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ETHICS

Ethical considerations about consent as the core of sexuality[☆]



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Summary

Introduction. – The notion of consent is more often associated with situations of sexual assault than with sexological studies and treatments in which the objective and the ideal of a “satisfactory sex life” relegates the idea of constraint to a position of secondary importance. **Objectives.** – Our intention in this article was to demonstrate that, from the point of view of the issues which might be raised in the field of sexology, the notion of consent covers more than the agreement between two people with regard to an unequivocal act or relationship. In sexological treatment, it even occupies a central position, both as an ethical question (which determines the position of the therapist and the patient) and as the content of the consultation (as something which implicitly underlines the complaints made).

Method. – An analysis of the medical and sexological literature provides clarification in support of the clinical concept of “multidimensional consent”. Three examples taken from our clinic illustrate its relevance.

Results. – We suggest taking three “constants” explicitly into account in the clinic: the person’s concept of the world, which, for the consultant, determines her perception of “normal sexuality”; the relationships of power, which form the basis of any situation in which persons come closer together; and negotiation, an inevitable prospect if any association is to be maintained. **Conclusion.** – For the consultant, the route to “a satisfactory sex life” must necessarily take a person through an identification of what he/she has effectively consented to within the context, which forms the basis of her complaint. The sexologist will help this person through the attention given from the outset to these three constants, which form the structure of consent.

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Introduction

Starting with the observation that little scientific attention has been paid to the subject of sexual consent (Beres, 2007: 93), except in the context of research into sexual violence, it can be tackled as a field of study which is still pretty open. One might think that the notion of consent as related to sexuality depends on the manner in which one perceives sexuality (Viola, 2009). Generally, two possibilities can be envisaged: either sexuality is seen as being structurally linked to the individual, and therefore an individual characteristic, or it is associated with the individual in his/her relationship to "another", referring to their joint "sex life".

On consent

A famous aphorism of Henri Bergson states: "the eye only sees what the mind is prepared to comprehend". One may in fact assert that one's perception is affected by "scotomas", blind spots which prevent us from looking at certain things, which we sometimes "replace" by what we believe "should be there". Likewise, we consent, or not, based on what we imagine might be the "normal" consequences one can expect from such consent. Thus, the consent which one gives, or refuses, to take part in a "sex game" depends directly on the way in which one imagines oneself in the sexual relationship in question.

It emerges that in any "sexual encounter", a process of consent is at work, the result of the sexual script which a person "performs" and which touches on the mechanisms of desire and the search for satisfaction. Littleton et al. maintain as follows: "scripts play an important role in how a person individualises, conceptualises and puts behaviours, including sexual conduct, into practice" (Littleton et al., 2006: 557).

In other words, as those who step in and respond to sexual problems, we must take care particularly to ask ourselves what it is people consent to in the relationship originating in the consultation. Hall (1998) submits that "people will not give specific permission for all individual instances of sexual conduct in a sequence of such instances. They will give their permission for some instances of conduct on some occasions".

We will define consent here as a process – complex, dynamic and repetitive – which the person goes through in order to permit him or herself, and/or to permit someone else, to perform a certain sexual activity with this other person and in relation to them.

This process is expressed by means of various different resources, either verbal or non-verbal, which rely on a pre-conception of the conduct, which will ensue.

It is just as likely for this same process to form the basis of certain sexual problems. Consequently, one must concentrate on treatment strategies, which are capable of leading to a "solution".

Whenever sexual harmony is severely disrupted and the partners no longer seem to "understand one another", one or the other might then address his or her complaint to the sexologist. How can the therapist aid the couple each to develop their assertiveness except by accompanying them

in their analysis of the meaning of the consent, which acts as a guarantee for their mutual participation in their fantasy "scripts"? And how can she help them to develop their assertiveness.

In the clinic, one must keep sight of the importance for the sexologist to bear in mind that each person has their own personal concept of the world, forming the marker of his or her existential dynamic. This is what the consultant will rely upon in order to define his or her idea of consent. Now, any encounter with the other reveals and imparts the idea of "negotiation" as a key constant, since the scene plays out within the boundaries of intersubjectivity. What goes to the heart of complaints leads to the confrontation with expressions of power such as the temptation to impose [one's will] "for the best".

The response

Marie-Ève Lang reminds us that "a person's sexuality is developed both in relation to his or her personal history and to social norms – it is, therefore, a reflection of the culture and experience of the person concerned" (2011: 189). As for Michel Foucault, he demonstrated that the manner in which men and women were led to recognise one another as subjects with sexual desires depended on the social discourse and "apparatus" in which they developed (1994: 12).

The question which should be central in any approach to sexual health may be put as follows: to what did the person really consent when faced with a sexual request? Within this context, one must form an idea of what was the expectation that the person had of the sexual activity initiated, with regard to which the consultation was sought. It is, ultimately, as a function of this consent that we shall have to consider the various problems and, therefore, plan the response.

The type of agreement, at the core of a couple, in which each person's own ethical position is at ease – possibly in harmony – with the other's, a true ethical, implicit, consensus, this is, broadly speaking, the image of consent which we shall class as satisfactory from the perspective of sexual health.

In order to do so, any relationship therapy should take on board the fact that the consultants must accompany the couple on their path towards recovering, developing, stimulating and generating their "capacity to consent" by acknowledging their sexual scripts and by stimulating their assertiveness. Let us recall that this is "the awareness of oneself as a sexual being and the use, with some anxiety, of a set of behavioural skills for the purposes of obtaining sexual satisfaction for oneself and for the relationship as a couple" (Dunn et al., 1979).

It is for each person to take on that which they can truly consent to and, for this to be achieved, it must be whatever that person is currently experiencing in his or her sex life. It is the therapist's job to help him or her to reconstruct the path and the meanings of his or her consent.

So it seems pertinent to me, in the light of any consultation, to have in mind certain premises in response to the various different proposals which the patient may make, above and beyond the treatment responses which one may

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