

The Difficult Mating of Truth and Facts—Commentary on the paper of Julia Riegler: “Re-Constructing Women’s Experiences of Sexual Pain: The ‘Deviant’ Body as an Object of Cultural Psychological and Feminist Consideration”

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Scientific inquiry is about truth and facts that challenge each other. Truth and facts that challenge each other are bringing about new kinds of knowledge and new ways of knowing. The interesting and thought provoking paper of Julia Riegler tells us the story of setting up and meeting such a challenge.

This is my second encounter with the work of Julia Riegler, after the presentation she gave at the University of Sofia in December 2007 together with her colleagues from the Vienna Institute of Cultural Psychology and Qualitative Social Research. It is a real pleasure to re-discover the elegance of her logic and consistency in presentation, the clarity in exposition of complex ideas, and further gains in her argumentation and thesis’s elaboration.

Julia Riegler’s paper challenges the definition of a bodily phenomenon (recurrent pain during (hetero)sexual intercourse in women) and its predominant psychological and medical examination as ‘sexual dysfunction’ or ‘sexual disorder’ (p. 62). This ambitious undertaking and its realisation recall some valuable insights. It is a useful reminder that established definitions—within or across scientific disciplines, may acquire a considerable normative power that may and needs to be challenged. Also, the scientific treatment of a phenomenon is often correlate of specific scientific practices within a specific scientific tradition, and we need to be aware of the risk of substantiating existing constructions of reality and of (re) producing a dominant discourse. Furthermore, the object of research is not a priori given but constitutes itself on theoretical and methodological premises that are better made explicit.

Thus the feminist cultural psychological perspective that challenges the pathologification of female body can be extended to a humanist perspective that challenges the pathologification of human body in general (that is also the location of the homosexual ‘disease,’ for example, or of our ‘bad’ impulses and ‘adverse’ desires). The next step would be to challenge the definitions of disorder and normality themselves. Is ‘difficult mating’ a deviation from normality, or—as many philosophical traditions, psychological schools and everyday practices would show—a normal part of the continuum of our experience as humans and as sexual beings?

Julia Riegler’s paper also provides an instructive example of a fruitful cross-disciplinary exchange of ideas and approaches. The change of perspective that she proposes is from a psychological and medical definition of *dyspareunia* as individual somatic or psychic

deficit to a cultural psychological and feminist point of view. The realisation of the proposed approach passes through two sociological traditions that provide theoretical and methodological basis for the conceptualisation of sexuality as a social practice and its constitution as an object of empirical reconstruction. Its operationalisation consists in the reconstruction of the practical accomplishment of painful sexual intercourse in its complex collective, cultural and social contexts.

The adopted methodology takes its starting point in everyday practice and everyday knowledge to provide empirical data for further analyses. It uses the method of group discussions in generating impromptu narratives consisting of descriptions and accounts of everyday practices. Spontaneous depictions of a sequence of incidences are understood as reflecting the implicit knowledge that guides subjects and their actions, and are therefore documents of underlying non conscious patterns that guide subjects' everyday practices beyond their subjective intentions.

The reconstructive method of interpretation of the empirical data identifies collective bodies of knowledge and meaning, differentiates between subjective meaning (manifest content) and documents meaning (the principles of fabricating social practices), and defines the relation between these two levels. The proposed example of a group discussion (the interviewer asked two women, who have been friends for ten years, to discuss their expectations regarding their real sexual interactions) and its analysis are presented only briefly. It is not possible to follow the way of reasoning from the transcribed discussion to the proposed interpretation and either accept or question it. Cultural psychological approach and qualitative social research would certainly gain from being more explicit on their procedures of data collection and data interpretation.

The document meaning that is derived from the interpretation of the recorded discussion focus on the conflict of imagination and reality and the opposition between autonomy and intimacy (longing for love and sexuality), and is considered as a revelation of a fundamental dilemma in women's action orientation. It seems to me that this point—a crucial one for the paper's conclusions—needs further elaboration. *What it is in it that reveals dominant 'patriarchal' discourse and 'androcentric' ideology?* Discrepancy between imagination and reality is a common lot of human beings endowed with consciousness. When and why it is experienced as destructive or constructive (as in play, for example). Similarly, the independence—dependence dilemma holds for all of us. Men and women alike are dependent on others for goals and satisfactions that are important for them and this happen to be a painful (or a pleasant) experience.

As a conclusion from this study female 'disease' is analysed as a crystallisation of women's social world and a manifestation of the suffering from patriarchal society against it: Pain becomes a symptom and a symbol of a struggle that both expresses power relations and tries to overcome them. Women are no more regarded as 'affected' by 'dyspareunia' and are constituted as social actors. Here however lies my concern with woman's position as human subject. She is no more a single deficient woman whose deviant body causes her having painful sexual intercourse; she is a woman with a specific cultural and biographical background who is guided to having painful sexual intercourse by her unquestioned, habitual, non-intentional everyday practices. Could a feminist psychological tradition make a step forward?

Female experiences of recurrent pain during (hetero)sexual intercourse, the contexts of their occurrence and their socio-biographical embeddedness appear to be quite heterogeneous. This observation raises the question: How much of this experiential, behavioural and developmental variation can be accounted for by a “characteristic expression of a specific socio-cultural context at a specific historical moment” (p. 67). Implicit social norms are passed on within the collectivity, and social actors and their practices are always embedded in specific socio-cultural circumstances, but these norms and practices are *never* enacted in *the same way* by *all the members* of the particular community in the particular moment of time. Which individual variations are identified as divergent and deviating from normality and which are not, and why? How about our implicit knowledge on whether and which norms may be violated or not?

We may need to take into account that the implications and the benefits of the proposed approach to the phenomenon of recurring pain during (hetero)sexual intercourse in women are not self-evident. If the current clinical practice inspired by the medical definition of disease results in too often prolonged treatment careers that are not always successful, what new and/or alternative treatments and clinical practices would imply the cultural psychological and feminist consideration of this phenomenon? Even if the woman does not carry the problem anymore, she still carries the symptom. How to help her in an adequate way? We will remove the ‘deficit’ label from her body but will we also remove the pain from it? How could women benefit from the insights of this study and of this approach?

How do we overcome alienation? Alienation from ourselves as unique, self-aware individuals? Alienation from our body that both is part and is not part of ‘us’? Alienation from others who are both like us and not like us? Alienation from all these relations in which we experience both pain and pleasure?

Julia Riegler’s cultural psychological and feminist perspective on the phenomenon of recurrent pain in (hetero)sexual intercourse in women has a lot to tell us.

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