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11 Narrating a Sense of (Sexual) Well Being

JO WOODIWISS

I just had a problem with sex and I didn't know where it came from.

Abstract

Childhood sexual abuse (CSA) is believed to be so (inevitably) damaging that its effects can be seen in adulthood. Within the therapeutic world of recovery women are told how to claim their right to a brighter future within which the desire for a fulfilling sex life is seen as a sign of healthy womanhood. Although we have come a long way from the idea, prevalent in the 1970s, that sexual abuse in childhood ruins young girls for sex with men when they grow up, sexual difficulties – too much sex or not enough, the wrong kind or with the wrong partner – are still seen as symptoms of CSA in the lives of adult women. In today's world of recovery women might be told they 'owe it to themselves' not 'to their man' but they are still told that they have a problem if they do not fit neatly into prescribed roles of longing, desire and satisfaction.

Introduction

This paper is based on an ESRC funded research project looking at women's engagement with the CSA recovery literature. Not all of the 16 participants (who by their own definition had continuous, recovered or false memories of CSA) identified or sought a solution to a sexual problem but of those who did none took an uncritical approach. Most of the therapeutic and recovery literature aimed at adult victims of CSA includes a section on sex and relationships. Although sex was not a major concern to the women in this study, a problematic relationship with sex did feature in the majority of their accounts. Here I explore the paths they negotiated and show that, whilst some were able to work out a lifestyle they were happy with, others may be better served by a literature that does not encourage them to identify themselves as damaged, or in need of a sexual relationship.

Identifying Sexual Problems

A central premise of the recovery literature is the distinction between childhood innocence and adult knowledge (Kitzinger, 1997; Reavey, 2003). Whereas the non-abused child is defined as sexually innocent the healthy adult woman is defined as sexually knowledgeable and active. This allows for both sexual knowledge or activity in children and lack of knowledge or activity in adult women to be defined as evidence of sexual abuse. Not only does the healthy adult woman have the right to a happy and fulfilling sex life but this is something she should desire. Lack of a partner is no excuse as women are encouraged to develop a sexual relationship with themselves as well as, eventually, with a partner. Failure to do so is seen as evidence of psychological damage and, within the context of sexual abuse recovery, as evidence of CSA.

Most of the therapeutic and recovery literature includes a section on sex and relationships and women are encouraged to identify 'symptoms' in their own lives. *The Courage to Heal* (Bass and Davis, 1988) has a checklist to help the reader identify problems or difficulties they are having with sex.

- Are you able to stay present when making love? Do you go through sex numb or in a state of panic?
- Do you try to use sex to meet needs that aren't sexual? Can you accept nurturing and closeness in other ways?
- Do you find yourself avoiding sex or going after sex you really don't want? Can you say no?
- Do you feel your worth is primarily sexual?
- Are you sexual with partners who respect you? Have you ever had partners who sexually abused you?
- Do you experience sexual pleasure? Sexual desire? Do you think pleasure is bad?
- Are you turned on by violent, sadistic or incestuous fantasies?
- Do you have sex because you want to, or because your partner wants it?

(From Bass and Davis, 1988: 37-8)

These checklists reveal a number of assumptions which underpin much of the literature. Some of the literature does acknowledge that in contemporary western society women are bombarded with cultural messages around women and sex which mean that sex can be problematic and complex for women (Bass and Davis, 1988: 239) and that many of the 'symptoms' are associated with women generally (Reavey, 2003). However, this is then dismissed as difficulties are said to be compounded for women who were sexually abused and it is their reaction to having been abused that is constructed as problematic.

There are, it is argued, 'several ways a survivor may relate sexually' (Dinsmore, 1991: 92) which are by definition seen as unhealthy and problematic:

She may be asexual, having no sexual contact with anyone... she may be very sexual with numerous partners but not feel emotional or physical pleasure. She may feel obligated to be sexual in a primary committed relationship but not feel any pleasure. (Dinsmore, 1991: 92-93)

Central to the recovery literature is the belief that women have the right and should want to be sexually active – but in a way that involves just the right amount of sex, with the right amount of pleasure and engaged in for just the right reasons. These messages come at a time when the margins for women between being too sexual and not sexual enough have narrowed to produce 'an even more slippery tight rope for women to walk' (Jackson and Scott, 2004: 248). The literature promises women a route to a happy and successful sex-life but does so by shifting attention from these messages to the psychology of the survivor, whilst also drawing on them to suggest what is appropriate.

The therapeutic and recovery literature does recognise women's vulnerabilities but within a context that promotes the idea of liberation, choice and women's agency (Kitzinger, 1993; Reavey, 2003). Reinforcing rather than challenging cultural pressures on women, the recovery literature holds up the achievement of an intimate sexuality as a measure of women's recovery and therefore as a goal to be achieved or aimed at. There is, as Bass and Davies cajole:

No finish, no goal except intimacy, honesty and pleasure. (Bass and Davis, 1988: 248)

Sexual fulfilment is not simply the key to personal happiness (Heath, 1982; Jackson and Scott, 2004) but is held up as the measure of healthy womanhood. No longer told they 'owe it to their man', women are now told they 'owe it to themselves'. Many advice manuals do not mention the gender of a woman's partner, although some include a section on lesbian sex. Instead they present a gender-neutral analysis of sexual violence which fails to acknowledge different socio-political and personal meanings between lesbian sex and sex with men and assume there is nothing about CSA that might have implications for women's relationships with men (Kitzinger, 1993).

Childhood and Sexual Innocence

Within the recovery literature the healthy (non abused) child is constructed as sexually innocent and this allows for the idea that sexual thoughts or activities, identified as inappropriate in children, must have come from outside the child.

The majority of participants lacked memories of CSA and childhood was largely a time they reconstructed through the identification of symptoms in their adult lives. However, it was also a time to which they returned, to identify or explain sexual or other behaviours which they believed to be wrong or inappropriate:

It made sense of why I felt the way I felt... I kept things hidden and I was ashamed of things like I used to masturbate a lot when I was very very young and when I was at primary school. (Fiona)

Fiona was able to overcome the shame she felt for her child self but it was the definition of childhood as a time of sexual innocence that served to define her behaviour as shameful. The recovery literature does not acknowledge that (non-abused) children are sexual and might engage in sexual activities. When such behaviour is identified it can only be recognised as evidence of sexual abuse. An alternative construction of childhood, which accommodates children's sexuality and allows for the possibility of sexual activity, at least when viewed from an adult perspective (Gagnon and Simon, 1974; Jackson, 1982), would not define this behaviour as problematic and in need of explanation. Within such a construction, sexual activity in children would not inevitably be seen as evidence of sexual abuse.

The recovery literature writes of childhood as if it were a natural category and, although there is no 'benchmark' to tell us the difference between the child and the adult (Stainton Rogers, 2001), this literature is written as if there were. Sexuality is central in maintaining the boundary between childhood and adulthood (Burman, 1995) and therefore takes on added significance within the context of sexual abuse. This, more than other forms of abuse, is said to disrupt the child's natural development to adulthood but as abuse is defined as sexual it can mark the transition to adult status and therefore need no longer be defined as abusive. However, not all women accepted the construction of childhood as a state of innocence or found it to be helpful.

When Jay revisited the period of her abuse she did not believe she was returning to a time of innocence or even childhood:

I was a woman in my granda's bed from three years old and I got swapped for being my stepfathers' mistress and my stepbrother's mistress and then the other rapes and abuse went on around it. (Jay)

She had not felt like a child when she was abused and although she found the idea of childhood innocence unhelpful it did form the background against which she interpreted her childhood experiences. She had been a victim of years of abuse, some sexual, perpetrated by a number of men. Her understanding of childhood innocence contributed to her inability to identify herself as a child and prevented her seeing her experiences as abuse. As she says:

I didn't feel I was a child and I think that's part of why I couldn't accept it as abuse. (Jay)

Jay did not refer to the idea that girls relinquish their child status if they are sexually active or even abused (Burman, 1995) but it was part of the background against which she interpreted her own experiences and may have contributed to further abuse in her childhood. Jay, once she had been sexually abused, could not lay claim to the protective veil of childhood innocence and could be viewed, by both herself and others, as someone who could not be abused - not because she was safe but because what was done to her need no longer be interpreted as abusive.

The Adult Woman

Whereas a lack of innocence is used to identify the abused child it is often a lack of sexual activity or desire which is used to identify the formerly abused woman.

The self-help book said that people who had been sexually abused found it difficult to accept relationships... That you're still like the child locked up really inside an adult body and it can cause relationship problems and also it's all about being comfortable with yourself and accepting yourself as a woman. (Tracey)

Sexual difficulties, including lack of interest, was a theme which permeated many women's accounts but for most it came to the fore only occasionally. Where women did engage with discourses around sex and sexuality this was complex and reflected not only their need to make sense of their lives up to the present but also to negotiate a future which they may or may not wish to include sexual relationships. For some, although they did not dwell on their lack of interest in sex, it was this which contributed to their coming to believe they had been sexually abused:

Because I had no interest in sex and that to me was the reason why I was not interested in sex. (Hazel)

I thought well maybe that's what it is, I've been raped at some stage and just blocked it out or you know something has happened. Because I was very, I wouldn't let anybody really touch me at all. (Pat)

Hazel and Pat had both used sexual problems to identify a history of abuse but for others the recovery literature could also be used to overcome sexual difficulties experienced in adulthood. Tracey had sought help before to deal with her sexual difficulties and believed her new therapist when he told her:

You've got a reason...why you're blocked, maybe if you weren't blocked... you would be enjoying a sex life. (Tracey)

This advice can be reassuring as it provides women with a reason for difficulties and because, although it helps to construct them as the problem, in identifying an area to be worked on, it also offers the possibility of improvement.

Sexual Difficulties

The participants all drew to some extent on the idea that the healthy, adult woman should (want to) engage in sexual activity. Whereas some sought to explain a lack of interest in sex, others wanted to explain the sexual activity they engaged in or their reasons for doing so:

a longing for love and attention got mixed up with sex and led me into repetitive short-term affairs that never developed into the relationship I craved. (Jenny)

...I was having a rough time in a relationship and the only way I could relate to anything at the time was on a sexual basis, which again is classic. (Sarah)

It made me more precocious, more insular, promiscuous, frigid...unloving and unloved. (Frances)

The recovery literature offered these women an explanation together with the possibility of relationships they wanted.

The literature identifies right and wrong reasons for engaging in sexual activities and women are encouraged to identify those reasons which are wrong and conform to those which are right. The survivor is told that she 'may mistake sex for intimacy and love. She may use sex to fulfil other needs, such as for affection, acceptance, closeness, or power' (Dinsmore, 1991: 93). Jay learnt that sex could be used to help her negotiate aspects of her life and whilst on one level she accepts the idea that this a 'wrong' reason to have sex she goes on to reject the problems this position would leave her with:

...I just found that if Stewart was in the mood I'd have sex just to placate him. It wasn't even his suggestion or idea it was just, well it will put him in a better mood. I just found I was having sex for all the wrong reasons... I realise I use sex as a tool erm, it's just very rarely I'll have sex because I feel affectionate and loving and just want to make love. It made me really concerned about it for a while and now I've decided that basically if that's how I am, that's how I am and I just live with it rather than worrying about it... all the time and creating more problems.

(Jay)

For some it was a sexual problem, although not necessarily related to CSA, which first led them into therapy and which led them to believe they had been sexually abused. As Beccy says:

I didn't know the source of the problem then I just had a problem with sex and I didn't know where it came from, I didn't have a clue.

(Beccy)

She later went on to attribute this problem to having been sexually abused as a child – the longer she went without memories the more traumatic she believed the abuse to have been.

Tracey's first experience of therapy was also related to what she perceived to be a sexual problem. She had continuous memories and for her the link was clear from the outset:

The first therapy I went to was a couple of years ago before I met David and erm that was talking to someone about sexuality because I wasn't comfortable with that as well, sex and it just wasn't... you know if I wanted to lose my virginity I didn't feel comfortable because I had been tampered with.

(Tracey)

These beliefs were, for some women, introduced by others. It was, for example, Fiona's boyfriend who first raised the idea that she was damaged:

He feels as if it's a barrier and as if it's like a thing that's broken and it's unfortunate that that thing doesn't work properly. That our sexual intimacy, my sexuality is kind of damaged. It's not whole it's been damaged by what happened. It's quite hard because I don't really like feeling damaged I would like to feel have a sense of being whole.

(Fiona)

Whilst many of the participants drew on the recovery literature to explain, excuse, or negotiate their own sexuality many of their accounts also included experiences which provided alternative explanations for their sexual difficulties. This was particularly noticeable in the accounts of women with continuous memories. Tracey, for example, connected her sexual difficulties with CSA, but her account included an alternative explanation:

I wasn't educated properly in these things... and my mum just put me right off at the beginning, she put me off when I was about 18 when I first approached her and asked if she could talk to me about sex and stuff. She went oh no sex is horrible; it's like a knife going through inside you. I remember she still said that to me, I still remember the day she said. Afterwards those words followed and followed.

(Tracey)

CSA is not the only explanation available to women and they drew on it only as long as they believed it would explain and help them improve their lives. Tracey's account included references to her mother but it was a history of sexual abuse that she focussed on. She was able to draw on a number of explanations to explain and improve her life but it was the sexual abuse recovery literature that she believed had led to improvements.

Learning to be Sexual

The literature, having alerted women to possible difficulties, offers them a way to achieve sexual fulfilment. Women might look for examples of sexual problems in their own lives, or redefine as problematic, experiences with which they were previously happy or content. Others were able to explain symptoms they had already identified as problematic or wanted to address:

So the self-help books really helped with that because they show you...these could be the symptoms and what you could do.

(Tracey)

Women may be bombarded with advice but they were not forced to follow it. In constructing an abuse narrative women are not only reconstructing their identities but also devising strategies for living. Whilst some used the literature to develop a fuller, more active sexuality, others used it to negotiate something very different.

Hazel initially believed her memories of abuse, uncovered during hypnotherapy, because they made sense to her: she was having difficulty losing weight and was disinterested in sex. However, she also acknowledged that this might not be the only reason for constructing an abuse narrative:

I'm not sure I really do not know. Whether it's an excuse... because my sexual life is horrendous and... I don't know whether that's sort of an excuse if you like.

(Hazel)

Whilst at times she accepted the construction of the healthy adult woman as sexually active, Hazel was also aware of the cultural pressures on women to conform to this role:

There's too much pressure on us. Far too much pressure on us you should do it when you feel like it not because you have to do it and that's how it should be.
(Hazel)

Although she sometimes drew on a sexual abuse narrative to help her negotiate this path it was not the only one available to her. She recognised that a biological/medical model also provided her with a way to avoid a sexual relationship. As she observed:

It could be my hormones; it could be anything couldn't it?
(Hazel)

The discourses available to Hazel were not without problems. Although she believed women should only engage in sexual activity if and when they wanted to, this was challenged by the construction of the healthy adult woman as sexually active. Both biological and CSA discourses offered Hazel a way to negotiate a path which avoided sex, whilst maintaining a relationship with her husband. It may be that for Hazel a sexual abuse narrative offered the best way to avoid a sexual relationship but it did involve constructing herself as a victim and accepting the possibility that she had been abused by her father. At the time of the research she rejected neither, but believed instead that she might have been abused by someone else. Although this allowed her to maintain a positive image of her father whilst also claiming the 'benefits' of an abuse history it was not a narrative she was entirely happy with.

In contrast, both Tracey and Beccy wanted to develop or improve sexual aspects of their relationships, and were happy to accept that a history of CSA was the cause of their present difficulties. Both women accepted the construction of themselves as psychologically damaged and they engaged with the literature because they believed it would help them improve their lives. They had also read widely in the area of self-help and self-improvement and had, at an earlier date, also been involved in therapy specifically to address sexual problems. It may be that it was in the sexual abuse recovery literature that they found the best prospect for achieving their aims.

Conclusion

Women who engage with the sexual abuse recovery literature are constructed as weak, vulnerable and at the mercy of misguided therapists or the ongoing effects of sexual abuse. However, as I have attempted to show, they engage with this literature for a variety of reasons and in varied, at times critical, and

often complex ways (Woodiwiss, 2005a, 2005b). Not all women identified a sexual problem in their lives but for those who did, the literature offered them the possibility of negotiating a sexuality that they could both achieve and be happy/comfortable with.

It may be that for women who struggle with their own sexuality this literature is the best available option. Although they must accept they have been damaged, women can then negotiate the extent and speed of their 'recovery' and in doing so negotiate the degree to which they do, or do not, engage in sexual activities. In the short term the sexual abuse recovery literature may be the best framework available to women wishing to address aspects of their sexuality or sexual relationships – whether or not they were sexually abused as children. However, I believe we should be looking to create a space and a language in which women can negotiate their own sexuality which might for example include intimacy but not sex, without having to construct themselves as psychologically damaged and in need of healing - sexual or otherwise.

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