

Chapter 1. A theoretical discussion of psychosexual illness – creative reading and writing as care

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Abstract

This theoretical study outlines the application of creative reading and writing to women affected by issues of sexual dysfunction. A frame of the UK healthcare system and current treatment practices will be maintained, with a view to exploring the possible applications of theoretical reading and writing in self-care for those who are affected by these illnesses. The paper will aim to briefly discuss two primary female illnesses of sexual dysfunction, namely dyspareunia and anorgasmia, and their relation to theoretical writing as a possible care practice. The huge diversity of experiences lived by women who are diagnosed with these conditions cannot be overlooked, and this paper will not attempt to provide answers to all of the multiple and complex issues that women seeking treatment for psychosexual illness may be faced with, but will rather be a focused exploration of one possible treatment avenue for psychosexual disorders. It will be argued that a practical use of creative reading and writing in the sphere of psychosexual illness is not only possible, but could be beneficial to women affected by these problems.

Keywords: female sexual dysfunction, psychosexual illness, dyspareunia, self-care.

Theoretical background

In caring for women with psychosexual disorders, the extent to which health practitioners work with “‘non-specific’ issues is rarely recognised”, and further to this “clients rarely present with ‘a simple, focal problem; often this is embedded in complex historical and contemporary issues” (Firth & Mohamad, 2007, p. 222). Approaching care for psychosexual issues often therefore requires the service user to be the point of contact for many different agencies, including medical departments such as urologists,

gynaecologists, physiotherapists and psychosexual therapists, as well as being dynamic in seeking, regularly attending, and following up on care. In the National Health Service in the UK, waiting lists can be as long at 18 months in some trusts to be seen for an initial appointment by a psychosexual therapist, and the client is often left with a choice between receiving only medically based treatment until they are at the front of a long waiting list, or paying privately for therapy sessions. Dyspareunia, that is to say “recurrent or persistent genital pain associated with sexual intercourse” (Basson et. al, 2000, p. 890), and anorgasmia, defined as the “persistent or recurrent difficulty, delay in or absence of attaining orgasm following sufficient sexual stimulation and arousal, which causes personal distress”, (Basson et. al, 2000, p. 890), are two such psychosexual disorders which can be embedded in a multitude of psychological, physical, emotional, and societal issues. It is noted in psychosexual illness that there “appears to be significant co-morbidity among diagnostic categories (for example desire, arousal, orgasm, sexual pain disorders)” (Basson et. al, 2000, p. 890), as well as these being disorders which cause “marked distress” and “interpersonal difficulty” (Basson et. al, 2000, p. 890). In short, issues which may come to the fore as difficulty in sexual experiences for women may actually be involved in a much more complex dynamic, one which is seldom treated in a standard way for women presenting with identical problems.

Hélène Cixous, whose writing will be discussed in a moment, is an academic famous for her work on the concept of *écriture féminine* - loosely translated as ‘women’s writing’, with connotations of writing for women by also *by* women *for* women, and her ideas on emancipation of the self, especially the female self. Cixous herself (1994, p. xvi) states that ‘no one fragment carries the totality of the message’ in her work and that “[t]here is no true art which

does not take as its source or root the universal regions of subjectivity” (Cixous, 1994, p. xvii), stressing that her work may not be taken as conveying one simplified or singular message, but rather should be open to interpretation by the reader. In *Souffles*, this idea is explored in great detail. The narrator compares the creative process of writing, whether writing about one’s feelings, about life or about nothing much at all, as taking flight, and declares that “when flying, the primitive, greedy, avid, stubborn, wild woman releases herself” (Cixous, 1975, p. 180), and this flight of the unconscious is the only way to escape the “enslavement to Death” (Cixous, 1975, p. 181) imposed upon women by rigid political, stylistic and literary forms. The narrator then affirms that “we, those who are flying, we have a point to make – about bodily pleasure, about the right to ascend” (Cixous, 1975, p. 181), linking with certainty the idea of the contravention it means to let the unconscious take flight through writing and the “bodily pleasure” which can be obtained by writing about one’s sexuality. Cixous does not champion an essentialist view that women *must* write or that there is one single truth to be achieved through this writing; she is simply proposing a way for women to liberate themselves and their bodies through the writing of their own experiences, and if they so wish, their sexuality. She does not claim that there is a single homogenous sexuality that applies to all women, but that women might discover for themselves their own sexuality through self-expression and writing. This writing, as well as readings and personal interpretations of Cixous that guide such expression, can create a helpful interpretative distance between women and their illness, and offer a new and enriching perspective on bodily expression for those women affected by sexual dysfunction.

Just as in *Souffles*, we hear about the liberating and highly personal act of writing the self, in 'The Laugh of the Medusa', Cixous's seminal work, we hear about how writing is equated with the "extraordinary creative richness" of "masturbation" (Cixous, 1975/2010, p. 38), inextricably linking writing to sexuality. Avoiding the essentialist idea that female sexuality is "uniform" or that it is possible to talk about "a shared unconsciousness" for women (Cixous, 1975/2010, p. 38), Cixous identifies in *Souffles* that the expression and eventual recognition of female sexuality is only possible when factors such as maternity, a transparency in writing the body and its intimacies and a profound knowledge of oneself are fully achieved. Of course this liberating process will be different for all individual women taking part in it, and the subjectivity which is so important in treating individuals with psychosexual disorders is embraced and celebrated in the works of Cixous. She is, it might be said, at the forefront of proposing an inclusive reconsideration of female sexuality, presenting it here as intertwined with an exploration of the self and the unconscious, and of relations to others and possible sexual partners.

Method / Description of the experience

Coward, in her discussion of alternative therapies, warns against the re-defining of health opinions where the "body and its well-being has become the major site where individual attitude, strength of will, and commitment of wholesomeness can be expressed" (Coward, 1990, p. 90), and the burden of treating, or of positively working towards more satisfying sexual experiences, is often left down to individual women. Psychosexual illness can be linked to any number of issues: physical or emotional trauma, hormonal imbalance, chronic illness, fatigue, stress, or relationship

problems, as well as in some cases arising and causing great distress for no apparent reason whatsoever. Individual attitude is in strong focus in treatments for psychosexual illness, and this proposition for creative reading and writing offers an entirely inclusive appreciation of sexuality and identity, where wholesomeness, or will to succeed in achievement of fixed goals is not a primary aim. Instead, it suggests an alternative means of expression to women, rather than imposing a plan that women need to adhere to. Significant co-morbidities, as outlined by Basson et al. (2000), and common lack of a “simple, focal problem”, as outlined by Firth and Mohamad (2007), render the provision of a structured and target-driven treatment plan unhelpful for some women, and this target-driven plan is often all that a National Health Service with limited resources can offer. Creative reading and writing, though perhaps more difficult to measure in terms of targets, are free to access for service users, as most of Cixous’s literature may be found for free online or can be reproduced for patients in any number of translations, and so this alternative is not only complementary to the treatments available without burdening women entirely with their own treatment outcomes, but is largely without cost to women and the health service where they seek treatment.

Results

The difficulty of such an abstract approach is that it would take a certain level of motivation from service users, as well as perhaps further pushing the burden of their care back on to them if used systematically as part of a target-driven care plan. It could be proposed, then, that instead of using this ‘feminist’ literature as an element of the formal care plan, to be observed and regulated, it could be seen as something women could actively take part in

as and when it suits them, and when they feel it pertinent or necessary. This proposition has been discussed on a practical level with experienced and well-versed psychosexual counsellors, as well as specialist gynaecology nurses in several UK healthcare trusts. They have agreed that this is an entirely possible approach to treating psychosexual illness, but argue that without standardised management of psychosexual illness, treatments can lack structure and important physical or emotional issues may be missed. The conclusion reached was that with every case being different and often representing more than the simple problem of dyspareunia or anorgasmia alone, a sensitive, inclusive and well-constructed care plan is essential, and complementary or creative therapies for treatment would be welcome when received well by patients and service users.

Research needs to be carried out on a much larger scale about the efficacy of treatments for psychosexual health issues, and it would also be helpful to be able to gauge how many women and couples who are affected by psychosexual illness have used treatments other than those prescribed to them to attain a more fulfilling relationship with sex. Cixous's advice may seem abstract and perhaps idealistic, but at the heart of it is a call to action in much the same way that practitioners implement an action plan for women. Instead, it is a call for freedom of expression, without fear of judgement or boundaries. This is exactly what much of the movement for psychosexual therapy and current treatments encourage, and once physiological problems have been addressed, often the attention is turned to more psychological and expressive elements of disorders. This is especially true considering that even where problems were initially physical, the complex and private nature of psychosexual illnesses often means that talking about them can be seen as taboo, or highly emotionally charged. It is through exploration of

feelings, experiences and complex social and physical issues that the women affected by psychosexual illness often work towards an acceptable outcome in psychosexual therapy – often the relative lessening of pain on sexual contact for those with dyspareunia, or for those with anorgasmia, participating in satisfying sexual experiences with or without eventual orgasm. Alternatively, treatment can work towards a reframing and reconsideration of the sexual experience for women or for both partners in a given couple, where perhaps orgasm is not an end goal, and sexual pleasure is sought through alternative means, or sex is redefined for individuals to avoid physical sites that cause pain on contact. Services such as psychosexual therapy, which are often already approached as complementary to traditional medical treatments, are often the only services touching on these intimate subjects, and despite the fact that nearly 1 in every 10 British women finds sex painful (Roberts, 2017), there seems to be a lack of awareness or knowledge about the available treatments, and further potential difficulties such as long waiting lists and poor co-ordination between agencies once treatment is sought.

Discussion

It is difficult to define the experience of women who suffer from disorders of sexual function as singular, and this is clearly reflected in broad history-taking in clinical settings. Once this subjectivity is acknowledged, a frame can be constructed to allow free, supported and supportive expression for those women who feel that writing and reading would aid their recovery or better their situation, as a complementary option to the treatment options available in the UK on the NHS. Where writing is not a priority for individual patients, reading might be suggested as another option, with the

writings of Cixous actively encouraging women to consider their relationship with their bodies and their sexuality. Whilst readings of real patient testimonies and provision of factual information put forward by some support networks can be helpful, reading theoretically about female sexuality and its expression offers a more abstract, impressionistic view on such problems as dyspareunia and anorgasmia. The focus on 'wholesomeness' or measurable targets is not present in such a reading and writing, and neither is the distanced, objective language of medical dialogue or information leaflets. The multiplicity of experiences brought by women with psychosexual illness to clinical settings may therefore be embraced, and an alternative avenue for exploration of sexual practices, experiences and self-regard may be forged, to find alternative and better ways of approaching sex and sexuality for women with psychosexual disorders.

References

- Basson, R., Berman, J., Burnett, A., Derogatis, L., Ferguson, D., Fourcroy, J. ... Whipple, B. (2000). Report of the international consensus development conference on female sexual dysfunction: definitions and classifications. *The Journal of Urology*, 163, 888-893.
- Bray A. (2004). *Hélène Cixous: Writing and Sexual Difference*. Basingstoke: Palgrave Macmillan.
- Cixous, H. (2010). *Le Rire de la Méduse in Le Rire de la Méduse et autres ironies* (pp. 35-68). Paris: Galilée. (Original work published 1975).
- Cixous, H. (1994). Preface to S. Sellers (Ed.), *The Hélène Cixous Reader* (pp. xv-xxii). London : Routledge.

- Cixous, H. (1975). *Souffles*. Paris: Des Femmes
- Coward, R. (1984). *Female Desire*. London: Paladin.
- Coward, R. (1990). *The Whole Truth: The Myth of Alternative Health*. Reading: Faber and Faber.
- Firth, M., & Mohamad, H. (2007). Men, sex and context in psychosexual therapy: finding a suitable frame. *Sexual and Relationship Therapy*, 22:2, 221-235.
- Roberts, M. (2017). Sex is painful for nearly one in 10 women, study finds. *BBC News online*. Retrieved January 26, 2017 from <http://www.bbc.co.uk/news/health-38729240>.