Dr. Nurse

Thoughts on Shifting the Object of Care from Patient to Student

Sexual Medicine

Edit

Sexual Medicine
WGS 4334 | 88291
T/TH 5:00 – 6:15pm, LAV 335

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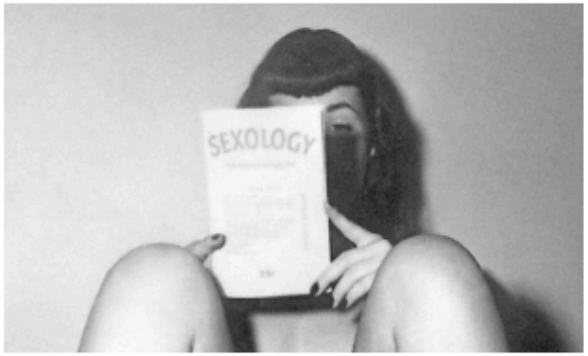


Detailed Course Info (PLEASE READ!)

Honor Code

Access Statement

Inclement Weather Policy

Reading Calendar

Due Dates

Syllabus

Sexual Medicine

- Assignment Resources
- Sex Histories Project
- Defining the Discipline
- Historical Contexts
- Mapping "Normal" Sexuality
- Sexual Dysfunction
- Altering genitalia
- Intersexuality
- Issues in LGBT Health
- Contraception
- Pregnancy and Abortion
- Sexually Transmitted Infections
- Sexual Assault
- Sex and Disabilities
- Sex Addiction and Sex Therapy

Hi Christine! Just wanted to reach out and say hello, it felt fitting as I just completed my personal statement for a fellowship application and referenced how my interests in endocrinology and the human body started with my eyes being opened by your class... I am applying for pediatric endocrinology fellowships, inspired from your sexual medicine class 7 years ago and hoping to do good things in gender medicine down the road. ***As Nature Made Him*** *sits on my bookshelf (among some others we read in your class), and I even talked about it with one of my residency interviewers who had read it as well! I hope you are doing well, doing your thing and continuing to inspire and educate so many people out there who have a lot to learn from you!*

Hi Dr. Labuski

Today in one of my OT classes we had a discussion about how members of the LGBTQ community are often discriminated against by healthcare professionals and ways that we can prevent that as practicing OT's in the future. We talked about asking an individual what pronoun they prefer, making medical forms less heteronormative in general, etc. It was such a great conversation and I had a lot to contribute thanks to your class. We even talked about some of the articles I remember reading in your class. It made me miss sexual medicine a lot!

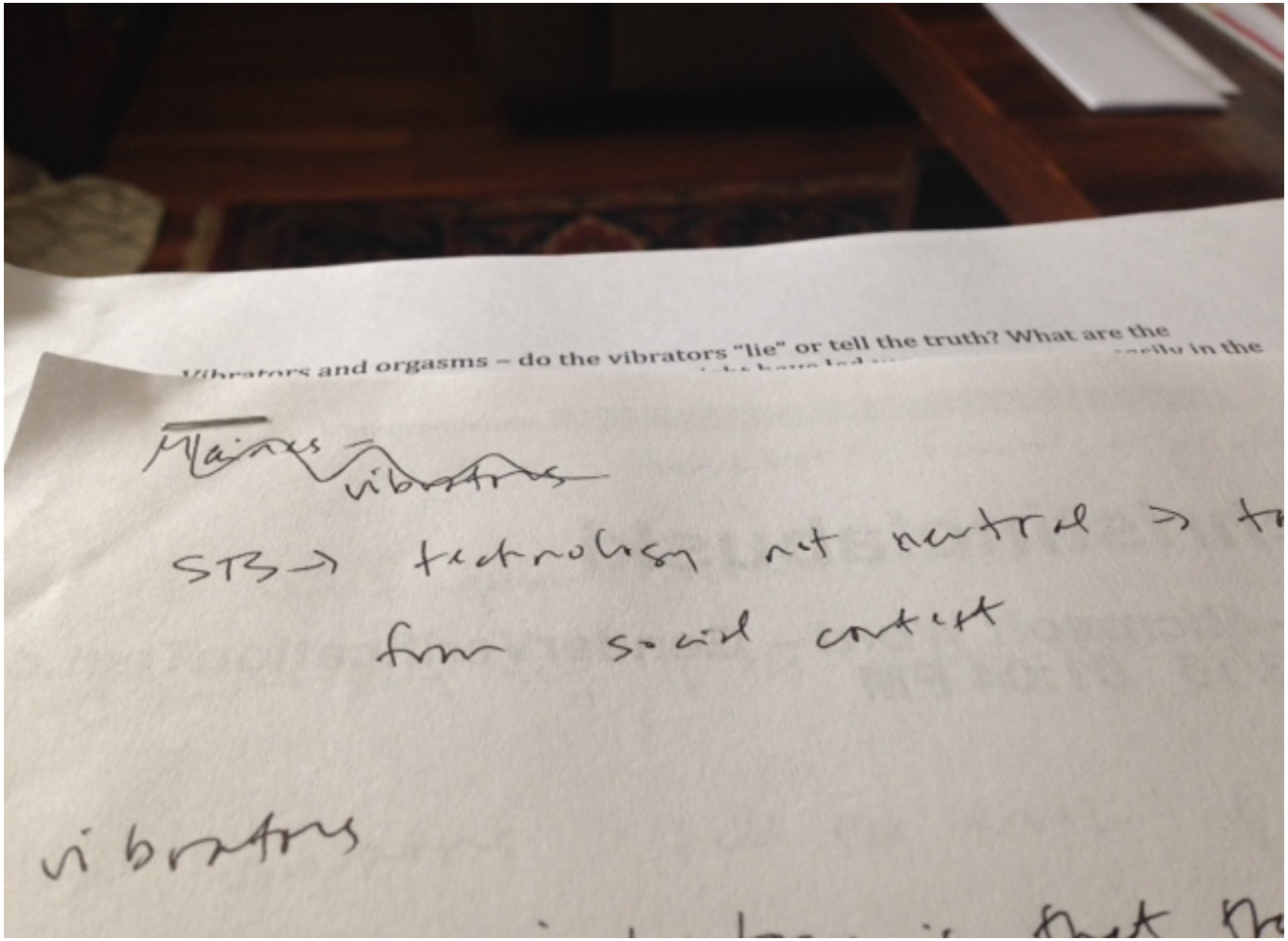
So, I'm not quite sure how to express this without being too personal, but I'm a big believer in gratitude so I want you to know how much your class, friendship and knowledge impacted my life.

I had a sexual breakthrough of sorts last night, and immediately after I was awash in gratefulness for your teachings. They've stuck with me in a way that others [haven't]. I don't think I would have had this breakthrough without taking your class and participating in that respectful and informed space we all shared together. I think I would have given up, lost patience, or written myself off as a broken body. But I didn't, and you had a big part in that.

Seriously though, I can say without any hesitation that "Sexual Medicine" is the single course at [college] that most positively affected my understanding of my intimate self and others. It gave me the physiological knowledge I craved as a 20-year-old to back up my liberal sexual suspicions, allowing me to take ownership of my pleasure in an incredibly informed and nuanced way. It left me empowered about my body, which is one of the most visceral and important forms of strength I believe we need and deserve.

Dr. Labuski,

Hi! I was just thinking-- if it turns out that vaginal orgasms are not as easy to achieve as people have thought, and clitoral orgasms are WAY more common, then how did Master's and Johnson get so many women to have vaginal orgasms. ARE THEY EVEN REAL! Maybe when they were asking for strictly women that had an orgasm before, they searched for women capable of a vaginal orgasm specifically? And there's this conception of vaginal orgasm as being so normal because it validates heterosex? This is just something on my mind that may not have an answer!


Vibrators and orgasms – do the vibrators "lie" or tell the truth? What are the
vibrators
STS → technology not neutral
from social context
vibrators

Leonore asked us for anecdotes and stressed that we should foreground the personal aspects of our feminist scholar activism. Of course, like all of you, I have lots of those (and I hope we get to share some over the next couple of days), but I also wanted to strike the right tone with this paper, because I want to be celebratory and casual while still attending to the absolute and utter difference that the New View has made in my life, and to the ways that it shapes what I'm calling my "object of care" in this paper/talk.

I initially wrestled a little bit with our panels' theme: the "unintended consequences of professionalization." I've been two kinds of professionals in my life so far—a nurse/nurse practitioner and a gender studies scholar—and I think I've experienced unintended consequences related to both. I tried to design a talk that would capture the relationship between the two, as well as attend to how both roles might or might not be organized around critique, resistance, and transformation.

Like a lot of you, one of the things that I bring to this conference is an ambivalent relationship with clinical medical authority. I left clinical medicine because it was clear to me that the fit was bad. Medicine and I had to break up because we wanted different things: I wanted to think more radically about the social contexts of unplanned pregnancies and genital warts, for example, and medicine wanted me to use words like "compliance," and to reduce my patients' sexual lives and situations to risk, behavior, and treatment. We had some good times though, medicine and I: I taught a lot of women how to use a diaphragm (sneaking in tips on period sex along the way), and I bore witness to hundreds of safe, legal, and respectful abortions. This part of my life remains indelible, and it will always inform my teaching.

These days, I teach a class called Sexual Medicine [SLIDE] as part of my appointment in a Women's and Gender Studies program at a research university. In my classroom, I simultaneously deploy and destabilize clinical medical authority, which, it turns out, is a lot to ask of undergraduate students. Critiquing medical authority, in a lot of ways, is like shooting fish in a barrel, but it is a method that I purposefully deploy because I suspect that my students take my critiques more seriously if I can convince them that I see some real value in clinical perspectives. [I look forward to all of you disabusing me of this notion in the Q&A].

Lately, however, I feel a new brand of discomfort creeping in, which has less to do with ambivalence and more to do with what feels like the erosion of this authority. In the first iterations of Sexual Medicine, which were during my postdoctoral appointment in 2009 and 2010, I was well within a decade of my clinical years. I was also just a few years away from clinic-based fieldwork, and so I had a rash of stories to draw on. These experiences and stories lent increased legitimacy to the skepticism toward and critiques of biomedicine that I expressed in class. Not only did my positioning as a former clinician complicate my critiques, but I also had fresh stories about clinical encounters that validated the feminist books and articles that they were reading.

Six years later, I'm further away from both practice and clinic-based fieldwork, as my research has shifted to a different kind of fieldsite. And though I worry about being less "legitimate," I

also know that I'm more engaged than ever with the literature, with listserves, and with conferences and other forms of intellectual exchange, and I have what I believe to be smarter and more useful insights regarding the material that I am teaching in Sex Med. But I am left wondering about the role of stories in conveying the sensibility that I'm trying to cultivate in class. And about which stories I should tell.

Including this semester, I've taught Sexual Medicine four times. It's impossible to adequately convey all the things I get from teaching this class, but the thing I want to examine here is the small cluster of students that have stayed in touch with me after they've taken it to tell me about the specific differences that the class has made in their lives. I am certain that I could not have conceptualized the class without Leonore's work, and the work of so many people in this room. In its perfect iteration, it's a healthy mix of pre-med and pre-health occupation students, gender studies students and other sex radicals, and a few people from well outside either of these areas who, as they become acquainted with the organizing themes of the class, ask the all-important "So what?" questions that keep us all on our toes.

[*Bracket: a few words about Sex Med:*]
[Quickly, what we do in the class is to first lay some historical and conceptual groundwork: what is "sexual health," what is sexology and how is it different from sexual medicine, where do concepts like normal and deviant come from and what (harm) can they do, and where does medical authority come from and (why) should we respect it? Then we survey a range of topics—pregnancy and abortion, intersex, addiction and therapy, transgender health etc—and try to think about them through those questions/lenses [SLIDE]. The class culminates with a group project where the students practice administering a sex history to a patient that I've designed. I keep the details of each group's patient a secret until an hour before we have our final class. Each group should have designed a history that will elicit the problems that I've given to their 'patient,' and designated group members who will play the roles of provider and patient. After each group has presented, we talk together as a class about what it *felt like* to both ask those questions and to have them asked of us. My hope is that if these students take nothing else away from the class, they leave as *patients* who are more comfortable asking their providers things like "Why do you need to know that?," or "Does that have anything to do with my care?"]

So, the two sets of questions that I've posed so far – 1) What's the role of stories in claiming or critiquing medical authority?, and 2) What is it that I want my students to 'learn' about medical authority? -- converge with another theme I want to get at today, which is the ways that my students take up this class in their own lives. To do that, I'm going to start with a young woman who I'll call Alice. Alice has written to me about twice a year since I taught her in 2009, and, as a brand new obstetrician-gynecologist, has a LOT of interesting clinical stories to tell. Her last note, which arrived in July of this year, reads as follows [SLIDE]:

Hi Christine! Just wanted to reach out and say hello, it felt fitting as I just completed my personal statement for a fellowship application and referenced how my interests in endocrinology and the human body started with my eyes being opened by your class... I am

applying for pediatric endocrinology fellowships, inspired from your sexual medicine class 7 years ago and hoping to do good things in gender medicine down the road. ***As Nature Made Him*** *sits on my bookshelf (among some others we read in your class), and I even talked about it with one of my residency interviewers who had read it as well! I hope you are doing well, doing your thing and continuing to inspire and educate so many people out there who have a lot to learn from you!*

So, a super nice note, indeed. Makes me feel warm inside. But this note also deepens my ambivalence about the intersections between clinical authority, medical knowledge, and stories. Having just finished reading Georgiann Davis' brilliant new book *Contesting Intersex*, I'm conflicted about the work that this ex-student is committed to doing, work that she tells me was inspired by what we did in my class. Part of why Davis' book is so important is that she effectively demonstrates that there is a relationship between embracing the language of DSD (disorders of sex differentiation or development) and access to biomedical citizenship. Davis herself identifies as intersex and argues that choosing that identity over DSD can leave members of her community medically marginalized. Of the 10 physicians that Davis interviewed for her book, 3 of them explicitly reference Anne Fausto-Sterling, and speak to the powerful insights she facilitated for them in undergraduate gender studies classes. I am certain that I can count Alice in this group of progressive Ob/Gyns, and that she knows how to think about sex and gender beyond the binary terms of many pediatric endocrinologists. But I also know that biomedical training is powerful and hegemonic, and when she tells me in her emails about her growing expertise in disorders of sex differentiation, I feel strangely complicit.

But alongside these more ambivalent feelings, I also feel a lot of hope in relation to my Sex Med students. Which brings me to Becca, a student who took the class in 2014 and who is now enrolled in a graduate occupational therapy program. Here's her most recent note [SLIDE]:

Hi Dr. Labuski
Today in one of my OT classes we had a discussion about how members of the LGBTQ community are often discriminated against by healthcare professionals and ways that we can prevent that as practicing OT's in the future. We talked about asking an individual what pronoun they prefer, making medical forms less heteronormative in general, etc. It was such a great conversation and I had a lot to contribute thanks to your class. We even talked about some of the articles I remember reading in your class. It made me miss sexual medicine a lot!

Like I said, and as I'll return to at the end, Becca keeps me optimistic: not only about the class having an impact on future health care providers, but also that it's part of a larger conversation that, though might not always be as critical as I would hope, is nevertheless available for our students to plug into and perhaps even contribute to reconfiguring.

Probably the most surprising note I've ever gotten came from a student I'll call Charlotte; a student who *didn't* pursue a career in sexual medicine, but who had done fantastic feminist work when she took the class in 2010. Here's what she wrote about six months after I last saw her [SLIDE]:

So, I'm not quite sure how to express this without being too personal, but I'm a big believer in gratitude so I want you to know how much your class, friendship and knowledge impacted my life.

I had a sexual breakthrough of sorts last night, and immediately after I was awash in gratefulness for your teachings. They've stuck with me in a way that others [haven't]. I don't think I would have had this breakthrough without taking your class and participating in that respectful and informed space we all shared together. I think I would have given up, lost patience, or written myself off as a broken body. But I didn't, and you had a big part in that.

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One of the lines I tread so carefully in my teaching is how to convey that sex is wonderful, and that everyone who wants to have it deserves it, without normalizing or exalting it too much. Indeed, I've never approached this material from an unreflexive "sex positive" perspective where sex is the most powerful force in our lives; I also teach from a severely social constructionist perspective that frames a lot of sexual disappointment and disinterest in patriarchal and heteronormative terms. So what was this student's 'breakthrough'? Who knows? What matters here is that our classroom was a feminist space that, I think, reframed some of the beliefs that she came in with and that eventually found their way into her personal sexual experience. And while that WAS the goal when I went to work in "reproductive" clinics such as Planned Parenthood in the 1980s, it is not necessarily my goal in the classroom. Of course I know that the students are processing the material along multiple levels, including their own sexual identities, beliefs, and feelings, but their individual experiences are rarely the focus of our class discussions.

Which brings me to Dylan, the fourth and final one of my students whose note I want to share with you. I received it about a week ago [SLIDE].

Dr. Labuski,
Hi! I was just thinking-- if it turns out that vaginal orgasms are not as easy to achieve as people have thought, and clitoral orgasms are WAY more common, then how did master's and johnson get so many women to have vaginal orgasms. ARE THEY EVEN REAL! Maybe when they were asking for strictly women that had an orgasm before, they searched for women capable of a vaginal orgasm specifically? and theres this conception of vaginal orgasms as being so normal because it validates heterosex? This is just something on my mind that may not have an answer!

When people ask me why I switched careers, from nursing to anthropology, I usually say something about how I never really liked sick people. But the truth is that I was never comfortable with questions like Dylan's as a nurse—"ARE THEY EVEN REAL?!" Because at the time, I thought that I was supposed to have answers to the questions that my patients posed. But with my students, I understand my job to be that of crafting replies like "Wow, that's a great question. Let's think about what we mean by 'real' and about some of the ways that orgasm has been defined and understood thus far, etc." I am clear that I prefer the latter of these two roles, but I also remain acutely aware of its limits.

As I was writing this talk last week, I looked down at my desk and saw these lecture notes [SLIDE] poking out of my day planner – they are from teaching Rachel Maines alongside an article about penile plethysmography – and I was struck by how lucky I am that I get to do this for a living. The people in this room have made critical feminist sexual medicine into a field of study, practice, and activism. I teach your books and articles, and I try to cultivate something, some kind of sensibility for my students—toward themselves, their peers, their families, and their worlds—that I believe can be transformative. Perhaps these notes from my students are some anecdotal evidence that my efforts are effective, at least on a small scale, and also that "success" is complicated. Davis' interviews with pediatric surgeons remind us that an increasing number of biomedical clinicians have been exposed to feminism and gender studies in college, and that this exposure has the potential to affect their clinical thinking. Do the three doctors who explicitly marked these experiences as formative signal a developing watershed of providers who think more like us than their colleagues? Or are they evidence of an emerging schism, between those who have let feminism shape their clinical practices and those that haven't?

When my students do their sex history projects at the end of the semester, I'm pretty much near tears the whole time. Their gentle and open questions, questions that start from a place of ZERO assumptions about the patient-actor in front of them, and that build to include non-judgmental and thoughtful queries about things like gender identity, sexual desire and pleasure, and even prior experiences with biomedical care, suggest that they understand the importance of and want to reproduce healthcare spaces that are inclusive, curious, open, and respectful. And by the time that we've finished, many of them also look like people who believe that sexual health is rarely self-evident but always worth working toward.