
Female Sexuality: An Enigma

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Abstract

In North American society, constructions of sexuality, manifested in terms of gender appropriate sensing, feeling, knowing and experiencing, have occurred within a social context in which language, culture and behaviour interact to reinforce male power and privilege. To date, women have not played a major role in the construction of our own sexual paradigms. Against the backdrop of these patriarchal paradigms of female sexual expression and experience, the difficulties of female clients are discussed. Critical counselling concerns are addressed in terms of contextual realities, the construction of new paradigms, life cycle issues and the impact of sexual violence.

Résumé

Les cadres de la sexualité de la société nord-américaine, manifestés en termes de genre approprié aux sentiments, aux émotions, à la connaissance et à l'expérience, sont produits à l'intérieur d'un contexte social avec lequel le langage, la culture, et le comportement interagissent de façon à renforcer le pouvoir masculin et les privilèges qui s'ensuivent. Jusqu'à maintenant, les femmes n'ont pas joué de rôle majeur dans la construction de nos propres paradigmes sexuels. Les difficultés des clientes sont discutées en s'appuyant sur la toile de fond des paradigmes patriarcaux de l'expression et l'expérience sexuelles féminines. Des problèmes critiques reliés au counseling sont adressés en termes des réalités contextuelles, des nouveaux paradigmes à construire, des problèmes reliés au cycle de vie et de l'impact de la violence sexuelle.

*I am not a mechanism, an assembly of various sections.
And it is not because the mechanism is working wrongly,
that I am ill.
I am ill because of wounds to the soul, to the deep
emotional self
and the wounds to the soul take a long, long time, only
time can help
and patience, and a certain difficult repentance
long, difficult repentance, realisation of life's mistake,
and the freeing oneself
from the endless repetition of the mistake
which mankind at large has chosen to sanctify.*

D. H. LAWRENCE, "Healing"

Introduction

Numerous theorists have acknowledged the important role of sexuality in the identity development of women and men. While the construction and position of sexuality in the psychic development of women and men in our culture may differ, the primacy of sexuality in terms of personality

development is no longer taken for granted (Person, 1980). In North American society the construction of sexuality, manifested in terms of gender appropriate sensing, feeling, knowing and experiencing, has occurred within a social context in which language, culture and behaviour interact to reinforce male power and privilege. Patriarchal institutions of religion, medicine and science have created discourses of knowledge which have served to confine and limit women's experiencing, and through which women have attempted to interpret their sexuality. Largely defined by male needs and desires, and reinforcing of male dominance, patriarchal perspectives related to female sexuality have served to force compliance and to reinforce female subordination in all areas of women's lives, from employment to reproduction.

To date, women have not played a major role in the construction of our own sexual paradigms (Corea, 1985; Hamner, 1985; Sherfey, 1966; Shulman, 1980; Stimpson & Person, 1980; Wine, 1985). According to Jordan (1987), "We know next to nothing about the nature of the development of female sexuality" (p. 31). Stimpson and Person (1980) suggest that we have "lost any common concept of what female sexuality is and how it might express itself" (p. 1). Rubin (1982) reiterates concern over our lack of knowledge regarding "the quality of women's interactions, [and] about the *meaning* of sexuality" in the lives of women (p. 62). "The psychology of female sexuality is nearly as poorly formulated now as it was in Freud's time" (Lewis, 1980, p. 35).

The importance of social context is critical in developing an understanding of women's feelings, behaviour and sexual experiencing. This paper begins with an initial discussion of the inherent difficulties in defining sexuality, and proceeds with a brief overview of the primary institutional forces responsible for the construction of our past and present notions of female sexuality. Against this patriarchal backdrop the consequences of such restrictive and oppressive socialization are addressed. An attempt is made to begin to identify how we, as counsellors, may assist our female clients in embracing a more distinctly feminine, integrative and less alienating vision and experience of our unique sexualities.

Definitions of Sexuality

In attempting to define sexuality from a woman's perspective, performance-focused definitions related to sexual functioning and orgasm prove inadequate and limiting. Something much more encompassing, the meaning of sexuality lies in the phenomenological sphere of a woman's experience of herself in her body, in relationship and in the world. Genital sex, strongly emphasized in our present goal-oriented notions of sexuality, represents but one expression of "our attraction for, our drive to know, and our way of relating to ourselves, [and] to others"

(Yates, 1987, p. 7). Emphasizing the phenomenological nature of female sexual expression, Miller and Fowlkes (1980) suggest that "it is the meaning assigned to behaviors by the actors involved—not the behaviors themselves—that determine whether a situation or activity is sexual or not" (p. 262).

Clearly, sexuality is fundamental to our identity as women. However, understanding the meaning and importance of sexuality in the lives of our clients must include a broader emphasis on "the psychological, interpersonal, social, cultural and spiritual aspects of sexuality" which, for women, are "as important as the biological ones" (Naus, 1987, p. 38). Critical to this understanding is an examination of the irrevocable links between public production and reproduction, social structures and our notions of the nature of female sexuality (Stimpson & Person, 1980).

Social Construction of Sexuality

From a constructivist perspective, "human sexuality has no essence or nature that transcends historical and cultural circumstances, but rather encompasses a diversity of sexualities that are made, constructed, as a result of personal, social, economic and political factors" (Naus, 1987, p. 39). Focusing on the role played by discourse in the construction of sexuality, Foucault (1978) emphasizes the inherent connection between our *truths* regarding sexuality, and the manifestations of power within our culture which attempt to regulate sexual expression in defining what is natural or unnatural, good or bad, healthy or unhealthy, and normal or abnormal. In the case of female sexuality, these social constructions of sexual truths are based on a long history of patriarchal control by male philosophical, religious, medical and scientific authorities.

Primary to the construction of sexuality and gender roles are the Aristotelian assumptions of the dichotomy between mind and body, with the world of ideas being elevated beyond the realm of the physical, and the body being denigrated as the prison of the soul (Yates, 1987). A similar demarcation is drawn between the sexes by these philosophers; rationality is equated with the male and the body is equated with the function of women.

Based heavily on the teachings of Plato and Aristotle, religious authorities have continued to perpetuate these misogynistic beliefs regarding the role and nature of women. Ambiguous images of female sexuality are presented in the form of the 'virgin' Mary, the mother-incarnate and moral authority, and her antithesis the 'whore' Eve, a sexual object representing the embodiment of the dangers inherent in female sexual expression (Ehrenreich & English, 1978; Janeway, 1980; Letson, 1987; McDaniel, 1987; Roberts, 1981; Smart & Smart, 1978). Epitomizing the double bind, women are presented with an either/or choice of attempting to exemplify the ideals of morality, virginity and motherhood, having

no instrumental role or impact in the world of men, or the Eve image of the impure, sexually objectified temptress. Both images present the experiencing of female sexuality as transgression (Janeway, 1980). Neither image serves the needs of women well, with the practical effect of these visions being to "weaken still further the capacity of any woman to act in her own best interest: she cannot be sure what her interest is" (Janeway, 1980, p. 7).

Similar beliefs persist in the male dominated realm of medicine (Corea, 1985; Delaney, Lupton & Toth, 1988), with the promotion of medical theories which put a woman's mind, body and soul under the control of her "all-powerful reproductive organs" (Ehrenreich & English, 1978, p. 114). The uterus and ovaries, organs unique to women and intricately connected with our sexuality, have been the site of feminine value and attack for much of the nineteenth and twentieth centuries (Corea; Ehrenreich & English; Martin, 1987; Roberts, 1981; Smart & Smart, 1978). Medical theories based on assumptions regarding women's sexlessness have provided scientific validity to the double-standard of sexual behaviour, with women being viewed as naturally abhorring sex, and men as requiring it (Ehrenreich, Hess & Jacobs, 1987; Smart & Smart).

Women's reproductive capacity has served as the cornerstone of psychiatric theories related to healthy female development, reinforcing the central role of reproduction in the personality development and fulfillment of women (Deutsch, 1945; Young-Bruehl, 1990). Paradoxically, female reproductive organs have been viewed by the medical profession as the source of much disease, resulting in medical procedures of female castration and hysterectomy (Delaney et al., 1988; Ehrenreich & English, 1978; Foucault, 1978; Lewis, 1980). Ironically, female reproduction has been valued while female sexuality has been feared; women have been valued for what we produce, but negatively sanctioned for participating in this reproduction (Corea, 1985; Ehrenreich & English).

Technical information about female sexual response and experience has served to quantify sexual behaviour and dispel some of the myths regarding women's diminished capacity to enjoy sex (Kinsey, Pomeroy, Martin & Gebhard, 1953; Masters & Johnson, 1966). However, it is unlikely that this goal-oriented focus on physiological functioning has brought women any closer to an understanding or acceptance of our sexuality and sexual experience (Jordan, 1987). Rubin (1982) underscores the paradox of the new sexual freedoms of the past several decades which provide new directives of goal-oriented sexual behaviour that may be even more oppressive given that they are presented under the guise of freedom.

The beliefs of physicians, psychiatrists, psychologists, sexologists and other mental health professionals continue to be a source of social control over female sexuality, as data are gathered and translated into

implicit and explicit prescriptions and proscriptions (Naus, 1989). "Traditional psychoanalysts [have] helped maintain the status quo on sex roles, female sexuality, and the meaning of sexual pleasure" (LoPiccolo & Heiman, 1977, p. 173), enforcing compulsory heterosexuality and traditional conceptions of female submission and male dominance (Penfold & Walker, 1983).

In the popular media, unrealistic images of female sexuality are pervasive. Women are presented as the *objects* of men's lustful feelings, while at the same time, women are held accountable for the expression of these feelings. From teen magazines to programs and publications aimed at the adult female audience, images of the preferred female anatomy and submissive disposition are presented as ideals. The message to women is clear: "You are deceiving yourself if you think that what you are is good enough. You are more inadequate than you realize" (Kitzinger, 1985, p. 184).

Paradoxically, in each of these dichotomous constructions of female sexuality, women exemplify characteristics of seductiveness *and* restraint, accessibility *and* selectivity, virginity *and* motherhood, desire *and* sexlessness, promiscuity *and* intimacy. Female sexuality has consistently been the focus of both male admiration *and* denigration (Martin, 1982; Rubin, 1982), being viewed as both mysterious and dangerous (Nelson, 1987; Vance, 1984). It is unlikely that these equivocal constructions have brought women any closer to a true understanding of our sexuality, but each has inevitably left a mark on our consciousness, our attitudes towards ourselves and our behaviour.

Consequences for Women

It is against such a backdrop that women develop and attempt to interpret our sexual identities and to determine what constitutes healthy female sexuality and sexual functioning. Clearly, women are affected by popular medical, media and scientific views of female bodily processes. "Medical culture has a powerful system of socialization which exacts conformity as the price of participation. . . . It is also a cultural system whose ideas and practices pervade popular culture" (Martin, 1987, p. 13). When we are not meeting whatever may be the current standards for sexual behaviour, feelings of guilt, shame and inadequacy are common (Rubin, 1982). Dichotomous, patriarchal conceptions of female sexuality provide the foundation for "a range of mental health problems" for women which impact our sexuality (Valentich, 1990, p.7), from disorders which suggest an extreme dissatisfaction with our bodies, to conflict and uncertainty regarding the focus, extent and expression of our sexual desires (Brownmiller, 1984; Corea, 1985; Ehrenreich & English, 1978; Garner & Garfinkel, 1984; Rich, 1980; Rubin, 1982). According to Cairns (1990) the two most debilitating impairments to a positive sense of self

for women include an overwhelming sense of personal inadequacy and guilt, and a relationship with our own bodies which is at best ambivalent.

Identity formation is both an intrapsychic and a psychosocial process; an interface between the individual and her world (Josselson, 1987). A critical component of such identity formation is sexuality. The present dichotomous paradigms of female sexuality produce "a duality in feminine consciousness . . . what occurs is not just the splitting of a person into mind and body but the splitting of the self into a number of personae, some who witness and some who are witnessed" (Bartky, cited in Martin, 1987, p. 21).

Women differ in how much we allow ourselves to be defined by others, how much we are willing or able to explore possibilities within ourselves and how much we come to realize and appreciate our own uniqueness (Martin, 1987): "at every stage of its development, sexuality represents the interpenetration of personal experience and sociocultural context; of body, psyche, and social environment" (Naus, 1987, p. 37). It should not be surprising, therefore, that most women will experience some discrepancy between our lived experiences of sexuality, including the messages of our bodies, and the sociocultural constructions of sexuality in formal and informal discourses. As noted by Janeway (1980) our socially constructed paradigms of female sexuality are not, in fact, shared fully by women who have had to take them as models because they do not grow out of the interior emotional reality of the female self. While social realities may be learned to varying degrees by women, as an adaptation to contextual realities, incongruity may persist, between external and internal realities. It is this incongruity that serves as the impetus for, and focus of, our counselling with women.

IMPLICATIONS FOR COUNSELLORS

The adoption of a feminist perspective is critical to working on issues of sexuality with women (Cairns, 1990; Valentich, 1990). Within a feminist framework, the importance of context in understanding a woman's sexual reality is underscored. Also critical to this orientation is awareness of the power of language in maintaining the sexual oppression of women (Shulman, 1980). Being a powerful agent of social control, the language used to represent women's sexuality and sexual experience may reinforce feelings of inadequacy (frigid, incompetent cervix) and portray sex as an aggressive act performed by a dominant male on a passive female (screwing, banging, scoring) (Kitzinger, 1985; Valentich, 1990). Counsellors need to develop and utilize a vocabulary that reflects a valuing and honouring of female sexual experience. Counselling informed from a feminist perspective must involve a constant vigilance to the connections in our society between sex and power (Shulman, 1980), and to the role of race, ethnicity and class in limiting and mediating our clients' percep-

tions of self, choice and possibility. Counsellors must acknowledge the differences among the experiences of women—differences which must be realized in goal setting and the choice of interventions. Finally, counsellors must adopt a positive, healthy vision of female sexuality and must attempt to help clients “move toward a vision; they cannot operate solely on fear. It is not enough to move women away from danger and oppression; it is necessary to move toward something; toward pleasure, agency, self-definition” (Vance, 1984, p. 24).

Several interrelated areas need to be addressed by counsellors when working with our female clients towards a more congruent and less alienating vision and experience of sexuality. These areas include: i) awareness of context and the need for new paradigms, ii) attention to developmental issues across the life span and acknowledgement of the diversity of sexual experience and expression, and iii) awareness of the role of violence in shaping and limiting female sexual expression.

CONTEXT AND PARADIGMS

Counsellors must first acknowledge that “there is much in female sexuality that is truly unique, . . . but inhibitions, stereotypes, and false premises must be disposed of before this uniqueness can be fully discerned” (Lewis, 1980, p. 36). Female sexual experience and expression is not in itself flawed, but rather is a result of social conditions and barriers that restrict full realization of female sexual potential and growth (Weeks, 1986). As such, any attempt to understand and intervene in the sexual difficulties and concerns of our female clients must be placed within the context of the patriarchal foundations of our society. As articulately expressed by Cairns (1990):

Any approach to assisting men and women to experience sexual and emotional intimacy that treats life in the bedroom as separate from life in the kitchen or the workplace, or that treats sexual behavior and emotional expressions as separable from one another, is doomed to perpetuate the problems it claims to address (p. 7).

As clinicians working with female clients we need to be acutely cognizant of the socio-cultural factors which generate emotional distress in women, and to be sensitive to the paradoxical images that serve to represent our image of healthy female functioning and sexuality. We need to be aware that in our present images of female sexuality there is no vision of a female “self-choosing, enjoying, directing and controlling her own pleasure” (Janeway, 1980, p. 9). To expect our clients to freely experience themselves as worthy sexual beings, is to expect behaviour devoid of context.

In our emphasis on etiology, symptom interpretation, therapeutic goals and intervention, we need to envision women’s sexuality as a separate focus of our treatment dimensions. We must be aware of the significance of paradoxical paradigms of female sexuality, in terms of

their impact on women's self-esteem and self-image. With an understanding of the power of socialization, we must be cautious not to interpret our clients' problems as being the result of intrapersonal psychopathology, but rather as a reflection of a dysfunctional social system which provides few options for self-nurturing, efficacious responding on the part of women. As counsellors, we must be vigilant to the consequences of patriarchal psychopathology, that "denies our individual uniqueness and our shared humanity" (Cairns, 1990, p. 10).

To truly understand the reality of women in our society, we have to examine our own personal experiences and assist in the creation of new paradigms, based on women's unique experience and reality of ourselves within our bodies. We need to capitalize on the intuitive *lack of fit* between culturally prescribed images of female sexual experience and conduct, and turn towards those aspects of female sexual experience that are truly unique to women. Rich (1980) emphasizes this need to begin to rediscover the erotic in female terms:

as that which is unconfined to any single part of the body or solely to the body itself, as an energy not only diffuse but, . . . omnipresent in the sharing of joy, whether physical, emotional, or psychic, and in the sharing of work (p. 81).

Snitow (1980) reiterates the more positive aspects of a female construction of sexuality based on our sensitivity to the rhythms of our bodies and nature. Women, who are more accustomed to profound bodily changes through menstruation and pregnancy, may find our sexuality to be more focused on and resonant with the rhythms and cycles of nature (Nelson, 1987). In assisting our clients to become open to these rhythms, we must first work towards helping them become "at home and comfortable" in their bodies (Cairns, 1990, p. 10).

Context is also critical in understanding the meaning of sexuality in the lives of women. Echoing a self-in-relation perspective, McDaniel (1987) emphasizes the importance of relationship in the identity development of women. The development of a relational context-sense in women, serves as a guide both for our sexual identity and our sexual expression (Jordan, 1987; McDaniel, 1987; Nelson, 1987). In deriving meaning from and making sense out of women's sexual feelings and experiences, the interpersonal nature of desire, informed by empathic knowing, is critical. While men may focus their sexual feelings in their genitals, for women it may be the "relational context in which these acts and responses occur [that] provides the meaning and joy" (Jordan, 1987, p. 14). The interconnection between sexuality, intimacy and mutuality, or the fractures between these experiences for our female clients, may provide important information for determining therapeutic focus and direction.

Developmental Issues

It is important for counsellors to be aware of the salience of different issues relative to female sexual experience at various stages throughout the life span (Kitzinger, 1985). While our knowledge of female sexual development may be rudimentary at best, female sexuality should be viewed as emergent, taking on new meanings and qualities in the context of emergent relationships and life cycle changes (Miller & Fowlkes, 1980; Rubin, 1982).

When working with adolescent girls and young women, it is important to be aware of the internalized social definitions of female sexuality that distort their earliest sexual experiences, beginning the process of alienating them from the messages of their own bodies (Cairns, 1990; Person, 1980; Rubin, 1982). Within the counselling relationship, these young women need to be given permission to experience their developing sexuality under "sex-positive conditions" (Valentich, 1990, p. 10). Counsellors working with adolescent girls need to model respect and appreciation for their own bodies and sexuality, in light of the hyper-critical self-defacing posture of most young girls at this stage in their development.

For women in young adulthood, issues of sexual expression may be most salient in the context of their diverse relationships—singlehood, friendships, mothering, and intimate relationships (Miller & Fowlkes, 1980). These women require our acknowledgement and support of the diversity of sexualities and sexual expression. We need to emphasize the importance of choice and promote a wide range of sexual expression based on individual preferences pursued within the context of consenting rather than coercive relationships. We need to deepen and broaden the range of what we as counsellors define as appropriate sexuality, to include the experience of sexuality between women, their children, their friends, and their partners of whatever gender (Kitzinger, 1985; Rich, 1980; Valentich, 1990; Yates, 1987).

Understanding of sexuality for women at midlife must include a recognition and valuing of the meaning and significance of menopause as well as acknowledgement of the physical changes which accompany this important marker in the life cycle of women (Cobb, 1988; Brown-miller, 1984; Delaney et al., 1988; Kitzinger, 1985). Imbued with social and cultural significance, the menopausal woman must deal not only with changing physical realities, but with the multitude of messages which suggest that she is in some way deficient (Cobb, 1988; Corea, 1985). According to Rubin (1982) midlife can be a liberating time for women as they move towards more sexual comfort and freedom and learn for the first time about their bodies' capacity for sexual response. In helping our female clients to become aware of their own needs, wishes and sexual rhythms, women at this time in life may be most receptive to a more expansive vision of sexuality.

Despite their repressive early socialization, and in concert with other women at the same stage of development, these women may begin to believe in their own experiences and may start to give legitimacy to the messages of their own bodies. Through group work which facilitates open dialogue, women may be aided in creating and moving towards a more positive vision of sexuality—a vision focused on pleasure, agency and self-definition (Janeway, 1980; Naus, 1987). In a dialogue focused on female experiences of sexuality, women may be encouraged to explore, examine and share their perceptions of the import and meaning of those events which only women experience and which, perhaps for that reason, are rarely spoken about—puberty, menstruation, childbirth and menopause. Counsellors may assist women by providing a “period of self-analysis without pressure . . . [a] time to reach the deep layers of repressed and denied mind and feeling . . . [a] time for experiment and play in which alternatives [can] be tried out in a spirit of lighthearted joy” (Janeway, 1980, p. 19). In concert with other women, we can encourage our clients to re-examine their beliefs, definitions and assumptions about sexuality—helping to create a sexual reality that is more resonant with their own internal reality (Shulman, 1980).

In articulating the issues salient to our older female clients, Genevay (1982) underscores the dilemma of these women in her discussion of our cultural proscriptions against all forms of sexual expression and experience for older women. Overt expressions of sexuality in the aging female are viewed as undignified, sick or depraved. Contrary to this cultural perspective, Genevay states that counsellors need to be aware of the rich life history which older women bring to their experience of their sexuality, “full of sensory, sensual, nongenital, and genital thoughts, feelings, fantasies, dreams and behaviors” (p. 89). In working with these clients we need to appreciate the sexual wisdom and depth of expression older women bring to their intimate experiences, and to assist our older female clients in valuing these as strengths.

With our female clients of all ages, we need to recognize that in terms of sexual identity and behaviour we are “neither mirror images nor copies of men” (Lewis, 1980, p. 201). Contrary to the central place of genital sexuality in the lives and personality development of men, gender identity and self worth for women may be consolidated by other means, with genital sexual expression not being critical to female personality development (Person, 1980). While sexual performance should not be ignored in the counselling or education of women at all stages of the life cycle, with excellent resources being available to facilitate the enjoyment and fulfillment of a diverse range of sexual expression (Barbach, 1975; Kaplan, 1974; Kitzinger, 1985), genital sexuality is only one aspect of female sexual experience.

Sexual Violence

As counsellors working with women, we must be cognizant of the impact of “violence that has been done to women specifically as sexual persons—to that dimension of them which is their sexual identity or selfhood and their sexual integrity” (Morgan, cited in Martin, 1982, p. 256). “So much combat and contest has gone on in our experience of sex, and so much pain has resulted from it; so much denigration of women has been absorbed into our sense of ourselves” (Janeway, 1980, p. 19). Identified as the major sexual issue of the 1990’s (Valentich, 1990), most of our clients will carry the scars of some form of sexual victimization in terms of sexual assault or abuse, sexual exploitation, and/or sexual harassment.

One in three women is likely to have been sexually assaulted by a man before the age of 18 (Cairns, 1990). Few women escape some form of sexual harassment in their dealings with service providers, colleagues or employers. The increasing popularity of violent pornography, pairing female sexual performance with male acts of brutality and mutilation, reinforces the denigration and objectification of women in the most profound sense (Cairns, 1990). In more subtle forms, the female anatomy remains the focus of numerous jokes regarding the size of women’s breasts, the shape of our buttocks, the characteristics of our vaginas and the distasteful nature of our menstrual cycles, jokes directed at that which makes us unavoidably different from our male counterparts—our anatomies (Martin, 1987).

Within a sociocultural context, these “subcultures of sexual violence foreshadow the indignities, humiliation and oppression [of] women” (Valentich, 1990, p. 6). The inextricable connection between sex and power is underscored in the perpetuation of all forms of sexual violence, with women being held accountable for their own victimization (Armstrong, 1982; Herman, 1985; Lewis, 1980; Martin, 1982; Smart & Smart, 1978).

A critical step in the healing process involves assisting our clients in extricating themselves from this assumption of culpability for their own victimization. While each form of sexual violence results in varying degrees and levels of emotional and psychological damage, an impaired sense of self and inability to trust our own experiences is shared by most victims of sexual violence. In both group and individual counselling, through the use of such techniques as body work and imaging, our clients may begin to get in touch with the more life-affirming, expressive and joyful aspects of their sexuality. Sexual self-esteem needs to be reinforced, with a particular emphasis on encouraging our clients to learn to believe in their own experiences, to trust their own inner voices, and to develop a valuing of their bodies (Cairns, 1990; Kitzinger, 1985; Laidlaw & Malmø, 1990; Rubin, 1982).

Conclusion

Our work as feminist counsellors must involve a dual focus, on both therapeutic work and social action. There can be little question that we need to work to establish conditions of equality between men and women as a necessary prerequisite to the provision of choice (Cairns, 1990; Naus, 1987; Rich, 1980). Clearly the “social practices and structures that sustain the gender division in our society must be dismantled in order to bring about lasting change” (Valentich, 1990, p. 22). It is only within such a setting that we can freely determine the meaning and place of sexuality in our lives, that we can begin to honour each other’s realities and desires, and recognize each other’s truths (Jordan, 1987). It is only then that “the female self, the ego-person who has never figured in past paradigms, might be able to find her way to a valid sexuality that would grow from herself and her own needs and urges” (Janeway, 1980, p. 20).

According to Cairns (1990), “women’s greatest psychological and sexual barrier to intimacy . . . is an impaired sense of self” (p. 9). Given our present constructions of female sexuality, it is indeed remarkable that some women are able to come to a place of pleasure, appreciation and joy in their intimate experiencing of self and others. As stated by Rubin (1982) in reference to women at midlife, it is:

a remarkable expression of the strength, the tenacity, the force, of female sexuality [that] despite all attempts to sublimate it, repress it, and deny its existence, it forces its way into life and consciousness—there to be given a warm welcome by women who have spent a lifetime struggling to claim their sexuality, to define themselves as sexual beings (p. 82).

A tribute to the power of women’s responses to life, it is important to remember that while sexuality may sit at the centre of personality, “it sits there, nonetheless, as the changer and the changed, both shaping and being shaped in its dynamic relationship to the self and society” (Miller and Fowlkes, 1980, p. 12). As counsellors, we have an opportunity to assist our female clients in shaping their unique sexualities and in constructing paradigms that reflect a celebration of all that is distinctly female. To be effective, however, we must begin this process with our own honest attempts at creating a more self-valuing, self-choosing and self-liberating sexual identity.

References

- Armstrong, L. (1982). The cradle of sexual politics: Incest. In M. Kirkpatrick (Ed.), *Women’s sexual development: Explorations of the dark continent* (pp. 109-125). New York: Plenum Press.
- Barbach, L. G. (1975). *For yourself: The fulfillment of female sexuality*. New York: Anchor.
- Brownmiller, S. (1984). *Femininity*. New York: Fawcett Columbine.
- Cairns, K. (1990). The greening of sexuality and intimacy. *Seccan Journal*, 25(2), 1-10.
- Cobb, J. O. (1988). *Understanding menopause*. Toronto: Key Porter Books.

- Corea, G. (1985). *The hidden malpractice: How American medicine mistreats women*. New York: Harper & Row.
- Delaney, J., Lupton, M. J., & Toth, E. (1988). *The curse: A cultural history of menstruation*. Chicago: University of Illinois Press.
- Deutsch, A. (1945). *The psychology of women: Volume II—Motherhood*. New York: Bantam.
- Ehrenreich, B., & English, D. (1978). *For her own good: 150 years of the experts' advice to women*. New York: Anchor Press/Doubleday.
- Ehrenreich, B., Hess, E., & Jacobs, G. (1987). *Re-making love: The feminization of sex*. New York: Anchor Books.
- Foucault, M. (1978). *The history of sexuality*. (Vol. 1). New York: Patheon Books.
- Garner, D., & Garfinkel, P. (Eds.). (1984). *Handbook of psychotherapy for anorexia nervosa and bulimia*. New York: Guilford Press.
- Genevay, B. (1982). In praise of older women. In M. Kirkpatrick (Ed.), *Women's sexual experience: Explorations of the dark continent* (pp. 87-101). New York: Plenum Press.
- Herman, J. (1985). *Sexual violence*. Stone Centre Paper Series: Wellsley College.
- Hamner, J. (1985). Transforming consciousness: Women and the new reproductive technologies. In G. Corea (Ed.), *Man-made women: How new reproductive technologies affect women*. London: Hutchinson.
- Janeway, E. (1980). Who is Sylvia? On the loss of sexual paradigms. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (pp. 4-20). Chicago: Chicago University Press.
- Jordan, J. V. (1987). *Clarity in connection: Empathic knowing, desire and sexuality*. Stone Centre Paper Series: Wellsley College.
- Josselson, R. (1987). *Finding herself: Pathways to identity development in women*. San Francisco: Jossey-Bass.
- Kaplan, A. (1974) *The new sex therapy*. New York: Penguin.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. London: W. B. Saunders.
- Kitzinger, S. (1985). *Woman's experience of sex*. New York: Penguin.
- Laidlaw, T. A. & Malmö, C. and Assoc. (1990). *Healing Voices: Feminist Approaches to Therapy with Women*. San Francisco: Jossey-Bass.
- Lawrence, D. H. (1964). In Vivian De Sola Pinto and Warren Roberts (Eds.), *The Complete Poems of D. H. Lawrence* (p. 620). London: Heinemann.
- Letson, D. (1987). "Made in God's image?" *Sieccan Journal* 2(2), 53-61.
- Lewis, M. I. (1980). The history of female sexuality in the United States. In M. Kirkpatrick (Ed.), *Women's sexual development: Explorations of inner space* (pp. 19-38). New York: Plenum Press.
- LoPiccolo, J. & Heiman, J. (1977). Cultural values and the therapeutic definition of sexual function and dysfunction. *Journal of Social Issues*, 33(2), 166-183.
- Martin, D. (1982). Wife beating: A product of sociosexual development. In M. Kirkpatrick (Ed.), *Women's sexual development: Explorations of the dark continent* (pp. 247-261). New York: Plenum Press.
- Martin, E. (1987). *The woman in the body: A cultural analysis of reproduction*. Boston: Beacon Press.
- Masters, W., & Johnson, V. (1966). *Human sexual response*. Boston: Little Brown.
- McDaniel, S. (1987). The culture of gender: Socialization, spirituality and sexuality. *Sieccan Journal* 2(2), 29-34.
- Miller, P. Y., & Fowlkes, M. R. (1980). Social and behavioral constructions of female sexuality. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (pp. 256-273). Chicago: Chicago University Press.
- Naus, P. J. (1987). Sexuality now and in the future. *Sieccan Journal*, 2(2), 35-44.
- . (1989). Sex education revisited. *Sieccan Journal*, 4(3), 15-23.
- Nelson, J. B. (1987). Embodiment theology. *Sieccan Journal*, 2(2), 13-21.
- Penfold, S., & Walker, G. (1983). *Women and the psychiatric paradox*. Montreal: Eden Press.
- Person, E. S. (1980). Sexuality as the mainstay of identity: Psychoanalytic perspectives. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (pp. 36-61). Chicago: University of Chicago Press.

- Rich, A. (1980). Compulsory heterosexuality and lesbian existence. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (pp. 62-91). Chicago: Chicago University Press.
- Roberts, H. (1981). *Women, health and reproduction*. London: Routledge & Kegan Paul.
- Rubin, L. (1982). Sex and sexuality: Women at midlife. In M. Kirkpatrick (Ed.), *Women's sexual experience: Explorations of the dark continent* (pp. 61-82). New York: Plenum Press.
- Sherfey, M. J. (1966). *The nature of evolution of female sexuality*. New York: Random House.
- Shulman, A. K. (1980). Sex and power: Sexual bases of radical feminism. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (pp. 21-35). Chicago: Chicago University Press.
- Smart, C., & Smart, B. (Eds.). (1978). *Women, sexuality and social control*. London: Routledge & Kegan Paul.
- Snitow, A. (1980). The front line: Notes on sex in novels by women, 1969-1979. In C. Stimpson & E. Person (Eds.), *Women: Sex and sexuality* (158-174). Chicago: Chicago University Press.
- Stimpson, C. R., & Person, E. S. (Eds.). (1980). *Women: Sex and sexuality*. Chicago: Chicago University Press.
- Valentich, M. (1990). Talking sex: Implications for practice in the 1990's. *Sieccan Journal*, 5(4), 3-11.
- Vance, C. S. (1984). Pleasure and danger: Toward a politics of sexuality. In C. S. Vance (Ed.), *Pleasure and danger: Exploring female sexuality*, (1-27). London: Routledge and Kegan Paul.
- Weeks, J. (1986). *Sexuality and its discontents: Meanings, myths & modern sexualities*. London: Routledge & Kegan Paul.
- Wine, J. D. (1985). Women's sexuality. *International Journal of Women's Studies*, 8(1), 58-63.
- Yates, W. (1987). Human sexuality: Dualistic and holistic paradigms. *Sieccan Journal*, 2(2), 2-12.
- Young-Bruehl, (1990). *Freud on women: A reader*. New York: Norton & Co.

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