

# Re-Constructing Women's Experiences of Sexual Pain: The 'Deviant' Body as an Object of Cultural Psychological and Feminist Consideration.

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JULIA RIEGLER  
University of Vienna

Objects of research are never simply given as such but rather constitute themselves according to specific metatheoretical and methodological premises, which form the particular implicit foundation of scientific disciplines. Looking at a phenomenon from another point of view and, thus, changing this implicit foundation, reveals the very premises entailed in the predominant modus of its examination. This paper points out the implications and benefits of such a change of perspective with regard to the investigation of the phenomenon of recurring pain during (hetero)sexual intercourse in women. The proposed change is one from a predominantly medical and psychological point of view to a cultural psychological and feminist one. At the same time, the suggested perspective on this phenomenon illustrates that cultural psychological and qualitative research also proves to be worthwhile with regard to an understanding of phenomena, usually associated with 'nature'—even of phenomena defined as deviation or disorder.

Choosing a bodily phenomenon—beyond one which is understood as deviation from normality or as disorder—as a matter of cultural psychological concern may seem unexpected at first. According to typically western dualisms<sup>1</sup> the scientific treatment of phenomena concerning the (deviant) body is monopolized by a few disciplines which define themselves as natural sciences: biology, medicine, and contemporary mainstream psychology. Objects of research, however, are never simply given as such but rather constitute themselves according to specific metatheoretical and methodological premises. Scientific disciplines differ considerably regarding these implicit foundations. Looking at a phenomenon from another discipline's point of view, therefore, mostly implies to reveal the very premises (and biases) entailed in the predominant modus of its examination. It means to challenge these disciplines' power of defining a phenomenon. And it means to scrutinize the kinds of knowledge and the kinds of results involved in this very definition of the phenomenon, or—in other words—in its *constitution* within a specific tradition of reasoning.

In this paper, I will point out the implications and benefits of such a change of perspective with regard to the investigation of the phenomenon of recurring pain during (hetero)sexual intercourse in women.<sup>2</sup> The change of perspective I am proposing is one

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<sup>1</sup> Such as subject/object, individual/society, mind/body, or culture/nature.

<sup>2</sup> This phenomenon is the subject matter I am dealing with in my dissertation which aims at an empirical reconstruction of female experiences of pain during sexual intercourse from a feminist cultural psychological point of view. My dissertation is part of a transdisciplinary DOC-team project with the title "Criticizing Science by Politicizing Epistemology and the Body. Feminist venues for a transdisciplinary critique of science" funded by the Austrian Academy of Sciences. Two of my colleagues, Iris Mendel and Nora Ruck, are also contributing to this volume.

from a predominantly medical and psychological point of view to a cultural psychological and feminist one. The phenomenon of painful sexual intercourse in women suits this purpose very well for several reasons: It is a phenomenon concerning the body, experienced mainly by women, generally accepted as deviation from normal and healthy sexuality, and it has almost exclusively been researched by medicine and mainstream psychology. At the same time, my perspective on this phenomenon illustrates that cultural psychological and qualitative research, as pursued in the Viennese Institute of Cultural Psychology and Qualitative Social Research,<sup>3</sup> not only proves to be worthwhile with regard to the investigation of phenomena commonly accepted to be 'cultural,' but also with regard to an understanding of bodily phenomena, usually associated with 'nature'—even of phenomena which concern the *lived body*<sup>4</sup> and which are defined as deviation or disorder.

### **FEMALE EXPERIENCES OF PAINFUL (HETERO)SEXUAL INTERCOURSE—A SEXUAL DYSFUNCTION?**

Female experiences of recurring pain during (hetero)sexual intercourse and the contexts of their occurrence appear quite heterogeneous according to the participants of my study. Some women experience from the very sexual intercourse to each coitus as painful. Other women only feel pain during intercourse because of an infection, but then also after the infection has been healed the pain holds on. Some women report that they have been cheated on by their partner before sexual intercourse with this man or sometimes also with subsequent partners became painful. The pain can start at different times during sexual intercourse and can last for various amounts of time. Women may experience sexual pain all their lives or just during specific phases of life. While some women avoid sexual intercourse because of the recurring pain, others have sexual intercourse, despite the pain, more or less regularly. For some women, the pain means a gross restriction of sexuality and a considerable burden on the relationship as well as a severe decrease of the quality of life, while for others the repeatedly experienced pain seems to be less focus of attention.

Many women, suspecting organic causes of the pain, see their gynaecologist at first—if they decide to talk to somebody about it at all. They often face helpless medical practitioners and inappropriate medical care until they are finally—if ever—helped in an adequate way. The traditional clinical approach is a dualistic and reifying one: Usually first organic sources are assumed and if no physical causes can be found or if the treatment is not successful, a psychic causation is adopted. Often, however, the rigid and reifying focus on the supposed diseased organ—the vagina—or on the supposed disease is often maintained for a long time, even if the treatment is not successful. Thus, while reifying the supposed disorder, the women, her experiences, and the socio-biographical embeddedness of both are neglected.

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<sup>3</sup> Compare Przyborski & Slunecko (2009a; 2009b) and the other contributions to this volume.

<sup>4</sup> According to phenomenology's concepts of *Körper* (body) and *Leib* (*lived body*) we can analytically differentiate the body in its affective dimension and in its perceptibility from inside on the one hand (*Leib*), and the malleable, manipulable objective body on the other hand (*Körper*) (Gugutzer, 2006, p.16). Practices concerning the body (*Körper*) such as dieting, wellness and fitness practices or cosmetic surgery, represent legitimate subject-matters of cultural and social sciences. Yet, this does not apply to bodily phenomena beyond the analytical dimension of the body as object (*Körper*), i.e., the stubborn body, the body as subject of action, as we can find in psychosomatic symptoms which are still monopolized by natural scientific disciplines.

The so called disorder is named *dyspareunia*<sup>5</sup> in the technical terminology of medicine and psychology. Under this name, it is defined as *sexual disorder* in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (2000) and as *sexual dysfunction* in the World Health Organization's *International Classification of Diseases* (1994)—two classification manuals that internationally set the tone. Experiences of recurring pain during sexual intercourse in women are consequently understood a deviation from what is regarded as 'healthy' or 'normal' sexuality.

Considering this clinical practice, which forms the background of too often prolonged treatment careers (Payne et al., 2005a),<sup>6</sup> a closer look at the prevailing ways of scientific analysis of the phenomenon is suggested: How does the phenomenon of interest constitute itself as an object of research in the predominant view of mainstream psychology and medicine? What are the characteristics of this object of research? And to what extent are these characteristics considered to be problematic from a cultural psychological and feminist point of view? A critical analysis of the psychological studies on female experiences of pain during intercourse carried out during the past fifteen years (e.g. Meana et al., 1997; 1998; 1999; Payne et al., 2005a; 2005b) shows the following characteristics (see Riegler & Przyborski, 2009):

Firstly, we find an ahistoric stance and a fundamental tendency to reification. The examined phenomenon is treated as a natural, continuous 'thing'—'dyspareunia'—which is separated in different dimensions supposedly involved, such as 'sexual dysfunction,' 'marital adjustment,' 'depression,' 'anxiety,' or 'fear orientation.' These alleged things then simply have to be operationalized and measured by standardized methods such as psychological tests, experiments or medical examinations and described regarding their (cor)relations in order to obtain universal laws. If mainstream psychology does consider social structures or culture significant in the genesis of this so called sexual disorder at all, this is most likely reflected in the involvement of variables such as 'religion' or 'nationality' in the statistical calculations—correspondingly understood as continuous, isolated 'things.' From a cultural psychological point of view, however, these 'things,' which have considerable normative power, have to be regarded as correlates to specific practices in a specific socio-historical context. They have no essence or continuity as such and thus, we have to draw our attention away from these "false entities" (Slunecko, 2007, p.48) and focus on the processes of their creation (Slunecko, 2002; 2007).

Second, these reified objects of knowledge are located in single individuals who are self-evidently taken as starting point of research. Hence, the psychological studies conducted up to now are located within the so called one-person-paradigm. Cultural psychology, on the contrary, considers individuals as already being epiphenomena of cultural environments and socio-historical circumstances (Slunecko, 2002; 2007). Both reification and methodological individualism are typical of the psychological research practice in general (Slunecko, 2002; 2007). From a cultural psychological point of view, moreover, we can consider mainstream psychology's pervasive tendency to reify its

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<sup>5</sup> The term is of ancient Greek origin (*dys-*: bad, adverse, difficult; *pareunos*: bedfellow, spouse) and means "difficult mating or badly mated" (Howard, 2000, p.112).

<sup>6</sup> These, partly, long lasting treatment carriers have also been reported by many women who participated in my research project so far.

phenomena and to proceed from the isolated individual as its two “core epistemological prejudices” (Przyborski & Slunecko, 2009a).

Further, we can see that the reified symptom is handled as an expression of ‘deficiencies’ which are credited mainly to the single woman and to her psyche and/or her body: She is the one who ‘has’ the disorder, the disease. This can be understood as a symptom of androcentric science’s ignoring of the *existential attachedness*<sup>7</sup> of its knowledge (Mannheim, 1980) as stressed particularly from a feminist perspective (e.g. Harding, 1999). Implicit social norms are passed off as universal and divergent experiences are understood as (individual) deficiencies, while social normality always remains unquestioned. The women’s health movement and women’s health research termed the strategy of localizing the problem in the single woman the *pathologification* of women or women’s experiences and identified it as a crucial feature of androcentric, especially biomedical and psychological discourses (Helfferich, 1994a; Kickbusch, 1981; Kuhlmann & Babitsch, 1997).

A scientific discipline, however, which is exclusively interested in single individuals and in “false entities” and which does not reflect the methodological foundations of its empirical research runs the risk of substantiating existing constructions of reality and of reproducing dominant discourses and ideologies (Slunecko, 2002, p.122; Bourdieu, 1997, p.153; Mannheim, 1952, p.227). Thus, a scientific approach that considers women’s pain during heterosexual intercourse as an individual somatic or psychic deficiency joins a tradition of androcentric science which establishes masculinity (and respectively a specifically normalised femininity) as unmarked norm and pathologizes women (and men) with different experiences. It excludes the possibility of understanding the phenomenon in its complex, collective, cultural and social contexts.

### **A FEMINIST CULTURAL PSYCHOLOGICAL PERSPECTIVE AND ITS METHODOLOGICAL IMPLICATIONS**

This aim demands a perspective which allows for focusing the creation of the phenomenon of women’s pain during sexual intercourse in a specific socio-cultural context. Focusing on the processes of creation, i.e., the correlating practices of a “false entity” such as ‘dyspareunia,’ can take place in different ways. It may address the critical analysis of the construction of the ‘sexual disorder’ ‘dyspareunia’ in specific discourses, such as scientific discourses or popular discourses (as briefly outlined above).<sup>8</sup> Or—and this is the perspective I will pursue in the following—it may aim at reconstructing the *practical accomplishment* (Garfinkel, 1967) of this phenomenon through everyday practices.

This perspective demands both a conceptualisation of the women as social actors instead of regarding them as ‘affected’ by ‘dyspareunia’ and a notion of social action that considers the unquestioned, habitual, and not the intentional and instrumental-rational action to be the usual case of social action. Also, a meta-theory is required that takes into account the fact that the social actors and their practices are always and already

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<sup>7</sup> i.e. the insight that all knowledge is bound up with a concrete socio-historical position.

<sup>8</sup> For a general discussion of the social construction of so called female sexual dysfunctions see also Drew (2003), Fishman (2004), Moynihan (2003), Nicolson (2003a; b) and Tiefer (2003).

embedded in specific socio-cultural circumstances and interwoven with collective structures.

Two sociological traditions that provide a methodological access to the practical accomplishment of social reality are Karl Mannheim's (1964; 1980) sociology of knowledge and Bourdieu's habitus theory (1982; 1987; 1997; 2001). From the perspective of these theories, social reality is a manifestation of human practice, and all practice is fundamentally structured by meaning. Bourdieu theorizes this notion of social reality being structured by *meaning* with the concept of the habitus as a *modus operandi*, i.e., a structuring structure which brings forth social practice and thus social reality. As a complex ensemble of incorporated patterns the habitus orientates any perceiving, judging, speaking, feeling, acting beyond individual intentions and planning. These patterns or orientations have to be understood as atheoretical, non-reflexive knowledge which is embedded in immediate, everyday practice and shows in the specific how of practical action.

The specific existential conditions, which create specific habitus and, hence, specific practices, are theorized with Mannheim's concept of the *conjunctive sphere of experience* (e.g. 1980, p.216). It theoretically conceptualizes collectivity detached from a concrete group. These spheres of experience are understood as places of common experience due to a shared background. This shared background represents the basis for the development of collective bodies of knowledge and orientations regarding social practice. Thus, subjects are always participating in different spheres of experience such as gender-typical, class-typical, development-typical, generation-typical or culture-typical spheres of experience, each of which are characterised by specific collective atheoretical bodies of knowledge and orientations interwoven in a specific way. Hence, "the meaning of a certain practice as well as the emotionality which motivates and keeps up this practice is not an individual, but a social and often collective issue" (Przyborski & Slunecko, 2009a).

Proceeding from these assumptions we must consider sexuality too a social practice representing a document of a specific habitus which is acquired from a specific biographical and social standpoint. The orientations, which are inscribed in the gendered bodies, show as specific individual and collective bodily practices and thereby constitute specific *somatic cultures*, i.e., specific codes of experiencing and acting (with) the body (Meuser, 2005; Kolip, 1999; Helfferich, 1994b). Somatic cultures not only entail the practical relation to one's own body, but already and always to others' bodies as well, i.e., people's bodily encounters, including sexuality. Somatic cultures form both the outwardly visible, instrumentally and expressively employed body and the body in its affective dimension, i.e., the body in its perceptibility from inside.

Based on an instrument of fundamental terms and basis concepts outlined here, we can specify the concern of a feminist cultural psychological reconstruction of the phenomenon of recurring sexual pain in women as follows: The object of empirical reconstruction are specific somatic practical cultures interlinked with recurring pain during (hetero)sexual intercourse and orientating sexual practice as well as the body in its perceptibility and its affective dimension. Thus, we have to reconstruct the implicit practical orientations, which are inscribed into the women's bodies and which show in their acting and speaking, and bring them to terms. Furthermore, we have to determine

in which existential contexts the reconstructed somatic cultures have been generated. Focusing on those biographically and socially structured experiences is central to the reconstruction of the very individual and collective problems of sexual socialization which women are 'handling' through the pain.

### **IMPLICIT KNOWLEDGE REFLECTED IN NARRATIVES**

How can the creation, i.e., the practical accomplishment of painful sexual intercourse, the somatic cultures involved and the context of their genesis be reconstructed in a methodically adequate way? How can the claimed change from a "modus of pure reification" (Przyborski & Slunecko, 2009a) to the aim of reconstructing the very process structures underlying the phenomenon be realized in research practice?

Such research practice "has to take its starting point at everyday practice and everyday knowledge" (Przyborski & Slunecko, 2009a). As depicted before, both Mannheim's sociology of knowledge and Bourdieu's habitus theory present methodological access to the everyday practical accomplishment of social reality. Yet, the atheoretical, implicit knowledge focused in these traditions, is constantly and intuitively employed by the subjects in their everyday practices but not necessarily available to them. Beyond their conscious personal intentions, they always act as women or men with a specific cultural and biographical background. Thus, the kind of knowledge we are interested in is enmeshed in the practice of action and therefore taken for granted by the subjects so much that it often cannot be explicated by them, i.e., they cannot give "information about the full meaning and genesis" (Przyborski & Slunecko, 2009a) of their practices.

Thus, since "social meaning unfolds 'through us'" (Przyborski & Slunecko, 2009a), i.e., through our everyday practices and beyond our subjective intentions, it can only be *reconstructed*. As the implicit knowledge which is guiding the subjects' practices cannot be accessed via their explicit theories and explanations, but shows in concrete and detailed descriptions and accounts of their everyday practices, we have to take these descriptions or narratives as empirical data. According to reconstructive social research (Bohnsack, 1989/2003; Przyborski & Wohlrab-Sahr, 2008) we consider these narratives or descriptions as spontaneous depictions of a particular course of events or actions, i.e., the detailed depiction of everyday practices reflecting the process structure of action. Only once we interpret these linguistic expressions not only within the layer of immanent sense, i.e., the literal sense, but as documents of underlying unconscious patterns, can we reconstruct how social reality is accomplished practically.

There are two established methods for generating such *impromptu narratives* or descriptions: *narrative interview* (Schütze, 1983) and *group discussion* (Bohnsack, 1989/2003; Bohnsack, Przyborski & Schäffer, 2006). They particularly meet the principle of openness as one of the central principles of reconstructive social research. This principle means that the theoretical structuring of the research object is subordinated until the actual structuring of the research object, done by the participants of research, has emerged (Hoffmann-Riem, 1980, p.22). It is "[e]nsured by creating the conditions for communication in such a way that subjects are free to find and follow their own form of presentation (of presenting their situations, problems, life stories etc.) within their own system of relevance and their own language" (Przyborski & Slunecko, 2009a).

Methods of interpretation that take into account the leading methodological difference between the reflexive and the practical knowledge are, amongst others,<sup>9</sup> the *documentary method* as elaborated by Bohnsack (1989/2003) and the *narration analysis* as elaborated by Schütze (1976; 1983). While the analysis of narrative-biographical interviews allows for the elaboration of the basic biographical layers of experience, the interpretation of group discussions allows for identifying collective bodies of knowledge and meaning. They both, however, are based upon the differentiation of two levels of meaning: the subjective sense, i.e., the manifest content, and the principles of fabricating social practice, i.e., the document meaning, and moreover, the defining of the relation between these two levels.<sup>10</sup> Both methods are foremost interested in the latter for it “leads to the social structures/rules which underlie and ‘bring forth’ the phenomenon that is analyzed” (Przyborski & Slunecko, 2009a).

The following example illustrates the differentiation of these two levels of meaning:<sup>11</sup> It is taken from a group discussion between two women, 26 and 28 years old, who have been friends for ten years. When I asked them about their expectations regarding sexual interaction in relation to the actual sexual interactions with their partners, the following discussion developed:<sup>12</sup>

- B: I don't know whether you can explain this. (.) Because de facto it is nothing but what (.) what you just do, (1) purely concerning the explaining. Concerning the practical, you know? So to speak.
- A: It just feels different. @(. )@
- B: [It feels different, (.) it feels @much better@; @(1)@
- A: [@(.)@ @That's right yes@  
@(.)@
- B: that's n- that's not because of (1) your partner, but maybe because of the to strong
- A: [Well I think that's because of oneself (.)
- B: of the too strong powers of imagination or so. (2) I know (.) or no I don't know. (1) But that's like if you for instance
- A: [I also can I also can become damp because of that. (.) That works.
- B: Yes exactly. (.) Anyway. (.) Of course. (.) And when reality comes in, it's possible that it's
- A: [°@(.)@°
- B: all over at once.
- A: @(1)@ (.) @(1)@
- B: [ @That works too@
- B: Although you don't expect that reality thwarts your plans. It's not like you think I imagine it to be so beautiful, but when he does this it will surely go wrong; (1) I know (.) that's also in the textbook of psychology.
- A: [ @ (2) @
- B: [ @I'm **sorry**. But that's not true@ That's not true.
- A: [ That's what it isn't (.) that's what it isn't. Not at all
- B: [That's what it isn't. No. @(. )@ Yes exactly. @(. )@
- A: [@(.)@ @Our brain just can do better @.

<sup>9</sup> These include *objective hermeneutics* and *grounded theory* (Przyborski & Wohlrab-Sahr, 2008).

<sup>10</sup> Narration analysis, for example, differentiates between theories on one's self and the process structures underlying everyday practices as they show in *how* these practices are depicted by the subjects (Schütze, 1983; Przyborski & Wohlrab-Sahr, 2008).

<sup>11</sup> For more detailed research examples following the method(ological) lines outlined above see Przyborski & Slunecko (2009b).

<sup>12</sup> The signs read as follows: (.) = short break; (3) = three seconds break; underlined = emphasis; **bold** = loud; @ = laughing; [ = overlap.

B: @Yes that's great anyway@. Exactly.

This example does not entail the women's own theoretical account of the principles guiding their sexual practice or even the genesis of these principles. Rather it represents their effort to depict their everyday sexual practice and experience. After a procedure of interpretation, which cannot be reproduced here in detail (see Riegler & Przyborski, 2009), we could work out the following documentary meaning, i.e., structuring structure: Imagination and reality represent two clearly separate spheres. These two spheres remain distinct; there is no transfer between them. The only mode of contact is mutual disturbance and destruction. Within imagination a nearly total autonomy is maintained, which would be lost if it was 'touched' by reality. Just as the dissociation of imagination and reality, the pain too prevents pleasure to be experienced in dependence from others. This desire for total autonomy contrasts with the desire for deliverance and relief from pain and from being 'untouchable.' Herein a fundamental dilemma regarding the women's action orientations is revealed: the longing for being healed and delivered by a higher power, and at the same moment the longing for total autonomy, the longing for relief from needs that need another.

This common *orientational dilemma*<sup>13</sup> seems particularly interesting against the backdrop of feminist considerations of female agency or autonomy and female longing for love or female sexuality: On various occasions feminists (e.g. Düring, 1993; Benjamin, 1990) pointed to the potential for conflict inherent in contradictory social demands on women according to the opposed ideal types of male activity /autonomy and female passivity/dependence. Within current structure of gender relations, the pursuit of both femaleness and agency involves a dilemma, which finally leads to the splitting of autonomy and sexuality.

Considering socialization as process of incorporating structures of the social world (Bourdieu, 2001, p.177), especially of gender relations (Bourdieu, 1997), we can understand the pain as crystallization of these women's social worlds. From this perspective, the pain becomes a symptom and a symbol of a struggle which both expresses power relations and seeks to overcome them.

This kind of considerations follow a feminist tradition which considers so called disorders not as individual deviations or deficiencies but as characteristic expression of a specific socio-cultural context at a specific historical moment. It challenges the pathologification of the female body and the psychological and medical power of definition by setting the analysis of female 'disease' as manifestation of the suffering from patriarchal society against it (see Bordo, 1992; Braun, 1995; Breiter, 1990; Bruch, 1986; Gast, 1989; Hagemann-White, 1994; Schneider, 1981).

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<sup>13</sup> Within group discussions orientational dilemmas usually represent the group's pivotal problem, which becomes especially apparent in so called focusing metaphors. These focusing passages—as which the presented example can be considered—are characterized by high interactive and metaphorical density. We can find comparatively many metaphors within these passages because they point to the group's current orientational problems which yet have not been solved and therefore cannot be explicated (compare Loos & Schäffer 2001, 70).

## CONCLUSION

The previous exploration has clearly shown that already the objects of scientific contemplation, such as female experiences of pain during sexual intercourse, are not 'given' as such but always constitute themselves within the framework of certain metatheoretical and methodological premises. These premises involve certain ways of recognition and therefore certain kinds of results. Further, they linked to certain methodologies and methods.

In the hegemonic perspective of medicine and mainstream psychology women who experience painful sexual intercourse—as those who carry the symptom—always remain those who carry the problem, too—usually as single individuals whose deficiencies are attempted to be removed. Both, the interactive and collective contexts involved in the genesis and maintenance of conditions of pain and suffering and the women's implicit knowledge, which guides their everyday practices, are neglected. This embodied knowledge as well as its relevance, however, remain invisible as long as it is obscured by the 'sexual dysfunction' of 'dyspareunia' in the sense of an alleged objective reality, i.e., as a "false entity."

As long as we do not carry out studies which systematically take into account the existential attachedness of scientific practices and knowledge and which overcome the individualism, objectivism, and androcentrism within the predominant constitution of sexual pain as object of research, we will find deficient single women in the results of our studies. Once we examine the phenomenon from a cultural psychological and feminist point of view, the result will be the *reconstruction* of a specific socio-cultural and socio-psychological context of experience at a specific historical moment which expresses through the subjects and their bodies.

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<sup>14</sup> Contrary to APA guidelines, the references include the authors' first name in order to make women in science more visible. Due to androcentric schemes of perceptions, we implicitly tend to expect men behind names which are not explicitly marked as female.

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#### **AUTHOR BIOGRAPHY**

Julia Riegler is currently a PhD candidate and recipient of a DOC-team-fellowship of the Austrian Academy of Sciences at the Department of Psychological Basic Research, University of Vienna. She is vice executive chairwoman of the Institute of Cultural Psychology and Qualitative Social Research. Her research interests include feminist theory, body theory, and qualitative research. Email [julia.riegler@univie.ac.at](mailto:julia.riegler@univie.ac.at)