

A Conversation with the Enemy

Josephine Taylor

What wonder then, if, in the human body, a system so curious, so subtle and compounded, we should meet with many appearances which we cannot at all account for? The farther we push our inquiries into nature, the more shall we be convinced of our ignorance (Whytt, 1767, p. 83).

Autoethnography is the progeny of life writing (*auto*) and research of an anthropological nature (*ethnography*). It places the self within a social context, throwing illumination on private and public expressions of identity (Bochner & Ellis, 2002; Denzin, 1997; Etherington, 2004; Knowles & Cole, 2008; Reed-Danahay, 1997). Autoethnography is often initiated by a crisis that disrupts the place of the self in society. The resulting life story queries and challenges socio-cultural norms and re-evaluates the moral order in an attempt to find or create a new order in which the self might exist (Frank, 2002, p. 368).

My PhD thesis is an autoethnography. Distress and anger prompted the recollection of my first debilitating years with vulval pain, or *vulvodynia*: the crisis. The narrative developed into 'a wider investigation into the manifestations of vulvodynia in other women in the past and the present, analysing, in the process, inadequate conceptualisations of genital pain in medicine and psychology' (p. 2): query, challenge and re-evaluation. (Unless otherwise indicated, quotations in this article are drawn from my PhD thesis, *Vulvodynia and Autoethnography* (2011).) Guided by unfolding life events and inner promptings, my methodological approach found expression through a thesis form that intermingled memoir, theory and speculation: 'The project began to determine its own trajectory, ultimately developing into a complicated life/research praxis in which thought, feeling, body and soul converged' (p. 2).

As my own life was primary source material, I decided to retain the journey of discovery that characterised the thesis narrative arc. The thesis is, therefore, a detective story: an embedded sociological investigation into

the startling discrepancy between prevalence and knowledge regarding the medical condition, *vulvodynia*. Informed by a feminist sensibility, it traverses diverse fields of knowledge, including psychoanalysis, feminist body scholarship, studies in hysteria, trauma models and neurophysiology. In this article, I focus on my research and writing practice as it evolved during and after the writing of the thesis. My methodology consists of a conversation with an enemy conducted most notably within my body, and through dreams and serendipity, so, after a brief introduction, I will elucidate the methodology under these three sub-headings. My thesis continues to provide source material for memoir, essays and fiction, therefore I will include examples from these different genres to illustrate the process through which the enemy became my reflexive guide.

A Conversation

It began in April 2000. An assault on that most private and vulnerable part of the female body: the vulva. An attack of such ferocity and duration that I was forced to surrender professional and personal life roles. No longer a psychotherapist or educator, no longer a lover, I withdrew from society and tried to heal.

Vulvodynia: Chronic unexplained vulval pain lasting three months or longer.

Notwithstanding all these outward evidences of physical suffering, she had the moral fortitude to hold herself on the couch, and implored me not to desist from my efforts if there was the least hope of finding out anything about her inexplicable condition. (Sims, 1861, p. 357)

Prevalence: 16–25% of all women may experience a form of vulvodynia at some point during their lifetime (e.g. Reed et al., 2012).

So commonly is it met with at least, that it becomes a matter of surprise that it has not been more generally and fully described. (Thomas, 1880, p. 145)

An enemy had attacked my body. Or was my body the enemy?

My vulva aches and burns. Sometimes it feels raw, as if the skin is missing and the nerves are frayed wires, exposed to the air. The slightest touch, even a gentle breeze, triggers increased throbbing

and rawness. At other times the whole vulva feels inflamed and swollen, as if I've just had an operation and am stitched and bruised. Secretions of vaginal mucous are irritating and feel corrosive, as if they are eating into my flesh. Urine is like acid that heralds a knife-like stabbing up the urethra and into my core that can immobilise me for an hour or more. (p. 17)

For years of constant disabling pain I could only see this attack as catastrophic. I fought the enemy. I refused to become a woman who lived with vulvodynia. I *would* recover.

Finally, when nothing changed, I was forced to listen. To begin a dialogue. Over years, contained by the pressure boiler of my writing, dialogue became conversation. This conversation became both a way of life and a methodological approach to the writing of my PhD thesis, *Vulvodynia and Autoethnography* (2011), and subsequent essays:

Guided and shoved by bodily symptoms, dreams and serendipitous moments, I write my experience in essays that mix genres and cross disciplines, seeking an authentic form and practice for my disarray. (Taylor, 2013b)

Lest it seem that the methodological approach I use in my writing is passive—listening to the enemy and doing what I am told—it is important to note that the conversation is a two-way process. Writing is a means of engaging with, and even challenging, what arises in my body and soul. This is most obvious to me in my current fiction-writing—a profoundly creative endeavour.

Body

My thesis is an example of practice-led research; research that was initiated and sustained by my unmanageable body, which refused to 'heal'.

Have you ever had a headache, earache or toothache, strong enough to be felt, not only at the site of pain, but through your whole body, so that you flinch at the sights, sounds and touches of daily life? If you are a woman, have you had thrush severe enough to prevent you from sitting, having sex or maintaining a conversation? Take a moment to recall that sensation and your emotions at the time.

Magnify it until it engulfs you. Now imagine living with that pain for months, and then years. Imagine being immured in that anguish through all the seconds that make up those months and years. (p. 17)

Initially bed-ridden, I was able to do little for half a decade. I was in shock, and then denial. At that stage, there was little conversation. The enemy was my own body, and my body was a torturer.

My body has betrayed me and is now enigmatic—an alien, senseless *something* upon which I gaze with ambivalence. I alternate between this gaze and a sensation of my body gobbling me up—turning me inside-out. All that should shield me is on the inside, atrophying, and all that craves protection covers my outside, raw organs, blood, nerves ratcheted around me, prisoner on a rack. (p. 86)

My 'methodology' was survival; my aim, to return to who I was before.

When Jack and I stopped having intercourse in April 2000, I decided that I was not willing to try again until I was completely pain-free. As the years passed and the vulvodynia became an entrenched fact, I stubbornly donned an invisible chastity belt, becoming even more determined, even more protective, of my vulva. I did not want my experience of sex ... to be tarnished by pain. I wanted to keep my body memory a perfect whole in which the former Jo could also be kept protected, ready to emerge unsullied, wings unfurling, when I had triumphantly overcome vulvodynia. (p. 81)

Three years passed before I was able to begin researching vulvodynia and reaching out to other women with the condition. (Here, as in the thesis, I call them *V women*.) My methodology was determined by my body; writing content and time-limits revolved around still intolerable pain. Available medical articles provided scant information. More fruitful was interacting with women from around Australia with chronic genital symptoms. Later, their words of bewilderment and frustration entered my thesis.

I've been struggling with this problem alone for near 10 years and have had four gynaecologists and many GPs tell me it's all in my head.... I get very 'down' after my 'all in your head' diagnosis, which makes me very reluctant to seek further help. Half the reason I get so down is because I know where it hurts and when it hurts and for how long it hurts but when

a doctor tells you it's in your head then you believe them, and you try and talk yourself out of any pain only to realize that halfway through having sex you have tears rolling down your cheeks because of the pain that's all in my head. I've had Drs tell me to get drunk, I've had them tell me to have sex more often to 'callus up the vagina', I've had them tell me to take drugs to knock me out; and we have tried all of these great ideas, with varying degrees of success and various degrees of scarring to our marriage (Personal communication, 8 June 2005). (p. 60)

I needed more: further research and greater access to historical documents. A PhD in Writing gave me the opportunity to spend several years surveying historical literature relating to hysteria, psychoanalysis and 'psychosomatic' illness. A major finding? Societal and medical interpretations of such illness—including vulvodynia—reinforce a patriarchal reading of femininity and feminine disorder as alternately mysterious, dangerous, and inferior to masculinity and rational discourse:

The history of hysteria has always concerned passive and predominantly female patients for which intervention from active, usually male, doctors has had little effect. [Mark S.] Micale (1995) notes that, until the middle of the twentieth century, the history of hysteria has been largely composed of texts by men, about women (p. 66).

Vulvodynia shares many of the qualities of hysteria: it is a physical malady, the source of which is not adequately understood; it is mysterious—its nature not yet properly articulated; and, by definition, it is gendered. It must be tempting for doctors to characterise V women as modern hysterics: with their frustrated and hopeless weeping, their often stubborn passivity in response to attempts at active intervention, their angry outbursts and their invisible, intractable pain, V women peer anxiously over their shoulders at their nineteenth century forebears. (p. 168)

Poorly translated bodies clamoured for attention. I had been a psychotherapist, but experience and research suggested that, regarding the cause and maintenance of vulvodynia, the role of the psyche had been over-emphasised. It seemed that Freud's 'conversion hysteria' (1910/1957, p. 145), in which such symptoms represent the translation of psychological conflict related to childhood into somatic complaint, had become normalised: 'the perception that V women are dealing with a disorder that

is *all in the head* stems partly from the percolation of psychoanalytic concepts into medicine' (p. 64). The women I spoke with, though, whether straight or gay, were impacted at the heart of their womanhood, not necessarily because vulvodynia was caused by sexual 'hang-ups', but because the pain was in a body site that affected sexuality.

I found that a conceptual line could be drawn from 'pre-Freud' hysteria, through conversion hysteria, to modern somatisation:

[I]n every unusual symptom, we declare it to be something hysterical, and so to this scope, which oftentimes is only the subterfuge of ignorance, the medical intentions and use of Remedies are directed. (Willis, 1681, p. 76)

The child knocks up against a corner, a piece of furniture, or something similar, and so makes contact *ad genitalia*, in order to repeat a scene in which what is now the painful spot, and was then pressed against the corner, led to fixation. (Freud cited in Masson, 1985, p. 241)

The patient often pleads for help but is absolutely resistant to any suggestion that her symptoms might be psychologic in origin. Despite their discomfort and distress, these patients receive a secondary gain from their symptom complex, ie, a reason not to engage in sexual activity. As a consequence, they are understandably reluctant to accept any treatment that might destroy the defense mechanism that they have unconsciously constructed. (Dodson & Friedrich, 1978, p. 23s)

And my words:

The push to have vulvodynia labelled a 'somatization disorder' (Mascherpa et al., 2007) constitutes a sturdy conceptual link with societal interpretations of psychoanalysis. Consistent with such a model, vulvodynia becomes the 'best way' to 'hide the conflict' the woman cannot face, her vulva 'the theater' on which her 'issues are played out'. The woman 'choose[s]' the vulva through the influence of past experience; the vulva is 'a sexual communication organ' from which, in the case of vulvodynia, pain 'disappears when it is no longer useful' [...] Though the patient is 'invited to participate as much as possible' in decision-making processes, when the so-called

'multidisciplinary' team with which she works includes only 'clinical psychologists, psychosexual counselors and psychiatrists', a psychological causation treatment bias is inevitable: 'it is mandatory to seek the origin of the pain in mental processes'. (p. 204)

My research findings challenge models of understanding that compromise V women unnecessarily; my writing presents theory and practice through which female genital disorder might be more usefully understood. The thesis, for instance, argues the importance of embodied knowledge as a primary source of information in such suffering.

As an example, my thesis chapter 'Psychosomatic IV: Discerning Bodies' is a response to Michel Foucault's concept of 'docile bodies' (Foucault, 1977, p. 136), a concept taken up by feminists and applied to the bodies of women, which are inscribed upon and shaped by social imperatives. 'Discerning Bodies' outlines and challenges and/or endorses relevant feminist theories. Following an explication of the gendered binary oppositions which have constituted socio-cultural constructs of *woman* (and *man*), and the need to subvert these in feminist practise (the thesis here refers to the theory and practice of Hélène Cixous and Luce Irigaray), I engage with Julia Kristeva's model of the *semiotic* and the *symbolic* (1974/1984). The importance of the *semiotic*, through its incorporation of the mother/infant dyad and the emphasis on the bodily materiality of language, is emphasised, particularly in relation to 'psychosomatic' disorder. While Juliet Mitchell's (2000) description of hysteria as a failure of symbolisation is also endorsed—'the hysteric needs to develop a symbolic structure through which she can represent her subjectivity so that it is no longer re-presented in physical pain and suffering' (p. 183)—the thesis warns against the denial of the body in normative conceptualisations of hysteria and psychosomatic disorder as psychologically based: 'Hysteria makes sense as a signal of disorder, not necessarily at the site of pain, but at the semiotic level of fragmented body parts and their central nervous system complementarities' (p. 181). My work argues passionately, too, for the productive creativity of articulating semiotic drives.

'Discerning Bodies' also outlines practices that enact discernment and resist the production of docility. Attending to the inconvenient V *body* as a practice of corporeal feminism is one such measure. Others include collective relations based upon a woman-to woman sociality such as the feminist reading group *Magdalena Talks Back*:

Gatherings like *Magdalena Talks Back* ... encourage an active fostering of discernment and challenge the existing dualistic system. Just as hysteria, transformed, might become articulate and productively enacted protest, the body of the V woman can become *discerning* rather than simply *un-docile*, facilitating choices based upon somatic knowledge and awareness. (pp. 172–73)

Rather than settle on embodied knowledge as *the truth*, however, my writing argues the complexity and perplexity of human subjectivity, including pain perception. In the essay 'Vulvodynia and the Ambiguous Between', I write:

Mystery lies at the core of vulvodynia. Its confused and shifting medical and societal narrative fragments understanding. The site of its manifestation blurs the margins between inside and outside. The features of its symptoms scratch at the border between psyche and soma. While we work the maze of vulvodynia through history, the disorder continues to attract labels that sound the mysterious weaving between mind and body, and silently implicate gender: nerves, vapours, neurosis, hysteria, somatisation.

Paradox characterises chronic pain. Why does it persist beyond the margins of organic damage? What possible biological purpose can pain uncoupled from injury serve? What is this sensation trying to say?

Obscurity is the register of pain, and pleasure. I cannot know yours, nor you, mine. How, then, can we communicate anything beyond 'It hurts'?

What words can we find to draw the threads of our communion together?

I cannot form a final understanding of this ineffable measure of my life. (2013b)

Body remains ambiguous and my relationship with it ambivalent, but the conversation with the enemy shifted in the process of writing *Vulvodynia and Autoethnography* from denial to active engagement. If I was to be defined by constant vulval pain, then I would also define it.

My research and writing are informed and driven by the sensation of bodily suffering and feelings of frustration and anger: the marking of pain on my body generates the marking of this page. (2013b)

Dreams

Dream, 3 September 2000

A woman is hit by a car. I go to check on her. She is badly injured—her brain damaged. The only brain functions that remain are the basic ones that keep her alive at base level—slow pulse—just maintaining life. All the higher functions of the brain—reasoning, senses, aesthetic sense—are gone.

Attending to dreams is a crucial part of my conversation with the enemy; they interweave my research and my personal life, so that the two are inseparable.

In the early years of vulvodynia, the enemy appeared in my dreams as a male who violated or imprisoned me, or a devouring goddess who consumed me. Scenarios were violent, uncompromising and initially too distressing to recall in detail:

27 May 2000

Scenes of dismemberment; murder, rage and violence.

29 September 2000

Disturbing, violent dreams. A woman with a cloven head (cleaved by an axe) interwoven with situations of sexual excitement. Trespassing, forbidden. Violence & eros—though eros of destruction.

24 October 2001

Women leaving imprisonment (e.g. concentration camp)—missing body parts, gory. Moving backwards as in the diagram above [the woman is kneeling and bending over backwards, with her head meeting the ground behind her], the process scrapes their skin off, wears away body parts.

Dreams have entered into the thesis and into essays (e.g. 2012, 2013b). They initiate, comment on, and provide guidance for my life and writing processes. Two examples provided in this section of my paper are instances

of the ongoing attempt to listen to and form a new relationship with the enemy.

Example 1

'The Intruder' (below) demonstrates the way in which a dream might initiate ideas and research. In this instance, the idea of being turned inside-out by the dream intruder instigates an attempt to articulate the inside of my, and the female, body. This essay-in-process indicates the fragmentary nature of first attempts to articulate dream images and body memory. The creative riffs and side-steps are part of a deliberate writing strategy.

The Intruder

Dream, 8 April 2009

I wake after dozing briefly. I only gradually realise that an intruder has been inside the house during that brief time, & has put all of my pictures outside, & brought all the fly-wire screens inside. I feel vulnerable & like I can't stay in this house any longer.

By the time I reach the back door, he has barged in, swinging his burly arms about, knocking books and ornaments to the floor....

The intruder has taken me hostage. He drinks instant coffee from my Dresden china—the bastard—and makes demands at my kitchen table....

He asks me, 'How do you feel today?' and kisses me as I leave for work....
...

My physical therapist, Robyn, massages the muscles that wall the vagina—like you might the muscles of a taut neck and tense shoulders—but the feeling here is different to that on external surfaces. Less precise.

As if we are under water....

Is Robyn visualising the pelvic floor as she presses and palpates? Making sense of rigid threads, knots and bumps by seeing them in the anatomical bowl she carries around in her mind? I try to see the muscles in the same way—*puborectalis* and *pubococcygeus* as Robyn's hand enters the vagina, *ileo* and *isciococcygeus* as I feel it move deeper, *obturator internus* as it swivels, and *piriformis* at a deep, deep point—trying to connect the internal responses to the images I have been tracing from an anatomical atlas.

But it is impossible. Touch and image will not meld. Sensation will not be isolated to a distinct body part. The awareness of Robyn's hands creates a fresh imprint in an unfamiliar and nebulous register. In the evenings, after seeing her, my genitals stab and ache with fresh ferocity.

What is this register?

Easier to describe, perhaps, what it is not: identified by sight; whole and continuous; simultaneous with anatomical understanding.

My sense of Robyn's touch is kinaesthetic—an inner intelligence of changed sensation in a deep, dark, moist, warm and spongy dwelling, triggering patterns and waves of resistance and response. My understanding of the symptoms of my pain is not ordered but fragmented and confused; analogies and metaphors replace anatomical logic in a kind of synaesthesia: My pelvic muscles are a stomach that would, if it could, spew its surfeit.

Writing my pain helps imprint sensation in this fledgling mind/body register. It enables me to explore and assign meaning incongruent with logic or reasoning. The realm to which my suffering leads me is characterised by opaque purpose, and communicated through images, dreams, and what dancer/choreographer Deborah Hay calls, 'the body's daringly ordinary perspicacity' (2000, p. xxv).

It is through altered sensation—through pain—that my genitals have demanded that I know them differently. My vulva forms a portal through which I pass. I wander here, untutored in the language of the body.

...

My sore vulva forms a bridge between disparate categories of apprehension and causes the distinction between binaries to falter. Inside and outside; reason and sensation; mind and body: boundaries are lost in a flux dense with suggestion.

What is this flux, this register? Where does it reside? In the dark sensations of my genitals and viscera? In images in my mind, within my body, within my brain? In neural pathways that—wetly sparking—persistently and repeatedly tell the tissues cradled by the bowl of my pelvis that something is terribly wrong?

Wilder Penfield developed the already-existing concept of the *homunculus* (little man) to provide a neuroanatomical image of the relative amount of cerebral cortex surface area devoted to processing motor outputs and sensory inputs (e.g. Penfield & Rasmussen, 1950, fig. 17, p. 44). The images continue to be challenged and explicated by contemporary authors (e.g. Ward, 2014), but their ongoing valency is testament to the elegance of the idea if not the image, whose [somatosensory little man](#) is draped awkwardly over our brain—Elmer Fudd newly animate, all looming face and lips, stropy thumb gesturing toward eye, and dangling, clod-hopping foot. From beneath his toes peek a demure penis and testicles. He is a bits-and-pieces body, moulded by sensation.

Freud argued that the ego is initially forged through bodily sensation (1923/1961, pp. 25–26). He also suggested that the way in which we gain knowledge of an organ through pain, as an adult, might reproduce how we arrive at the first sensation-driven idea of the body. He links this register of knowledge with the homunculus. The register is operational early, but becomes subsumed in discourse by the sight-driven apprehension of our body as whole and coherent.

Consequently, we have two bodies. The continuous and symmetrical body reflected in a mirror and our sight of others; and the body formed through sensation—fragments looming and retreating in our mind's eye.

But, a little *man*? A *homunculus*?

Where does the vulva sit in such a body map? How would female bodily experience be registered?

Paula M. Di Noto and her colleagues explore what is known of the representation of the female body in the brain (Di Noto, Newman, Wall, & Einstein, 2013). They suggest that female somatosensory representations may differ widely from those mapped by the homunculus, presenting evidence that the vagina, cervix and clitoris each have separate representations in the brain, and that female viscera—our insides—activate brain regions distinct from those activated by external body structures—our outsides. Female organs may be represented differently at significant life stages, such as pregnancy or menopause, and within the menstrual cycle. They summarise, in part:

Understanding what is and is not currently known about the female SS [somatosensory cortex] is a first step toward fully understanding neurological and physiological sex differences, as well as producing better-informed treatments for pain conditions related to mastectomy, hysterectomy, vulvodynia, and fibromyalgia. (Di Noto et al., 2013, p. 1005)

Di Noto and her colleagues argue the urgent need for a mapping of the female brain and a corresponding *hermunculus*.

I imagine the hermunculus dispersed through my brain; my bits-and-pieces body, moulded by sensation, made fluorescent by pain.

Example 2

The second example of attending to dreams as methodology is taken from an early chapter in my PhD thesis titled, 'Reluctant Virgin' (pp. 39–50). It demonstrates how an ongoing interaction between dreams and ideas can advance understanding.

Reluctant Virgin

Dream, 16 July 2003

I am a fledgling goddess of blue. Each of us (4 girls; 4 fledgling goddesses) pick a colour—I go straight for the intense blue. We are paired with our man. I initiate (forbidden?) physical contact with my man, & we begin kissing passionately. My lust is powerful. Because this is more important to me than my duty or what I am learning the natural order is broken. We are busted & I am expelled from this privileged place & set among the common, poor people. Here it is constant work to find enough to eat—nor am I particularly interested in eating—I pine for the man. At some point I see him in the distance (in the other place). I raise my arms high & he does also as we yearn for each other. (I yearn for him & he responds—I am the superior/the initiator.)

Prevented from joining in full intercourse with Jack, I began to think of myself as *virgin*. I had 'lost' my virginity, years before, but now I was forced to 'find' it again, as I moved to the relationship's bed-edge in an effort to escape pain. I felt virgin in other ways too, kept emotionally apart from the wider community by my shameful and invisible secret. I was inferior, woman yet not woman, fraudulent in this most precious role. And in other

roles, too, I was outsider; an unwilling observer of the productive and meaningful lives of others. How was I a real woman if I couldn't experience sexual union with Jack and if I could make no contribution to the world? I wondered about the other women with vulvodynia, somewhere out there. Did they feel the same? And how, if they were unable to have intercourse, did they have children?

...

As part of an exploration of the mythology and ancient religions of the moon goddess, [M. Esther] Harding (1971) teases apart different strands of this meaning, asserting that our interpretation of *virgin* is quite different from its use in the past, resting as it does on mistranslation. She refers to anthropologist James Frazer who notes that, regarding the nature of Jesus' birth, 'the Hebrew word... which is translated "virgin" in our English version [of the Bible; specifically Isaiah vii. 14] means no more than "young woman"' (Frazer, 1911, p. 36, fn. 2). More controversially, Frazer and fellow anthropologist Robert Briffault (1927/1959) assert that the correct translation of the Greek word *parthenos* (applied to the goddess Artemis, for instance), is not 'virgin' but 'unmarried woman' (Frazer, 1911, p. 36), or 'unwed' (Briffault, 1927/1959, p. 375): a virgin was 'not a woman who had no sexual experience, but one who was independent' (but see Kristeva, 1977/1997, p. 310).

Thus, from our modern perspective, we find paradox or even contradiction both in the Bible and in elements of myth relating to female goddesses. The Greek goddess Artemis could be both chaste and the embodiment of nature, 'in all its exuberant fertility and profusion' (Frazer, 1911, p. 35). Roman Vesta, though patroness of virginity, was also titled 'Mother' and inspired a cult which figured phallic emblems (Briffault, 1927/1959, p. 376). The Babylonian virgin goddess Ishtar was also frequently called 'the Prostitute' (Briffault, 1927/1959, p. 375).

As I struggled with integrating this material, dreams reflected the web of meaning generated in my inner world, playing with the relationship between religion and sexuality and subverting my understanding of this connection:

Dream, 24 October 2003

I am a prostitute &, though I can't have intercourse, I am in high demand because I am so sexy. I have a boyfriend (J—M's son) & I

have a little lamb that I saved from eventual slaughter. It follows me everywhere.

I ... thought of the nursery rhyme, 'Mary had a little lamb, its fleece was white as snow, and everywhere that Mary went, the lamb was sure to go'. My mind jumped to the Virgin Mary and her son Jesus, the Lamb of God. I marvelled at the way in which my dream playfully upturned my notions of sexuality and divinity: *How can you be a prostitute and not have intercourse? How can you be found sexually attractive when celibate? Was my dreaming self both virginal mother of Christ and sexy prostitute? How did I/she save the lamb from slaughter?*

...

According to Harding, in 'earlier days' (1971, p. 103) the 'virgin', or unmarried girl, was the property of no man and could choose to refuse or accept intimacy with men from a clan into which they might marry: *virgin* therefore becomes more about being one's own mistress rather than the property of others—father, husband—in a patriarchal society. The 'virgin' might choose to be celibate or sexually active. The critical aspect is that she manifests a particular attitude of wholeness; she is not dependent on another to feel complete. [Marion] Woodman (1982, p. 92) uses the concept of *virgin* to elucidate 'a feminine "way" toward consciousness'.

This aspect of *virgin* as *one-in-herself* became more obvious when I looked up the meanings of *chastity* and *celibacy*. *Chastity* is defined as 'being chaste' (Sykes, 1982), and chaste, as well as meaning to abstain from sexual intercourse, is also defined as 'pure', 'decent', 'restrained', 'unadorned' and 'simple'. In contemporary times we think of celibacy as not having intercourse, conscious choice usually being involved. My dictionary (Wyld & Partridge, 1968) might define *celibate* as 'unmarried' but the entry also contains these meanings; 'living, existing for, and by, oneself' as well as 'alone' and 'whole, complete'. I dwelt on the societal emphasis on sex and what we lose with that obsession: when women with vulvodynia are in too much pain, we're not having intercourse, but do we ever pause to consider that when we are in a 'normal' sexual relationship, we might not be having chastity or celibacy? Is it possible to have both?

There seemed to be a certain freedom associated with the notion of the woman as psychologically virgin. Rather than being defined as part of a couple, the woman who is *virgin* is whole in herself. She may be in a relationship or not, or having sex or not; in many ways this is irrelevant.

The critical thing is that the woman does not have to be part of a couple in order to feel whole. Both Harding (1971, pp. 145–49) and Woodman (1982, p. 160), though, see the virgin as being made one-in-herself through some kind of union with a higher or divine force; with surrender to a god or goddess.

...

For the congress of men for the procreation of children makes virgins women. But when God begins to associate with the soul, he brings to pass that she who was formerly woman becomes virgin again (Philo of Alexandria cited in Harding, 1971, p. 146).

Serendipity

These guides did not travel by well-maintained paths but by unlikely tracks, lit by serendipitous moments that linked my day and night lives, encouraging me to continue. As I listened, following closely behind, my work itself revealed the shape of the footsteps I was to fill—the next subject; the next chapter. Following this guidance I found out what I wanted but also—in less comfortable revelations—what I needed. Now my text determined my life, and my life my text, as both moved toward a conclusion beyond me. (p. 5)

Are all we writers and artists familiar with those serendipitous moments where outward events appear to interact with inner purpose? Do we recognise those times when coincidence appears to guide our research and creative practice? The book that arrives unexpectedly and develops our argument. The unanticipated meeting with a stranger who provides a critical lead.

By serendipity, I also mean meaningful coincidence or synchronicity—what C. G. Jung defines as an *acausal connecting principle* (1952/1972). I have learned to trust coincidences that contribute to my life and work, even in negative ways; serendipity became part of my research and writing methodology—a component of my conversation with the enemy.

Example 1

In 2003, I began to reach out into the world. Were there other women in Perth like me? Through a wholistic practitioner I met another V woman who

was researching vulvodynia and we organised an afternoon tea for women with vulval pain, advertising the event with health practitioners. At this gathering I met Kath Mazzella, the founder of the Gynaecological Awareness Information Network Inc (GAIN Inc), and joined the organisation.

A brief account of my story in the GAIN newsletter (Taylor, 2003) caught the attention of an editor at the *Woman's Day* and she contacted me. Vulval disorder was in her family history. Within a day of speaking with the editor I was being photographed for an article in the magazine. As a result of appearing in the *Woman's Day* (Allison, 2004) I had contact with over one hundred women with vulvodynia ranging in age from nineteen to a woman in her nineties (the woman's carer, in this instance), and discovered that vulvodynia does not discriminate: 'all walks of life, all sexual proclivities and all socio-economic levels were represented by my respondents' (p. 56).

The sequence of events—meeting Anna, starting the support group, joining GAIN, writing my story, being contacted by the *Woman's Day*, and then all the events that were to follow—was like the inexorable forward motion of domino falls. (pp. 54–55)

I had initiated an unfolding of events that became propelled by moments that felt beyond my control, but to which I could choose to say 'yes' or 'no'. Even though I was, at times, filled with anxiety at exposing myself in this way, I chose 'yes'. As important as hearing the stories of these women was finding that I could survive such exposure. The experience gave me the confidence to continue to take an active role in my conversation with the enemy:

The difficulty and uncertainty of life with vulvodynia provides attitudinal choices in those affected, with intolerable confusion, despondency and frustration generating responses that range from psychic paralysis to creative engagement. (2013b)

Example 2

A serendipitous moment continues to resonate through my writing. In 2008, as part of my thesis research, I obtained a book by a nineteenth-

century London surgeon that outlined multiple cases of clitoridectomy carried out by him (Brown, 1866). The research entered my thesis as an example of one form of treatment for women with 'hysteria' and also as an illustration of how unexplained vulval pain might be categorised as 'hysteria'. Just as significant was the discovery of the author's dedication—his hand-writing gradually deciphered and the likely recipient determined, by 2013, as his son. The affectionate dedication juxtaposed the brutally evocative words of the surgeon's text, enabling a more complex fictional portrait of Isaac Baker Brown in my short story, 'That Hand':

'We are both learned men, Mr Rochdale,' Brown's voice is smooth, assured. 'Hysteria is established in your wife, and maintained by the continual irritation of the pudic nerve.' Arthur flushes. What strange desires, what unnatural behaviours, has his Emily confessed to in the company of this man—this, this *interloper*?

'The operation I am suggesting,' Brown's speech swells, 'destroys the nerve, excising the cause of excitement, so that hysteria is halted before it progresses to epilepsy and idiotcy. Even death.' A tremor reverberates through Arthur's body. Death, the man said, his face implacable. And those other words, like an assault: Epilepsy. Idiotcy. Arthur sees his wife pulling herself close and quietly retreating to the spinal couch in her bedroom. He hears her small voice, diminishing further as she withdraws from her family, her friends, and then, finally, from him.

She could not have brought this on herself, surely. This sick and troubled woman who is his wife. No longer really herself. 'Judicious after-treatment is critical to the success of the operation.' He hears the doctor's words now, and feels their weight. 'The continuous observation and moral influence of the nurses helps to prevent further ... shall we say ... unnatural practices.' Unnatural? Arthur feels admonished along with his wife. He has the impulse to take up sword and shield and defend her honour; the urge to clasp hands in solidarity with the surgeon and castigate her wantonness. The elements are capricious and he a weather vane. (2013a, pp. 26–27)

And:

Alice stares out of her window. Can she bridge their distance? Duncan corners fast and the shifting pressure in her lap reminds her of the

book. *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* by I Baker Brown. Alice slips the tattered volume from its elastic band, and the yellowed pages fall outward. She turns to Brown's hand-written dedication to his son, found hidden on a fragile first page: 'A Boyer Brown, with the affectionate love, of The Author'.

Alice closes her eyes and reaches into the past. A woman in a bed appears, body trussed, eyes flicking—left, right. Brown's hand clamps her shoulder. 'I would like to have my hands untied,' the woman whimpers. 'I will be very quiet.'

Alice sees Brown seated, that audacious hand poised over his book. She watches the inky tracing of paternal love; the proud flourish beneath *The Author*. Her mind floats toward stillness. Then she hears the sharp *snip* of scissors. (2013a, p. 31)

The Bud in the Flower

I have learned to trust the conversation in which I am engaged even if, at times, its demands feel beyond me. I have learned, too, that life themes can take years, even decades, to unfurl themselves to the point where one can recognise the bud in the flower.

I am now writing a novel based on the characters in the short story represented, briefly, above. Narrative themes have largely been unplanned, instead declaring themselves through conversation with the enemy—now, also, my guide: my body and dreams and serendipity. The redemptive and creative power of love has announced itself as a major theme, and I am reminded of my first written piece on vulvodinia (2005), and a dream dreamt at the worst point in my illness. Both texts suggest a place in my life that I have not yet reached. So I will close with the dream, in the trust that it might express something for which I am still struggling to find the words.

Dream, 30 September 2000

Travelling a very long way. Past a large mountain range, on rarely used roads. Low on fuel. Finally find the place that is like a myth—a 'city' built on the edge of the ocean that people no longer know if it exists. But we have found this 'Incan' place. Buildings built of clay/ceramic & mirrors right against the water. The sun is low in the

sky. We put the cross into a special slot & see that this spot is specially placed to catch the sun's rays—it is an energy/fuel source which the cross absorbs through its mirror. But the sun is very low & is going behind some clouds: will we be able to get enough fuel (or maybe it is possible to stay till the next day to get more?). We see the moon crossing over the path of where the sun has been, its disc superimposed upon the disc of the sun as it was at that spot. Half awake—feeling the energy source—knowing that it is love in my heart. Love is the energy source.
In the dream I notice that my fanny isn't hurting/is healing.

References

- Allison, A. (2004, May 10). Sex is too painful. *Woman's Day*, 68.
- Bochner, A. P., & Ellis, C. (Eds.). (2002). *Ethnographically speaking: Autoethnography, literature, and aesthetics*. Walnut Creek, CA: AltaMira Press.
- Briffault, R. (1927/1959). *The mothers* (Abridged ed.). London: George Allen & Unwin.
- Brown, I. B. (1866). *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females*. London: Robert Hardwicke.
- Denzin, N. K. (1997). *Interpretive ethnography: Ethnographic practices for the 21st century*. Thousand Oaks, CA: Sage Publications.
- Di Noto, P. M., Newman, L., Wall, S., & Einstein, G. (2013). The hermunculus: What is known about the representation of the female body in the brain? *Cerebral Cortex*, 23(5), 1005–1018. doi: 10.1093/cercor/bhs005
- Dodson, M. G., & Friedrich, E. G. (1978). *Psychosomatic vulvovaginitis*. *Obstetrics and Gynecology*, 51(Suppl.), 23–25.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. London: Jessica Kingsley Publishers.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). London: Penguin.
- Frank, A. W. (2002). Between the ride and the story: Illness and remoralization. In A. P. Bochner & C. Ellis (Eds.), *Ethnographically speaking: Autoethnography, literature, and aesthetics* (pp. 357–371). Walnut Creek, CA: AltaMira Press.
- Frazer, J. G. (1911). Part I: The magic art and the evolution of kings. In *The golden bough: A study in magic and religion* (3rd ed., Vol. 1). London: Macmillan Press.

- Freud, S. (1910/1957). The future prospects of psycho-analytic therapy (J. Strachey, Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 11, pp. 141–151). London: Hogarth Press.
- Freud, S. (1923/1961). The ego and the id (J. Strachey, Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 12–66). London: Hogarth Press.
- Harding, M. E. (1971). *Woman's mysteries: Ancient and modern*. New York: Harper & Row.
- Hay, D. (2000). *My body, the Buddhist*. Middletown, CT: Wesleyan University Press.
- Jung, C. G. (1952/1972). Synchronicity: An acausal connecting principle. In *The collected works of C. G. Jung: The structure and dynamics of the psyche* (2nd ed., Vol. 8, pp. 417–531). Princeton NJ: Princeton University Press.
- Knowles, J. G., & Cole, A. L. (Eds.). (2008). *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues*. Thousand Oaks: Sage.
- Kristeva, J. (1974/1984). *Revolution in poetic language* (M. Waller, Trans.). New York: Columbia University Press.
- Kristeva, J. (1977/1997). Stabat mater (L. Roudiez, Trans.). In K. Oliver (Ed.), *The portable Kristeva* (pp. 308–331). New York: Columbia University Press.
- Mascherpa, F., Bogliatto, F., Lynch, P. J., Micheletti, L., & Benedetto, C. (2007). Vulvodynia as a possible somatization disorder: More than just an opinion. *The Journal of Reproductive Medicine*, 52, 107–110.
- Masson, J. M. (Ed.). (1985). *The complete letters of Sigmund Freud to Wilhelm Fliess 1887–1904*. (J. M. Masson, Trans.). Cambridge, MA: Harvard University Press.
- Micale, M. S. (1995). *Approaching hysteria: Disease and its interpretations*. Princeton, NJ: Princeton University Press.
- Mitchell, J. (2000). *Mad men and Medusas: Reclaiming hysteria*. New York: Basic Books.
- Penfield, W. & Rasmussen, T. (1950). *The cerebral cortex of man: A clinical study of localization of function*. New York: The Macmillan Company.
- Reed, B. D., Harlow, S. D., Sen, A., Legocki, L. J., Edwards, R. M., Arato, N. & Haefner, H. K. (2012, Feb). Prevalence and demographic characteristics of vulvodynia in a population-based sample. *American Journal of Obstetrics and Gynecology*, 206(2), 170.e1–

- 170.e9. Retrieved from
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3779055/>
- Reed-Danahay, D. E. (Ed.). (1997). *Auto/ethnography: Rewriting the self and the social*. Oxford: Berg.
- Sims, J. M. (1861). On vaginismus. *Transactions of the Obstetrical Society of London*, 3, 356–367.
- Sykes, J. B. (Ed.). (1982). *The concise Oxford dictionary* (7th ed.). Oxford: Oxford University Press.
- Taylor, J. (2003, November). GAIN member Jo Taylor shares her experience. *Gynaemight! The quarterly newsletter of GAIN Inc*, (6), 4.
- Taylor, J. (2005). Ace of cups. In *Love lines* (pp. 247–253). Joondalup, Australia: Peter Cowan Writers' Centre.
- Taylor, J. (2011). *Vulvodynia and autoethnography*. (Unpublished doctoral dissertation, all access restricted). Edith Cowan University, Mount Lawley, Australia.
- Taylor, J. (2012). The lady in the carriage: Trauma, embodiment, and the drive for resolution. *M/C Journal*, 15(4), Article 521.
- Taylor, J. (2013a). That hand. In A. Gardiner, R. Murphy & J. Taylor (Eds.), *Other voices: A collection of short stories* (pp. 22–31). Joondalup, Australia: Peter Cowan Writers' Centre Inc.
- Taylor, J. (2013b). *Vulvodynia and the ambiguous between*. Axon: Creative Explorations, 3(1), Issue 4.
- Thomas, T. G. (1880). *A practical treatise on the diseases of women* (5th ed.). London: Henry Kimpton.
- Ward, Z. (2014). Letter to the editor: Reexamining Penfield's homunculus. *Journal of the History of the Neurosciences*, 23(2), 198. doi: 10.1080/0964704X.2013.868972
- Whytt, R. (1767). *Observations on the nature, causes, and cure of those disorders which have been commonly called nervous, hypochondriac, or hysteric: To which are prefixed some remarks on the sympathy of the nerves* (3rd ed.). [Microfilm]. London: T. Becket and P. A. De Hondt.
- Willis, T. (1681). *An essay of the pathology of the brain and nervous stock: In which convulsive diseases are treated of* (S. P., Trans.). [Microfilm]. London: T. Dring.
- Woodman, M. (1982). *Addiction to perfection: The still unravished bride*. Toronto, Canada: Inner City Books.
- Wyld, H. C., & Partridge, E. H. (Eds.). (1968). *Webster universal dictionary*. New York: Harvard Publishing.

Author biography

Josephine Taylor is a research and writing Fellow at Edith Cowan University, where she also teaches in writing and English. Her PhD thesis, *Vulvodynia and Autoethnography*, is used by her as source material for essays and fiction. She is currently writing a novel set in nineteenth century London and present-day Perth in which two women struggle with a mysterious gynaecological condition.

Email: josephine.taylor@ecu.edu.au