

Chapter 12 - Sexuality

Female Sexual Dysfunction: A Feminist View

Chapter 12 Overview

Book Excerpts

Companion Content

Web Links

Other Resources

Feminists Fight Drug Companies Over Vision of Women's Sexuality

"Women's sexuality is just coming into its own, for a lot of different reasons. We now have the opportunity to enjoy our bodies, our relationships, our individual development, in a way that women have never had before in the history of the world, and it breaks my heart to think about the sexual possibilities as all of a sudden being straitjacketed into a narrow model of adequate performance and sexual acts. That is not where we've been coming from. That's why I see it as a boxing ring. Its not just us versus the pharmaceutical industry. It is a vision of women's sexuality that we're struggling over."

—Leonore Tiefer

In the ring fighting for a feminist vision of women's sexuality, the Working Group on Women's Sexual Problems looks to social change and education, not drugs, to help women on the path of sexual pleasure. This feminist response to the pharmaceutical industry's push to create and market a Viagra-like drug to women started with Tiefer a little over a year ago.

That was when a friend handed me "Female Sexual Dysfunction Alert: A New Disorder Invented for Women" (Sojourner, October 1999) by Dr. Leonore Tiefer, a well-respected and widely-published sex therapist and feminist professor of psychology. In the article, Tiefer expressed her concern about an upcoming pharmaceutically funded medical conference taking place in, organized by "the team that brought you Viagra" (the researchers who developed the drug for Pfizer). This conference would set the stage for the promotion of newly defined female sexual dysfunctions and quick-fix treatments. In the process of medicalization, Tiefer warned, the factors which actually account for the lion's share of women's sexual problems -- economic, social, political -- will be ignored, denied, avoided and generally said to be "not about sexuality."

In response to the conference, Tiefer issued a feminist call to action, inviting anyone interested to join her and a small group of feminists in Boston "to challenge the pharmaceutical fashioning of women's bodies." Less than a month later, I flew from Los Angeles to Boston, to join the burgeoning grassroots feminist movement I read about in Sojourner.

Where were Women's Voices?

Tiefer's call to action came at a time when I was writing and thinking about the Viagra and its social implications, which was the focus of my dissertation research. I had been asking questions about where women stood in relation to the Viagra phenomenon: Where were women's voices on this topic? Where were the critical voices? Was everyone going to accept the fact that insurance covered Viagra but not birth control? Was the nation going to stand by and cheer as Bob Dole ushered in a mass swelling of penises? If the little blue pill had, in fact, "erected" the patriarchy, surely women's lives were affected. But where was the counter-movement? "Dear Abby" and Ann Landers columns revealed that wives, mistresses, and partners had much to say about Viagra, and, for the most part, it wasn't pretty. They blamed Viagra for the pressure they felt from husbands and male partners to return to being sexually active, after many years without sexual pressures, or they blamed Viagra for their husbands leaving them for younger women. Why weren't we hearing these critical voices on a collective level?

New Hope for Women?



- [🔗 Links & Resources](#)
- [📖 Look Inside the Book](#)
- [🛒 Buy the Book](#)
- [📰 Health News](#)
- [❓ Help](#)

Related Items

- [Sexual Issues in Menopause](#)
- [The Missing Vagina Monologue](#)
- [Sexual Anatomy: The Self-Guided Tour](#)
- [Direct to Consumer Advertising](#)
- [Sexuality and relationships links](#)
- [Politics of women's health in the U.S. links](#)

I was on a mission to find anyone willing to speak critically about Viagra. But who could hear individual voices over the din of scientists, sex researchers and pharmaceutical companies speaking for women by claiming widespread (43 percent) dysfunction among the ranks? Who could hear what women really wanted when journalists tended to spin the search for treatments as the new hope for women? Was all this so-called "medical progress" really in women's best interests? As someone familiar with 30 years of research in women's health and women's history, I know that this current campaign is just a continuation of centuries of mapping, diagnosing, pathologizing, and medicalizing women's sexualities. Tiefer's 1999 *Sojourner* suggested that we were witnessing the reinvention of frigidity, the female sexual dysfunction of the 1950s. Knowing our histories, Tiefer implied, can we allow the latest efforts to medicalize women's sexuality continue unimpeded?

Instead of looking for a movement, in 1999 I became part of one. Despite all of the recent talk about feminism and feminist organizing being dead, I experienced the opposite. In Boston, I attended my first consciousness-raising group, composed of about a dozen women from a variety of academic disciplines and backgrounds gathered to discuss the ongoing medicalization of women's bodies and its implications. Tiefer convened the all-day session, which was both exhausting and clarifying. To protest the conference, we thought about dressing up as vulvas and ice cubes. In the end, only three of us could afford to attend the medical conference, where we spoke out and distributed materials expressing our concerns, including a bibliography focused on research recounting centuries of medicalizing female sexuality.

Treatments Promoted

Tiefer was exactly right about the conference. It was dedicated to naming, mapping, defining, diagnosing and treating a dysfunction. Statistics were thrown about, disorders were invented (including FSD, or female sexual dysfunction), symptoms were identified, rodent slides were omnipresent (revealing animal testing underway, usually involving Viagra and rat vaginas), and treatments awaiting FDA approval were unabashedly promoted.

I made a list of many of the symptoms of so-called female sexual dysfunction that were bandied about. The list included symptoms like low desire, difficulty achieving orgasm or arousal, and pain with intercourse. How many of us have experienced one or more of these symptoms in our lives? Yet, conference presenters asserted that the symptoms revealed an organic disorder of widespread proportions that could be treated with pills, lotions, and vacuum devices. (The only FDA-approved product for FSD is the EROS-CTD vacuum device, which was released last year. When attached to the clitoris, this vibrator-like gadget uses suction to engorge the clitoris with blood. Other treatments in the works include pills and lotions which may increase blood circulation to the genitals, catalyze hormonal changes thought to be related to libido, or induce brain-related changes thought to be connected to desire and arousal.) Psychological, social, political, economic, or relational factors were rarely, if ever, discussed. As a feminist gender studies scholar, I thought about all of the women diagnosed with nymphomania, frigidity, and hysteria one to two centuries ago. Was this really that different?

I imagined women I knew sitting at that medical conference with me. Upon hearing about so-called female sexual dysfunctions, either their insecurities would multiply exponentially, or more likely, they'd think something was terribly wrong with the discussion. They'd ask whether this was truly a conference about women, if there were no slides of women, no names, no women's voices. They'd insist that their own sexual problems, if they had them, were not simply about circulating blood to the genitals, or "repairing" testosterone "deficits," but that they were related to myriad social factors such as confidence levels, how respected they felt, stress in their daily lives, age, education level, the quality of their sexual education, economic standing, their degree of comfort with their bodies, medications they were on, and their relationship satisfaction.

Profit Machines

What medical industries don't want us to see is that medical and pharmaceutical profit machines are in the business of creating medical problems, convincing the public that the problems are real and widespread, and then selling drug treatments to a thankful populace. We saw this with Prozac. With the marketing of Prozac and other antidepressants like it, depression appeared to be of almost epidemic proportions, diagnosed in many questionable or extremely mild cases. Depression was increasingly depicted as an organic problem and thus to be treated with pills rather than therapy. The problem was assumed to be primarily "in the body," rather than attached to social, relational, or psychological factors. Drug marketing campaigns play important and dangerous roles in constructing a sick populace

and thus a ready market for pharmaceutical products. With such an emphasis on a dysfunctional/depressed public came a heightened valuation of being happy and social all the time, a cycle that clearly benefited the drug companies involved.

That process was repeated with Viagra. Now below-average erections have been constructed as a major medical problem. The current Viagra ad depicts a 30-something male, and reads: "If you're not satisfied with your sex life due to poor erections, talk to your doctor. You may be suffering from mild ED (erectile dysfunction) and Viagra can help you." In other words, Pfizer can fix your dissatisfaction by sending blood to your genitals. Your problem may be mild (maybe you had problems achieving rigid erections once or twice)—but we know this is a physiological issue and we can make you "normal."

Trouble with Orgasms

We need to ask who defines the problem and constructs the solution. In the next decade, pharmaceutical companies will spend billions to continue promoting the idea that women's and men's bodies are dysfunctional and can be fixed with drugs, creams and devices. Must we stand by and let pharmaceutical companies map and define our bodies, our problems, and our sexualities?

It is time to ask ourselves whether large corporations should be allowed to speak for women about our sexual problems. We want to hear from women themselves. As Tiefer says, "It is a vision of women's sexuality that we are struggling over." We need to be skeptical about professional claims to truths and scientific rhetoric about what is normal.

I am a member of a group of feminist scholars, health practitioners, and therapists who are attempting to recast "the problem." Together, we propose and promote a "new view" on women's sexual problems. For us, the "problems" are not organic disorders in every permutation, but rather the medical model that reduces and simplifies women's sexualities. What is problematic and dangerous to women is a dysfunctional medical industry driven largely by profit that promotes the "quick fix" drug solution instead of looking at the whole picture. For women, alleviating sexual problems requires acknowledging, among other things, the lack of adequate sex education, outrageous rates of domestic violence, and the double workday for women in this country. If sexual satisfaction and women's empowerment are the goals, we must deal with these social problems. There is no pill for social change. There's only us.

Written by Meika Loe. Originally published in the March 2001 issue of *Sojourner: The Women's Forum*.

Companion Pages: [1](#) [2](#) [3](#) [4](#)

Written by: Our Bodies Ourselves
Last revised: March 2005

< [Return to Chapter 12 Overview](#)

[Home](#) | [Book Companion](#) | [Support Us!](#) | [Site Credits](#) | [Feedback](#) | [Contact](#) | [Privacy](#) | [Site Map](#)