context.

The operational definition used for virginity (i.e., an absence of penile-vaginal penetration) is also an important limitation in exploring the virgin identity since it excluded individuals who identify as virgins but define virginity differently. This definition was selected based on the definition of virginity most commonly reported for heterosexuals, however it remains a controversial one given that many other experiences can represent sexual initiation to some individuals. These include but are not limited to other specific sexual acts, such as oral and anal sex (Carpenter, 2001), or whether an orgasm has occurred for one or both partners (Trotter & Alderson, 2007). Furthermore, having engaged in penile-vaginal penetration does not systematically

signify no longer being a virgin, as may be the case in experiences of sexual assault (Carpenter, 2001). Broader definitions of virginity should be considered in future research to better reflect this diversity within the virgin identity (for discussion and definitions, see Barnett, Fleck, Marsden, & Martin, 2017; Carpenter, 2001; Diorio, 2016). Finally, variations have been found in definitions of virginity loss based on sexual orientation with lesbian, gay male, and bisexual participants more likely to include oral, vaginal, and anal sex in their definitions than heterosexual participants (Carpenter, 2001). Similarly, differences may exist in the experiences and definitions of virginity among women who have sex with women when compared to heterosexual women. Defining virginity through the absence of penile-vaginal penetration may therefore not be inclusive of individuals who do not identify as heterosexual or of those who do not subscribe to heterosexual norms in this regard. Future research should further examine definitions of virginity among individuals with diverse experiences of sexual initiation, in turn facilitating research on experiences of virginity within these populations.

In addition to certain limitations, this study had several strengths. The quality and accuracy of analyses were maintained through a variety of measures specific to qualitative research. Team coding procedures were used to ensure inter-rater reliability (Weston et al., 2001) and the entire analysis was periodically and independently revised by the candidate's director and codirector throughout the categorization process. In line with the implications for intervention highlighted in this article, this study also provided participants with an opportunity to explore their experiences of virginity in a non-directive and safe context. Finally, with very little existing research on adult virginity this study contributes to the same visibility and awareness of the virgin identity that it identifies as lacking and advances current knowledge on adult virginity.

4.6   Future research directions

While this master's thesis explored stigma and disclosure when these aspects were revealed to have a deep impact on participants' lives in data analysis, the five other aspects explored in the interviews were initially selected to contribute to our understanding of adult virginity in a variety of areas. Considering the richness of the data analysed on stigma and disclosure, future research on other aspects of adult virgins' experiences may be of great value to better capture the global experience of adult virginity and identify other research directions.

The sociodemographic portion of the questionnaire participants completed was used in order to accurately describe participants' profiles and served to contextualize the results to this sample. However, the validated scales were not ultimately examined since they were unrelated to stigma and disclosure. Future research may consider a mixed-methods approach by including measures of stigma in a quantitative questionnaire in order to triangulate qualitative data.

Replication of this study is needed with a larger sample size and with different populations, such as men, non-heterosexuals, individuals living with more than one stigmatized identity (e.g. virginity and physical disability), and in rural settings, in order to better understand the virgin identity and its intersection with other identities. Future research should also compare early, middle, and late emerging adult virgins, as well as former adult virgins, to better understand the impact of the virgin identity throughout emerging adulthood and the lifespan, as well as intervention needs.

The fact that all participants asked about other participants at some point and that three among them mentioned receiving disclosures from other female virgins suggests that conducting research with this population using group collection methods such as focus

groups may be worthwhile. This would not only create similar opportunity for self-reflection through research, but also promote connection with others who share their identity with the potential to minimize isolation.

While adult virgins are not responsible for the reactions of others or attempting to control them, it may also be significant to explore the potential impact of the casual approach to disclosure that many participants described on the types of responses they received. The casual nature of the conversations may lend itself to questioning if confidants are caught off-guard or if participants are perceived to be more open than they actually are to discussion on the topic. It may not be apparent to confidants that this can be a personal and uncomfortable subject matter, which may result in unintentionally stigmatizing responses.

CONCLUSION

While previous research has highlighted the link between virginity stigma and limited relationship opportunities (Gesselman et al., 2016), the findings of this master's thesis emphasize the role of disclosure in both stigma and limited relationship opportunities. Interventions focused on challenging virginity stigma through increased awareness in sexual education, therapy, and research contexts are therefore proposed for their potential positive impact on adult virgins' lives.

Above all, the findings of this master's thesis highlight the necessity for educators, clinicians, and researchers in the field of sexology to begin this awareness with themselves through reflection on their own internalized stigma and potential for sexual prejudice towards adult virgins as it is likely to influence their work. With little existing research on adult virginity, sexologists must question whether their beliefs and interventions are based in sexual prejudice, and challenge them before they seek to work with others if they hope to be effective in their interventions. This process of questioning one's own assumptions is likely to set the tone for meaningful work with adult virgins.

PHONE INTERVIEW GUIDE

Inform potential participant that there are a few questions you would like to ask to confirm their eligibility for the study and that they are under no obligation to respond to any of the questions.

Inclusion criteria for participants in this study are: being female, aged 24-29 years old, identifying oneself as a virgin and heterosexual, having been born in Quebec, having English as their first language, and having completed secondary studies in English in Quebec.

Exclusion criteria for participants include religion as the primary reason for virginity and having engaged in penile-vaginal penetration.

Name: _____

Phone number: _____

Date contacted: _____

QUESTIONS

1) Do you consider yourself female and heterosexual?

2) What is your day and year of birth? (1992-1987)

3) Where were you born?

4) Have you ever engaged in penile-vaginal penetration?

5) Do you consider yourself a virgin?

6) What would you consider the primary reason or motivation behind your

virginity?   (Follow-up: is it religiously-motivated?)

Interview scheduled for: _____

ANNEX B

SEMI-STRUCTURED INTERVIEW GUIDE

INTERVIEW CANVAS

Before beginning the interview
- Read through the presentation of the research and respond to participant's questions;
- Read through the consent form;
- Remind the participant that they can pause or end the interview, the recording, or withdraw from the study at any time;
- Have the participant sign the consent form.

SECTION 1: STARTING QUESTION

Intro: "To begin, I would like you to speak about your current life situation."

Question: "How would you describe a typical week in your life?"

- ☐ Lifestyle
- ☐ School or work life
- ☐ Living situation
- ☐ Romantic relationships

SECTION 2: VIRGIN IDENTITY AND DISCLOSURE

Intro: "Okay, I now have some questions about virginity."

Question: In your own words, why are you a virgin?

Question: In your words, how would you define virginity?"
- ☐ Sexual activity

Question: "What does being a virgin mean to you personally?"
- ☐ Values and attitudes about sex
- ☐ Identity
- ☐ Sexual activity

Question: "How do you feel about your virginity?"

Question: "How do other people make you feel about your virginity?"

Question: "Do you consider being a virgin part of your identity?"
- ☐ How they identify themselves (internal)
- ☐ How others identify them (external)

Question: What do you perceive as positive aspects of being a virgin?

Question: "Do you feel like your virginity influences the way you perceive your femininity?"

If yes **Question:** How?

Question: What are the positive aspects of being a virgin?

Question: "Do you speak openly about your virginity to others now? If so, in what contexts?"
- ☐ Family
- ☐ Peers
- ☐ Romantic partners
- ☐ Reactions of others

Question: How have people responded when you've disclosed your virginity?
- ☐ Who have you spoken to?
- ☐ If had negative reaction, does it make you reluctant to share with others?

Question: "Has your experience or perception of virginity changed at different points in your life?"
- ☐ Adolescence
- ☐ Early emerging adulthood
- ☐ Mid- to late emerging adulthood (present)

Question: "In what context, if any, do you imagine yourself no longer being a virgin?"

SECTION 3: FAMILY ATTITUDES

Intro: "Okay, I now have some questions about your family's attitudes and climate"

Question: "How would you describe your family atmosphere on the topic of sex?"
- ☐ Sexual education/ teachings
- ☐ Attitudes about sex: Openness/ limits
- ☐ Discussion about sexuality

Question: "Were there specific message about sex or sexuality within your family?"
- ☐ Sexual activity
- ☐ Gender

SECTION 4: SEXUAL EDUCATION

Intro: "The next section of the interview is about your sexual education."

Question: "How would you describe your experiences with sexual education?"
- ☐ Formal or informal
- ☐ Content
- ☐ Was it relevant to your needs?

Question: "How would you describe your level of interest in sexual information in adolescence? And now?"
- ☐ Sources of information (internet, friends, porn, etc.)
- ☐ Areas of interest (safer sex, activities, etc.)

SECTION 5: PEER RELATIONSHIP EXPERIENCES

Intro: "Now we have some questions about your peer relationships and experiences."

Question: "How would you describe your relationship with other women?"

Question: "How would you describe your relationship with men?"

Question: "How would you describe your experiences with peers on the topic of sex during your adolescence?"
- ❑ Sexual activity of peers
- ❑ Attitudes about sex
- ❑ Other virgins in peer group

Question: "How would you describe your experiences with peers on the topic of sex after adolescence?"
- ❑ Sexual activity of peers
- ❑ Attitudes about sex
- ❑ Other virgins in peer group

SECTION 6: ROMANTIC RELATIONSHIP EXPERIENCES

Intro: "The next section of the interview is on experienced and potential romantic and sexual relationships."

Question: "Have you had any romantic experiences?"
If yes: "Can you tell me a bit about them?

Question: "Have you had any sexual experiences?"
If yes: "Can you tell me about them?

SECTION 7: INTERNET USAGE AND SUPPORT

Intro: "For the final section of our interview I have some questions that relate to internet usage and support."

Question: "What role does the internet play in your experience of virginity?"
- ❑ Sexual information
- ❑ Social support
- ❑ Forum usage
- ❑ Porn

Question: "Who do you speak to when you need support?"

Question: "Have you ever sought out or considered seeking support from a sexologist, psychologist, or another professional in relation to your virginity?

Question: "Do you feel you would benefit from doing so?"

Question: "In your opinion, what do you view as needs of women who are virgins in their twenties?"

FINAL QUESTIONS

Question: Is there anything you would like to add to your interview?

Question: Were there any questions you thought would be asked or information you feel would be relevant to add?

To end the interview
- Stop the recording
- Ask how the participant felt during the interview, if they found the questions asked to be relevant;
- Ask the participant to fill in the data record;
- Inform the participant that they may be contacted in the future to validate the content of the interview.

ANNEX C

QUESTIONNAIRE

QUESTIONNAIRE

1. **Confidentiality code:** |_____|_____|_____|
                      a   b   yyyy

2. **Pseudonym:** _____

3. **Date of interview:** |_____|_____|_____|
                     dd   mm   yyyy

4. **Age:** _____

5. **Mother's birthplace:** |_____|_____|_____|
                                 city   province/state   country

6. **Father's birthplace:** |_____|_____|_____|
                                 city   province/state   country

7. **Where do you currently live:**

   |_____|_____|_____|
             city   province/state   country

8. **What languages do you speak fluently? (circle first one learned):**

   ☐ English   ☐ French   ☐ Others:_____

9. **What is your sexual orientation?** _____

10. **Do you have a religious or spiritual affiliation?** ☐ Yes ☐ No

    If yes, which one?_____

11. **Not including events such as weddings, funerals or sacraments, how often have you participated in religious activities, services, or meetings in the last year?**

    ☐ About once a week   ☐ Once or twice per year
    ☐ At least once a month   ☐ Not at all
    ☐ At least 3 times per year

12. **What is the highest level of education you have _completed_?**

    ☐ Elementary school   ☐ Graduate studies (Masters)
    ☐ High school   ☐ Graduate studies (Doctorate)
    ☐ CEGEP diploma (DEC, DCS)   ☐ Other: _____
    ☐ Undergraduate studies

13. What is your current life situation? Check all that apply.

☐ Undergraduate student   ☐ Employed part-time
☐ Graduate student (masters)   ☐ Employed full-time
☐ Graduate student (doctorate)   ☐ Other: _____

14. What is your current relationship status? Check all that apply.

☐ Single and dating no one   ☐ Married or civil union
☐ Single and dating   ☐ Separated
☐ In relationship less than 1 year   ☐ Divorced
☐ In relationship more than 1 year   ☐ Other: _____

15. Who do you currently live with? Check all that apply.

☐ Alone   ☐ Sibling(s)   #:_____
☐ Roommate(s)   #:_____   ☐ Grand-parent(s) #:_____
☐ Romantic partner #:_____   ☐ Other(s):_____
☐ Parent(s)   #:_____

Sexual Interest and experience

16. In general, is your sexually more oriented towards others or towards yourself ?

Myself									Others
1	2	3	4	5	6	7	8	9	10

☐ I have no sexuality, neither alone nor with a partner

17. To what extent is your virginity intentional or unintentional?

Completely unintentional								Completely intentional	
1	2	3	4	5	6	7	8	9	10

18. Which of the following activities have you <u>ever</u> engaged in? Check all that apply.

☐ Kissing
☐ Masturbation alone, using hands   ☐ Received oral to genital stimulation
☐ Masturbation alone, with an object   ☐ Gave oral to genital stimulation
☐ Masturbation with a partner present   ☐ Vaginal penetration with a penis
☐ Mutual masturbation   ☐ Anal penetration with a penis
☐ Received hand to genital stimulation from   ☐ Other: _____
partner   ☐ Other: _____
☐ Gave hand on genital stimulation to partner   ☐ Other: _____

19. Which of the following activities have you engaged in <u>in the past year</u>? Check all that apply.

☐ Kissing
☐ Masturbation alone, using hands
☐ Masturbation alone, with an object
☐ Masturbation with a partner present
☐ Mutual masturbation
☐ Received hand to genital stimulation from partner
☐ Gave hand on genital stimulation to partner

☐ Received oral to genital stimulation
☐ Gave oral to genital stimulation
☐ Vaginal penetration with a penis
☐ Anal penetration with a penis
☐ Other: _____
☐ Other: _____
☐ Other: _____

---

20. To what extent are you satisfied with your sexuality

Not at all			Moderately			Extremely
1	2	3	4	5	6	7

Sexual orientation

21. Specify to what degree each of the following statements is true for you:

	Not at all		Moderately			Extremely	
21.1 To what extent are you sexually attracted to men?	1	2	3	4	5	6	7
21.2 To what extent are you sexually attracted to women?	1	2	3	4	5	6	7
21.3 To what extent are you romantically attracted to men?	1	2	3	4	5	6	7
21.4 To what extent are you romantically attracted to women?	1	2	3	4	5	6	7

22. Do you consider yourself to be (please choose the answer that best describes how you feel):
☐ Heterosexual or straight
☐ Gay or lesbian
☐ Bisexual

☐ Uncertain or questioning (I don't know)
☐ Asexual
☐ Other : _____

23. Who have you had a sexual experience with:
☐ No one
☐ Myself
☐ Other sex partners only

☐ Partners of both sexes
☐ Same-sex partners only

24. Who have you had a romantic experience with:
☐ No one
☐ Myself
☐ Other sex partners only

☐ Partners of both sexes
☐ Same-sex partners only

ANNEX D

ETHICS CERTIFICATE

UQÀM | Comités d'éthique de la recherche
avec des êtres humains

No. de certificat: 1045

Certificat émis le: 17-05-2016

CERTIFICAT D'APPROBATION ÉTHIQUE

Le Comité d'éthique de la recherche pour les projets étudiants impliquant des êtres humains (CERPE 4: sciences humaines) a examiné le projet de recherche suivant et le juge conforme aux pratiques habituelles ainsi qu'aux normes établies par la *Politique No 54 sur l'éthique de la recherche avec des êtres humains* (Janvier 2016) de l'UQAM.
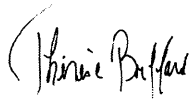
Titre du projet:	Une étude qualitative sur les trajectoires psychosexuelles des adultes émergentes vierges
Nom de l'étudiant:	Melissa Anne FULLER
Programme d'études:	Maîtrise en sexologie (concentration recherche-intervention)
Direction de recherche:	Marie-Aude BOISLARD-PÉPIN
Codirection:	Mylène FERNET

Modalités d'application

Toute modification au protocole de recherche en cours de même que tout événement ou renseignement pouvant affecter l'intégrité de la recherche doivent être communiqués rapidement au comité.

La suspension ou la cessation du protocole, temporaire ou définitive, doit être communiquée au comité dans les meilleurs délais.

Le présent certificat est valide pour une durée d'un an à partir de la date d'émission. Au terme de ce délai, un rapport d'avancement de projet doit être soumis au comité, en guise de rapport final si le projet est réalisé en moins d'un an, et en guise de rapport annuel pour le projet se poursuivant sur plus d'une année. Dans ce dernier cas, le rapport annuel permettra au comité de se prononcer sur le renouvellement du certificat d'approbation éthique.

Thérèse Bouffard
Présidente du CERPE 4 : Faculté des sciences humaines
Professeure, Département de psychologie

ANNEX E

CONSENT FORM

CONSENT FORM – SEMI-STRUCTURED INTERVIEW:
A QUALITATIVE STUDY OF THE PSYCHOSOCIAL TRAJECTORIES OF LATE
EMERGING ADULT FEMALE VIRGINS

PRIMARY RESEARCHER: Melissa Anne Fuller

RESEARCH DIRECTOR: Marie-Aude Boislard

RESEARCH CO-DIRECTOR: Mylène Fernet

TITLE OF STUDY: A QUALITATIVE STUDY OF THE PSYCHOSOCIAL TRAJECTORIES
OF LATE EMERGING ADULT FEMALE VIRGINS

OBJECTIVE: To explore the personal experiences of an intentional sample of late emerging
adult females (24-29 years old) who identify themselves as "virgin"

SUB-OBJECTIVES:

This study aims to explore:

1) late emerging adult female virgins' psychological, social, and sexual experiences of the
    virgin identity;
2) definitions of virginity;
3) implications and needs for sexual education and sexological support among this population.

THEORETICAL MODELS: Lifespan developmental psychology (Elder, 1998; Baltes, 1987),
emerging adulthood (Arnett, 2000), sexual scripting (Gagnon & Simon, 1973)

2

CONSENT FORM – SEMI-STRUCTURED INTERVIEW

This form is part of the typical process of obtaining informed consent. The information presented will give you a general idea of the research project and an understanding of what is involved in your participation. Please take the time to carefully read through and understand the information in this form. If you have a question, please don't hesitate to ask at any time.

PROJECT DESCRIPTION

Past research on the topic of virginity has focused mainly on the risks of early sexual initiation, often with an interest in delaying sexual initiation and/or preventing sexually transmitted infections (STIs) and unwanted pregnancy. Very little research has examined those who delay sexual initiation into late emerging adulthood, a developmental phase defined in this study as the period between 24-29 years of age. The little research conducted with emerging adult virgins has focused on identifying psychosocial factors that could predict delayed sexual initiation, but the personal experiences of emerging adult virgins themselves have yet to be examined. This study aims to explore these experiences through qualitative interviews, and to contribute to the currently limited knowledge on emerging adult female virginity. A more nuanced understanding of these experiences could facilitate more in-depth future research and may help identify sexual education needs for this population.

STUDY PROCEDURES

If you consent to this interview, you will be asked to meet the primary researcher (Melissa Anne Fuller) at l'Université du Québec à Montréal (UQAM) or at a private location of your choosing.

In agreeing to participate you are allowing us to conduct an individual semi-structured interview of approximately 90 minutes with you and to respond to a short questionnaire following this interview of approximately 15 minutes. The audio of this interview will be digitally recorded to ensure the accuracy of the statements reported in the interview. Themes covered in this interview will include your general life situation; virginity and identity; sexual education and attitudes; family attitudes; Internet usage and sources of support; peer relationships; and romantic relationships.

Following the semi-structured interview, a short questionnaire will be administered by the primary researcher (Fuller) to gather socio-demographic data (ex. age, place of birth, occupation, sexual experiences, sexual orientation, religious practices) as well as questions related to well-being (ex: life satisfaction, self-esteem).

You will be offered 20$ for your time participating in this study regardless of whether you complete it in its entirety.

ADVANTAGES AND BENEFITS OF PARTICIPATION

Putting experiences into words and sharing them can provide an opportunity for reflection and understanding that may help some participants contextualize their experiences. While there is no

guarantee that your participation will benefit you, it is an opportunity to speak on a topic that you may not often have the opportunity speak about.

Additionally, you will be contributing to the limited information currently available on this topic, which will allow for more accurate future representations and facilitate further research on emerging adult virginity.

INCONVENIENCES AND RISKS OF PARTICIPATION

An inconvenience of participation in this study may be the time required. There may also be some personal psychological risk associated with reflection and sharing on the topic of your own experiences of virginity. A certain amount of discomfort and anxiety may be experienced before, during or after the interview. You may ask to take a break for any amount of time, or stop the interview at any moment. A referral for support following your interview can be provided upon request, and a list of resources is included at the end of this document. You may also directly contact the research directors at the coordinates indicated further in this document.

CONFIDENTIALITY AND ANONYMITY

All information gathered through this study will remain confidential. You may select a pseudonym to be associated with your data in order to protect your identity. Your name will not appear on the audio recording or data record, only a code comprised of your initials and year of birth will be used.

The audio from your interview and transcription will never be presented in full. On this project consent form, you will have the option to consent to the use of clips from your interview in the context of scientific presentations. You are not required to consent to this in order to participate. If you do consent, you will be contacted at a later date to confirm your consent to the specific clip chosen and the setting it will be used in.

All data gathered during this project (audio recording, complete transcriptions, questionnaires) will be kept under lock and key, encoded and password-protected in the case of digital data, and will be destroyed following completion of the project. Only the primary researcher (Fuller) and professors overseeing this research project (Boislard & Fernet) will have access to the original data, and your identity and information will remain confidential.

Finally, this interview and all gathered data will be used in the context of a masters research project in the Sexology department at UQAM. The findings of the study will be disseminated in a scientific article written for future journal publication, and through presentations and communications at conferences.

Participants have the option to provide the primary researcher with an email address if they wish to receive a copy of the completed research article in order to be informed of the research findings. This information will not be stored in connection to your specific interview.

In accepting to participate in this interview you maintain all your legal rights. Additionally, you are not liberating the primary researcher (Fuller) of their legal and professional responsibilities in a situation that may cause you harm.

ANNEX F

CODING GRID

1. Virginity	2. Relationship to self and one's body	3. Romantic relationships and sexuality	4. Social experiences	5. Needs, support, resources
1.1 DEFINITION (VIRGINITY) **1.2 REPRESENTATIONS (VIRGINITY)** 1.2.1 Self-control 1.2.2 Gift 1.2.3 Process 1.2.4 Stigma 1.2.5 As a barrier to sexuality 1.2.6 Staying true to oneself **1.3 VIRGINITY NARRATIVE** 1.3.1 Reason for virginity 1.3.2 Turning point in virginity 1.3.3 Virgin identity 1.3.5 Imagined contexts to no longer be a virgin 1.3.6 Expectations for virginity loss **1.4 PERCEPTION OF VIRGINITY** 1.4.1 Personal perception of other virgins 1.4.2 Personal perception of non-virgins 1.4.3 Social perception of virgins **1.5 STRATEGIES USED IN CONNECTION WITH VIRGINITY** 1.5.1 Coping strategies **1.6 EMOTIONAL EXPERIENCES CONNECTED TO VIRGINITY** 1.6._1 Shame 1.6._2 Powerlessness or resignation 1.6._3 Feeling stigmatized 1.6._4 Psychological distress 1.6._5 Feeling excluded or rejected 1.6._6 Fears and anticipations 1.6._7 Offset	**2.1 BODY IMAGE** **2.2 SELF-ESTEEM** **2.3 SELF-CONFIDENCE** **2.4 PERSONALITY** **2.5 PROJECTED IMAGE** **2.6 MENTAL HEALTH PROBLEMS** **2.7 HEALTH ISSUES** **2.8 LIFE SITUATION** Activities High school attended Living situation School Work	**3.1 DEFINITION AND REPRESENTATION (SEXUALITY)** 3.1.2 Representation of sexuality **3.2 ROMANTIC EXPERIENCES** 3.2.1 Experiences 3.2.2 No experiences 3.2.3 Looking for in a partner 3.2.4 Perception of relationships 3.2.5 Current relationship **3.3 SEXUAL EXPERIENCES** 3.3.1 Absence of all experience 3.3.2 No experience with a partner 3.3.3 Sexual experiences 3.3.4 Attempted vaginal penetration 3.3.5 Sexual desire **3.4 SEXUAL EDUCATION** 3.4.1 Interest in sexual education and information 3.4.2 Perceived attitudes about sexuality 3.4.3 Method 3.4.4 Reactions to sex ed received	**4.1 FAMILY RELATIONSHIPS** 4.1.1 Culture and religion within the family 4.1.2 Impact of family values and traditions 4.1.3 Relationship with family members 4.1.3.1 Family relationship models 4.1.4 Family atmosphere on sexuality **4.2 PEER RELATIONSHIPS** 4.2.1 Experiences related to sexuality in adolescence 4.2.2 Experiences related to sexuality after adolescence 4.2.3 Friendships 4.2.4 No friends 4.2.5 Bullying 4.2.6 Rejection or exclusion 4.2.7 Response to virginity 4.2.8 Cautionary tales **4.3 PERCEPTIONS OF MEN** **4.4 PERCEPTIONS OF WOMEN**	**5.1 SEEKING HELP OR SUPPORT** **5.2 SPECIFIC NEEDS** 5.2.1 What they'd want other virgins to know

1.6._8 Unfulfilled emotional and intimate needs 1.6._9 Jealousy or envy of non-virgins 1.6.10 Impatience to find the right partner 1.6.11 Feeling alone 1.6.12 Feeling worthless 1.6.13 Impression of not being good enough 1.6.14 Neutrality 1.6.15 Pride 1.6.16 Feeling of uniqueness 1.6.17 Hope 1.6.18 Acceptance 1.6.19 Power 1.6.20 Mixed feelings 1.6.21 Insecurity 1.6.22 Comfort or discomfort with sexuality 1.6.23 Happy 1.6.24 Lack of trust 1.6.25 Feeling reduced to virgin status 1.6.26 Regret over lost opportunity 1.6.27 Questioning sexuality 1.6.28 Feeling different 1.2.29 Feeling weird 1.6.30 Frustration **1.7 DISCLOSURE OF NON-DISCLOSURE OF VIRGINITY** 1.7.1 Context 1.7.2 Motives for disclosure or non-disclosure 1.7.3 Reaction of others 1.7.4 Disclosure at time of virginity loss **1.8 PERCEIVED POSITIVE ASPECTS OF VIRGINITY** **1.9 CHANGE OVER TIME** 1.9.1 Adolescence 1.9.2 Early EA 1.9.3 Present	3.4.5 Criticisms of sex ed received **3.5 PORNOGRAPHY** 3.5.1 Experience 3.5.2 Impacts 3.5.3 Perception of pornography	**4.5 REPRESENTATIONS OF GENDER** 4.5.1 Masculinity 4.5.2 Femininity 4.5.3 Gender roles **4.7 SOCIO-CULTURAL NORMS**

6. NOT PERTINENT

ANNEX G

CONCEPTUAL CATEGORIES

1. **Framing Virginity: making sense of not having sex**

    1.1. The "first time" as a relational event with high potential for emotional "complications" (11)

    1.2. A temporary identity with enduring symbolic meaning (9)

        1.2.1. Virginity as a "statement" of strength and self-respect (3)

        1.2.2. Virginity as "always there" and therefore a "big part of who you are" (6)

        1.2.3. "A vicious circle": virginity and associated stigma as a barrier to relationships and intimacy (6)

2. **Disclosure and concealment: Managing virginity stigma**

    2.1. Context-dependent disclosures: Reacting with peers (11) and initiating with partners (6)

        2.1.1. Casual disclosures in reaction to unexpected situations with peers (11).

            2.1.1.1. A "mix of feelings" in response to a reactive disclosure (6).

        2.1.2. Proactive disclosure as a strategy for expectation management, understanding, and mutual disclosure (6).

            2.1.2.1. A "full spectrum" of extreme reactions to disclosure (6)

    2.2. Resilience when faced with stigmatizing reactions to disclosure (4)

    2.3. Stigma as a catalyst for non-disclosure: passing and concealment (11)

        2.3.1. Managing stigma by passing as a non-virgin (8)

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