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### Original Citation

Woodiwiss, Jo (2016) Should we use sex as a measure of recovery, well-being and healthy adulthood? Reflections: Alumni Journal. pp. 9-12.

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## **Do Jo Woodiwiss: Should we use sex as a measure of recovery, well-being and healthy adulthood?**

We live in a society that is increasingly informed by a therapeutic culture which has seen an explosion of self-help, self-development and recovery literature, and where greater and greater emphasis is placed on looking inward for possible causes of and solutions to difficulties we are encouraged to identify in our lives (Simonds 1996, Showalter 1997, Woodiwiss 2009, 2013). The majority of this literature is read by, and arguably aimed at, women who are told they are entitled to happiness and success and failure to achieve this can be seen to result from past (often traumatic) experiences which they might but also might not remember, at least in the common understanding of memories. Whilst not suggesting we should advise women against reading this literature, I do argue for caution and the need to look beyond the perceived damaged psychologies of those who are unhappy and dissatisfied with (aspects of) their lives if we are to improve the lives (sexual or otherwise) of all women.

Whilst this self-help literature encourages its readers to construct their own 'damage narratives' and identify their own damaged selves as the cause of present unhappiness - there is also a relentless optimism in much of this literature. It promotes itself as a route to 'self creation', 'damage control' and 'revival' whilst at the same time promising to reveal the 'true' self (Simonds 1996) and readers are directed to return to this 'real', 'authentic', or undamaged self free from the effects of their traumatic life. This enables the reader to identify all kinds and degrees of damage at the same time as promising a way to remove that damage and 'start again' to become the person she should or would have been (Woodiwiss 2013). Of course, in doing so they are also being asked to remove any lessons they might learn from that experience. At the same time readers are warned that failure to embark on this project of the self will lead to a catalogue of ills: not only unhappiness, dissatisfaction, victimisation and self-sabotage but also a range of problems or difficulties associated with sex and intimacy such as sexual dysfunction, lack of sexual pleasure or desire, too great an interest in sex whilst lacking intimacy, and problems with intimacy (see for example Bass and Davis 1988, 2008, Blume 1990, Parks 1990). Within this, the role (or lack thereof) of their sexual partner is often missing, further reinforcing the idea that the readers / victims are responsible for any failings within their intimate sexual relationships.

Central to this construction of healthy womanhood is what (drawing on Rich 1980) I have called 'compulsory sexuality' (Woodiwiss 2008), whereby the healthy adult woman is constructed as sexually knowledgeable, active and desirous – but only in the right way and for the right reasons. In contrast, the unhealthy adult woman, the woman who is seen to be in need of healing and recovery, is constructed as lacking sexual desire and having a problematic relationship with sex. This ideal sexual woman is not confined to the sexual abuse recovery literature. When the magazine *Cosmopolitan* turned 40 (Feb 20th 2012) the editor, Louise Court, suggested in an interview that 'Most people prize having a happy relationship as one of the most important things in their lives, and one of the keys is having a happy sex life'. She went on to say, perhaps not surprisingly, that in the twenty-first century sex still sells. However, not only does sex sell, sex is itself a big seller. There is now a proliferation of advice or self-help manuals for those wishing or needing to improve what and how they 'do' sex, with over 8,000 sex guides listed on Amazon.co.uk. These manuals offer advice on how to improve one's sex life but also convey a note of caution. The majority of contemporary sex manuals argue that 'sex is integral to the maintenance of a long term relationship' (Gupta and Cacchioni 2013:447). Sex, the writers tell us, is important for our personal well-being as well as our relationships and whilst the avoidance of sex can take a heavy toll on our relationships sex can 'help us grow as people and as partners' (Comfort and Quilliam 2009:9).

Whether or not we actively seek out the information in these manuals the messages they contain also permeate more everyday cultural texts such as films, magazines and television and radio programmes. What these texts tell us is that sex is important, sex is fun and sex is a bit naughty. Sex is also something we should all want, should all have and should all enjoy. There is also the suggestion that most of us don't know quite how to do it or at least how to do it right. It is no longer enough to 'simply have sex, but there is also pressure for the sex to be immensely enjoyable' (Przybylo 2011: 448). This not only puts pressure on all women to construct a (particular) active sexual self but helps to construct

those who do not as problematic, and directs them to seek both cause and solution in their damaged psychologies. One such cause is said to be childhood sexual abuse. So dominant has this become that much of the self-help literature aimed at survivors of such abuse encourages readers to use the idea(l) of an active sexual self as a measure of health, well-being and ultimately womanhood. At the same time, those with no concrete memories of having been sexually abused in childhood are told that if they are unable or unwilling to construct a particular sexual self they might have been sexually abused as this is seen to be a consequence.

As a sociologist with an interest in both sexual abuse and contemporary narratives I explore the role of dominant or currently circulating narrative frameworks to explore how and why women might engage with the sexual abuse recovery literature and what the benefits as well as drawbacks of reading this literature might be. Drawing on research looking at women's engagement with therapeutic/self-help literature aimed at self-identified victims of childhood sexual abuse, I argue that dominant narratives of healthy womanhood not only direct women / readers of self help/recovery literature to see themselves as damaged and in need of healing but allow for women who are not, or do not wish to be, sexually active to be identified as problematic. Within this narrative, sexual activity and desire is often seen as a goal to be aimed at and a measure of healing and recovery. In much of this literature women are encouraged to identify 'symptoms' in their own lives - and this often takes the form of checklists. These checklists are often separated into different sections – such as feelings and emotions, work, family, and sex. In the checklists on sex and intimacy readers (women) are asked a series of questions such as

- Do you find yourself avoiding sex or going after sex you really don't want?
- Can you say no?
- Do you have sex because you want to, or because your partner wants it?
- Do you feel your worth is primarily sexual?
- Do you try to use sex to meet needs that aren't sexual?
- Can you accept nurturing and closeness in other ways?
- Do you experience sexual pleasure? - Sexual desire?

These checklists reveal a number of assumptions which underpin much of the literature. Some of this literature does acknowledge that women are bombarded with cultural messages around women and sex which means that sex can be problematic and complex for women. Some of the literature does also recognise that many of the 'symptoms' are associated with women generally. However, these difficulties are said to be compounded for women who were sexually abused and it is their reaction to having been sexually abused that is often seen as problematic. Lacking in many of these questions and answers is the role and responsibility of the women's partner.

Central to the sexual abuse recovery literature is the belief that women have the right, and should want to be, sexually active. The messages women receive come at a time when the margins between being too sexual and not sexual enough have narrowed to make it increasingly difficult for women to conform to what is considered acceptable. The literature promises women a route to a happy and successful sex-life but it does so by directing attention away from these messages and towards the psychology of the reader (or victim) who is seen as problematic, at the same time as it draws on those messages to tell readers (or victims) what is appropriate. The sexual abuse recovery literature risks reinforcing cultural pressures by holding up the achievement of an intimate sexuality as a measure of women's health, well-being and recovery, and therefore as a goal to be achieved or aimed at – whether or not that is something women desire. For many of the participants in my own research who engaged with the sexual abuse recovery literature, the correlation of sexual difficulties with perceived sexual abuse and / or overcoming sexual difficulties was seen as integral to their identification as victims and/or to their recovery.

Whilst it is becoming more acceptable to identify as asexual, this is not an identity readily available to many and particularly not for those who are perceived to be damaged and in need of healing. Indeed, as I argue, such an identity can in itself be seen as evidence of harm and the need to heal. Furthermore, as a problematic relationship with sex is often seen to be the result of past trauma and a

healthy sexuality as a goal to be aimed at, those who are not sexually active, knowledgeable and/or desirous can not only be constructed as problematic and in need of healing, but where that healing is seen to include a sexual element they can find themselves forced into sexual/relationships they might not want, as a way to prove to themselves as well as to others that they are healed or at least on the road to recovery.

Whilst not arguing that we should reject self help and recovery literature I do argue for a cautionary approach in which we do not focus solely on the inner world of emotions and (perceived) damaged psychologies at the exclusion of external factors that might contribute to contemporary difficulties and unhappiness. There is nothing wrong with helping victims heal from sexual abuse (although we should not assume they are in need of healing). Nor is there anything wrong with helping those who desire it to develop a more active and satisfied sexual self. The problem comes with the suggestion that we should be doing it, and enjoy doing it, and by implication there is something wrong with us if we aren't or don't – or for the right reasons. Some of the sexual abuse recovery literature risks reinforcing cultural pressures by holding up the achievement of an intimate sexuality as a measure of women's health, well-being and recovery, and therefore as a goal to be achieved or aimed at.

As Bass and Davies, the writers of *The Courage to Heal*, one of the most popular self-help recovery books for victims of sexual abuse, argue, there is 'No finish, no goal except intimacy, honesty and pleasure' (Bass and Davis 1988:248). Within the sexual abuse recovery literature and self-help culture more generally sexual fulfilment is not seen simply as the key to personal happiness 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' to develop an active sex life – within which asexuality, a lack of interest or the refusal to engage in a sexual relationship, can be seen as acceptable only as a temporary respite on the road to full recovery.

Dr Jo Woodiwiss is a Senior Lecturer in Sociology at the University of Huddersfield, UK, where she also leads the 'Abuse and Interpersonal Relationships' research group. She has written widely on the subject of adult victims, childhood sexual abuse, recovered memories, sexuality, recovery and contemporary damage narratives, including the book *Contesting Stories of Childhood Sexual Abuse* published by Palgrave MacMillan. She is also the joint editor of the forthcoming collection *Feminist Narrative Research: Opportunities and Challenges* to be published by Palgrave MacMillan in 2016.