Björn Pernrud

Explorations of a Sex Therapy Question in Feminism

Feminist Interventions in Sex Therapy
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Karlstad, mitt i en aprilnatt 2007
1. Feminist Questions about Sex Therapy

1.1 A Distant Cousin to the Science Question

In 1986, feminist philosopher of science Sandra Harding published a book that took a summarizing grip on issues stirring in feminist critical interventions in the natural sciences. Commenting on the ten years preceding her publication, Harding pointed to a re-orientation of the questions animating feminist confrontations with science. Earlier criticism had challenged how the division of labour largely excluded women from scientific institutions, and asked how the practices of science could be transformed to give women equal opportunity and status to men in the making of scientific knowledge. According to Harding, this attention to the place of women in science had, approaching the mid 80ies, been gradually re-oriented towards a more controversial and radical science question in feminism.

Instead of asking how women could be fitted into an academia dominated by men, the science question in feminism calls for an interrogation of the possibilities, difficulties and conditions involved in and raised by efforts to transform existing masculinist scientific endeavours into projects faithful to feminist interests. It seeks an answer to the question, in Harding’s words, if it is “possible to use for emancipatory ends sciences that are apparently so intimately involved in Western, bourgeois, and masculine projects?” Providing an answer to this question, according to Harding, became increasingly important against the background of the growing feminist realization, emerging from 70ies and 80ies feminist studies of sciences, that a reformation of the social organization of scientific labour would hardly change the impact gender has had on sciences and scientific knowledge in a substantial way.

Harding points to how feminist criticisms of scientific knowledge have demonstrated gender issues to go even deeper than suggested when it is contented that women’s interests are poorly reflected in the problems sciences are concerned with, and that sciences, insofar as gender relations have been of

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3 Harding, *The Science Question in Feminism*. p. 9
interest, strive to rationalize inequality as a matter of biological fact.\textsuperscript{1} In these examples gendered interests appear to lead to poorly formulated problems, or to speculative and unsupported conclusions, and they could be taken, or even dismissed, as instances of bad science. However, in significant strands of feminist philosophy of science these examples would better be analysed as symptomatic of more fundamental problems.

Whereas ecofeminists challenge the scientific emphasis on prediction, control and ultimately domination over nature for being constituted in analogy to men’s domination over women,\textsuperscript{2} historic-materialist analyses suggest that the scientific valorization of value-neutrality and distanced objectivity marks a masculine way of relating to the world, shaped by men’s superordinate positions in gendered hierarchies, transformed into epistemology.\textsuperscript{3} In these and other analyses, the masculinization of science is not merely a sign of particularly bad science, but an integral part of virtually any given piece of science and scientific knowledge – regardless of if it, in other senses, is considered bad or science-as-usual. Hence, as the very idea of science appears to be hopelessly intertwined with a gender order that subordinates women, the science question in feminism, more than asking how scientific labour should be organized or how the direction of scientific inquiry should be decided, calls for feminist interrogation of what science and scientific knowledge should be, the criteria they should be evaluated against, and what properties should be possessed by specifically scientific inquiry and knowledge.\textsuperscript{4}

Roughly at the same time as Harding formulated the science question in feminism, issues similar to those at stake in the relation between feminist inquiry and the natural sciences were being articulated by feminists involved in the field and practice of sex therapy. Sex therapy, emerging and mostly promoted in the United States, is a treatment approach developed to help people


overcome certain forms of sexual problems, so called sexual dysfunctions. 
Commonly, sex therapists treat and research conditions such as difficulties in 
achieving orgasms, pain associated with (hetero)sexual intercourse, vaginismus, 
premature ejaculation, erectile difficulties and loss of interest in sex. Hence, sex 
therapy is a treatment approach mainly concerned with conditions that make 
people unable, or uninterested in even trying, to have (certain kinds of) sex, and 
it strives to ensure that people regain their sexual interests and abilities.¹

In the mid-80ies, recalling themes from feminist interventions in science, 
Doreen Seidler-Feller, Leonore Tiefer and Wendy Stock, themselves practicing 
sex therapists, began to publish feminist critiques of, and alternatives to, sex 
therapy as it had been developed since its institutionalization in the early 70ies.² 
Sex therapy, from the point of view of this emerging feminist challenge, 
displayed a thoroughly androcentric and heterosexist way of treating sex and 
sexual problems. It was, accordingly, in urgent need of a feminist alternative. 
The failure to properly appreciate women’s experiences of sex and sexual 
problems that feminists saw, and continue to see, in sex therapy was considered 
more than an accidental feature of the bad seeds of sex therapy. Rather, it was 
considered symptomatic of sex therapy’s fundamental collusion with a 
patriarchal society. Consequently, in their attempts to develop feminist 
alternatives in sex therapy, Tiefer and others pointed to the need for more than 
merely adding a feminist perspective to an existing sex therapeutic approach. 
Rather, theirs became a feminist interrogation of what sex therapy should be, 
how sexual problems should be understood and theorized, and what kinds of 
change sex therapeutic intervention should strive to accomplish.

Accordingly, since the mid 80ies feminist sex therapists have made available in 
numerous journal articles and book chapters arguments for specifically feminist 
understandings of sexual problems, their treatment and the changes required to 
alleviate them. They have made available an ongoing theorization and 
conceptualization of feminist sex therapy, thereby exploring the possibilities of

¹ Helen Singer Kaplan, The New Sex Therapy Volume 2: Disorders of Sexual Desire and Other 
Concepts and Techniques in Sex Therapy (New York: Brunner/Mazel, 1979); William Masters and 
² Doreen Seidler-Feller, “A Feminist Critique of Sex Therapy,” in Handbook of Feminist Therapy - 
Women’s Issues in Psychotherapy, ed. Lynn Bravo Rosewater and Lenore E. A. Walker (New York: 
Springer Publishing Company, 1985); Leonore Tiefer, “A Feminist Critique of the Sexual Dysfunction 
Nomenclature,” in Women and Sex Therapy - Closing the Circle of Sexual Knowledge, ed. Ellen Cole 
and Esther Rothblum (New York: Harrington Park Press, 1988); Wendy Stock, “Propping Up the 
Phallocracy: A Feminist Critique of Sex Therapy and Research,” in Women and Sex Therapy - 
Closing the Circle of Sexual Knowledge, ed. Ellen Cole and Esther Rothblum (New York: Harrington 
transforming a sex therapy, understood as largely antithetical to feminist visions, into a feminist endeavour. Hence, in analogy to Harding’s articulation of the science question in feminism, feminist sex therapy could be understood in relation to – for the lack of a more graceful designation – a sex therapy question in feminism; a question that, to paraphrase Harding, could be put thus: how is it possible to use for feminist ends a sex therapy that serves masculine interests and desires?¹

Feminist sex therapy, as it is argued, theorized and conceptualized could, I think, be approached and analysed as a demonstrable answer to this question. By showing that this is how sex therapy could be used for feminist ends feminist sex therapists, I think, make available answers to a sex therapy question in feminism. In this study, I will take interest in the idea of a sex therapy question in feminism as evoking concerns about what it means for feminist efforts to operate from a position in which they are alternative to an established endeavour. What consequences do the existence of a non-feminist model of sex therapy have for efforts to develop feminist alternatives in sex therapy? To what extent and with what consequence has feminist sex therapy been developed on terms set by feminist sex therapists, and to what extent and with what consequence are the terms for a feminist approach set by mainstream sex therapy?

At this stage, to be clear, the questions I have posed here are mostly suggestive, and are meant to indicate a sense in which I will be concerned with the relations between different sex therapies. In the rest of this chapter I will provide a more thorough account of the emergence and establishment of sex therapy, as well as the dawning of feminist alternatives. Against the background of this account I will by the end of the chapter, in a statement of the aim of my study, pose a more precise concern about the relation between feminist sex therapy and the sex therapy to which it is promoted as an alternative.

1.2 The Emergence of Sex Therapy, Contestation and an Alternative

Tiefer has since 1988 repeatedly and tirelessly contended that the principal problem of the conventional approach in sex therapy is evident in its reliance on and promotion of a medical model of sex and sexual problems.² Sex

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¹ Harding, *The Science Question in Feminism*, p. 9
therapy, as it is commonly argued and practiced, according to Tiefer, maintains that it treats pathological conditions, that sexual health is determined by a physiological norm, and that sex therapeutic intervention is concluded when the capacity for specific bodily expressions is restored. Accordingly, sex becomes reduced to its mere physical features, and sex therapy promotes an understanding that fails to take into account how sex and sexual problems are informed, shaped and produced by relational, social and political factors, not the least pertaining to gender and power. A better sex therapy would be able to take issue with the injustices, restrictive sexual norms, and sexist images of sexuality surrounding and manifesting in and as sexual problems. However, according to Tiefer,

[the prevailing medical model and nomenclature, deriving from the work of Masters and Johnson (1966, 1970) and Kaplan (1974, 1977, 1979), and codified in the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual (1980, 1987, 1994), are inadequate to fill this tall order.]

Insofar as feminist sex therapists deal with a sex therapy question in feminism, the “prevailing medical model and nomenclature”, as it displays an approach to what sex therapy is, what kinds of problems it deals with and what it means to alleviate them, constitutes the equivalence to “establishment science” for the science question in feminism. That is, the medical model, and its proponents, are the focus of feminist critical intervention in sex therapy, and it is that to which feminist sex therapy is developed as a distinct alternative. In order to pin point more precisely what I think it takes and entails in terms of analytical efforts to provide an answer to my overall concern I will supply a more thorough account of the local and specific issues at stake in the encounter between feminist sex therapy and its appointed adversary. Most significantly I

will provide a concretization and contextualization of the emergence and proliferation of the approach in sex therapy that, according to Tiefer, carries with it the medical model. Throughout this study I will refer to this approach, most clearly embodied by William Masters and Virginia Johnson, Helen Singer Kaplan and the American Psychiatric Association (APA), as “Mainstream” sex therapy.¹

**The Emergence of Sex Therapy**

If I were asked to date the birth of sex therapy, mainstream and otherwise, I would, hesitantly, point to the year 1970. The reason in favour of this choice is that this is when Masters and Johnson first published *Human Sexual Inadequacy*. Masters was a medical doctor who had conducted a sex research project at the Washington University School of Medicine since 1954, and Johnson, at the time a psychology student, was soon after the initiation of the project recruited to function as a research assistant.² Their collaboration continued into the 90ies and they have co-authored several books. In *Human Sexual Inadequacy* however, they defined and described the majority of problems sex therapists are still concerned with; difficulties achieving orgasm, premature ejaculation and erectile problems, pain associated with sexual intercourse, and vaginal spasms interfering with or rendering vaginal penetrative sex impossible. More than accounting for conditions that make it difficult or impossible to enjoy or have certain kinds of sex, Masters and Johnson described techniques they had developed for treatment of such problems. That is, by exploring and arguing a therapy format as well as defining the problems this format was designed to alleviate, Masters and Johnson had in *Human Sexual Inadequacy* begun to develop sex therapy as a distinct form of treatment.

The reasons behind my hesitancy to say that sex therapy was born in 1970, beyond problems associated with speaking about births, are of both shallow and more deep-seated nature. On the shallow side, it should be pointed out that Masters and Johnson did not, at least on the pages of *Human Sexual Inadequacy*, describe what they did as “sex therapy”; they provided a “therapy format” for


treatment of sexual dysfunctions. In hindsight however, what Masters and Johnson described in their book was soon to be recognized as the template for a distinct treatment approach called sex therapy. In her 1974 publication *The New Sex Therapy*, Kaplan, a psychiatrist, a practicing sex therapist and later founder and director of the Human Sexuality Program at the Cornell Medical Centre in New York, abstracted from her own experience and from Masters’ and Johnson’s work a definition of sex therapy, clearly making use of the term: “It is the integrated use of systematically structured sexual experience with conjoint therapeutic sessions which is the main innovation and distinctive feature of sex therapy”.

The emergence of sex therapy was certainly not a textual event. Beyond matters of designation, it has to be taken into account that Masters and Johnson began to develop their therapy format in practice within the ramifications of a Washington University based clinic established in 1959. Hence, at the time of the 1970 publication of *Human Sexual Inadequacy* sex therapy was already a practical actuality. Nevertheless, publication could be considered important for the extent to which Masters and Johnson have had an impact. Without the publication of *Human Sexual Inadequacy* the therapy format they worked with would have had a hard time becoming the model upon which a more widespread practice of sex therapy was based.

To me, the most significant circumstance rendering doubtful the notion that sex therapy was born in 1970 is the fact that the problems sex therapists treat have been of concern for various forms of therapy for a good deal longer than the designation “sex therapy” has existed. Psychoanalysis was certainly concerned with sexual issues long before Masters and Johnson, and marital therapists have had reason to venture into the bedrooms of their clients prior to both 1970 and 1959. Depending on how one defines notions such as “treatment” and “therapy” precursors and affinities to proper-name sex therapy of today could be traced back thousands of years, as well as to many other cultural locations than the Americanized west. So, how could the U.S. sex therapy of 1970 be delineated from its close and more remote relatives?

3 Ibid.
According to Kaplan, as I have quoted her above, the use of out-of-office exercises was an important part of what made sex therapy new. Both hers and Masters’ and Johnson’s accounts of therapeutic practices demonstrate the importance granted to having the clients do sexual exercises on their own. Human Sexual Inadequacy provides a thorough discussion concerning what instructions to give sex therapy clients to prepare them for Masters’ and Johnson’s signature exercise: sensate focus. Informed by the notion that performance anxieties were commonly at the root of sexual dysfunctions, sensate focus was routinely employed in therapy and designed to take performance out of sex. In the early stage of therapy, clients were instructed to touch and caress each other, and focus only how it felt; “[a]t this time… neither partner is to approach or touch the genital area… [and] [t]here is to be no ‘sexual’ stimulation”. The point of these restrictions was to remove any pressures that could be experienced due to the notion that touching was to “lead” to something else, and to create for the clients opportunity to remain in the moment and allow themselves to fully sense rather than ‘perform’ physical intimacy. Eventually, when they started to get the message, the ban on genital touching was lifted, and during the course of therapy the exercise came to include sensate focus in other forms of sexual interaction as well.

Even if the use of exercises was specifically sex therapeutic in the early 70ies, nowadays, I would think, employing practical components in mental health treatment is quite common in many forms of therapy. However, there is a second feature of sex therapy, beyond its therapeutic strategies, that has been important in accentuations of its distinctiveness. Previous to the advent of sex therapy sexual dysfunctions were, according to Kaplan, considered to stem from complex psychological issues that were hard to treat: “They were believed to be amenable, if at all, only to lengthy and costly [psychoanalytical treatment]”. In contrast, Masters’ and Johnson’s therapy format was very brief. Treatment was surely intense, but they did report rather successful outcomes from a mere two weeks long therapy programme.

That it suddenly had become viable to treat sexual problems with relatively moderate therapeutic efforts should, I think, be seen against the background of how sexual problems were framed in sex therapy. Rather than considering

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1 When on their own in the confines of their actual or proverbial bedrooms of course – not in the therapy office.
2 Masters and Johnson, Human Sexual Inadequacy. p. 68
3 Kaplan, The New Sex Therapy. p. 15
4 Masters and Johnson, Human Sexual Inadequacy. pp. 342 - 360
sexual problems tips of a psychopathological iceberg, sex therapy has worked on the premise that sexual dysfunctions can be treated as isolated problems. Although sexual dysfunctions could surely be part of irreconcilable psychological or relational conflicts in other areas of (psychic) life, the specifically sexual problem is considered cured once sexual functioning is restored. That is, not every issue plaguing a person’s psyche needs to be resolved, in order for her or him to function sexually. In contrast to other treatment approaches, sex therapy has dealt with sex and sexual problems in their own right, not as mere symptoms of other issues.

This feature of sex therapy could furthermore be connected and contrasted to a related and already existing area of scholarly and scientific interest in sex: sexology. Dating back to the late 19th century, sexology was, if we are to believe sexual historian Michel Foucault, a science that carefully and meticulously avoided its most productive concern.1 The works of sexologists, such as Richard von Krafft-Ebing’s Psychopathia Sexualis from 1886 and Havelock Ellis’ Studies in the Psychology of Sex from 1897 appeared mostly occupied with sexual diversity and what they considered sexual perversions and inversions. However, their attention to the presumed fringes of human sexuality was emblematic of an interest to ensure the continued vitality of healthy, procreative sexuality. Without proper scientific management, and without tools to safeguard sexual normalcy, the populace was at risk of falling prey to devastating sexual degeneracy.2 Sex therapy certainly extended the notion that sexual health required scientific and rational management to prevail, but it largely renounced any ambitions to be part of a grander bio-politics of an entire population characterizing sexology from the early 20th century. Instead, not the least against the background of social scientist and sex researcher Alfred Kinsey’s extensive surveys of everyday sexual behavior of the American public in the 40ies, the role of sex in the everyday life of individuals and couples was becoming important enough to qualify it as a topic of scientific and professional concern.3

That is, for the emerging sex therapy in the early 70ies it was not only that sex and sexual problems could be treated in isolation, but also that they were an important enough concern in their own right.

It could be argued, I think, that it was due to the cultural and historical context of the emergence of sex therapy that sex and sexual problems could gain attention more or less in their own right. The United States in the late sixties and early seventies was a site of changing norms and material conditions for sex and sexual conduct. The history of this so called sexual revolution has certainly been told in several and sometimes conflicting ways.\(^1\) Sex therapy shares with many others,\(^2\) and was in a sense part of, a liberationist interpretation of what happened. Construed as informed by an increasing sexual freedom and relaxing sexual attitudes, sex therapy could be seen as embodying the emerging notion that sex in itself is an important and legitimate area of concern. I will soon have reason to return to and nuance the notion of the sexual revolution. Prior to that however, I shall provide a few remarks about the continued life of sex therapy. What I hope to have demonstrated thus far is the sense in which it can be claimed that sex therapy emerged in the early 70ies. It was certainly not an island, either historically or intellectually but it brought together and developed themes into a distinct approach to sexuality, sex and sexual problems. Nearing the end of the 70ies, this approach was about to be developed into what viably could be described a mainstream sex therapy.

**The Formation of a Mainstream Approach**

After the few first years in the history of sex therapy, the optimism concerning its efficacy started to decline. Kaplan claimed by the end of the 70ies that she had noted an increasing amount of clients who had not been helped by available methods. However, rather than questioning the methods as such, Kaplan considered the possibility that there could exist other problems in addition to those sex therapists had initially noted. Whereas Masters’ and Johnson’s *Human Sexual Inadequacy* as well as Kaplan’s *The New Sex Therapy* were both concerned exclusively with genital dysfunctions, Kaplan, in a 1977 article,

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argued that there was more to sex than genital behavior.\(^1\) After having scrutinized therapeutic failures and set-backs, Kaplan had noted among clients seeking treatment for genital dysfunction that “some patients and/or their partner reported that they lost interest in sex after the target symptom had improved”.\(^2\) Apparently, people’s unwillingness to try to have sex was not merely a result of them thinking that it would not work anyway, but there was, according to Kaplan, a dimension of sexual functioning independent of the genitals.

In some cases it was the clients’ interest in sex – their sexual desire – that was impaired even though they sometimes did “retain [their] capacity for erection[, vaginal lubrication] and orgasm”.\(^3\) Kaplan had introduced into the field of sex therapy a notion of sexual desire disorders, referring to issues of a more complex nature than the genital dysfunctions, and often in need of different and more extensive therapeutic intervention than sex therapists had previously worked with.\(^4\) The introduction of desire disorders expanded the purview of sex therapy in at least two ways. Whereas restoring genital sexual functioning entailed restoring the physical ability to have certain kinds of sex, rekindling sexual desire came to involve providing therapeutic nurturance of attraction, affection and sexual interest as components of people’s relations to each other. That is, with the attention to sexual desire, sex therapy became concerned with the forming and maintenance of romantic, loving and committed bonds between people. Within the emerging conceptual framework of sex therapy, structured along the lines of functioning and dysfunction, the way people relate to each other sexually and romantically became issues of sexual health and pathology.\(^5\)

In addition to such an expansion of sex therapeutic interventionist authority, framing desire problems as pathological conditions in need of therapy also expanded, as Kaplan noted in her 1979 sequel to The New Sex Therapy, “the range of treatment effectiveness to a greater number of patients”.\(^6\) Sociologist Janice Irvine, in a 1990 analysis of the history of American sex research

\(^2\) Ibid. p. 4
\(^3\) Ibid. p. 5
\(^5\) Cf. Irvine, Disorders of Desire.
\(^6\) Kaplan, The New Sex Therapy Volume 2. p. xix
Sexual disinterest puts the sex therapists in the awkward and fruitless position of trying to sell the proverbial bicycle to the proverbial fish. From a marketing perspective, then, inhibition of sexual desire is the quintessential dysfunction for the field of sexology.¹

Indeed, according to Irvine, the notion of sexual desire disorders was a sex therapeutic success and became the “sexual dysfunction of the 1980s”.² Apparently, according to a 2000 book section by marriage and family health specialist David Schnarch, the desire disorders survived the 80ies and continued throughout the 90ies to be the most common complaint treated in sex therapy.³

Sex therapy’s conceptual development was at the end of the 70ies about to stabilize. In 1980 the American Psychiatric Association (APA) published the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), in which the conditions sex therapists were mostly concerned with were listed for the first time. The DSM has been published in different editions since 1952, responding to a need, perceived by the APA, for a commonly agreed upon classification of mental disorders. Previous to the first DSM “the initial impetus for developing a classification ... was the need to collect statistical information”.⁴ The efforts to satisfy this need, later carried on by the DSM, dates back to attempts in 1840 to gather information about the frequency in the United States of one category: “idiocy/insanity”.⁵ However, the DSM is not merely a tool for statisticians, but is, as suggested by its name, more importantly developed for clinical use.

By offering a classification of, and diagnostic criteria for mental disorders it is intended to aid psychiatrists and other mental health professionals in their day-to-day clinical practice. Over the years, the DSM has come to include an increasing number of disorders, and the current edition, from 2000, accounts for criteria for roughly 350 different diagnoses.⁶ Whereas the two first editions were apparently not that influential, the APA regarded the impact of the 1980

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¹ Irvine, Disorders of Desire. p. 217. “Inhibition of sexual desire” is one of a few clinical terms for allegedly pathologically low levels of sexual desire.
² Ibid. p. 203
³ Schnarch, "Desire Problems." p. 19
⁵ Ibid. p. xxv
⁶ Ibid.
edition to have been significant. “Soon after its publication, it became widely accepted in the United States”1 and although it was not intended for it, the manual received international renown.2 Furthermore, from the DSM-III onward, it is commonplace in sex therapeutic literature to relate discussions about sexual dysfunctions to the DSM; of course, not everyone speaks in favour of its classification, but it constitutes an important reference point. In 1987 a revised third edition was published (DSM-III-R), and sexual dysfunctions were given a section of their own. Kaplan was among the researchers behind this section, and it came to embody the basic structure of her conceptualization of sexual dysfunctions, including and distinguishing between 1) desire disorders, 2) arousal disorders, 3) orgasmic disorders and 4) pain disorders.3 The fourth edition (DSM-IV), from 1994,4 and the one still in use in 2007, (DSM-IV-TR) which is a Text Revision of the fourth, includes the same types of dysfunctions as did DSM-III-R from 1987.5

Clearly, sex therapy has not been a monolithic enterprise since Masters and Johnson, and Kaplan’s approach to sex and sexual problems became codified in, and thereby continuously promoted by the DSMs. To say that this marks the existence of a mainstream approach is not to say that it is the only approach that exists. As a mainstream approach it is still added to and refined,6 but there is also debate about its continued viability,7 and arguments have been put forth that it is, or at any rate should be, surpassed.8 Most importantly in this study, it constitutes the approach alternatives depart from and challenge. It constitutes that to which alternatives are (allegedly) alternatives. That is, I consider it a mainstream approach, not because I think everyone in sex therapy loves it, but because I think it is an approach with significant influence over the structure of sex therapeutic theory, practice and debate.

2 DSM-III was translated into Chinese, Danish, Dutch, Finnish, French, German, Greek, Italian, Japanese, Norwegian, Portuguese, Spanish and Swedish.
3 American Psychiatric Association, DSM-III-R. The list of contributors appears on an unnumbered page as part of the bibliographic information. The sexual dysfunction section pp. 290 – 296
5 American Psychiatric Association, DSM-IV-TR. pp. 535 - 566
The Emergence of a Feminist Sex Therapy

Above I have traced the emergence of sex therapy to United States in the late 60ies and early 70ies. This was also the historical, social and cultural environment in which the women’s movement went radical. To radical feminists, the most striking feature about the changing sexual attitudes and conditions that sex therapy apparently promoted and fed off was not that they were liberating and permissive. Rather, these changes marked yet another way in which men’s attempts to socially and sexually control, oppress and exploit women were euphemized. Insofar there was a sexual liberation, from a radical feminist perspective, it appeared that it was mainly heterosexual men’s sexuality that was liberated, and the freedom they gained came at women’s expense. According to feminist activist and thinker Dana Densmore women were still not free to “decline sex, to decline to be defined at every turn by sex.”

Kate Millett’s analysis in her seminal Sexual Politics from 1970 could help demonstrate the deep differences between radical feminist and sex therapeutic conceptualizations of sex and sexuality. For Millett, far from something that could be isolated from other dimensions of life, sex is thoroughly implicated in and impinging upon the way in which gender and power are socially structured:

Coitus can scarcely be said to take place in a vacuum; although of itself it appears a biological and physical activity, it is set so deeply within the larger context of human affairs that it serves as a charged microcosm of the variety of attitudes and values to which culture subscribes. Among other things, it may serve as a model of sexual politics on an individual or personal plane.

A basic tenet Millett shares with radical feminists both before her and after, is the notion that sexuality, more than being one arena among many in which gender politics is expressed, is an anchoring point for patriarchy. Gender relations are produced and maintained in a self-supported structure of basic social importance and centred on men’s control and appropriation of women’s

1 Alice Echols, Daring to Be Bad - Radical Feminism in America 1967 - 1975 (Minneapolis: University of Minnesota Press, 1998); Tiefer, “Feminist Critiques of Sex Therapy.” p. 32, Tiefer notes that sex therapy and radical feminism came “from some of the same social wellsprings.


4 Densmore, “Independence From the Sexual Revolution.” p. 111

sexualities. However, the emerging sex therapy did not appear to early radical feminists as a particularly significant agent in the promotion of a male biased sexual liberation. In fact, there are examples in which early feminist reception of the work of Masters and Johnson was positive.

Radical feminist theorist Anne Koedt, in a 1970 essay, cites them, among others, to support an argument against the Freudian notion there is a distinction between clitoral and vaginal orgasm, and that vaginal orgasm is the superior, more mature form. According to Koedt, this notion is not only mistaken, but an actively supported myth designed to ensure that sex takes place according to men’s conditions, while women’s pleasure is secondary or ignored. It is a myth maintained to support the notion that sex is best when it is heterosexual and penetrative. However, penetrative intercourse, according to Koedt and many others, provides more effective stimulation for men than for women. Hence, it is only when female orgasm resulting from vaginal stimulation, rather than clitoral, is portrayed as preferable that penetrative intercourse would appear a specifically suitable form of sex for women. Furthermore Koedt argues that the myth of the vaginal orgasm is kept alive because it gives credence to men’s valorization of their penises. If penetration is necessary for proper sex, then the man’s penis becomes a sexual centrepiece. Without this myth however, men would be, in principle, sexually expendable for women, “thus making heterosexuality not an absolute, but an option”.

In the mid 80ies when the feminist criticism of mainstream sex therapy gained momentum, themes from Koedt’s critique of the views on sex as gaining support from the myth of the vaginal orgasm were clearly recalled. The point here is not that Koedt as such stands out as a specifically important precursor to later criticism of sex therapy specifically. Rather, it is interesting to note that it was not as clear to early 70ies radical feminism as to how to evaluate sex therapy as it proved to feminists in the mid 80ies. What is more important however, is that criticism specifically directed at mainstream sex therapy once it

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2 Cf. Tiefer, “Feminist Critiques of Sex Therapy,” p. 32: “Feminists enthusiastically adopted Masters’ and Johnson’s (1966) physiological sex research to support their political claims.”
appeared, retained themes from the radical feminism emerging concurrently
with sex therapy.

Seidler-Feller’s interrogation of mainstream sex therapy from 1985 as well as an
analysis by Tiefer published in the feminist journal Women and Therapy in 1988,
both points to a similar notion: mainstream sex therapy subscribes to the
notion that sex basically and ultimately is equated with heterosexual penetrative
intercourse.1 Tiefer argued this claim on the basis of an analysis of the DSM-
III, highlighting the fact that the absolute majority of sexual dysfunctions
included concerned the genitals; “it is important to notice how oriented they are
to mechanical and heterosexual intercourse. Sexual disorders are physical
failures in the performance of heterosexual intercourse.”2 Reminiscent of
Koedt, Seidler-Feller and Tiefer point to how mainstream sex therapy
normalizes a form of sex that is better suited for men than for women.

The DSM has been an important object of feminist contestation. In a 2001
book section Tiefer claims that since the 80ies, when the medical model of sex
and sexual problems became epitomized in the manual, this has ”meant
legitimacy for sex therapy clinics, organizations, conferences and some
research.”3 Moreover, she challenges the medical model for promoting an
understanding of sexual problems that fails to accomplish its purported gender
neutrality. Whereas the diagnostic criteria provided for sexual desire disorders
as well as for dyspareunia4 – pain associated with sexual intercourse – apply to
both women and men, the arousal disorders as well as the orgasmic difficulties
are specified with regards to gender. Male erectile disorder and female sexual
arousal disorder, conceptualized in terms of inadequate vaginal lubrication,
obviously apply to men and women specifically. In addition to male and female
orgasmic disorder – both designating conditions where orgasm is significantly
delayed or absent – the manual also includes premature ejaculation, which
describes an allegedly exclusively male condition. However, besides
dyspareunia, the manual also includes a pain disorder that affects only women:
vaginitisus, described in terms of involuntary vaginal spasms that render
(penetrative) intercourse painful or impossible. Tiefer comments:

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Dysfunction Nomenclature.”
2 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 9
3 Tiefer, “Feminist Critiques of Sex Therapy.” p. 37
4 Greek for “badly mated”

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Equal numbers of complaints are ascribed to men and to women, and there is an assumption that, therefore, men’s and women’s concerns are equally represented. But men and women do not have equal political sexual power or, often personal sexual power.

Accordingly, the gender neutral surface of the DSM constitutes a distorted picture of an unjust reality, and it furthermore misconstrues what women find to be sexually problematic. The latter contention is more elaborately developed by Tiefer in her 1988 article. Here, she suggests that women, when given the opportunity to voice in their own terms what they experience as sexual problems, more often than supposedly misbehaving genitals, bring forth difficulties pertaining to troubled communication, lack of intimacy and emotional distance. Against this background, Tiefer argues, “if these women are getting aroused and having orgasms, the official nosology would have nowhere to put their complaints. Their complaints would be invisible, without legitimacy.” A similar point was made a few years earlier by Seidler-Feller, when she argued that “[m]ale power informs treatment imagery and idiom, even if the presenting complaint involves women.”

In the same issue of *Women and Therapy* where Tiefer’s article appears, Stock points to a further way in which the DSM classification and mainstream sex therapy privileges men over women. The genital focus, by putting emphasis on men’s penises and erections, is well in line with how they experience and value sex. According to Stock, citing Shere Hite’s study of male sexuality for support of her argument, men often invest much of their manhood in the ability to produce an erection, and they experience intercourse as a pleasurable act of domination. Hence, erections, again recalling Koedt’s argument, are experienced by men as instruments by which they assert masculinity by exercising power over women. Mainstream sex therapy, according to Stock’s argument, provides support for men’s eroticization of power.

More specifically, Stock considers research about and treatment of impotence and discusses the possibilities for bringing feminist insights to this field. Although she claims to be optimistic about the treatment methodologies that were being developed at the time, she was certainly aware that there were deep-

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1 Tiefer, "A New View of Women’s Sexual Problems." p. 91
2 Tiefer, "A Feminist Critique of the Sexual Dysfunction Nomenclature." p. 13
3 Seidler-Feller, "A Feminist Critique of Sex Therapy." p. 121
4 Stock, "Propping Up the Phallocracy."
5 *The Hite Report on Male Sexuality* was published by MacMillan, New York in 1981
6 Stock, "Propping Up the Phallocracy."
seated problems for feminists to contend with in established sex research and therapy. Indeed, Stock provides the striking notion that “[t]he nuclear arms race and the impotence industry can be viewed as reciprocal metaphors, existing as macro- and microcosms of the same culture”.

The impotence industry – therapy, research and pharmaceutical companies – finds, according to this metaphor, incentive to ensure that men have the ability to get erections in the notion that erections, like big guns, are symbols of male power. Reminiscent of Seidler-Feller’s claim that mainstream sex therapy, in style and content, is informed by male power, Stock could be read to claim that the mainstream approach, overly occupied with making erections, is a fairly accurate reflection of the culture of which it is part, and does its sexual and erectile share in the maintenance of male supremacy.

From the point of view of feminist sex therapists, mainstream sex therapy appears as both part and symptom of a pervasive tendency to portray and explain sex in ways that serve men; it is both agent in and symptom of a context that leads to sexual problems in especially women. This diagnosis, as I have sought to demonstrate above, has points in common with radical feminist social critique. In a paper originally given at a 1990 sexology conference, Tiefer considers more generally the issues at stake for feminists regarding sexuality; although without taking clear theoretical stand, she locates these issues by claiming that “[s]exuality is important, feminists argue, because norms regarding ‘proper’ and ‘normal’ sexual behavior function everywhere to socialize and control women’s behavior”.

What I want to suggest here is that the radical feminist notion that sexuality is of an especially great importance for the social structuring of gender and power supplies significant incentive for the development and emergence of a feminist sex therapy. If feminist sex therapists agree that sex and sexuality are of such basic importance as radical feminism would have it, it seems that the development of feminist sex therapy is prompted by the notion that wherever sex is the subject of authoritative speech and action feminists need to be involved.

Now, to be clear, the work of feminist sex therapists is not exhausted by their criticism of mainstream sex therapy, but consists also of the promotion of

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1 Ibid. p. 37
2 Cf. Leonore Tiefer, “New Perspectives in Sexology - From Rigor (Mortis) to Richness,” in Sex Is Not a Natural Act & Other Essays (Boulder: Westview, 1995). “Like it or not, sexology itself is one of the forces of definition and regulation constructing sexual experience” pp. 190 - 191
distinct alternatives. It is these alternative formulations of sex therapy that I will consider in terms of feminist sex therapy in this study. Importantly though, the alleged emergence of feminist sex therapy could be interrogated in a manner similar to how I have previously considered the emergence and formation of mainstream sex therapy. As I have remarked above, mainstream sex therapy is not an isolated or self-contained island, but exists in league with more or less close relatives. This is certainly true also for feminist sex therapy. At this stage, therefore, a few remarks about what I think it is that distinguishes feminist sex therapy as a theoretical and practical approach can be useful.

The concept of feminist approaches in therapy is certainly not exclusive for feminist sex therapy, but it is also developed by, to name a few, psychoanalysts and family therapists. Although difficulties pertaining to sex and sexuality may be addressed as part of treatment in such approaches as well, in contrast to feminist sex therapy, sexual problems are not definitive concerns. In sex therapy treatment may certainly venture beyond sexuality, but it is sexual problems that constitute the reason for commencing therapy. Hence, feminist sex therapy, like mainstream sex therapy, is distinguished from psychoanalysis and family therapy because sexual problems and sexual well-being are the primary cause and goal of therapeutic intervention.

Nevertheless, sex therapy is not the only place in which feminists have made sex and sexual problems primary concerns of practical intervention. In a review of literature, the seminal Our Bodies, Ourselves first published in 1970 – the same year as Masters’ and Johnson’s Human Sexual Inadequacy – by the Boston Women’s Health Book Collective, could be taken as one example of a widespread family of feminist efforts. In the section about sexuality the Collective considers largely the same sexual problems commonly addressed in and as sex therapy, and frames them partly in relation to issues of power and gender. However, although it remarks about sexual problems from a feminist perspective, the Collective does not offer a sex therapy. Instead, Our Bodies, Ourselves can be seen as an example of feminist self-help literature, providing advice about what you can do for yourself or with help of friends or partners, and when professional assistance might be needed. In this way, it is literature that in a sense stops where sex therapy begins.

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2 Boston Women’s Health Book Collective, Our Bodies, Ourselves - For the New Century (New York: Simon & Schuster, 1998). pp. 256 – 257. It is noteworthy that sex therapy is not specifically
So far, feminist sex therapy in certain respects appears affiliated with, and at the same time distinct from, both feminist approaches in therapy more generally and feminist practical intervention in sex and sexual problems outside of therapeutic frameworks. However, there are approaches in sex therapy specifically that are more closely related. For instance in *For Yourself – The Fulfillment of Female Sexuality* published in 1975, sex therapist Lonnie Barbach provides an approach to women's sexual problems and well-being that seeks to assume a women's point of view.\(^1\) Feminist sex therapy does share with such perspectives in sex therapy the focus, however not exclusive, on women and women's sexual problems,\(^2\) but in addition to this focus, and unlike that of for example Barbach, feminist sex therapists theorize sexual problems and well-being as largely constituted in relation to, not only psychological and relational, but also social and structural power relations.

In addition to approaches in sex therapy that specifically assume women’s sexual points of view, feminist sex therapy appears to have points in common with approaches that are developed for lesbian, gay and queer people. Not the least, feminist and lesbian/gay/queer sex therapies share a discontent with the coital focus of mainstream sex therapy. From the points of view of Margaret Nichols and Marny Hall, who in the late 90is and early 2000es developed proposals of more queer approaches in sex therapy, the coital focus in mainstream sex therapy appears as evidence of the heteronormative nature of mainstream sex therapy. This suggests that the mainstream approach is part of a more encompassing social and cultural sexual order that marginalizes and discredits lesbian, gay and queer sexualities. Accordingly, both Hall and Nichols seek to demonstrate the possibility of sex therapies that validate queer sexualities outside of the heteronormative limitations of mainstream sex therapy.\(^3\)

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accounted for as one of the options women could turn to for professional assistance. For more exclusively sexual self-help literature with a feminist perspective cf. for instance Sandra Dahlén, *Sex med mera [Sex and So On]* (Stockholm: Pandang, 2002); Betty Dobson, *Orgasms for Two - The Joy of Partnersex* (New York: Harmony Books, 2002).


\(^2\) Cf. for instance Tiefer, *Feminist Critiques of Sex Therapy."

Although both feminist and lesbian/gay/queer sex therapies link sex and sexual problems to social conditions and structures, the links look different between them. In queer approaches the coital focus in mainstream sex therapy is challenged for its heteronormative qualities, whereas in feminist sex therapy it is challenged primarily for how it serves men’s interests over women’s. Accordingly, as alternative approaches in sex therapy, queer statements seek to contribute to the making of a not-so-heteronormative sexual order whereas feminist sex therapy seeks to contribute to the making of a not-so-male-supremacists gender order. Hence, what distinguishes feminist sex therapy from Barbach’s approach who deals with a sex therapy question for women, or from Nichols and Hall who both address a sex therapy question for queer people is that feminist sex therapists theorize sex and sexual problems in relation to a specifically gendered order that socially and powerfully, and therefore sexually, is disadvantageous for women.¹

1.3 Sex Therapy in a Professional Framework

Feminist sex therapists, as I have suggested above, contend that mainstream sex therapy’s claims to knowledge are in fact male interests and desires masquerading under reductive concepts of functioning and dysfunction. To be clear though, this is more than a statement of discontent with the mainstream theory of sex and sexual problems. Feminist sex therapists’ critique of mainstream sex therapy also challenges claims raised by mainstream sex therapists that they are able and properly equipped to intervene in people’s sex lives and sexual relations, with restored sexual functioning and increased sexual health the result. That is to say, because mainstream sex therapy is based on a flawed theory of sex and sexual problems, mainstream sex therapy cannot do what it promises to do. Because mainstream sex therapy, from a feminist perspective, confuses sexual health with male sexual interest and desires, therapy, rather than something that approximates increased sexual health, results in a consolidation of androcentric, sexist and heterosexist versions of sex and sexual relations. More than, and in conjunction with, their critique of mainstream claims to knowledge, feminist sex therapists offer a critique of

¹ In a 2000 article, Mimi Schippers provides a clear account of the distinction between approaches that subsume sexuality under gender relations, and approaches that treat sexuality “as a separate organizing principle in its own right and equally central to the workings of power as gender”. Mimi Schippers, “The Social Organization of Sexuality and Gender in Alternative Hard Rock – An Analysis of Intersectionality,” Gender & Society 14, no. 6 (2000), p. 748. Cf. also Rubin, “Thinking Sex.”
mainstream claims to professional legitimacy. Feminist sex therapy could accordingly be construed as resulting from attempts to use for feminist ends a profession that is intimately involved in the promotion of masculine interests and desires.

I propose here that what transpires between feminist and mainstream sex therapy could be fruitfully approached as connecting to issues of professionalism and professional legitimacy. That is, at the same time as the relation between feminist and mainstream sex therapy consists of contending and alternative theorizations of sexual health and problems, it is also a relation between contending and alternative approaches to sex therapy as a profession. Generally, to begin clarifying what I think the connection between claims to knowledge and claims to professionalism entails, issues of professionalism are understood to concern the competence and power of occupational practitioners to advise, govern and intervene in their clients’ lives.¹ The bases for professions are often framed as departing from bodies of scientific knowledge² manifesting in the competence to apply them in practice.³ Here, the knowledge professionals supposedly commands works to legitimate professional authority. Accordingly, claims to knowledge would be an important part of the grounds upon which professionals’ advisory and interventionist capacities are acknowledge and respected.⁴

In Irvine’s 1990 analysis of the history of American sex research and sexology the emerging sex therapy profession is understood to have contended with having to defend its own existence against a culture in which sex was a problematic and morally suspicious subject. Hence, sex therapists’ attempts to legitimize their professional efforts have largely responded to demands for legitimacy raised by the environment in which they operate.⁵ Accordingly, not the least in the case of sex therapy, claims to knowledge in relation to issues of professionalism are not merely informed by a logic of scientific inquiry, but in addition to and more specifically by the need for a profession to be able to

⁵ Irvine, Disorders of Desire, pp. 6 - 16
explain itself against an environment in which the reasons for its existence appear uncertain or even doubtful.

Sociologist Valérie Fournier, in a 1999 theorization of professionalism, connects this feature of professional knowledges with the notion that the direction of professional practice and the purpose of intervention are delineated and constituted as parts of how claims to knowledge are raised.¹ That is, more than legitimating professional efforts and practices, claims to knowledge distinguish and define the object and objective of professional practice and intervention. Furthermore, at the same time as professional claims to knowledge are constitutive of the authority and the ability to act in relation to an environment, the shape and content of authority depends on this environment because of the demands for legitimacy that it raises. Hence, relations of power between professions and their environment are not one-way, but the power professionals practice is conditioned by the power effectuated when demands on professionals to explain their own professional existence are realized.

Whereas the emerging mainstream sex therapy according to this way of locating claims to knowledge in relation issues of professionalism was presumably conditioned by the interplay between sexual conservatism and liberalism in the U.S. during the late 60ies and early 70ies,² for feminist sex therapists in the mid 80ies and onward the existence of a mainstream approach constitutes, I think, a crucial and conditioning part of their social, cultural and academic environment. For feminist sex therapy, as an alternative approach, mainstream sex therapy is an important factor in shaping the demands for legitimacy faced by feminist sex therapy. Accordingly, the relation between mainstream and feminist sex therapy, when connected to a framework of professionalism, raises concerns about the implications of mainstream sex therapy for the knowledges promoted in and as a feminist approach. Consequently, it raises concerns also about the implications of the mainstream model for the objectives of feminist sex therapy and the object of its professional practices.

In the very beginning of this introductory chapter I suggested that the sex therapy question in feminism raises concerns about the consequences for feminist sex therapy regarding its relation to mainstream sex therapy. What I

¹ Fournier, "The Appeal to ‘Professionalism’." pp. 284 - 286
² Cf. Irvine, Disorders of Desire.
have done here has been to specify and locate these concerns in relation to a framework of professional legitimacy. Clearly though, feminist and mainstream sex therapy are not related merely, or even primarily, because they can be construed as instances in a conceptual framework. Regardless of such conceptual invocations, there exists already quite material, or more to the point in this case, intertextual relations between feminist and mainstream sex therapies. As my brief account of the history of sex therapies indicates, this is a relation between knowledges, and established mostly in feminist sex therapists’ criticism of mainstream claims to knowledge. In the final section of this chapter I will consider further how to arrive at a question about the materially existing intertextual relation between feminist and mainstream sex therapies that connects it to the professionalism framework in which I have located this relation. That is, I shall develop my already stated concerns about the consequences of mainstream sex therapy for the claims to knowledge and professional legitimacy promoted in and as feminist sex therapy into a statement about the aim of my study.

1.4 Towards the Aim of My Study

Feminist sex therapists, as I think my introductory remarks have demonstrated, call into question the claims to knowledge raised by mainstream sex therapists for being thoroughly informed by androcentric and heterosexist assumptions, interests and desires. Still, feminist claims to alternative knowledges in sex therapy are expressly promoted to serve feminist contentions and interests. Accordingly, feminist sex therapy could be understood to embody the contention that feminist sexual politics constitutes a better back-drop for a theorization of sex and sexual problems than does male chauvinist sexual politics. However, at least for feminist sex therapists, the relation between feminist and mainstream sex therapy is not exhausted by political differences – feminist sex therapy embodies the contention that a feminist theorization of sex and sexual problems is more accurate than a male chauvinist one. Hence, feminist sex therapy would appear to involve a construal of the relation between political interests and desires and claims to knowledge, according to which politics operating in mainstream sex therapy is an epistemological liability, while politics in feminist sex therapy grants epistemological advantage.

Framed against this background, the relation between feminist and mainstream sex therapies appears to be constituted largely by the difference between an approach in which feminist politics is deliberately made consequential for
claims to knowledge, and an approach in which male chauvinist politics is more or less inadvertently allowed to be consequential for claims to knowledge. Accordingly, to the extent that the intertextual relation between feminist and mainstream sex therapies revolves around theoretical differences informed by political differences it should, I think, be approached as raising questions about the theoretical consequences of politics. That is, because of the character of the difference which binds feminist and mainstream sex therapies together, I propose here that an exploration of their relation should be grounded in an analysis that interrogates how political interests and desires are consequential for, on the one hand, mainstream claims to knowledge and on the other hand, feminist claims to knowledge. In the following I will consider, firstly what kind of theoretical approach this analysis calls for, and secondly and more specifically, what it is that must be analysed.

**The Science Question Revisited**

The notion that political interests are consequential for claims to knowledge is a central theme in sociologies and social studies of science and knowledge, especially so in feminist science studies and philosophy. Specifically, the debate in feminist epistemology summarized in and responding to Harding’s articulation of the science question in feminism has to a large extent revolved around questions about how to theorize and evaluate claims to knowledge invested with political or ideological interests, values or assumptions, especially pertaining to gender and power. Whereas I initially called upon Harding to suggest questions about the relation between feminist and mainstream sex therapy, I think, in addition, that attempts to find answers to these question could find tools and support in the debate that Harding has been a part of. That is, the feminist responses to issues raised in connection to the science question in feminism can also be employed to provide a direction for interrogating issues involved in what I have called a sex therapy question feminism. I will be returning to these issues more in depth in my theoretical account. For now, however, I will point to a few tendencies emerging from debates in feminist epistemology that inform my concerns about, and approach to, the relation between feminist and mainstream sex therapies.

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As I have already touched upon earlier, feminist epistemologies are at once critical and creative enterprises; they provide criticisms of the epistemology of science as usual, and simultaneously seek to articulate ways of moving away from the limitations of establishment epistemology, in order to arrive at more promising positions. In Harding’s map of feminist epistemologies she distinguishes three major approaches embodying three distinct ways of construing the relation between objectivity and political values or ideological interests. One approach tends towards the notion that the problem of establishment science is that it fails to yield objective knowledge because scientists are not aware of their own assumptions about gender and how these assumptions lead them to promote gender biased claims to knowledge. Here, a more promising science is possible through an epistemology that breeds consciousness about gender, thus allowing gender biases to be eliminated from the results of science.

Quite contrary to this proposal, Harding points to an approach that tends to claim that ideological alliances and political interests emerging from social, cultural and historical implicated subject positions are practically and principally unavoidable parts of claims to knowledge. Here, this claim constitutes a reason to argue that ideas about objectivity, epistemological privilege and superior claims to knowledge as such are suspect. Presumably, if the very idea of science were seen as an instrument of dominant interests, the most promising direction in which to go would be one where the very notion of epistemological privilege were relinquished and knowledge were removed from the exclusive hands of scientists and made more democratic. The third approach Harding points to strives to combine the notion that knowledge is always ideologically implicated with the notion that epistemological privilege is both viable and desirable for feminists. That is, knowledge is understood as inextricably dependent upon the social and ideological position in which it is produced, but certain positions are more conducive than others for objective knowledge. In particular, women’s subordinate position in a male supremacist society serves to ground a feminist epistemological standpoint that in turn grounds epistemological privilege.

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1 Harding, *The Science Question in Feminism*. Cf. also Baukje Prins, “The Standpoint in Question - Situated Knowledges and the Dutch Minorities Discourse” (Doctoral Dissertation, Universiteit van Utrecht, 1997). Harding’s map of different approaches in feminist epistemology is not the only one available. Prins, for instance, offers one of her own, and in a 2006 conference presentation and her forthcoming dissertation feminist philosopher Iris van der Tuin suggests that Harding’s distinctions have resulted in a too oppositional understanding of feminist epistemology. As an alternative cartography, Tuin suggests an approach that emphasizes *generational difference and continuity* between different and related epistemologies. Iris van der Tuin, “Third Wave Materialism” (paper presented at the Gender and Citizenship in a Multicultural Context - 6th European Gender Research Conference, Lodz, Poland, 2006).
I will take the arguments for a feminist standpoint epistemology into further consideration when I later develop the theoretical framework for my analyses. At this stage however, I want to raise concerns about a productive problem pertaining to the notion of a feminist standpoint. Feminist social philosopher Baujke Prins, in a doctoral dissertation from 1997, contends that standpoint epistemology shows a tendency towards circularity when presenting the concept of a ‘standpoint’ as a criterion for better knowledge, while at the same time assuming that a standpoint is to be developed with the help of better knowledge.¹

That is, standpoint epistemology employs a theory about the social position of women in a male supremacy in order to explain the socially subjugated and epistemologically feminist standpoint. At the same time though, it is the epistemological privilege of the feminist standpoint that gives credence to this theory. In this vein, Prins’ contention could be taken to argue that standpoint epistemology lacks an account demonstrating more precisely how knowledge is socially and ideological implicated that does not already assume an important portion of the answer to this concern. In standpoint epistemology’s theorization of the relation between knowledge and social and ideological position, the epistemological significance and consequences of such standpoints are already largely assumed. It has not theorized sufficiently precisely how it is that moral values, political alliances and other components of social and ideological standpoints impact on claims to knowledge.

By pointing to how the feminist standpoint is in need of further explanation, the productive part of this problem is, I think, that it poses a question about how political values or ideological interests are made significant in and for claims to knowledge. Whereas the approaches tending towards empiricism and relativism suggested above both assume from the start that political and ideological alliances are consequential by curtailing the possibility of objective knowledge, standpoint epistemology opens up for the possibility that the significance of such alliances is principally undecided. That is, it points to the notion that the epistemological significance and consequences of social and ideological investments are not decided outside of the practical implications of concrete political and ideological investments in and for concrete claims to knowledge.

¹ Prins, “The Standpoint in Question”. p. 231 Prins’ emphasis
Indeed, Prins points to the notion that feminist epistemology could be fruitfully concerned with and practiced as an empirical philosophy. That is, it could be, and presumably has been, advanced as an approach in which questions about, for instance, the nature of and relation between normativity and objectivity have been analysed in concrete practices of knowledge.¹ Specifically in this study, I will draw on feminist science studies scholar Donna Haraway’s theorization of situated knowledge to articulate an analytical approach for studying concretely the significance and consequences of political and ideological interests for claims to knowledge.

Haraway developed the notion of situated knowledges, in an article from 1988, as a response to Harding’s science question.² Here, she is critical of constraints of scientific knowledge that maintain that value-neutrality is a precondition for objectivity. Simultaneously, she is equally wary of relativist positions that maintain that the unavoidability of political values and interests makes objective knowledge claims practically and principally impossible. Instead, Haraway argues that the science question in feminism requires for its resolution a way to figure knowledge in such a way that political values and objectivity do not stand in conflict; feminist objectivity require a theory of knowledge that demonstrate how we can claim that we raise better, more true knowledge claims without pretending that we have relinquished our political alliances.³ Clearly, Haraway to a certain extent shares her hopes with feminist standpoint epistemologists, but, as I will consider more closely later on, she develops a different approach for realizing these hopes; an approach that I think promises unprejudiced tools for interrogating how political values and interests are consequential in and for claims to knowledge.⁴

More generally, the importance of finding an approach to claims to knowledge that theorize the consequences of political values and interests equally, regardless of the nature of these interests, is also indicated in what has come to be called the strong programme for the sociology of scientific knowledge.

¹ Ibid. p. 2
² Haraway, “Situated Knowledges.”
³ Cf. Sandra Harding, “After Absolute Neutrality - Expanding ‘Science’,” in Feminist Science Studies - A New Generation, ed. Maralee Mayberry, Banu Subramaniam, and Lisa H. Weasel (London: Routledge, 2001), p. 292. “A central challenge for anyone reflecting on the sciences these days is to figure out how to think about knowledge claims that are permeated by cultural values and interests, and are yet also ‘true’: empirically reliable, and by other conventional measures, the result of ‘good science’.”
⁴ Haraway, “Situated Knowledges.”
When the sociology of science emerged in the middle of the 20th century it was mainly concerned, at least according to later sociologists of scientific knowledge, with interrogating the way social factors such as political values and interests interfere with scientific progress, and how science should be organized so that this could be prevented.¹ This approach has later been characterized as a weak programme in the sociology of science. Operating with the assumption that science is better off if social factors are not allowed to impact, weak programme sociologists of science approach have tended towards an approach in which presumably false claims to knowledge are explained by the impact of social factors, whereas allegedly true claims are understood to have a different kind of relation to their social context. When it comes to true claims, the social context, instead of impacting on knowledge, is significant to the extent that science is socially organized in such a way that social factors are kept from tainting the results.²

Whereas the allegedly weak programme for studies of science appears to contend that a bad theory is bad because of the impact of social factors, and a good theory is good, ultimately because it accurately theorize that which it purports to theorize, the strong programme, especially as it was proposed by David Bloor in 1976 contends that all claims to knowledge are in need of the same kind of sociological analysis and explanation. Regardless of if a theory appears true or false from some point of view, when analysing claims to knowledge sociologists cannot base their explanations upon assumptions regarding the truth or falsity of that which they analyse. All claims to knowledge should be analysed and explained in the same theoretical framework. Importantly then, the shape and content of claims to scientific knowledge cannot, even if they appear accurate, be understood as mere reflections of their subject matters, but are intimately connected to and dependant on the social and historical conditions of their making. Although strong programme sociologists of scientific knowledge have tended to abandon notions of objectivity and accuracy as viable characteristics of claims to knowledge, it is still an approach that suggests that it is not possible to know before hand what kind of impact social factors have: this impact has to be traced, analysed and theorized with regards to specific and locally raised claims to knowledge.³

² Bartley, “Do We Need a Strong Programme in Medical Sociology.”
³ David Bloor, Knowledge and Social Imagery (Chicago: The University of Chicago Press, 1991). Cf. also Bartley, “Do We Need a Strong Programme in Medical Sociology.”
Up until this point, although keeping in mind how they are used in my citations, I have left concepts such as politics, ideology and value virtually undefined. Therefore, in order to provide a more precise idea of what it is I am raising concerns about when I call for an interrogation of how political interests and desires are consequential in and for claims to knowledge I will consider more closely in what sense feminist and mainstream sex therapies appear politically implicated. When addressed by feminist sex therapists, to recall my earlier considerations, androcentric and heterosexist assumptions in mainstream sex therapy are particularly called into question when they coincide with distinctions between sexual functioning and dysfunction. Notions of sexual functioning centre on a male and heterosexual experience of sex, and furthermore marginalize women’s sexual experiences. Moreover, sexual dysfunctions appear primarily, according to feminist critiques, as problems for heterosexual men even though both women and men can have them. That which is experienced by women as sexually problematic however is not acknowledged or addressed to the same extent. Conversely then, from a feminist point of view, in comparison to the allegedly male chauvinist one emblematic of mainstream sex therapy, the distinction between sexual health, or well-being, and sexual problems looks different.

Hence, to the extent that it is appropriate to characterize the difference between mainstream and feminist sex therapy as a difference between sex therapies theorized, practiced and informed by male chauvinist and feminist sexual politics respectively, this difference manifests, at least, as different conceptualizations of sexual health or well-being and sexual difficulties. Although sex therapeutic literature certainly could be taken to raise concerns about politics and ideology in wider senses, in this study I will be interested primarily in the extent to which and how normative investments are consequential for claims to knowledge. By normative investment I mean values that coincide with distinctions between sexual health and pathology or between sexual well-being and problems. The notion of values could here be taken to describe assumptions, notions or statements that differentiate in terms of importance, respect and regard between, among other things, different sexual practices, preferences or different people’s sexual interests. If for instance kissing is portrayed as nicer than hugging, this portrayal expresses a value. However, if kissing furthermore coincides with a definition of what it means to snuggle properly, the niceness of kissing is a normative investment in relation to this
definition. Not only is kissing nice than hugging, but it is also “more normal” or healthier. That is to say, I will in this study, insofar I am taking an interest in what more generally could be described as ideological and political dimensions of claims to knowledge, more specifically concentrate on what I call normative investments; value judgments that appear in conjunction with distinctions between sexual health and pathology, functioning and dysfunction, or well-being and problems.

Two Sides of a One-sided Relationship

The emphasis I put on the consequences of normative investments in and for claims to knowledge comes, as I think is suggested above, from the importance of normative investments in the critical relation between feminist and mainstream sex therapies. Feminist sex therapy is developed as an alternative that is informed by its criticism of the implications of the normative investments at work in mainstream sex therapy. Although this suggests that questions about the relation between feminist and mainstream sex therapies are questions about a one-sided relationship, there are two equally important sides to this relationship to take into account. That is, although it is mainstream sex therapy that is of consequence for feminist sex therapy in order to properly appreciate how and to what extent consequences appear, a one-sided focus on feminist sex therapy would be misguided.

Mainstream sex therapy is clearly present in feminist sex therapy, mostly as a criticised adversary but on some points it is also acknowledged as acceptable. Although the acknowledged presence of mainstream sex therapy in feminist alternatives is obviously an important part of analysing feminist sex therapy, analysis cannot, with regards to the presence of mainstream sex therapy in a feminist alternative, settle with what is acknowledge, but has to be able to deal with the possibility of an unacknowledged presence of mainstream sex therapy. That is, most guests from mainstream sex therapy visit feminist sex therapy on a critical invitation, a few are both invited and accepted, but in order to find those that have crashed the party in disguise a look at the guest list will not be enough. Instead, this takes familiarity with the visitors. Less euphemistically stated, I have to form an understanding of mainstream sex therapy on my own to which I can compare feminist sex therapists’ portrayals. Analyses grounded accordingly will enable considerations of differences and similarities between feminist and mainstream sex therapy not necessarily acknowledged by feminist sex therapists.
Accordingly, in terms of analytical measures, an interrogation of the consequences for feminist sex therapy that it is developed as an alternative to mainstream sex therapy, requires stand-alone considerations of feminist as well as mainstream sex therapy. In both analyses I will be concerned with the issue of how normative investments are consequential for claims to knowledge, and furthermore how connections between claims to knowledge on the one hand, and issues of professional legitimacy on the other, are made. The focus of my analysis of mainstream sex therapy, however, will be informed by my analysis of feminist sex therapy. To be clear, it will depart from the same basic concern about the interrelation between normativity and claims to knowledge as was raised about feminist sex therapy, but my analysis of feminist sex therapy will guide my attention as to what kinds of normative investments I will concentrate on specifically. Had I, in contrast, been concerned with another alternative to mainstream sex therapy, such as one that provides an alternative theorization of the relation between sex and sexual problems on the one hand, and social class on the other, I would have approached mainstream sex therapy with a different focus. Nevertheless, even though the more specific question I will pose in my analysis of mainstream sex therapy will be motivated by my analysis of feminist sex therapy, the analysis as such will be performed as an analysis in its own right that would work also in separation from considerations of feminist sex therapy.

What I am also proposing to demonstrate here is a difference between positions with regards to the relation between feminist and mainstream sex therapies. I want to emphasize the difference between feminist sex therapists’ articulation of the relation between feminist and mainstream sex therapy, and my approach to the same relation. In this study, the first instance is an object of analysis among others, whereas the second is constituted by the position from which my analysis is made. This is a position that at once has footing outside of sex therapy, and simultaneously in both feminist and mainstream sex therapy. In my efforts to position myself accordingly, I will, as indicated above, employ analytical tools mainly derived from feminist science studies.

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1 This is an example for the sake of contrast. To my knowledge there does not exist an alternative in sex therapy regarding social class. Given, however, how mainstream sex therapy, for instance, frames sex in relation the couple as a project built by and for romantic love and emotional self-realization, a not-so-middle-class alternative would certainly be viable, and a class analysis of mainstream claims to knowledge would be likely to detect the work of normative investments in these respects. Cf. Beverley Skeggs, Att bli respektabel [English title: Formations of Class and Gender. Becoming Respectable] (Uddevalla: Daidalos, 1999), pp. 71 - 89
More than a theoretical positioning, my approach to feminist and mainstream sex therapy and their relation follows also from an interested, personal and political positioning. I do believe, and this is a belief that indeed informs my study, that there are urgent, interesting and important things at stake in appreciating what a feminist position in sex therapy means and entails. I believe it is urgent because it is a concrete instance in which the practice of sexual politics is addressed and effortly transformed. I think it is interesting because feminist sex therapy is both a critical and a creative endeavour, and I believe it is important because feminist sex therapists demonstrate a refusal to accept that a potentially promising arena for feminist intervention and practice remains defined by masculine interests and desires.

Here it is important also to acknowledge how and with what consequences my positioning enacts a choice. In my initial contact with mainstream literature, its heteronormative character was for quite a while indeed that which stood out us most striking about it. Clearly, from a male bisexual point of view it is perhaps not surprising that the gendered dimensions that proved apparent to feminist sex therapists were to me rather overshadowed by the heterosexuality of it all. However, issues pertaining to heteronormativity as such, as well as other urgent concerns that could be addressed, will not draw that much of my analytical attention. It is these consequences of my positioning that are important to address.¹

I am making is a choice to concentrate on, and seek to understand, a feminist sex therapy that is mainly concerned with women’s positions in (socio-)sexual relations to men’s positions. It means that I choose, with the intention of furthering my understanding of this position, to analyse also mainstream sex therapy with regards to how it portrays women’s positions in (socio-)sexual relations to men’s positions. Therefore, the way I position myself in terms of interests is certainly not innocent. Although it means that I choose to take into consideration the way in which sexuality is made relevant in a gender order, it also means that I do so largely at the exclusion of other ways in which sexuality is enrolled in the organization of power relations – on it is own as a sexual order, in connection to class relations, or as part of a racialized order.

¹ Nina Lykke, "Intersektionallitet - ett användbart begrepp för genuskategoriern [Intersectionality - A Useful Concept in Gender Research]," Kvinnovetenskaplig tidskrift 24, no. 1 (2003).
**Aim**

Throughout my introduction to this study I have been concerned with pointing to issues raised by what I have called as sex therapy question in feminism. Particularly, I have pointed to concerns about the relations 1) between feminist and mainstream sex therapies, 2) between claims to knowledge and professional legitimacy, and finally 3) between normative investments and claims to knowledge. Now, in a formulation of the aim of my study, I will state my approach with regards to these different concerns:

- *This study aims to identify and explain the consequences of mainstream sex therapy for feminist sex therapy on the basis of analyses that seek to discern the extent to which, and how, normative investments are consequential for claims to knowledge and professional legitimacy.*

In the next chapter I will consider more closely the analytical and practical approach that I will employ to make good on this aim. Initially I will account for previous research and available analyses concerned with sex therapy and sex therapeutic theorizations of sex and sexual problems. Both drawing on and departing from this background I will elaborate what will constitute my theoretical and analytical position in relation to feminist and mainstream sex therapy.
2. Critical, Analytical and Practical Relations to Sex Therapy

In a 2005 study, feminist cultural scholar of techno-science Cecilia Åsberg proposes the feminist **bricoleuse** as a researching subject position promising productive ways of relating (to) theories and knowledges. In cultural studies, according to Åsberg, the term **bricoleur**¹ has been occasionally used to describe what people make when they borrow things, symbols or attributes from one context, and combine them in new ways to alter their meaning, often to resist established conventions and norms. When for instance “a punk rocker takes a house hold article such as a safety pin, re-contextualizes it into a body decoration, or when old-school hip-hoppers use the hood ornament from expensive cars as necklaces”², they are, according to Åsberg, making bricolages.

In the 60’ses, according to Åsberg, structural anthropologist Claude Lévi-Strauss used the term **bricoleur**³ in a highly ethno- and quite androcentric way. Lévi-Strauss characterized with this notion the subjectivity of the so called savage mind; an ethnically othered person, apparently male, who, in close connection to his environment, intuitively and wildly uses what he can find to get by with.

In an act of appropriation, right there displaying the attitude of the feminist bricoleuse, Åsberg dislodges Lévi-Strauss’s concept from its masculinized and ethnically othering usage, while retaining its appeal to creativity, connectivity and irreverence, and assumes it as a subject position within a western academic setting. Accordingly, working in dialogue with, and creating dialogue between divergent theoretical and analytical approaches, tools and techniques, the feminist bricoleuse in Åsberg’s study promises to remain at once faithful and transgressive, creative and critical in the way she works through and with theories, concepts and materials.⁴

Inspired by Åsberg, I will in this study, if not as a bricoleuse, at least as a feminist bricoleur make my analytical approach of bits, pieces, hopes and world views from rather different fields of inquiry and research. I will borrow and combine concepts and inspiration from the sociology of profession, radical feminist analysis, the philosophy of science and feminist science studies. In the

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¹ From the French **bricole** meaning to do-it-yourself, to tinker or potter with.
³ Originally in Swedish, my translation.
⁴ What bricoleuse is in feminine form, bricoleur is in masculine.
following, I will begin by accounting for and considering some available theorizations of sex therapy, and previous research on this subject. Here, beyond giving an idea about the senses in which sex therapy has raised issues in fields of inquiry besides itself, I will consider how other people have used theories and concepts in their analyses; as I will strive to demonstrate, available research about sex therapy has both merits and limitations. An important part of reviewing and interrogating available research is to identify what it will take of a theoretical approach to work with its advantages while moving beyond some of its limitations.

2.1 “Male Supremacy … in the Name of ‘Science’”

To my knowledge, feminist sex therapy has not previously been a topic of analysis. Instead, research on sex therapy has concentrated mainly on what in this study has been called a mainstream approach in sex therapy. I do not intend here to account for everything that has ever been written about sex therapy, but I will focus primarily on research that, like mine, has taken interest in the normative aspects of sex therapy, pertaining in particular to gender. Moreover, it could be noted that in particular feminist sex therapist Leonore Tiefer’s critiques of the mainstream approach, briefly remarked upon in the previous chapter, are quite often employed for support in analyses by scholars studying sex therapy from an outside position. In my study however, Tiefer’s as well as other feminist sex therapists analyses of mainstream sex therapy will

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2 Still, it could be well to mention for instance humanities scholar Paul Robinson’s 1976 exposé over important characters in mostly 20th century sex research, and anti-psychiatry psychiatrist Thomas Szasz’s 1980 criticism of different attempts to treat different allegedly problematic aspects of sexuality. Here, it is primarily their considerations of the works of Masters and Johnson that is of interest. Robinson, to begin with, does consider allegedly normative biases; for instance he contends that Masters’ and Johnson’s theorization of sexual functioning was shaped by an upper- and middle-class bias, and that they could very well have ended up with a different understanding of female orgasm had they considered working-class women. Paul Robinson, The Modernization of Sex (New York: Harper & Row, 1976), pp. 120 – 190. Szasz contends that Masters and Johnson, contrary to their own claims to be scientists, had significant stakes in sexual morals. Mainly, his argument suggests that their efforts to counter what they perceived to be a sexual conservatism making people unlikely to turn to professionals for help with sexual problems lead them to unfounded assumptions and conclusions. Accordingly, in order to make sex therapy a viable enterprise they turned, wrongly according to Szasz, sexual problems into diseases. Thomas Szasz, Sex by Prescription - The Startling Truth about Today’s Sex Therapy (Syracuse: Syracuse University Press, 1990), pp. 27 – 69. In addition, both Robinson and Szasz take issue with Masters’ and Johnson’s writing capabilities. Robinson alleges that they are the authors of “two of the worst books in the English language”, p. 123, and Szasz characterizes their writing as “pseudo-English” and pieces of linguistic ugliness. p. 30
be considered an important part of my analysis of feminist sex therapy rather than a background to it.

There is, I think, a rather discernable theme recurring between available analyses of sex therapy. Perhaps most clearly in feminist analyses, sex therapy appears as a field of theory and practice in which value-neutrality is highly valued but never honoured. What sex therapists promote is, rather than a scientific approach to sex, a deeply ideological one. In this section I will consider three variations on this theme. Firstly I will review Janice Irvine’s analysis of the ideological implications of the professionalization of sexology and sex therapy. Secondly, I will take into account feminist analyses that challenged sex therapeutic claims to knowledge more specifically, and finally I will remark briefly about feminist ways of responding to the invention and promotion of Viagra, available since 1998 as a pill against erectile dysfunction.

**Professionalization of Sexual and Gender Conservatism**

In *Disorders of Desire* from 1990, Irvine interrogates at length how sexologists and sex therapists have been agents in the social and cultural construction of sex and sexuality, and she notes that the history of sexology during the 20th century, including the work of Alfred Kinsey and later William Masters and Virginia Johnson, has been bordered with issues of legitimacy. Sex research has, according to Irvine, been viewed with suspicion by both government and the public, and as a result sexologists have had to contend with issues ranging from problems with finding funding, to harassment and to having legal action taken against them. Irvine comments that “[e]ven after a century of sexual science, sexology is relatively obscure as a profession and is … likely to evoke blank stares, or snickers … The ‘sex expert’ is often the object of parody or the butt of off-color jokes”.¹ Even though it is perhaps better to be a source of amusement than the object of prudish outrage it appears as though, in Irvine’s words, “[t]he ultimate professional goal, the achievement of cultural legitimacy and control over sexual knowledge and the sexual market place, remains elusive”.²

Irvine points to how sexologists and sex therapists have called upon the medical sciences to aid in their fight for professional legitimacy. Masters and Johnson who, according to Irvine, at first were regarded with doubt in the

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¹ Irvine, *Disorders of Desire*. p. 6  
² Ibid. p. 23
medical profession, did eventually manage to ensure a connection between sexology and medicine. In terms of professional legitimacy this connection was crucial, because it allowed Masters and Johnson, and sexology and sex therapy more generally, to benefit from “the social and moral authority that medical science commands in this society”. That is, the suspicion with which sex researchers were viewed was, at least partly, diffused once they were able to set camp under the culturally respected umbrella of medical science.

Despite appeals to medicine and science, Masters’ and Johnson’s work was, according to Irvine, only superficially value-neutral and objective. Considered more closely it is evident that it demonstrated far reaching ideological investments; investments that were according to Irvine often at odds with each other. On the one hand, Masters and Johnson were careful to promote women’s rights to sexual pleasure against norms holding double standards for women and men. Accordingly, they challenged the notion that women are supposed to be pure and innocent while it is alright for men to be controlled by their sexual urges. In humanities scholar Paul Robinson’s 1976 considerations of Masters and Johnson, this tendency in their work prompted him to call them feminists. However, Masters and Johnson along with actual feminists, have clearly contradicted Robison’s characterization. On the other hand then, Irvine points to how their seemingly pro-woman approach is paired with, and, at least from a feminist perspective, contradicted by a notion held by Masters and Johnson, and “many conservatives” that “a feminist analysis that would account for power and inequality is dangerous to social relations”.

Hence, the impetus to conserve social relations is, in Irvine’s analysis, the other side of Masters’ and Johnson’s strive for legitimacy: “[a]s professionals and scientists, Masters and Johnson have an investment in the maintenance of the dominant ideology”, manifesting, according to Irvine, in their reverence of the institution of marriage. Irvine points to how the therapy format they argued in Human Sexual Inadequacy ultimately was motivated by the importance of a satisfying sex life for a successful or at least long-term marriage. Irvine remarks

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1 Ibid. p. 68
2 Robinson, The Modernization of Sex. See footnote 2 p. 40 in this study.
3 Cf. Irvine, Disorders of Desire. p. 89: “When asked by an interviewer if they were feminists, Virginia Johnson once replied, ‘Not remotely…’”. Cf. also Jackson, “Sexology and the Universalization of Male Sexuality.”
4 Irvine, Disorders of Desire. p. 89
5 Ibid. p. 91
that “[t]he First Couple of sex research has … remained staunchly conservative, although they would deny any ideological intent”.

Consonant with the emphasis on physiology and a medical approach to sex and sexual problems, when sex therapists by the end of the 70es became concerned with sexual desire and desire disorders, desire and desire problems were also, according to Irvine, understood as basically biological in nature. Desire issues, as I have previously remarked, came to the attention of sex therapists because of an increasing number of treatment failures. Whereas notions of desire and desire disorders from the perspective of sex therapists such as Helen Singer Kaplan, were framed as advancing the efficacy of sex therapy, from Irvine’s perspective they could rather be analysed as an attempt to counter the threat to the professional authority of sex therapy presented by declining success rates. Following Irvine, sexual disinterest, forged in the same conservatism which had characterized sex therapy from the beginning, in the hands of sex therapists became a disorder and evidence of pathology:

[T]he biomedical approach of focusing on the individual is safer for sex therapists, since potential causes of sexual disinterest such as hostility, power struggles or simple boredom from long-term monogamy may prove threatening to the “marital unit”, and to a profession that hopes to achieve status and authority by salvaging marriages.

So, Irvine’s analysis points to how sex therapists’ striving for professional legitimacy and authority has lead them to a biological reductionist approach to human sexuality, which supported by a conservative gender ideology, ultimately leaves them with a flawed and incomplete theory of sex and sexual problems.

In an article from 1994 psychologist Mary Boyle provides an analysis similar to Irvine’s, in which she argues that the emergence and consolidation of sex therapy is a relatively recent professionalization of previously existing attempts to alleviate sexual difficulties. In this process the notion of sexual dysfunction as it appears in sex therapy has been constructed as a scientific category to form a crucial part of the basis of sex therapists’ professionalism. Hence it is, at least

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1 Ibid. p. 93
2 Kaplan, “Hypoactive Sexual Desire.”
3 Irvine, Disorders of Desire, p. 217. “Marital unit” is Masters’ and Johnson’s term for the married couples they saw in therapy.
4 Cf. also Naomi B. McCormick, Sexual Salvation - Affirming Women’s Sexual Rights and Pleasures (Westport: Praeger Publishers, 1994). McCormick similar to Irvine makes brief remarks analyzing and criticizing sex therapy for pathologizing especially women’s low desire, which more appropriately should be understood as a “predictable outcome of a culture that diminishes women’s power and thwarts female sexual pleasure” p. 190
in part, their privileged access to scientific knowledge about sexual dysfunction that has made sex therapists experts, and provided them with a position to intervene therapeutically. Boyle claims however, that “[o]ne of the central tenets of modern constructionist theory is that discourse both reflects the ways in which ‘objects’ are perceived and actively constructs them”. Thus, insofar as “sexual dysfunctions” are actively constructed by sex therapists as objects of scientific knowledge, they are constructed in ways that also reflect cultural assumptions carried by sex therapists. Here, a significant tendency in feminist analyses of sex therapy is instantiated: not only are attempts at professionalization underpinned by ideology, but the knowledge claims promoted by sex therapists describe an ideology rather than a sexual reality.

A Masculine Desire for Science

In Boyle’s analysis, the assumptions reflected in the category of sexual dysfunctions mainly concern gender. Comparing female and male sexual dysfunctions in mainstream sex therapeutic literature, Boyle concludes that “it is clear that social and moral considerations were involved in the construction of both Masters’ and Johnson’s, and Kaplan’s theories of sexual problems”. As an example, Boyle points to the omission in Masters’ and Johnson’s Human Sexual Inadequacy of a female sexual dysfunction analogous to male erectile disorder, or impotence. Whereas erection is the allegedly normal response to sexual excitement in men and impotence embodies a dysfunctional response to sexual excitement, Masters and Johnson were surely aware that the presumably normal response to excitement in women is vaginal lubrication, but still failed to take into consideration what it means if lubrication does not occur. Later, in Kaplan’s The New Sex Therapy this omission had been amended, but only to a certain extent. Kaplan did consider low levels of vaginal lubrication to be a problem worthy of treatment, but according to Boyle, Kaplan provided only a vague notion of “general sexual dysfunction” in women, to be compared to the more specific “male erectile disorder”. Boyle remarks that “if those who construct classification systems either omit or use vague labels for some of the phenomena the systems are supposed to cover, then these phenomena are not seen as particularly important.”

2 Ibid. p. 114
3 Ibid. p. 110
Roughly concurrently with Boyle, and clearly reminiscent of her, sociologist Ross Morrow maintained that the emphasis on science and scientific standards in sex therapy cannot be accepted at face value. Knowledge claims promoted by sex therapists do not, according to Morrow, express genuinely scientific insights. Instead, they could be better understood as “[m]oral and political aspects of sexuality … masked by medical labels.” Morrow argues that sexual dysfunctions, rather than being deviations from a scientifically established norm of sexual functioning, constitute a political category meaningful only in relation to cultural norms as to how sex should work. Recalling for example Tiefer's and Stock’s analyses, Morrow claims that these norms equate sex with coitus, and that sex therapy serves a male experience of what it means to have satisfying sex: “Coitus … is a hegemonic masculine standard by which to judge male and female sexual functioning because males and females have differential access to achieving orgasm in this particular form of sexual activity.” In this way, Morrow contests the notion, presumably promoted by sex therapists, that sex therapy is merely a service made available by experts in human sexuality, and claims that it more importantly “can be viewed as a contributing element in the maintenance of an unequal society”.

Although Boyle and Morrow clearly point to how notions of sexual dysfunction in sex therapy reflects an androcentric understanding of sex, earlier analyses of sex therapy had assumed a more uncompromising approach to the sexual politics promoted in and as sex therapy. Feminist thinker and activist Margaret Jackson, in essays from 1984 and 1987, and radical feminist theorist Sheila Jeffreys in a 1990 book interrogating the alleged sexual revolution, both provide arguments that suggest that sex therapy, rather than merely valorizing men and marginalizing women, is outright male supremacist and oppressive of women.

A central contention in Jackson’s 1984 essay is that sex research, with Masters and Johnson as a recent addition, more than anything else “is the interests of men and male supremacy … promoted in the name of ‘science’.” By

2 Ibid. p. 26
3 Ibid. p. 21
5 Jackson, “Sexology and the Universalization of Male Sexuality.” p. 70
employing an allegedly scientific framework sex researchers have constructed legitimacy for an understanding of sex and sexuality modelled after men’s interests and experiences of sex. Jackson argues similar points in an article from 1987. Here she claims that sexology and sex therapy have been supporters of an “increasing sexualization of western women” that works to “eroticize women’s oppression”,¹ and that the approach to be found in sexological writings is consequential so that issues pertaining to sex and sexuality are “removed from the political arena and [placed] under the protection of science”.²

Specifically, Jackson argues that the writings of sexologists and sex therapists such as Masters and Johnson have enforced on sexual practices what she calls a coital imperative.³ Exploring the reasons behind this imperative, Jackson contended that:

The primacy of heterosexuality, and of penetration, in the sexologists’ model of sexuality can be partly explained by the fact that it is basically a biological model /…/ According to the biological model, then, the primacy of penetration follows from viewing sex as ultimately a reproductive function. On the other hand, it could be argued that viewing sex as a reproductive function follows from the male supremacist assumption of the primacy of the penis.⁴

In this way, the incentive to equip a sexual practice in which men’s positions in a gendered hierarchy are embodied with an imperative is to be found, according to Jackson’s claim, in a male supremacist ideology.⁵

Whereas Jackson is mostly concerned with Masters’ and Johnson’s theory of sex and sexual functioning, Jeffreys, in her 1990 book, interrogates the practical approach to be found in their therapy format. Jeffreys notes that Masters and Johnson were critical of double standards regarding women and men’s sexualities, but contends that this is merely lip service; their treatment approach demonstrates that they did in effect promote double standards themselves. As a case in point, when treatment is directed towards men’s sexual problems, it is women who are instructed to direct their energy towards helping men function sexually, with no particular regard to their own pleasure. However, male partners, in treatment of women’s problems, still ultimately benefit from

¹ Jackson, “Facts of Life.” p. 74 & 75
² Ibid. p. 76
³ Jackson, “Sexology and the Universalization of Male Sexuality.”
⁴ Ibid. pp. 71-72 & p. 73
⁵ The notion of a coital imperative in sexology returns in for instance Potts, The Science/Fiction of Sex. pp. 32 - 35
Vaginismus, which is described as a muscular spasm preventing the entry of the penis to the vagina, is treated by the insertion of dilators of graduated size into the women’s vagina by the husband. This practice coincides with an active pornographic model of male sexuality ... It could therefore be seen as offering some satisfaction to the male practitioner. ... It reveals the pornographer in the heart of the male sex therapist.¹

Although there are differences between Boyle, Morrow, Jackson and Jeffreys, there are important similarities in their arguments. Where Jackson and Jeffreys see the interests of male supremacy, Boyle and Morrow still see a male experience of sex and sexual problems reflected in the construction of the notion of sexual dysfunction. Whereas Boyle and Morrow argue that male problems and male approaches to sex are given more consideration and are rendered more important than women’s, Jackson and Jeffreys maintain that sex therapy is at the service of men’s power as men. Where Jackson and Jeffreys point to a scientific rationalization of the eroticization of women’s oppression, Boyle and Morrow claim that it is male biased scientific pretensions that have important consequences for the authority and power granted to sex therapists as experts. Hence, underlying apparent differences, these analyses have in common the notion that sex therapy and sexology are involved in the construction of sex and sexuality, and work to reinforce the sexual politics that influence their knowledge claims, by providing them with scientific legitimacy.

**Ideology Materialized and Marketed**

By the end of the 90ies, analyses and critiques of the approach to sex and sexual problems evident in sex therapy and sexology shifted in focus as Viagra became available on the medical market. Viagra, a product name for the active substance sildenafil citrate, is the accidental result of heart medicine trials in which many of the male test subjects found themselves with regained capacities for erectile functioning. In 1998 the medical company Pfizer made Viagra available to the American (male) public as an easily administered cure for impotence.² The notion that there could be a pill for sexual dysfunctions certainly appears well in line with the approach to sex and sexual problems apparent in earlier sex therapeutic literature. However, if it indeed were viable to cure sexual problems with medication, incentives to pay money to a therapist

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¹ Jeffreys, *Anticlimax*. pp. 138 - 139
would be undermined.¹ With Viagra, the physiological focus criticized by feminists, insofar as this is promoted by sex therapists, has in a sense turned against its makers.

Still, according to feminist analyses of the way in which Viagra and related product are theorized, publicized and advertised by medical companies, the sexual ideology promoted in sex therapy beginning with Masters and Johnson, is not only alive and well, but is now made available for oral ingestion. The alleged success of Viagra then, can be seen to take place in relation to a sexual ideology in which men, and in particular men’s penises, are the centrepiece of sex.² In a 2002 article, sociologist Barbara Marshall analyses the invention and promotion of Viagra as part of a strong tendency in sexology, not the least instantiated by Masters and Johnson, to medicalize human sexuality. Here, the emphasis on a distinction between normality and disorder is strong, and found by sexologists to be anchored in human physiology. Sexual health and problems are understood in relation to the body as a mechanistic system of cause and effect. Marshall contends that regarding this framing of human sexuality “Viagra … is a mechanical solution to a mechanical problem”.³ Repairing the machinery in the way Viagra supposedly does however, solves a sexual problem only to the extent that sex is understood to require an erection. Hence, it is arguably because it is located within a framework in which sexual health hinges on the ability to engage in penetrative penile-vaginal intercourse that Viagra is a specifically sexual medical agent.

Psychologists Annie Potts et al in a 2004 interview study suggest that the importance of erection and experience of impotence for actual human beings is far more complex and divergent than the official pharmaceutical version of sexuality would have it. Both women and men interviewees challenge clear cut definitions of what it means to be sexually functional or to have a sexual dysfunction, and Viagra, even if capacities for erectile functioning are increased, have no straightforward relationship to sexual pleasure and satisfying sex lives. Although some men perceived the in/capacity for erection as important for their masculinities, this was far from a generally made connection. Moreover,

¹ Psychiatrists and sex therapists Sandra Leiblum and Raymond Rosen maintain however that the threat of Viagra to sex therapy has been overrated. Sandra Leiblum and Raymond Rosen, “Introduction: Sex Therapy in the Age of Viagra,” in Principles and Practice of Sex Therapy, ed. Sandra Leiblum and Raymond Rosen (London: The Guildford Press, 2000). p. 4
Potts et al report that in some cases alleged erectile difficulties have lead to more fulfilling sexual and intimate relationships by broadening the repertoire of sexual interaction, and in other cases, the introduction of Viagra, contrary to the idea that it is an easy relationship fix, affected sexual and intimate relations for the worse.¹

Although the significance of Viagra at the level of human interaction, according to my reading of Potts et al, appears far from simple or definitive, at the level of more encompassing cultural patterns, the medical approach and ideology is more clearly flourishing. English professor and feminist humanities scholar Lee Quinby sees Viagra as symptomatic of a social, cultural and historical condition that she designates *virile-reality*, a term that names the power relations enacted in contemporary co-constructions of gender and technology. It is a notion that highlights a techno-scientific desire for perfection and is suggestive of the supposed efficiency and precision of technology and technical solutions having become a more diffuse and subtle route to masculine power than that of overt control and oppression.

Virile-reality, in short, produces what might be called the “Viagra effect.” Like Viagra … virile-reality is a union of simulation and flesh that assumes penile erection to be the be-all and end-all of sexual pleasure. This totality is phallic perfection made literal.²

Viagra, although promoted as a scientific breakthrough and a biomedical success, is both a symbol for and a materialization of an ideological alignment of masculinity, desire, technology and perfection in a situation where the masculine hegemony is continued and re-negotiated through processes that render it invisible and de-politicized in new ways.

**Breaking Promises since 1970**

Available analyses of mainstream sex therapy have, I think, convincingly demonstrated how sexist, heterosexist, androcentric or male supremacist investments are implicated in the theory and practice of a mainstream approach in sex therapy. Whereas Masters and Johnson especially, but also later sex therapists, put great emphasis on their presumed objectivity and value-neutrality, feminists have demonstrated that they do not honour their own standards for scientific knowledge. This emphasis on science has been analysed as a way for sex therapists to ensure professional legitimacy, and it has been

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¹ Potts et al., “Viagra Stories”.
suggested that the biological reductionist understanding of sex and sexual problems which supposedly guarantees objectivity has found its way into sex therapy primarily because it allows for a borrowing of respectability and authority from medical science.

From the point of view of feminist analyses, biological reductionism appears viable only when masculinist political and ideological investments are assumed. It is a model that lends itself to a male experience of sex, partly because it leaves unchallenged the social and political ramifications of sex and sexual problems, and therefore ultimately works to conserve and support these ramifications. Furthermore, and recalling Irvine, the conservative underpinnings of mainstream sex therapy have been crucial in order for it to have received public acceptance. In this respect the ideological investments as such support professional legitimacy. Hence, by promoting a sexist model of sex and sexual problems as a matter of scientific fact, mainstream sex therapy has managed to create for itself both scientific and ideological respectability. As more recent critics demonstrate, this ideological appeal is still well received, as is evident from the massive success of Viagra on the pharmaceutical market. Male supremacy has apparently been successfully promoted in the name of science, although with an ironic twist to the extent that this ideology, when invested in pills, comes with a threat to the sex therapy that safe-guarded it for 30 years before hand.

2.2 Sex Therapy and the Mode of Critique

Clearly, feminist analyses of mainstream sex therapy have characterized the ideological, political or normative investments at stake in quite different terms. Jackson’s insistence that sexologists have worked for the eroticization of men’s oppression of women\(^1\) and Jeffreys’ notion of sex therapy as a pornographic endeavour\(^2\) for instance, could be contrasted to Marshall’s position when she claims that the mainstream understanding of sex is “not overtly repressive of other forms of sexual expressions or behaviour, but … operates through an increasing valorization of, and eroticization of, marital intercourse.”\(^3\) Still, whether working through oppression, objectification or by granting privilege, mainstream sex therapy’s better liking of men and heterosexuals than people that for one reason or the other fall outside these designations appears rather

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\(^1\) Jackson, “Facts of Life.”
\(^2\) Jeffreys, Anticlimax.
\(^3\) Marshall, “Hard Science.” p. 134
Concerning conceptual development regarding the relation between ideology and reality, cf. for instance Norman Fairclough, *Critical Discourse Analysis - The Critical Study of Language* (Harlow: Longman, 1995). pp. 15 – 20 & Rosemary Hennessy, "Women's Lives/Feminist Knowledge: Feminist Standpoint as Ideology Critique," *Hypatia* 8, no. 1 (1993). Hennessy's develops a concept of ideology that have points in common with the one traced here, but it certainly goes beyond as well: "Under capitalism, the prevailing ideologies ... mystify exploitation and oppression by presenting these arrangements as the way things naturally ought to be [so far quite similar] Ideology is a material force because it (re)produces what gets to count as 'reality'": p. 21 More than a power to obscure, ideology has to power to realize.
mainstream sex therapy have made a strong case in showing that mainstream sex therapy is incompatible with a feminist world view, but have offered a less comprehensive explanation of how mainstream models work according to their own world view.

Moreover, this is a mode of critique that puts feminist construals of sex and sexual problems in a slightly paradoxical light. When promoting a critique of mainstream sex therapy and sexology normativities are theorized as something that compromise the validity and accuracy of knowledge claims, but in feminist alternatives normativities are seemingly granted a different significance. Whereas they are understood in relation to a chauvinist stance to obscure reality, a stance characterized by feminist normativities is understood to grant better epistemological access to the actual ways of the world. To be clear, I certainly do not want to question this diagnosis; what I am taking issue with is how available analyses of sex therapy depart from this diagnosis as a premise without interrogating why the epistemological significance of normativities are evaluated differently. Or rather, I take my considerations of the mode of critique that I have traced in available analyses of sex therapy to point to the need of exploring how alleged, acknowledge or unacknowledged normativities work in sex therapeutic knowledge claims, both mainstream and feminist. Such an exploration, in order to resolve rather than repeat the complications inherent in employing different standards in relation to different knowledge claims, has to find grounds in a different analytical approach to analysing scientific and expert knowledge claims than the one encountered in feminist analyses of mainstream sex therapy and sexology.

2.3 “A Different Starting Point, a Different Metaphysics”

According to feminist philosopher of science and physicist Karen Barad, there is something strange about the notion that knowledge claims, in much the same way in which I have traced this idea in feminist criticisms of mainstream sex therapy, could be analysed as reflections of the political and ideological environment in which they are raised. In a 2003 article she claims that this assumption is a key feature of a philosophical stance, rather pervasive in the history of western philosophy, described as representationalism. To be clear,

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Barad is neither the only nor the first who have challenged representationalist themes in philosophy. Neo-pragmatist philosopher Richard Rorty for example contended in the 1979 *The Mirror of Nature* that the idea that the mind is a mirror of nature has lead philosophy into a serious dead-end. Rather than solving, or at least addressing problems of knowledge, philosophy, and especially epistemology, had according to Rorty, been occupied with problems that pertain to the metaphors we have grown accustomed to when thinking about knowledge.¹ As will become clear below, these themes recur in Barad’s position. However, it is not only because of her critique of representationalism that I will consider her work, but because her different proposal made against representationalism as a critical background, could, I think, be fruitfully employed as a basic point of departure for my analytical approach in this study.

**Words and Things**

Representationalism could very basically be summarized as the notion that on the one hand there is the world – that which is represented – and on the other there are our mental or textual pictures of it – that which represents it. As remarked above, a central contention in feminist analyses of mainstream sex therapy has been that mainstream knowledge claims actually fail to represent accurately the reality of sex and sexual problems. However, these criticisms can still be understood to be adhering to a representationalist approach to knowledge and language. Instead of sex and sexual problems, the works of Masters and Johnson, Kaplan and the American Psychiatric Association represent the interests, political values and ideologies of their authors and the communities they inhabit. Barad contends in this vein that “the representationalist belief in the power of words to mirror preexisting phenomena is the metaphysical substrate that supports social constructivist, as well as traditional realist, beliefs”.²

Hence, conventional realisms and social constructivisms, according to Barad have important features in common. More than sharing a theory about a referential language, they connect this theory to more or less shared ontological assumptions. From Barad it could be suggested that the distinction between representation and represented is not an isolated dualism, but part of a more comprehensive dualist ontology. Representationalism, it appears, is in cahoots

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² Barad, “Posthumanist Performativity.” p. 802
with for instance distinctions between subject and object, mind and body, material and mental and culture and nature. To that effect, Barad contends that

[*representationalism separates the world into the ontologically disjoint domains of words and things, leaving itself with the dilemma of their linkage such that knowledge is possible. If words are untethered from the material world, how do representations gain a foothold?*]

Clearly, more than pointing to the dualist ontology of representationalism, Barad here points to difficulties bred by such a dualist framework. From a representationalist point of view, to know something, to think about something or to talk about something would be possible only to the extent that it is possible to bridge the gap between that something and our cognitive faculties, thoughts and feelings or the language we use. Here, Barad point especially to a distinction between exteriority and interiority that has been strongly maintained in the history of, at least Western, philosophy. This is exemplified in 16th century philosopher Renée Descartes’ systematic doubt, where thoughts, perceptions and experiences reside within the mind while the world we think about, perceive and have experiences of is something that hopefully, but according to Descartes doubtfully, exists outside of our minds. Perhaps all is in our imagination, maybe it is a dream inspired by an evil demon.

Epistemology, in the wake of Descartes, has, and allowing for slight simplification, been a series of attempts to settle these doubts by addressing the question of if and how we can be certain that our minds actually have access to a real world. Indeed, responses have varied. 17th century George Berkeley proposed an ontological idealism in which our perceptions are constitutive of

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1 Cf. for instance Elisabeth Grosz, *Volatile Bodies* (Bloomington: Indiana University Press, 1994). Grosz suggests that such dualisms are parasitic on a more basic distinction between femininity and masculinity.

2 Barad, “Posthumanist Performativity,” p. 811

3 Renée Descartes, *Om metoden att rätt bruka sitt förstånd och utforska sanningen i vetenskaperna* ([English title: Discourse on the Method]) (Stockholm: Björck & Börjesson, 1926). Eventually of course, Descartes, on the basis of his ontological proof of the existence of God, reaches the conclusion that a real world indeed exists outside of our minds: God would not trick us into thinking that the world existed if it did not.

4 Rorty, *Philosophy and the Mirror of Nature*.

5 Questions about the existence of a real world, and the possibility of having knowledge about it do indeed appear as almost eternal questions in the history of philosophy. As feminist theologian Cristina Grenholm points out however, it is not that so called eternal questions lack answers, but that they are constantly given new answers, and she insists, not unlike Barad, that often it is as important to critically examining the questions as it is to provide new answers. Cristina Grenholm, “Eviga frågor har svar - Om vikten av att kritiskt analysera föreställningar om moderskap [Eternal Questions do have Answers - Regarding the Importance of Critically Analysing Notions about Motherhood],” in... och likväl rör det sig - Genusrelationer i förändring, ed. Gunnel Forsberg and Cristina Grenholm (Karlstad: Karlstad University Press, 2005). p. 95
reality, thus ensuring that all reality there is, is a reality we have access to.¹ In the early 20th century George Edward Moore argued quite a different standpoint based on the notion that if common sense has it that there exists a real world, then it does.² A great deal of responses however, fall in something of a Kantian middle. Immanuel Kant, in the 18th century, maintained that a real world indeed exists, but that humans cannot experience it immediately. Instead, reality is always mediated through categories of the mind that are prior to and conditions for experience. Concepts of space and time for instance are not properties of reality but they are transcendental categories that order and make meaningful reality as we experience it.³ Since Kant, the idea that an objective reality exists, but comes to us mediated through for instance categories, concepts or language has indeed been proposed in many forms by realists, social constructionists and anti-realists.⁴

From Barad’s point of view however, quite like Rorty’s mentioned above, the notion that the world may be out there, and epistemology is a matter of trying to reach it from inside of our minds, does not really capture a problem of knowledge; rather it is evidence of a philosophically bad habit of thinking that reality ends where the mind begins, and words somehow exist on an otherworldly plane. It is against this background that Barad proposes a philosophical standpoint, designated as agential realism where the exteriority/interiority distinction epitomized in representationalism is abandoned.⁵ It is a brand of realism that does not centre on the notion that there is a real world out there, but is instead developed from the realization that reality is something in which we exist as parts. As parts in the world, moreover, there is no ontological rift separating us from other parts of the world, but, to the contrary, parts in the world, whether they are people, rocks, words, dogs, feelings or pens depend on each other for their existence. In the following

² Anders Wedberg, Filosofins historia - Från Bolzano till Wittgenstein [The History of Philosophy - From Bolzano to Wittgenstein] (Stockholm: Bonniers, 1966). Allegedly, I am not sure where I have heard this, but it captures Moore’s approach nicely, when asked how he could be sure that the world was real, he hurt his foot kicking a rock and claimed that the pain was proof enough.
section I will embroider this characterization slightly by accounting for my reading of Barad’s agential realism.

It should be clarified from the start that Barad provides a rather encompassing statement, whereas I on the other hand will draw from it a few themes that will be particularly useful when I account, in the next section, more specifically for the different components of my analytical approach. The purpose of the following section then, is not so much to provide a detailed account of Barad’s philosophical position so much as it is to establish a language in which I will write soon my analytical approach.

A Relational Ontology

The notion that things, including people and their thoughts and feelings, are truly parts of the world could, I think, provide a starting point for a concretized introduction to agential realism. As a first premise then, I want to acknowledge that the world – here a taken as the totality of everything that exist – is not frozen solid. The world changes and it changes to the extent that that which exists changes. That is, the world is changing to the extent that its parts are changing. As a second premise, I want to acknowledge that parts in the world affect each other. Accordingly, parts of the world change due to their relations to other parts of the world. Although a souring glass of milk stands alone on the table, the milk still changes in relation to for instance bacteria that in turn grows and multiply in relation to the souring milk. As parts of the world, things change, and they change in relation to each other.

Stabilization and Agency

In as much as things are parts in the world, they are not entirely stable entities. Sometimes dramatically, sometimes slowly and sometimes unnoticed their existences are changing. Between different relations, things do not remain quite

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1 There is one point that can be important to bring forth here: as an account of Barad’s agential realism, mine will mostly suggest senses in which reality is agential. I do not intend to try to pin point precisely how Barad defines and uses notions of agency. Nevertheless I will in the account of my analytical and practical approach address specifically, practically and in this particular case, how notions of agency become relevant in my study.
2 I will however furnish my account with footnotes in which I quote and comment portions of Barad’s text that are specifically important for how I read her.
3 My claim that the world and its constitutive part are changing, and changing relationally, draws on, for instance, Barad’s claim that “[H]umans refer to phenomena, not independent entities with inherent properties but rather beings in their differential becoming, particular material (re)configurations of the world with shifting boundaries and properties that stabilize and destabilize along with specific material changes in what it means to be human”. Barad, “Posthumanist Performativity.” p. 818
the same. Conversely, parts of the world are stable only as parts of specific relations; they stabilize relationally. The existence of things is defined by their relation to each other. Parent and child, for instance, exist only in relation to each other, which is to say that they stabilize as parent and child relationally. Clearly, people who stabilize as children in relation to their parents surely stabilize differently in other relations. In workplace relations, they stabilize as colleagues, and in relation to their own children they stabilize as parents. They stabilize as drivers in relation to vehicles that stabilize, as such, in relation to drivers. Vehicles on the other hand, have stabilized as cars in relations in which the companies that made them stabilize as car making companies. That drivers and vehicles stabilize in relation to each other means that they become drivers and vehicles in particular in relation to each other. To stabilize is to become something specific, and this happens in relations; when things stabilize — become something in particular that is — relationally.¹ What I am seeking to do here, perhaps a bit simplistically, is to suggest a concrete understanding of Barad’s proposal of agential realism as a relational ontology.

An agential realist understanding of the world, according to Barad, grants to relations ontological primacy over things.² Accordingly, things, such as me, my desk, my thoughts and feelings or the rock I stumbled on when I walked to my office, do not pre-exist the relations they are parts of. This is not to say that I was sprung into existence out of nothing in relation to that rock, or that drivers are exhaustively brought into existence in relation to vehicles. I am, as some drivers are, also a child and a colleague in other relations, just as vehicles are cars in other relations, and eventually become scrap metal in relation to demolition companies that become demolition companies in relation to scrap metal made out of cars. In a relational ontology, the existence of things from the point of view of how things are related to each other, because it is in their relation to each other that things continuously become what they are. Hence, in a relational ontology the existence of things is continuously stabilizing.

¹ My considerations of stabilization draw especially on the notion argued by Barad that “[t]he is through specific agential intra-actions that the boundaries of properties of the ‘components’ of phenomena become determinate and that particular embodied concepts become meaningful. A specific intra-action … enacts … a separation between ‘subject’ and ‘object’. Ibid. p. 815. The concepts of “phenomena” and “intra-action” are specific in Barad: Rejecting the notion that things pre-exist their relations, (the phenomena they emerge as parts of) relations are not interactions between things, but things separate within “intra-” their relations/phenomena, therefore to become in intra-action. In 1996 Barad summarizes this point when claiming that “[r]eality is not composed of things-in-themselves or things-behind-phenomena, but things-in-phenomena” Barad, “Meeting the Universe Halfway: Realism and Social Constructivism without Contradiction.” p. 176
² Haraway, in a 2003 publication briefly remarks to a similar effect: “Beings do not preexist their relations … The world is a knot in motion” Donna Haraway, The Companion Species Manifesto - Dogs, People and Significant Otherness (Chicago: Prickly Paradigm Press, 2003). p. 6
Here, the already visited notion that in their relation to each other things affect each other could help to suggest a sense in which Barad’s realism is specifically agential. Agency could be understood here as the ability of things to make each other what they become in their relational stabilization. In friendly relations for instance, friends, in their relation to each other make one another feel loved, make one another laugh and they affect each other’s world views, opinions and feelings; friends have the ability in their relation to each other to continuously affect what they become in their becoming as friends. However, agency in agential realism is not bound up with intentions, wishes or even being active in the more conventional sense; however passive a rock may look, it still has the ability to make you a decorator when you make it a paper weight. That the paper weight rock, stabilizing in relation to your stabilization as a decorator, has agency does not mean that it has intentions, or wished you into becoming a decorator. Rather, agency is a feature of relationality pointing to the notion that relational stabilization is a joint effort, that it involves joint agency.\(^1\) Both (all) parts in becoming are necessary; they both (all) contribute by making each other what they become. Accordingly, agency is what happens in the making of difference, it is an enactment, and does not as a concept in an agential realism describe something possessed by things.\(^2\)

**Agential Motives**

In relation to representationalist philosophies and ontologies of things, a relational ontology as I understand my reading of Barad, resolves the tension between the notion of an objectively existing reality and a reality that is dependant on meaning making practices and other forms of human activities, commonly thought to undermine or at least weaken claims to realism. That is, agential realism entertains a strong faith in a real world without denying that language, thoughts, minds, ideas, ideologies and such like really matter, and conversely, it entertains a strong faith in the importance in and for reality of words, categories, symbols, meaning, politics and such like.\(^3\)

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2. Ibid. pp 826 - 827
3. In 1998 Barad claims her proposal of agential realism is an ontology that “does not posit some fixed notion of being prior to signification... but neither is being completely inaccessible to language (as in Kantian transcendentalism), nor completely of language”, and in 2003 that “[o]n an agential realist account, it is once again possible to acknowledge nature, the body and materiality in the fullness of their becoming ... while at the same time remaining resolutely accountable for the role ‘we’ plan in the intertwined practices of knowing and becoming.” Barad, “Getting Real.” p. 104; Barad, “Posthumanist Performativity.” p. 812
However, as opposed to other forms of realisms that grant significance to signification, reality in agential realism it is not a mediated reality, but a really real reality in the fullest sense of the word. Agential realism resolves these tensions because it acknowledges that the relations within which things stabilize are relations in which language, meaning making practices, signification, words and ideologies are (sometimes) involved. Objectively speaking, meaning as well as matter is a part of the becoming of reality; clearly theirs is a complex relation, but it is not as complex philosophically as it is concretely and empirically: it is not one relation but many, depending everywhere on how things stabilize materially and meaningfully.¹

2.4 Analytical approach

In my analyses, I will not be concerned with how things, in general, stabilize, and I will not be concerned with how things stabilize in just any relations. Instead, I will be concerned with analysing how sex therapists, objects of professional practice and objectives of intervention, stabilize in what I will call knowing relations. Moreover, as emphasized in the previous chapter, my interest in sex therapists’ claims to knowledge is particularly animated by concerns about how and to what extent these claims are also normative. In my introduction I basically sought to demonstrate that the relations between feminist and mainstream sex therapy could be explored through analyses that interrogate how the normative differences between feminist and mainstream sex therapy are connected to their theoretical differences. I will here account for an analytical approach through which I will be able to analyse how sex therapeutic subject positions, objects of practice and objectives of intervention are distinguished in knowing relations.² These relations in turn will be analysed for how and to what extent they are also normative relations. I will thereby account for an approach that allows me to analyse how normative relations are involved in the establishment of knowing relations, which in turn serve to distinguish and define objects of practice, objectives of intervention and sex therapists’ subject positions in mainstream and feminist sex therapy.

Firstly I will continue my remarks, regarding professional issues, that I began making in the introduction, and discuss further how and to what extent claims

¹ To me, this point is among the things suggested in claims such as “[m]atter is not little bits of nature, or a blank slate, surface, or site passively awaiting signification… Matter is always already an ongoing historicity...” and “The fact that material and discursive constraints and exclusions are intertwined points to the limited validity of analyses that attempt to determine individual effects of material and discursive factors”. Barad, “Posthumanist Performativity.” p. 821 & 823
² Cf. Fournier, “The Appeal to ‘Professionalism’.”
to knowledge in and as feminist and mainstream sex therapies raise concerns about, in particular, professional legitimacy. Secondly, I will, recalling my remarks about feminist epistemologies from the introduction, draw on Donna Haraway’s concept of situated knowledges to provide a theorization of knowing relations, with special regard to the involvement of normative investments in the establishment of such relations. Finally, I will address issues about the relation between textual accounts and claims to knowledge. That is, I will, in a section about my more practical approach and method, consider what it will take from an analysis of textual accounts in order to gain insights into the establishment of knowing and possibly normative relations.

**Circumstantial Demands for Legitimacy**

Feminist sociologist Anne Witz argues in a 1990 article that the sociology of professions has been thoroughly complicit with the patriarchal surroundings in which professional groups operate. By failing to acknowledge that professions often operate in service of male supremacist interests, sociologists in effect lend support to the maintenance of a beneficial exchange between patriarchy and professions. In order to overcome these limitations, Witz argues that the sociology of professions cannot continue to uncritically accept, and exclusively focus attention on claims to professionalism raised by occupational groups dominated by men. She argues that sociologists of professions have to be able to come to grips with the way claims to professionalism work as an exclusionary mechanism, not the least serving to exclude women from high-status occupations. In addition to these points, she highlights a more basic notion; in order for the political ramifications of professional matters to be properly interrogated, professional matters, according to Witz, have to be approached and researched as concrete, socially and historically located events:

> The first step on the way to purging analyses of professions of their androcentric bias is to abandon the generic concept of profession and redefine the sociology of professions as the sociological history of occupations as individual, empirical and above all historical cases rather than as specimens of a more general, fixed concept.

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1 Sociologist Gerd Lindgren, in a study from 1999, points to similar problems in relation to the sociology of organizations, and she suggests that difficulties to gain recognition for the importance of gender in organizations is connected to the way gender is continuously structured and negotiated within the very organization of sociology and the sociology of organizations. Gerd Lindgren, *Klass, kön och kirurgi [Class, Gender and Surgery]* (Malmö: Liber, 1999), pp. 56 – 59

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Although a study of the relation between mainstream and feminist sex therapy could be seen as connecting to the concerns pointed to by Witz regarding the gendered structure of a profession and its claims to professionalism, I will not address concerns about whether sex therapy in fact is a profession, or how its members are organized and new potential members included or excluded.¹ Nevertheless, the argument made by Witz in the quoted section, as I shall account for it here, will clearly inform my considerations.

According to Witz, an analysis of professional issues, not the least concerning claims to legitimacy, must be careful to address the social and historical circumstances in which such issues appear and the specific conditions under which claims to knowledge, authority and legitimacy are raised. What I will do here then, is to consider how to theorize the relation between sex therapists and the circumstances in which they operate. I will begin to suggest how concerns about professional legitimacy open up a way to analyse what it means for claims to knowledge raised in and as feminist and mainstream sex therapy to be socially and historically situated.

In my introductory chapter, drawing on Valérie Fournier, I suggested that claims to professionalism cannot be raised unconditionally, but that such claims simultaneously are conditioned by the context in which they are raised.² This could be more concretely illustrated when taking into account the notion that claims to professional authority are respected and possible only to the extent these claims are respected, acknowledged and trusted in the particular context in which they are raised.³ That is, claims to professional authority have to be legitimated, and what it is that will work as legitimating depends on what, in local and specific circumstances, it is that counts as grounds for trust and acknowledgement. Accordingly, Fournier suggests that

professional systems of knowledge need to establish the meaningfulness and legitimacy of their ‘truths’ in terms that can be apprehended by those whose lives are allegedly governed by these ‘truths’.

My earlier remarks about Irvine’s analysis of the alleged professionalization of sex therapy could serve to illustrate this point; here she suggests that it was not enough for Masters and Johnson to appeal to a medical framework when

¹ Cf. Brante, "Sociological Approaches to the Professions."; Coyler, "The Construction and Development of Health Professions: Where Will It End?".
² Fournier, "The Appeal to ‘Professionalism’.
³ Mizrachi, "Epistemology and Legitimacy." p. 464
⁴ Fournier, "The Appeal to ‘Professionalism’." p. 285
promoting their therapy format, but that they had to do so in a model that simultaneously invoked rather conservative sexual morals. In order for claims to professional authority regarding sexual matters to be taken seriously at all, as suggested in Irvine’s analysis, it was demanded of Masters and Johnson that they took morals into consideration, and that they responded to these demands within the securest possible moral boundaries.

Hence, circumstantial demands for legitimacy, more than putting into question claims to professional authority also limit how these questions could be resolved. That is, demands faced by sex therapists to legitimize their professional positions and existence emerge in relation to the social and historical circumstance in which they operate, and efforts to satisfy such demands, in order to be successful, have to find ways that are recognized in these circumstances as providing the kind of answers sought for. In my study specifically, I will against this background interrogate how the historical and social circumstances are framed in my material. I will seek to discern how sex therapists, feminist and mainstream, articulate the demands for legitimacy that they construe as important to satisfy, and I will analyse how, in the form of claims to knowledge, efforts are undertaken to satisfy these demands. Accordingly, claims to knowledge will be read and analysed in terms of how they are raised to satisfy demands for legitimacy.

Against the background of especially Witz and Fournier, it appears clear that there are no universal criteria for what it takes and entails in order to grant professional legitimacy. Rather, legitimacy has to be made, on the one hand in relation to, in this case, the concerns sex therapists, due to their circumstances, need to address, and on the other hand in relation to the equally circumstantial conditions under which it is possible to address and respond to these concerns. Keeping in mind that I approach sex therapy as it appears mainly in and as academic articles and books I will interrogate these circumstances to the extent that they are in one way or the other, present and made relevant in sex therapeutic accounts and claims to knowledge. As will be elaborated in more detail when I account for the practical approach to my material, I will not seek focused answers to demands for legitimacy. Rather, legitimacy will be analysed as something that is promoted through the way claims to knowledge are raised. That is, save for accounts stating explicitly what it is that is considered to grant professional legitimacy, legitimacy will be analysed as manifesting in that to

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1 Irvine, Disorders of Desire.
which claims to knowledge appeal to, for instance, explanations and evidence.

**Positions in Knowing Relations**

I have previously pointed to the notion that, in what Fournier calls professional systems of knowledge, claims about alleged objects of knowledge are simultaneously claims about the object of professional practice and the objective intervention. That is to say, when sex therapists theorize sexual problems they also describe that to which therapeutic practice is directed, and when they theorize sexual health or well-being they also describe that which therapeutic intervention seeks to accomplish. Moreover, depending on how objects of professional practice and objectives of intervention are distinguished, subject positions of sex therapists are also discerned, and depending on how the role of the sex therapist is defined objects of practice and objectives of intervention appear. In claims to knowledge, objects of knowledge and knowing subjects stabilize relationally.

The point of analysing professional issues from the point of view of a relational ontology is not merely to ascertain that subject positions, objects of practice and objectives of intervention are distinguished and defined relationally. Rather, what is called for, more than an account of what it is that has stabilized into existence, is an account of how relations are established so that certain things stabilize into existence. The question of how then, has to be interrogated concretely and specifically. When analysed from the point of view of claims to knowledge, it has to be approached as a question about what knowing relations are made of, how they are established, what the place and consequences are of different theoretical, empirical and logical, and particularly important in this study, normative appeals.

That is, it has to remain open to question to what extent and how normative investments curtail claims to knowledge, grant epistemological privilege, or do something else, not very much at all or all of the above. When I in the

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1 Fournier, "The Appeal to 'Professionalism'." Cf. also Malin Wreder, "I omsorgens namn - tre diskurser om äldreomsorg [English Title: In the Name of Care - Three Discourses on Elderly Care]" (Doctoral Dissertation, Karlstad University, 2005). Here, Wreder traces signs of a professional competition displayed in the way different groups of care givers define what it takes and entails to properly care for old people. Depending on how the needs of care takers are described the roles of different occupational and professional groups in elderly care are defined and supplied with boundaries, and conversely, by describing what specific professions entail in terms of, for instance, qualifications and competence, directions and objects of professional authority and practice are also discerned.
following section account for Haraway’s theory of situated knowledges that she began developing in 1988 I consider this to be a theory that promises to enable this kind of a concrete analysis of the presence and contribution of normativities in claims to knowledge, without making presumptions about their significance in advance.\(^1\) Initially, the background to Haraway’s conceptualization of situated knowledges will be introduced, and I will go on to offer a cross-reading between her standpoint on situated knowledges and Barad’s agential realism, and in doing so try to demonstrate fruitful connections between the two. That is, Haraway’s notion of situated knowledges will be enrolled in conversation with Barad, as a relational epistemology; a theory, that is, concerned specifically with the establishment of knowing relations.

**Situating the Science Question**

Haraway argued the notion of situated knowledges in response to the debate Sandra Harding highlighted with the notion of the science question in feminism.\(^2\) For Haraway, the science question in feminism very much boils down to a question about what objectivity could and should mean in a feminist theory of knowledge. Previously though, the debate in feminist and conventional philosophy had, according to Haraway, been quite problematic. It appeared to be trapped in a conceptual space where all positions, however contrary to each other, were equally problematic, and in certain respects, problematically equal.\(^3\)

**Disagree to Agree**

Traditional notions of objectivity, assuming a knowing subject who disinterestedly observes and reports without affecting the state of things in the world, and figuring knowledge as value-neutral and disconnected from the context in which it was produced,\(^4\) had been seriously put to question by social constructionist studies of scientific knowledge.\(^5\) Social constructionist accounts of science and scientific knowledge, in particular when tending towards relativism, had insisted that both knowledge and the way that it is made are enactments of power and ideology, rather than of truth and objectivity. Additionally, and according to Haraway, although they in some ways are

\(^1\) Haraway, "Situated Knowledges." Cf. also Prins, "The Standpoint in Question".

\(^2\) Harding, *The Science Question in Feminism*.

\(^3\) Haraway, "Situated Knowledges." pp. 184 - 188


promising they had also created a position where faith in objectivity had been cast aside.

Indeed, traditional approaches to science and objectivity, and relativist accounts appear in contradiction to each other. Haraway however, quite like Barad does fifteen years later when identifying the representationalist underpinning uniting apparently contradictory philosophical standpoints,¹ suggests that both traditional notions of objectivity and relativist constructionist accounts of science and scientific knowledge have significant features in common. Whereas a traditional understanding of objectivity maintains that science has to be riddled of normative and political investments, relativist accounts argue that science, quite to the contrary, is political all the way down. If everything scientists do is political or normative, there is nothing they could appeal to outside of norms or politics to support claims to a privileged perspective. Hence, whereas taking a political stand for something ultimately becomes pointless for the relativist, it is anathema to the scientific mission for the traditionalist. Accordingly, although for contrary reasons, both positions, as they appear according to Haraway, seem to deny that it is viable for scientists and sciences to take political responsibility for their visions and claims.²

More than sharing a denial of political responsibility, traditional and relativist accounts of science, in the end, also appear to subscribe to the same notion of what objectivity means and entails. Whereas the traditionalist maintain that objectivity is possible through scientific procedures guaranteeing that scientific knowledge transcends the normative, ideological and social context in which it is made, the relativist denies that objectivity is possible precisely because it would be impossible to transcend the context in which knowledge is produced. Hence, insofar as traditionalists and relativists are in conflict, conflict is not over the definition of objectivity, but over the practical and principal possibility of realizing it. In both cases, objectivity means and requires transcendence.

A Feminist Standpoint

Turning to specifically feminist efforts to resolve issues of objectivity and epistemic privilege, Haraway considers especially the standpoint epistemology strand in feminist philosophy. In materialist feminist Nancy Hartsock's framing, originally published in 1983, it is possible to claim a feminist standpoint against

¹ Barad, “Posthumanist Performativity.”
² Haraway, “Situated Knowledges.” pp. 189 - 191
the background of the Marxist notion that social and material life conditions shape human awareness, and ways to exist in and relate to the rest of the world. Following the sexual division of labour in a patriarchal society, women and men are shaped by different conditions, and as “a result, women define and experience themselves relationally and men do not.” Accordingly, Hartsock claims that the female self is constructed through “connectedness and continuities both with other persons and with the natural world.” The male ego, on the other hand, is experienced as distinct from, and in opposition to others, as well as to nature and physical reality. Dichotomies, such as those between self and other, culture and nature, and subject and object, have emerged from a masculine standpoint, or in Hartsock’s terms, abstract masculinity in which

the male experience, when replicated as epistemology leads to a world conceived as ... inhabited by... hostile others whom one comes to know by means of opposition ... and with whom one must construct social relations to in order to survive.5

From the point of view of abstract masculinity, epistemology relies on opposition, and seeks control and domination. However, according to Hartsock, the positional character of abstract masculinity grounds only incomplete knowledge. Knowing as a form of domination entails ignorance of the contributions of the part of the world occupying the dominant side of the dualistic framework. From the feminist standpoint on the other hand, epistemology does not rely upon opposition, but on continuity. Being in the subjugated standpoint means being attentive to how the knowing “self” and the known “other” are co-constitutive. Hence, it guarantees epistemic privilege because, from this position, the entire world rather than half of it, is visible and accessible without distortion.

Hence, feminist knowledge claims are construed as shaped by the social and ideological contingencies and conditions existing in a patriarchal society, but not in the sense that ideology distorts vision or stands in-between knower and known. While socially subjugated, the feminist standpoint is epistemologically elevated and provides support for claims to privileged knowledge. Still, although it would appear that feminist standpoint epistemology engenders a

1 Hartsock, “The Feminist Standpoint.” p. 227
2 Ibid. p. 229
3 Cf. also Evelyn Fox Keller, “Feminism and Science,” Signs: Journal of Women in Culture and Society 7, no. 3 (1982).
4 Hartsock, “The Feminist Standpoint.” p. 229
5 Ibid.
promising position for taking a political stand and assuming responsibility.\(^1\) Haraway’s analysis raises doubt regarding the standpoint construal of the relation between knower and known. Critical of the distanced and disembodied knower of abstract masculinity, standpoint epistemology puts faith in an embodied knower, positioned, depending on identity, with a specific, and in the case of subjugation, privileged outlook on the world. However, granting identity epistemological significance as determining a vantage point for looking upon the world suggests an epistemology that has not completely relinquished the notion, strong within the conventional epistemologies of abstract masculinity, that knowledge relies on the exteriority of the knowing subject in relation to the alleged object of knowledge; it appears that although the knower in feminist standpoint epistemology is indeed really a part of the world, the knowledges she engenders describe things for how they truly are as they would appear from a perspective somehow outside of the world.\(^2\)

**Knowing Relations**

In a frequently quoted section of her text, Haraway states what it is she thinks is required of an appropriate theory of objectivity and knowledge: “Feminist don’t need a doctrine of objectivity that promises transcendence”\(^3\). Rather, what feminists need is “to have *simultaneously* an account of radical historical contingency for all knowledge claims... and a no-nonsense commitment to faithful accounts of a ‘real’ world”\(^4\). What feminists need, apparently, are knowledges that are understood as parts of and informed by the social and historical situations in which they appear, but which still provide reliable and objective insights.\(^5\)

Retaining the possibility of faithful accounts of a real world is to retain, I think, the possibility of epistemic privilege; it is to say that you should believe me even if you do not agree with my political standpoint. Still, with the emphasis on knowledges’ contingency upon their historical and social location, it seems that what you should indeed believe is, even if you do not agree with my political position, partially this position. As I read Haraway, this is possible because politics, values, normativities or other alliances pertaining to our social and historical locations are not simply opinions, but are partially constitutive of

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\(^1\) Haraway, “Situated Knowledges.” p. 191
\(^2\) Ibid. p. 193
\(^3\) Ibid. p. 187
\(^4\) Ibid. p. 187 Haraway’s emphases.
claims to knowledge in a different sense. It is this different sense that I will trace, when I in conjunction with Barad, account for the remainder of my analytical approach.

What I will argue here is that Haraway’s theorization of situated knowledges, when read as a theory about specifically knowing relations in a relational ontology, could be understood to propose a theory in which claims to knowledge account for the relations in which both objects of knowledge and knowing subjects stabilize. To be clear, this approach relies on an amount of selective reading. In the end, I will ultimately have paid attention especially to how Haraway accounts for knowledges as conversations between local, limited and involved knowers and other involved and active parts of the world. However, although the visual metaphor that Haraway employs extensively certainly will be considered in my account, I will not, in the end, rely on the visuality of knowledge, so to speak, when proposing that Haraway’s theory of situated knowledges could also be read as a theory of situated knowing relations.¹

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¹ In her 1988 article Haraway makes remarks that, at least chronologically, prefigures themes in Barad, when she claims that bodies’ “boundaries materialize in social interaction ... objects do not pre-exist as such” Haraway, “Situated Knowledges.” pp. 200 – 201. In an article first published in 1992 she continues this theme, claiming that “[s]imilarly, nature cannot pre-exist as such, but neither is its existence ideological. Nature is a ... powerful discursive construction, effected in the interactions among material-semiotic actors, human and not”. Later in the same article, providing the concept of articulation to conceptualize the cobbled-togetherness of the world, Haraway suggests that the “articulata”, not unlike Barad’s relata ‘are jointed animals’. Donna Haraway, “The Promises of Monsters - A Regenerative Politics for Inappropriated Others,” in The Haraway Reader (London: Routledge, 2004). p. 68 & 105. Cf. also Haraway, The Companion Species Manifesto, pp. 6 – 10. In the end however, I do not think that the question is really if a relational ontology reading of Haraway is specifically warranted by her exact claims, but rather if such a reading could fruitfully be made.
Still, even though knowers in a sense are located, Haraway is insistent that knowing is not simply a matter of seeing from your own position, but requires seeing from others’ points of view. Knowing is, according to Haraway, not a matter of passively receiving information, but is possible only through taking active part in an active world; knowledge is possible through and requires taking “loving care … to learn how to see faithfully from another’s point of view, even when the other is our own machine.”1 As embodied and limited, knowers are situated, socially, locally and historically, but as knowers they also have to, in a sense, become situated. Knowledge does not come running, but it requires knowers that are involved and take part to become knowledgeable. More than an epistemology of situated knowledges, Haraway promotes an epistemology in which knowledge require “positioning, and situating”.2

Here, Haraway’s emphasis on the notion that knowledge, in order to be possible, require knowers that actively positions themselves and takes part within the world, suggests that knowledge require that relations are established between knowers and that which becomes known. From the point of view of a relational ontology, this is to say that knowers and known stabilize as such relationally. This is to say, quite simply, that in order for someone to be a knower there also has to be something known, and in order for something to become something known, there also has to be a knower. Therefore, without a knowing relation, there are no knowers or nothing known, but they become what they are relationally. Now, more than a play with words, this is a start: the establishment of knowing relations amounts to more than making “knower” and “known” appropriate designations.

Returning more specifically to Haraway, she argues that knowledges, as they require active positioning, also require aids, means and often technologies through which positioning is possible.3 Here, tools for measurement, interview guides or experiment equipment could, I think, be taken as rather concrete instances of what is employed to partially assume someone/thing else’s point of view. More than concrete technologies and instruments, positioning employs theories, concepts and interests; we have to have ways of translating between points of view, and more basically, we do so because we think that there is a point in translating between them. Partially assuming another’s point of view

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1 Haraway, “Situated Knowledges.” p. 190
2 Ibid. p. 195
3 Ibid. p. 193
requires theoretical and conceptual tools to understand what it means to see from this point of view, and we care to, to the extent that we are interested in seeing from this point of view in particular, and because we hope to accomplish something by learning what it is like.

Establishing Knowing Relations

The distinction I have indicated between being and becoming situated is, it is beginning to be suggested, in a sense an apparent distinction. The notion that knowledge requires positioning, by insisting that positioning is possible through the employment of concrete, theoretical, interested and conceptual technologies, suggests that knowledge requires the employment of resources. That is, the technologies through which we become positioned are not taken out of thin air, but from somewhere in particular. Accordingly, being situated translates into the notion that there are certain, specific and located resources available that enable positioning; that enable the act of becoming situated. If an analysis is possible through appealing to theories and concepts, it is also possible depending on which theories and concepts are available to appeal to. If an experiment requires equipment to be possible, it is also possible depending on the equipment available to use. Knowledge is situated depending on available and enabling resources, and depending on how they are employed.

The notion of resource here comes with a bit of unease; clearly, knowers in Haraway’s theory of knowledge are active and engaging. Neither the tools by which knowers engage nor that with which they engage are passive resources awaiting appropriation or exploitation. Tools, technologies, conceptual, theoretical or interested, have agency, not necessarily in the sense of intentions or agendas, but in the sense that they do something, and in the sense that they are enabling of some things and limiting of others. Moreover, Haraway emphasizes that “[s]ituated knowledges require that the object of knowledge be pictured as an actor and agent, not a screen or a ground or a resource”¹. The world is not there to simply be decoded, nor is it simply there in order to be decoded, but, “[a]ccounts of a ‘real’ world … depend … on a power-charged social relation of ‘conversation’”.²

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¹ Ibid. p. 198
² Ibid. p. 198; cf. also Åsa Wettergren, “Moving and Jamming - Implications for Social Movement Theory” (Doctoral Dissertation, Karlstad University, 2005). p. 27

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Against this background, the establishment of knowing relations, now considered within a relational ontology is, firstly, the establishment of active and involving relations. That is to say, knower and known are mutually affected by each other. In an interview, to be as concrete as possible, the questions you ask affect the answers you get, and the answers the interviewee gives you affect you as to how you become knowledgeable. The knowing relation established by your interests, your interview guide and your question-asking-voice, and by the interviewee’s answers, and hers or his thoughts and feelings about you and about your questions, is a relation in which knower and known stabilize depending on the intentions, what is done and how, and the hopes in which their relation is made.

Secondly, the establishment of active and knowing relations always takes place somewhere, historically, socially and theoretically. The interview you are conducting is not simply made up of questions, but of specific questions, interested questions and theoretically informed questions. Moreover, interviews that are possible today were not possible until recently, and not merely because questions about current events depend indeed upon what is current. Today, interviews could involve video sequences, you could ask your interviewee to respond to the events taking place in a computer program, or you could, but probably should not, ask the interviewee to ingest a synthesized drug before you start asking the questions. Interviewing as a methodology is (still) changing.

Furthermore, answers to interview questions, more than connecting to the wording and content of these questions, also connect to the time available in the interview, and to the time passed. They connect to the interview as a gendered relation, as an aged relation, as an ethnic relation and as a power relation. Hence, more clearly in reference to Haraway, the establishment of knowing relations is enabled, limited and conditioned by that which, in terms of theories, concepts, tools, technologies, interests, hopes and wishes, is available in the situations in which they are established. In this sense, the notion that they are established through that which is available speaks of the situated establishment of knowing relations. Knower and known stabilize as such in situationally established knowing relations, where the situatedness of knowing relations depend on available, enabling and limiting agential resources, and their establishment depend on how such agencies or resources are employed.
Accounting for Knowing Relations

Still speaking through my example, this is not just to say that the interviewer has an effect on the answers. The point I wish to make is that the answers in an interview, as much as an effect of the interviewee is an effect of the interviewer. That is, part of what you know from an interview is how you have affected the interviewee, and another part is how the interviewee has affected you. The notion visited above, that knowledge is possible through active involvement within an active world, suggests that involvement, more than resulting in knowledge, is constitutive of knowledge. Speaking more generally, researchers and scientists are personally, socially and interestingly included in their claims to knowledge because they are implicated among the means by which knowing is possible. More than being raised by someone, knowledge claims are also partly about the same someone. When Haraway claims that knowledge is conversation,¹ I read her claim, within a relational ontology, to suggest that claims to knowledge do not just account for an object of knowledge but claims to knowledge account for the relation in which objects of knowledge stabilize as such in relation to stabilizing knowing subjects.

Haraway clearly promotes a prescriptive epistemology; an epistemology that is, that states how knowledge should be practiced. She suggests the notion of accountability to describe an important characteristic of good claims knowledge. On the one hand, to be accountable is to account for the theoretical and methodological agencies involved in claims to knowledge as well as for the involvement of personal, political and interested agencies. That is to say, accountable knowledge is clear as to how specific knowing relations within the world are established, by what means and techniques, and it is clear also over the costs and exclusions with which certain knowledges, but not others, become possible. On the other hand, accountability points to the ability to be held accountable. Claims to knowledge that are accountable in the first sense of the word can also be accountable for their becoming. When we raise accountable claims to knowledge, we can be held accountable and responsible for what becomes known and how, and for not having cared to find other things out. We can be held accountable not only for methodological and theoretical agencies but also for personal, political and interested agencies employed for and involved in the establishment of knowing relations.

¹ Haraway, “Situated Knowledges.” p. 196 This does not refer to the quoted section above, where Haraway claims that knowledge depend on conversation, but to a separate claim to the effect that knowledge is a power-sensitive conversation.
For the most part in this study though, I will engage with this theorization of situated knowledges not as a prescriptive but as a descriptive theory of knowledge. A descriptive epistemology theorizes the actual conditions for knowledge; it is a theory not only of how knowing relations should be established, but also of how they are established. In this way, I read Haraway to argue that it is not only that knowledge should be construed as a conversation; knowledge is a conversation.\(^1\) That is, it is not only good claims to knowledge that account for the relation between knower and known, but all claims to knowledge, better or worse, account for the relational stabilization of objects of knowledge and knowing subjects.\(^2\)

Clearly, most accounts of knowledge are careful to address their theoretical points of departure, the methodologies that have been engaged and the instruments, tools and technologies through which knowing relations have been established. Haraway’s contestation of conventional epistemologies however concerns itself with how the involvement of personal, social and interested contributions in the establishment of knowing relations is treated. Knowledge claims that are de-personalized, disinterested and disengaged from the person raising them create the illusion that they transcend their own making to portray the world, or their subject matter from nowhere in particular.\(^3\) Hence, claims to knowledge that circumvent how knowing relations are established involving personal, political, normative or interested situational appeals and agencies fail to account for significant parts of what these claims are about. The extent to which, how and with what consequences the political and interested

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\(^1\) Sylvia Walby has argued that feminist philosophies of science, and especially those arguing standpoint or situated claims, to their own detriment have constructed such a systemization of knowledge claims. She maintains that feminist epistemology has “[retreated] into a defensive stance about partial knowledges” by problematically “emphasiz[ing] the difference between the knowledge derived from women’s experiences and those of men” p. 485. However, to assume as Walby seemingly does, that notions of partiality and situatedness from the point of view of feminist epistemology, and Haraway’s epistemology in particular, apply only to feminist research and knowledge, is a misconception. Instead, Haraway, as I read her, maintains that all knowledges, admitted or not, are limited and partial – the difference between feminist and dominant claims is that feminists are often clear about this, whereas others often strive to hide it. Sylvia Walby, “Against Epistemological Chasms: The Science Question in Feminism Revisited,” *Signs: Journal of Women in Culture and Society* 26, no. 2 (2001). Cf. also Londa Schiebinger, *Has Feminism Changed Science?* (Cambridge: Harvard University Press, 1999).

\(^2\) Cf. Prins, “The Standpoint in Question”. Prins claims that she “[t]otally unfaithful of Haraway’s wariness against clear distinctions … want to distinguish three dimensions of meaning of situated knowledges”: one descriptive, one normative and one visionary. Although I have not emphasized quite the same things as Prins, to the extent that Haraway could be read as making descriptive claims I share my understanding with Prins. She claims: “all knowledge is assumed to be partial and situated … Especially the discourse of Western science is structured by a consisted denial of its own situatedness”. Both quotations, p. 104

\(^3\) Haraway, “Situated Knowledges.” p. 189
situatedness is enrolled in the establishment of knowing relations is, to be clear, a concrete and specific question. *How and with what consequences normative investments are involved and have agency in the establishment of knowing relations is a concrete and specific question.* That they are somehow enrolled however, appears likely if it is acknowledged that knowing relations cannot be established outside of actual and concrete situations, and actual and concrete situations, being part of a political, normative and interested world, entail these kinds of situatedness along with, and surely as a part of, their theoretical, technological and economic resources.

I introduced my reading of Haraway by relating her claim that a feminist epistemology needs to insist upon the “historical contingency [of] all knowledge claims”;¹ and at the same time entertain a “no-nonsense commitment to faithful accounts of a ‘real’ world”.² Indeed, this appears to be a contradictory hope; however in a similar vein to that in which I previously claimed that Barad’s agential realism resolves the apparently contradictory tension between a strong faith in the existence of an objective reality, and a strong faith in reality’s dependence on meaning, signification and similar things, I think that Haraway’s epistemology of situated knowledges resolves the apparent epistemological tension suggested here. As my above account has demonstrated, the establishment of knowing relations is indeed historically contingent, employing socially and historically specific theoretical, methodological, technological, interested, political and normative resources and agencies. As long as it is not denied that theories, politics and so on are real, claims to knowledge accounting for how knowing relations are established, do indeed account for a real world. Knowing relations, as real world phenomena, are furthermore historically contingent, and claims to knowledge accounting for them, must retain their historical contingency in order to be objective.

### 2.5 Practical Approach

In the account of my analytical approach I have, inspired by Åsberg’s feminist bricoluse,³ combined a world view derived from Barad’s agential realism,⁴ with pieces from the sociology of professions⁵ and epistemological hopes and concepts from Haraway’s theory of situated knowledges.⁶ In short then, I will

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¹ Ibid. p. 187  
² Ibid. p. 187  
³ Åsberg, “Genetiska föreställningar”.  
⁴ Barad, “Posthumanist Performativity.”  
⁵ Fournier, “The Appeal to ‘Professionalism’.”; Witz, “Patriarchy and Professions.”  
⁶ Haraway, “Situated Knowledges.”
take the notion that claims to knowledge respond to *circumstantial demands for legitimacy* as an entrance for analysing how claims to knowledge are *situated*, and I will furthermore study claims to knowledge for the purpose of analysing how they account for *knowing relations*. Here, sexual problems and sexual well-being are both *objects of knowledge*, and *objects and objectives of professional practice and intervention*, and they stabilize as such in relation to *sex therapists as knowing and professional subject positions*. Knowing relations are *established* through the employment of *situational resources and agencies*, and I will analyse what these resources are and how they are involved in making knowing relations possible, paying attention especially to the possible involvement and work performed by normative investments.

**Reading Sex Therapy**

My material in this study consists of textual accounts. Establishing knowing relations, as I have accounted for it, are agential processes, enacted through hopes, choices and intentions, as well as through the agential contributions of research methods and technologies, theories and the bodily presence of researchers. Moreover, from where I am sitting in Sweden in 2007 both time and space separate me from the circumstances in which it took place. In a material consisting of textual accounts then, demands for legitimacy, the situatedness of knowledge, and the resources employed for establishing knowing relations are accessible to the extent, and in the sense, that they are made consequential in these accounts. Against this background, I will in this section account for how I will read my empirical material. I will account for how I will practically go about so that knowing relations in sex therapy literature stabilize as objects of knowledge in knowing relations established through my analytical approach where I stabilize as a knowing subject.

**Reading for Circumstantial Demands**

By addressing concerns about legitimacy it is possible to begin to demonstrate what the consequences are in my material of the social and historical circumstances in which feminist and mainstream sex therapies have been theorized and publicized. Basically, I will read my material for how it describes and makes significant the context in which it came to be. Accordingly, I will study how sex therapists portray and address the circumstances in which they raise their claims to knowledge, and I will consider how they locate their own efforts within these circumstances. Doing so will help me to discern what sex therapists seek to accomplish in raising their claims to knowledge, and
furthermore what, in my material, is understood to be required of claims to knowledge in order for this to be accomplished.

I will read my material for how sex therapists identify alleged gaps in available knowledge that need to be filled, and what they point to as in need of explanation and proof in order for a sex therapy, or a feminist alternative in sex therapy, to be possible. To be clear, the possibility of a sex therapy is a circumstantial possibility. Certain needs for explanation and proof become urgent in relation to how sex therapists locate their efforts. It is in relation to how they understand their historical and social circumstances that they understand which questions demand answers, and which doubts demand to be settled. Hence, *circumstantial demands for legitimacy will be identified once the circumstantial problems of knowledge that sex therapists articulate as being necessary to resolve are identified.*

Demands for legitimacy – the senses in which sex therapists understand it as being necessary to substantiate their claims to professional authority – will be read in terms of the problems of knowledge that sex therapists frame as being crucial to respond to in order to explain, prove and accordingly legitimate their capacity to act as sex therapists. However, particularly against the background of Fournier, it is not only demands that emerge circumstantially, but so do the criteria for satisfying them. That is, problems of knowledge have to be resolved in ways that are recognized as resolutions.1 I will therefore read my material for how it demonstrates what it is that sex therapists observe and make relevant in terms of such criteria for claims to knowledge. I will analyse what it means in the context of my material, to legitimate, and what it means to resolve problems of knowledge, from the point of view of how the resolutions offered are constituted.

*Reading for Legitimacy and Situational Resources*

Legitimacy is accomplished by explaining and proving, not only the right things, but also by doing it properly. More than a matter of resolving the right problems of knowledge, it is also a matter of resolving them in the right way. Hence, what legitimacy is becomes a question of what “properly” and “the right way” mean, and reading for legitimacy requires reading for the way claims to knowledge are raised. Here, I will turn briefly to arguments made in the philosophy of science to account for what such a reading entails. Not unlike

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1 Fournier, "The Appeal to 'Professionalism'."
Witz’s claim that the sociology of profession has to approach its subject matter from the point of view of concretely situated cases, philosopher of science Paul Feyerabend, in 1986, argued that in order to understand what science is, and what it means for a theory, a method or claims to knowledge to be scientific, one has to interrogate how science in actuality is made.1

Critical of philosophical efforts to weed out general criteria that are presumably constitutive of specifically scientific endeavours, Feyerabend argues that beyond concrete and located scientific practices, there exists no generic science for philosophers to discover:

[T]he way in which scientific problems are attacked and solved depends on the circumstances in which they arise, the (formal, experimental, ideological) means available at the time, and the wishes of those dealing with them. There are no lasting boundary conditions of scientific research.2

Accordingly, to the extent that scientific research adheres to what Feyerabend calls boundary conditions, they depend on the resources available to scientists and researchers, and they are discernable in the ways science, locally and concretely, is made.3 What observations scientists appeal to for empirical evidence, for instance, indicate what it is in specific circumstances that counts as evidence. What they explain indicates what is seen as in need of explanation, and the terminology and concepts they use indicate what it means to explain something.

More specifically in relation to this study, this suggests that how professional claims are legitimiated also serves to demonstrate how legitimacy locally and specifically should be made. How claims to knowledge are raised demonstrates how problems of knowledge should be resolved. Although the issues are intertwined, claims to knowledge are approachable both from the point of view of how they are raised, and from the point of view of demonstrating how problems of knowledge should be solved. Here I will explicate further how I will read claims to knowledge as demonstrating how legitimacy should be made and problems of knowledge should be solved. In the next paragraph I will account more closely for a reading that focuses how claims to knowledge are raised.

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2 Ibid. p. 304
In order to learn how legitimacy should be made and problems of knowledge should be solved, in the context of my material, I will consider what sex therapists appeal to for evidence, in what conceptual and theoretical frameworks they offer their claims, what norms and values they invoke and what they appeal to for empirical information. This is a question of should because it demonstrates that, out of all possible theories and concepts that are available, out of everything that could be empirically investigated, out of all norms and values that could be invoked, only certain theories, concepts, pieces of empirical information, norms and values are selected. It demonstrates what it is, out of everything circumstantially available, that counts as satisfactory for circumstantial demands for legitimacy, and what it is that situationally works as valid for resolving problems of knowledge.\(^1\)

This part of my practical approach, more than to legitimacy, connects to the situatedness of claims to knowledge. In my reading of Haraway I suggested an analytical distinction between being and becoming situated. Again, like should and are, being and becoming are intertwined practically; whereas I accounted for the act of becoming situated in terms of establishing knowing relations, the relevance of maintaining a notion of being situated should be understood against the background of the notion that the resources employed to establish knowing relations are situationally available. This is to say that knowing relations are established through the employment of personally, socially and institutionally available theoretical, conceptual, interested, normative, technological and empirical “resources”.\(^2\) Accordingly, reading my material for what it appeals to, invokes and calls upon theoretically, conceptually, empirically and normatively, demonstrates what are the situational resources that from the point of view of my material should be employed for establishing knowing relations. Legitimacy, as a matter of how certain problems of knowledge should be resolved, is also a matter of how claims to knowledge are situated.

Reading for Agency and Employment

I am not using the notion of resource here to suggest that theories, concepts, pieces of empirical information and normative investments are entirely malleable, innocent or awaiting to be given form. I use the notion of resource

\(^1\) Clearly, the relation between feminist and mainstream sex therapy demonstrates that there are indeed very different shoulds; the existence of different approaches in sex therapy demonstrates that there is much selection to be made when solving problems of knowledge and legitimating claims to authority.

\(^2\) Haraway, “Situated Knowledges.”
to point to something that necessarily has to be involved, because knowing relations would not be possible without them. For their establishment, they rely upon and employ the agencies enacted by situational resources. Concretely in this study, this is to say that theories, concepts and so on, not only enable knowledges, but are also limiting, and lay claims to the knowledges they are involved in. Making explanations, theorizations and clarifications take and entail different things in different theoretical frameworks. Whereas certain concepts make certain explanations possible, they also limit what could be possibly explained.

To study more concretely the agency enacted by concepts, normativities or pieces of empirical information I will analyse and read my material for the work performed by situational resources. On a basic level I take this expression to suggest that it is viable and interesting to study how words do things.\footnote{John L. Austin, \textit{How to Do Things with Words} (Oxford: Oxford University Press, 1976). Cf. also Stefan Karlsson, "Nödvändighetens väg - Världsbildande gränsarbete i skildringar av informationssamhället [English Title: The Road of Necessity - Ontological Boundary Work in Descriptions of The Information Society]" (Doctoral Dissertation, Karlstad University, 2005). p. 59; Barad, "Posthumanist Performativity." Barad, who draws on Judith Butler, who recalls Austin, explores notions of performativity as substantial, and indeed substantiating, notions in her agential realism. As my remarks about a relational ontology should indicate, she considers performativity more than a linguistic or speech-act event; the world, according to Barad, is in performative becoming, suggesting that questions about agencies, enactments and doings take primacy over questions about what exists, and what things are.} When someone states that today it is not snowing, the word “not” does not merely describe something about “today”. More than describing, and more importantly here, the word “not” does something pertaining to the statement of which it is part: when the word “not”, as it is in this example, is employed to negate, it instantiates, concretely and on a small scale, what it means for a word to be employed to perform a work. On a slightly larger scale, the notion of work could be exemplified when statements of fact are employed together with presuppositions. Whereas a presupposition could be understood to remain a presupposition unless something is added to support it, statements of facts do this adding. That is, statements of facts, when employed together with presuppositions, instantiate the performance of a work of justification. Statements of fact perform the work required to turn presuppositions into justified beliefs.

When I read my material for how it accounts for the establishment of knowing relations, I will read it for the work performed by the theories, concepts, pieces of empirical information and normative investments appealed to, called upon and invoked in these accounts. Clearly, the work performed by such situational
resources is not as specific as the work performed by words such as “not”, or by focused statements. Nevertheless, such appeals, more than describing things, – to whatever extent they do that – and more importantly in this study, do things pertaining to the accounts of which they are parts; they enable other concepts and theories to be invoked, and they limit that which could be appealed to and called upon.¹

In the 50ies, philosopher of language John Austin claimed, as part of his consideration of how to do things with words, that “statements do ‘take effect’…: if I have stated something, then that commits me to other statements: other statements made by me will be in order or out of order”.² I read Austin’s contention here to suggest something about the interrelatedness of the work performed by theories, concepts, normative investments, and so on. The work performed by a concept enables other concepts to perform work. They will in Austin’s terms be in order, and they limit other concepts from performing work – they would be out of order. Situational resources come with commitments, and they are both productive and restraining for the possibility of claims to knowledge.

I have previously claimed that claims to knowledge account for the relations in which objects of knowledge and knowing subjects stabilize; against the background of this notion, taken together with my considerations of how theories and other situational resources perform work, I propose to read my material for how it demonstrates how the work performed by invocations of situational resources are interrelated. Accordingly, by reading how the work performed by situational resources is interrelated, it is possible to analyze how objects of knowledge and subjects of knowing stabilize, as objects and subjects stabilizing in textual accounts. Objects of knowledge and knowing subjects stabilize in the connections made by and between such things as empirical information, theories, conceptual frameworks, hopes, interests and normative assumptions; they stabilize as interested, as normatively invested, as explained, explaining and clarifying, as understood and understanding.

¹ Cf. Katie King, “Productive Agencies of Feminist Theory - The Work it Does,” Feminist Theory 2, no. 1 (2001). Here, King remarks about the encompassing work performed by in particular feminist theories: “classification systems operate to create teleological histories and new political identities and alliances, and … these actions [are] some of the kinds of work that feminist theory performs” p. 94
² Austin, How to Do Things with Words. p. 139
Reading for Normative Investments

The notion that objects of knowledge and subjects of knowing become what they are through the interrelated work performed by situational resources entails the notion that they would not be what they become had the work performed been differently constituted. That is to say, to the extent that normative investments perform work in my material, this work is indispensable for the way objects of knowledge and knowing subjects stabilize. Sexual problems, sex therapists and sexual well-being would not be what they become, had the work performed by normative investments not been involved.

In particular I call this to attention to the extent that there is some truth to the notion, accounted for in the opening sections of this chapter, that mainstream sex therapy is “male supremacy … in the name of science”.¹ That is, to the extent that mainstream sex therapists invoke normative investments, if for instance Jackson’s analysis is apt, they are not invoked as normative. Similarly, Irvine, remarking on Masters and Johnson, claimed that their work is profoundly ideological, but that Masters and Johnson insistently avoid recognizing it as such.² What the notion that the working parts, so to speak, are indispensable for that which stabilizes suggests, is that if they are circumvented in my material, objects of knowledge and knowing subjects would appear incompletely or inconsistently stabilized. Reading for unacknowledged normative investments, as well as for other unacknowledged situational resources, accordingly entails to read for inconsistencies in my material. If normative investments perform work, but are not accounted for, they will still be accessible because of the gaps they leave; they will still be making a difference in the presence of their absence.

Time to Start Reading

Thus far I have been rather occupied with what it is I will be doing in this study, and barring a few brief remarks, I will soon start to do it. In the two following chapters I will account for my analyses of, firstly feminist sex therapy, and secondly, mainstream sex therapy. These analyses will largely follow the same structure as the account of my analytical and my practical approach. I will begin by considering questions about circumstantial demands for legitimacy, continue by studying what situational resources are invoked as legitimating in

¹ Jackson, “Sexology and the Universalization of Male Sexuality.” p. 70
² Irvine, Disorders of Desire.
claims to knowledge, and then move to analysing how objects and objectives of knowledge and professional practice, and knowing and professional subject positions stabilize. Issues about normative investments will be continuously considered. A significant part of my analysis of feminist sex therapy will be dedicated to considerations of feminist sex therapists’ portrayal and critique of mainstream sex therapy. Together with the feminist analyses I accounted for earlier in this chapter, these critiques will inform my approach to mainstream sex therapy to the extent that they will help pinpoint more specifically what are the questions to which I seek answers in my analysis.
3. A Sex Therapy Worth Fighting for

Leonore Tiefer, in an article from 2001, claims that feminism holds the key to the resolution of many of women’s sexual problems.¹ In this chapter I will interrogate how this claim is explored, theorized and argued when it is made more specifically in and as feminist approaches in sex therapy. I will analyse how feminist sex therapists distinguish and explain specifically sexual problems, how the sexual well-being that would mark their alleviation are defined and described, and how the role of feminist sex therapists, from problem to resolution, is portrayed and articulated. Accordingly, I will analyse how feminist sex therapists could be understood to respond to a question posed by Doreen Seidler-Feller in 1985: “What does feminism demand of sex therapy?”²

Feminist sex therapists have actively published about alternatives in sex therapy since at least the mid 80ies.³ Clearly, it would be problematic to lump them all together as parts of an endeavour to create a unified feminist sex therapy. In my analysis I will therefore be sensitive to the differences between different feminist sex therapists and their different proposals. What I am seeking to accomplish however, is not accounts of an historical development as such, or a mapping of controversies and tensions; albeit attentive to differences, I will principally be concerned with connections between and recurring themes in different construals of feminist alternatives in sex therapy. Hence, the notion that there is a feminist sex therapy will be used to the extent that it proves viable to use it in order to designate general tendencies running through a rich academic and therapeutic enterprise.

The first step in my analysis will be to take into consideration how feminist sex therapists have described and indicated senses in which it appears necessary, crucial or important for them to explain their existence as specifically feminist sex therapists due to the context in which they raise their claims to knowledge. Hence, I will seek to identify how the circumstantial demands for legitimacy that feminist sex therapists’ claims to knowledge are in part raised to satisfy are articulated. To that effect, I will begin my analysis by seeking to discern how

² Seidler-Feller, “A Feminist Critique of Sex Therapy,” p. 120
feminist sex therapists have pointed to problems of knowledge that need to be resolved.

3.1 Circumstantial Demands for Legitimacy

It is commonly in relation to a more encompassing feminist movement that feminist sex therapists position their efforts. According to Tiefer, feminism is characterized by concentrating specifically on “women’s positions, women’s voices, women’s perspectives, and women’s problems”; and it is a movement that strives to emancipate people from gender stereotypes and institutionalized power differences between women and men. Similarly, feminist sex therapist Marianne Keystone subscribes to the notion that feminism calls for emancipation of women, as well as the eradication of injustices more generally.

When feminism, in feminist sex therapy, is connected to sexual matters, problems and therapy specifically, it largely translates into the contention that women’s sexual dissatisfaction especially is a result of powerlessness and the subordinate position of women in a patriarchal society. In this way, feminist sex therapy is framed as intervening in the concrete impact patriarchy has on women’s sexualities, striving ultimately to counter or undo this impact. Against this background, the objectives of feminist sex therapy have been defined in several although quite similar ways: in an article from 1985, feminist sex therapists Lee Handy et al claim that a feminist sex therapy seeks to create “egalitarian relationship[s]”, Tiefer, in 1996, suggests that feminist sex therapists work to "liberate women as society evolves", and in 2001 she argues that once a feminist understanding of sexual problems is adopted, it is evident that promoting freedom is the only sustainable course for overcoming them.

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1 Tiefer, "Feminist Critiques of Sex Therapy." p. 30
2 Tiefer, "Towards a Feminist Sex Therapy." p. 54
6 Handy et al., "Feminist Issues in Sex Therapy." p. 73
7 Tiefer, "Towards a Feminist Sex Therapy." p. 62
8 Tiefer, “Arriving at a ‘New View’." p. 92
Hence, the way a feminist movement is distinguished, and the way it is translated into an approach to sex and sexual problems can be understood as presenting a circumstantial demand for legitimacy for feminist sex therapy. That is, in order to maintain a connection to feminism, as it is defined, and in order to be able to claim that they are developing specifically feminist perspectives in sex therapy, these perspectives have to be in accordance with their more general definition of feminism, and its consequences in sex therapy have to be explained. Against the background of their general definitions of feminism, and how feminism has been granted urgency in sex therapy, feminist sex therapists need knowledges that show how increased sexual well-being is possible through diffusing social and political gendered injustices. In response to such a circumstantial demand for legitimacy, feminist sex therapists have to demonstrate that it is viable to theorize sex and sexual problems as political phenomena and as existing in relation to gendered injustices, and furthermore how sex therapists, by promoting political, social and personal gender equality, can affect people’s, and in particular women’s, sex lives for the better.

From a feminist perspective, the notion that sexual matters are politically implicated and have political consequences is rather uncontroversial, even though the precise nature of these implications and consequences has, of course, been a source of extensive and productive debate.\(^1\) However, that sex therapeutic intervention could have a promising role in a feminist enterprise appears less evident. Feminism and sex therapy is, as for example Mary Boyle, Janice Irvine and Margaret Jackson have amply demonstrated, otherwise on a virtual collision course. Not only have sex therapists been demonstrated to be insensitive to feminist issues, but sex therapy has been seen also as having an active role in the maintenance of men’s oppression of women.\(^2\)

Besides a feminist movement, the existence of mainstream sex therapy could be understood as a second crucial circumstance for feminist sex therapy. Whereas the feminist movement, in feminist sex therapists’ accounts, is a productive and inspirational circumstance, mainstream sex therapy is, as I have already pointed out in the introduction and will explore further in this chapter, mainly


\(^2\) Boyle, "Gender, Science and Sexual Dysfunction.”; Irvine, \textit{Disorders of Desire}; Jackson, "Sexology and the Universalization of Male Sexuality.”
distinguished as something problematic. Tiefer claims that a thorough critique of notions of sexual functioning and dysfunction, as they figure in the mainstream medical model, offers a resource that “could legitimize a feminist alternative.”4 Insofar as the claims raised in and as mainstream sex therapy are respected they work contrary to and undermine a feminist construal of sex and sexual problems. Hence, if mainstream sex therapy were indeed a viable approach, it would seem that there were not all that much room for a feminist alternative.2

Against this background, feminist sex therapists have to provide critical knowledges about the mainstream approach. Identifying and critiquing the shortcomings of mainstream sex therapy emerges thus as a second circumstantial demand for legitimacy for feminist sex therapists. Clearly, just a glance at their work suggests that significant amounts of effort in feminist sex therapy literature are dedicated to contesting mainstream models of sex therapy. It is in these efforts I will begin my more specific considerations of feminist approaches in and to sex therapy. How do feminist sex therapists distinguish and criticise mainstream sex therapy? How is this criticism promoted to legitimate a feminist alternative in sex therapy, and how does it contribute in the establishment of the further knowing relations in which the components of feminist sex therapy stabilize?

3.2 A Satisfying Criticism

Basically, mainstream sex therapy is framed as inadequate by feminist sex therapists because it is understood to support masculine and heterosexual sexual interests and desires, while marginalizing or denigrating women’s interests regardless of their sexual orientations. Moreover, mainstream sex therapy appears in need of criticism from a feminist point of view, because, according to Tiefer, the mainstream approach claims to provide an objective understanding of sex and sexual problems. When Tiefer, in 1988, contends that “[i]f norms for sex are matters of scientific discovery, then it makes no sense to start with women’s experience to develop diverse concepts”,3 she could also be read to make a suggestion about why the legitimacy of a feminist approach in sex therapy hinges on criticism of the mainstream model. Feminists need a political understanding of sex and sexual problems, and for such an

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1 Tiefer, “Arriving at a ‘New View.’” p. 75
3 Ibid. p. 17
understanding to be possible, the notion that sexual matters are objective and politically intractable has to be undermined. Hence, an important part of feminist contestations is to remove definitions of sex and sexuality from a mainstream and allegedly medical purview.

*Health, Pathology and Genitals out of Context*

Tiefer has recurrently argued that mainstream sex therapy promotes a medical model of sex and sexual problems.¹ Basically, she argues, sexual problems are portrayed as pathological, and furthermore as deviations from a standard for sexual functioning defined in terms of physiology and as a matter of “correct genital performance”.² Central components in the medical model, according to Tiefer, are on the one hand the concept of the Human Sexual Response Cycle (HSRC) as a model for sexual functioning, and on the other, the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM).³

The HSRC is a concept that predates sex therapy; it was initially publicized by William Masters and Virginia Johnson in 1966 as a conclusion of their research efforts to find out what happens to human bodies when they are subjected to “effective sexual stimulation”.⁴ The notion of the sexual response cycle expresses the contention that sexual stimulation produces a fairly universal pattern of physiological changes in human bodies, and it describes a process in which the onset and development of for example, vaginal lubrication, penile erection, clitoral engorgement and eventually orgasm and ejaculation follow a specific order. Although the concept of the HSRC has been developed since 1966, the basic idea has provided mainstream sex therapy with resources for defining sexual health, as well as a conceptual basis for distinguishing sexual dysfunctions.⁵ In the DSM “[a] Sexual Dysfunction is characterized by a disturbance in the process that characterizes the sexual response cycle or by pain associated with sexual intercourse”,⁶ and in a 2001 book giving an overview of concepts and theory regarding sexual dysfunctions, psychologists John Wincze and Michael Carey provide as a general definition the notion that

² Tiefer, “A New View of Women’s Sexual Problems.” p. 90
³ Cf. for instance Tiefer, “Arriving at a ‘New View’.”
⁴ Masters and Johnson, *Human Sexual Response*. p. 4
⁵ Cf. Kaplan, “Hyposexual Desire.”
“sexual dysfunction... consists of an impairment in or disturbance in one of [the] stages [of the HSRC].”

An Omitted Context

Consequently, the medical model provides an understanding of sexual health that centres on physiological processes allegedly described by concepts of sexual response. Regarding sexual dysfunctions it concentrates attention to physiological failures to embody a complete response cycle. Tiefer, as well as other feminists in sex therapy, has argued that this emphasis on physiology is problematic because of what it excludes from consideration; mainstream sex therapy promotes a physiological definition of emotional, relational and social phenomena. Moreover, the way physiology is specifically approached in mainstream sex therapy is seen as problematic as well. When notions of sexual functioning and dysfunction put emphasis on genital behavior, a rather specific view of sex is assumed. Sex is understood as coitus, or at any rate as penetrative, and sexual functioning, defined in terms of the capacity to produce vaginal lubrication and erection, and the ability to achieve orgasm portrays sex as a matter of adequate or successful genital performance. In this section I shall begin by accounting more closely for how feminists have contested the omissions of the medical model, and I will continue by considering how the way sex is construed in and by the medical model has been put into question.

In an article from 1988 appearing in a special issue dedicated to sex therapy of the feminist journal Women and Therapy, Tiefer criticises the DSM for equating sexual disorders with “physical failures in the performance of heterosexual intercourse”. On the one hand this equation entails that heterosexual intercourse supplies the norm for healthy sexual functioning, and on the other hand it puts forth the notion that sexual problems are primarily physical in nature. Without contesting the omissions effected by the heterosexual presumption specifically, Tiefer nevertheless takes issue with the assumption of a physiological norm for sexual functioning claiming that it portrays sex as

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1 Wincze and Carey, Sexual Dysfunction, pp. 4 - 5
3 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 9 All my citations and quotes from the 1988 Women and Therapy special issue (vol. 7, no 2/3) refer to a simultaneously published book edition with the same content. Notably, when Tiefer’s article was written, the DSM-III was still in use, and when it was published this edition of the manual had been replaced by a revision (DSM-III-R). The editors of the journal claim that major parts of the article were however still valid. p. 6n. I might add, Tiefer’s point are still so, even though the revised edition since then has been replaced by a fourth edition.
being defined by an allegedly “objective ‘natural’ reality”\(^1\) rather than by what people think and feel is sexually satisfying: “[s]ex is no longer a human arena for negotiation, but an arena where there is an objective standard against which performances can be measured”.\(^2\)

Furthermore, and according to Tiefer, assuming a physiological norm also, and mistakenly so, makes it viable to consider sexual problems in terms of physiology as well. Citing Shere Hite’s account of how women have voiced and described sexual dissatisfaction, Tiefer argues that the emphasis in the DSM on physiological problems corresponds poorly to women’s experiences of sexual problems.\(^3\) Whereas the DSM criteria centre on the lack of vaginal lubrication and absence of orgasm, women, according to Tiefer’s citation, when given the opportunity to speak freely about sexual dissatisfaction grant more significance to lack of tenderness, difficulties with being relaxed during sex and lack of emotional involvement from their partners. Hence, Tiefer argues, “if these women are getting aroused and having orgasms, the official nosology would have nowhere to put their complaints. Their complaints would be invisible, without legitimacy”.\(^4\)

To be clear, Tiefer notes that mainstream sex therapy indeed does consider complaints having to do with relational concerns such as communication, relaxation and emotional involvement, but allegedly “only because it seems that they need to be [addressed] in order for the couple to regain their ability to perform the normal intercourse-oriented sexual response cycle”.\(^5\) Hence, by omitting, or at any rate by de-emphasizing the relational context of physical dimensions of sex in favour of a focus on physiology and genital performance, the medical model of sexual functioning and dysfunction promoted by the DSM and employed in mainstream sex therapy, according to Tiefer’s assessment, also omits from consideration crucial components of women’s sexual realities.

The argument that the medical model downplays or even ignores relational and emotional dimensions of sex, and fails to account for women’s experiences of sexual problems and enjoyment is a recurring point of connection between

\(^{1}\) Ibid. p. 17
\(^{2}\) Ibid. p. 17
\(^{3}\) Tiefer cites *The Hite Report* from 1976, published by Macmillan in New York
\(^{5}\) Ibid. p. 16
feminist sex therapists’ contestations of mainstream sex therapy.\(^1\) Keystone and Marsha Carolan argue in a co-authored article published in 1998 that “[t]he term *dysfunction* connotes and perpetuates the notion that pathology is located within the person, ignoring probable relational and contextual aspects of sexual location”.\(^2\) Sex therapists Wendy Stock and Charles Moser claim, in a 2001 co-authored article in which they consider how to use Viagra within the context of feminist sex therapy, that expert definitions of sexual health, such as that of the DSM reflect “these experts’ reality rather than women’s”.\(^3\)

Whereas it would seem that mainstream sex therapy construes relational issues, such as communication and emotional involvement as of secondary importance to physiological concerns, attention towards the societal context of sex is, according to feminist sex therapists even more clearly lacking from the medical model. In Tiefer’s article from 1988 she makes the point that the omission of the social ramifications of sex makes conventional sex therapy poorly prepared to deal with significant reasons behind sexual problems:

> The social origins of sexuality problems – rigid sex roles, unrelenting standards of performance, relationships of unequal power, absence of sexuality training or education, sexuality having to fulfil displaced needs for self-esteem and worth in a bureaucratic world, increasing awareness of sex brought about by the commercial exploitation of sexual images, histories of sexual violence – are never treated.\(^4\)

Whereas Stock and Moser, in their article about Viagra, cite this point from Tiefer almost to the letter,\(^5\) Tiefer herself specifies it further in her contribution to the edited volume containing Stock and Moser’s article. While the 1988 article takes “social origins” to be the overall designation, and “rigid sex roles” and “relationships of unequal power” to be subsumed specifications, in the 2001 article *power* figures as the principal omission of the medical model: “[t]he most grievous omission … is medicalization’s neglect and … denial of issues of power.”\(^6\) Furthermore, Tiefer exemplifies in terms of power how the societal context of sex works contrary to women’s sexual satisfaction: “women’s political and economic inequality is reflected in … social pressures to marry and frequent trading of sex for socioeconomic advantages; greater burdens in homecare…., limiting energy for sex… and threats of sexual violence”.\(^7\)

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\(^2\) Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy.” p. 289
\(^3\) Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 140
\(^4\) Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” pp. 17 - 18
\(^5\) Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 141
\(^6\) Tiefer, “Feminist Critiques of Sex Therapy.” p. 41
\(^7\) Ibid. p. 41

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So far it would appear that the medical model, according to how feminist sex therapists have brought it into questioning, omits entirely from consideration the societal, gendered and unequal context in which sex takes place.\(^1\) Furthermore, it appears to underestimate the significance of relational issues such as intimacy, interpersonal communication and emotional involvement for experiences of sexual problems and well-being. These omissions have several problematic consequences. To begin with, by failing to pay adequate attention to relational and social issues, mainstream sex therapy, according to feminist criticism, is left with a poor understanding of the real causes of sexual problems.\(^2\) By failing to challenge the way gender and power issues impinge upon sex, the mainstream approach, rather than alleviating sexual difficulties in any long-term or substantial sense, contributes to the maintenance of that which make them possible. Thus, Seidler-Feller, in 1985, claims that mainstream sex therapists “have tended to reinforce sexist values and, therefore, to have weakened treatment, theory, and practice”.\(^3\) Furthermore, she claims that the mainstream lack of attention towards social dimensions of sex also leads to a failure to comprehend the implications of how sex and sexuality are socially institutionalized; mainstream models assume “coupling, heterosexuality, [and] marriage. These assumptions enhance the status quo rather than women’s control over their bodies”.\(^4\) Keystone and Carolan make a similar point when they argue that by taking heterosexuality for granted, mainstream sex therapy fails to recognize “that the choice of a heterosexual lifestyle may not be a free choice, given societal norms and homophobia”.\(^5\)

Accordingly, when mainstream sex therapy fails to take into proper consideration the emotional, relational and social context of sex, as it appears from feminist contestation, it fails to acknowledge that the couple as a way of organizing sexual and gender relations is a problematic entity. Even though feminist sex therapists mostly consider sex in a coupled context, here the couple is not embraced uncritically. Tiefer, for example, as I have quoted her above, makes suggestions to the effect that the couple as a socio-sexual

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\(^3\) Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 124

\(^4\) Ibid. p. 122

institution is part of the way in which the oppression of women is institutionalized, and that it sometimes bears with it the risk of sexual and physical abuse. Conversely, as a contestation of mainstream sex therapy, this line of reasoning makes the point that the failure to challenge the couple as an institutionalization of sexual and gender relations is in fact normative and political in nature by giving support to and valorizing the couple as a site of institutionalized power differences, economic differences and, in Tiefer’s terminology, “sex roles”. All in all, according to Tiefer, mainstream sex therapy, in its failure to contextualize sex, “serves to repress women’s sexuality through silence, neglect and misplaced emphasis”.

_Coitus in Centre_

As should be clear from the above, it is not only the emphasis on physiology that is misplaced, but so is the emphasis on heterosexual intercourse with orgasm as the ultimate goal. Emphasizing sex-as-coitus clearly takes attention away from other forms of sexual interaction; from Tiefer’s citations in her 1988 article she seems to suggest that women want sex to be more than, or something different from, coitus. Quoting Hite’s study, Tiefer points to petting, kissing and touching as instances of sexual interaction that women experience as more important than intercourse, and in a paper presented at a sexology conference in 1981 she argues that for many women emotional exchange is an even more important dimension of sex than the bodily manoeuvres.

As a consequence Tiefer puts forth the contention that the medical model, contrary to the alleged and supposedly explicit ambitions of mainstream sex therapy, portrays reproduction as the goal of sex. Handy et al, in their 1985 article, claims that the focus in mainstream sex therapy on sexual functioning is too narrow, and Keystone and Carolan, voicing a different criticism, point to the notion that the emphasis on heterosexuality may obscure the real issue regarding clients, presumed to be heterosexual, since “[d]ifficulties with desire and arousal may not be addressed as issues related to sexual orientation and

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1 Cf. also Seidler-Feller, “A Feminist Critique of Sex Therapy.” In an argument reminiscent of Tiefer’s Seidler-Feller claims that sex therapy “ignores and thereby sanctions” … “a culture that tolerates male sexual aggression” p. 124, my emphasis
2 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature,” p. 16
3 Leonore Tiefer, “Sexism in Sex Therapy; Whose Idea is ‘Sensate Focus’?,” in _Sex Is Not a Natural Act & Other Essays_ (Boulder: Westview, 1995).
5 Handy et al., “Feminist Issues in Sex Therapy,” p. 79 According, “a more broadly defined conception of sexual satisfaction” would be more in line with a feminist sex therapy.
sexual identity”.¹ This argument could be taken to indicate the contention that if a homo- or bisexual woman does not experience desire towards a male sexual partner, mainstream sex therapy would not be able to seriously recognize her having lesbian desires, but instead consider her to have sexual desire problems thus pathologizing her non-heterosexual desire.

Still, the specifically heterosexual presumption inherent in the medical model is not in the forefront of how feminist sex therapists have contested it. Rather, it is gender related issues that draw most attention. In an article appearing in the 1988 special issue of Women and Therapy, Stock argues that the medical model is not only poorly suited for women, but specifically well suited for men instead.² In her article, Stock considers a wide range of therapeutic and medical treatment techniques that to date had been developed to alleviate erectile dysfunction, and suggests that the extensive attention paid to erections is evidence of a phallocentric construal of sex. Although my main concern at this point is with Stock’s critical claims, it should be pointed out that she is not directly critical of the treatment techniques as such, but rather takes issue with the cultural patterns in which they are put to work. She asks:

Can we take the fascinating technology and methodology developed for diagnosing male sexual dysfunction, and with the same sophistication and precision, adapt it to the exploration of female sexuality without also unwittingly being subverted into a mechanistic view of sexuality in which genital functioning becomes the primary focus?³

As it is importantly suggested in this quote, conceptualizations of male sexual functioning and dysfunction, according to Stock, contain a view of sex as being a matter of mechanic genital performance that an exploration of female sexuality would be at risk of inheriting if it were adopting existing frameworks uncritically.⁴

Stock further argues that the preoccupation with genitals, or more specifically penises and erections, is well in line with how men experience and value sex. She quotes Hite’s study of male sexuality to point to the notion that men often invest much of their manhood into the ability to produce an erection, and that (heterosexual) intercourse is experienced by men as a pleasurable act of

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¹ Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy,” p. 290
² Stock, “Propping Up the Phallocracy.”
³ Ibid. p. 34
⁴ Cf. also Handy et al., “Feminist Issues in Sex Therapy,” pp. 75 – 76. It could be suggested from this citation that a priority on reaching orgasm through heterosexual intercourse in treatment with women has problematically inherited a masculine, mechanical view of sex.
domination.\(^1\) Hence, erections become instruments by which men assert their masculinity by asserting their power over women. That the medical model concentrates on intercourse and genital functioning would not only be in men’s interest because it derives from a form of sexual activity preferred by men, but would, according to Stock’s argument, also be an important part in the legitimization of male supremacy; the medical model turns men’s eroticization of power over women into a normative model for sexual functioning.\(^2\)

In an article originally published in 1991 Tiefer analyses the concept of the HSRC to conclusions that further add to the contestation of the mainstream model of sexual health and pathology. Tiefer claims, recalling a familiar theme, that the notion of the HSRC suits men’s interests better than women’s. She cites to this effect research that points to the notion that men are socialized to sexually value “varied experience and physical gratification” while women are raised to give priority to “intimacy and emotional communion”, whereby “focusing on the physical aspects of sexuality and ignoring the rest, the HSRC favors men’s value training over women’s”.\(^3\) Still, when developing the HSRC model, Masters and Johnson made a point of the similarities between women and men’s sexual response; underlying the apparent differences pertaining to anatomy there are the same physiological mechanisms.\(^4\) Importantly, according to Tiefer, the HSRC is argued, as well as employed as a basis for the DSM nomenclature, as a gender neutral and universally applicable concept. That is, the medical model not only obscures women’s real sexual interests, but also falsely proposes that they are the same as men’s, and does accordingly contribute to “indoctrinating women to adjust to men’s sexuality”.\(^5\) Accordingly, when mainstream sex therapy gives primacy to coitus, it, according to feminist contestation, expresses a normative investment in which men’s experiences of sex, sexual pleasure and sexual problems are promoted over and against women’s, as definitive of sexual functioning and dysfunction.

**Critical Tendencies from the mid 80ies and Onward**

Thus far in my account of feminist sex therapists’ criticism of mainstream sex therapy, the medical model and the DSM, there are recurring tendencies in


\(^2\) Stock, “Propping Up the Phallocracy.” pp. 34 - 37

\(^3\) Tiefer, “Feminist Criticism of the Human Sexual Response Cycle.” p. 55


most claims, as well as one or two differences between some of them. The major themes I have encountered above regard, on the one hand, mainstream sex therapy’s alleged failure to take the social, relational and emotional ramifications of sex into account, and on the its assumption that sex basically can be equated with coitus. The latter point to begin with, is mostly emphasized to demonstrate that mainstream sex therapy assumes and serves masculine sexual interests. The focus on coitus and genital performance does not, it is argued, capture how women experience and value sex to the same extent as it does in relation to men. For the most part it is the gender implications that draw attention from feminist sex therapists, and primarily because of how women are ill-served by the mainstream approach. Stock however, in her 1988 article, analyses and focuses how men benefit from the coital emphasis, and Keystone and Carolan in 1998 remark upon, which is otherwise seldom done, how the mainstream approach is beneficial for heterosexuals over for instance homo- and bisexuels.

Regarding the narrow physiological focus, Tiefer in particular tends towards the notion that social and relational factors are more or less ignored in mainstream models, whereas Keystone and Carolan, and Seidler-Feller analyse mainstream sex therapy as unproblematically accepting, or even saluting, the social and relational ramifications of sex. The couple as a socio-sexual institution appears, accordingly, as an unproblematic way of institutionalizing sexual relations, and social values and conventions supporting coupling are not considered for the possibility that they impinge negatively on peoples’ sex lives. Hence, mainstream sex therapy fails to properly take into account the social and institutional context of sex.

Whereas feminist publications from the 80ies and early 90ies were mostly concerned with critiquing the medical model as a joint effort between the concept HSRC and the DSM, a growing concern in later publications is the issue of the medicalization and the how the pharmaceutical industry has increasingly become concerned with sexual matters. According to Tiefer, medicalization is a pervasive cultural and scientific tendency characterized by an increasing emphasis on defining problems as well as their solutions in medical terms. Medicalization, it could be suggested from Tiefer, is the continued act of

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1 It is noteworthy how important Tiefer has been, at least for distinguishing and contesting a mainstream approach in sex therapy. Her 1988 article is quite often cited, and the points she made in it recur with slight variations in other feminist sex therapists' work as well
working on the premises of and reinforcing the alleged legitimacy of the medical model.¹

Hence, it is a process that can arguably be seen as strengthening the medical model’s omission of social reality, de-emphasizing even further the relational context of sex and inscribing androcentrism even deeper into sex. In an article from 2001 appearing in another special issue of *Women and Therapy*, this time concerned with exploring and developing understandings of women’s sexual problems beyond medicalization and the medical model Tiefer indicates how far the tendency to medicalize women’s sexual problems has come. She claims medical research is at a point where it no longer stops with plainly ignoring women’s sexual realities, but rather strives to accommodate them to a medical framework:

> Early negative results [from trials of medical treatment of women’s sexual problems] were... leading industry and its academic consultants not to abandon drug development plans, but rather to look for ways to conceptualize women’s sexual problems that would be more amenable to drug research and intervention.²

Further, medicalization, when materialized as drugs, leads to an easily administrable technology for conserving problematic gender relations.³ To that effect, Tiefer, in 2001, claims, on the one hand that “a narrow medical approach … is unlikely to allow women the opportunity to raise their sexual concerns, bypassing any opportunity to intervene in situations of sexual coercion and violence”, and on the other, that if sexual problems are treated medically with some degree of physiological success, medication as such “will delay or suppress entirely [a couples] ability to resolve cultural and gender issues around sexuality”.⁴ Medicalization, it seems, provides pills that reproduce and consolidate patriarchal power relations.

**Contestation and Legitimacy**

In the introduction to this chapter I claimed that the relation, as it is framed by feminist sex therapists, between feminist and mainstream sex therapy demands from feminist sex therapists a criticism of mainstream sex therapy that serves as part of legitimizing a feminist alternative. Here, I will take into consideration

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² Tiefer, “Arriving at a ‘New View’.” p. 67  
⁴ Tiefer, “A New View of Women’s Sexual Problems.” pp. 90 - 91
what this criticism appeals to for legitimacy, and, eventually, how it is related to the alternatives feminist sex therapists promote. I have argued previously in this study that claims to knowledge are situated in relation to the distinguished circumstantial demands for legitimacy that they are partly raised to satisfy. Moreover, this situatedness is actively employed, called upon and appealed to when knowing relations are established; when legitimating claims to knowledge are raised. Accordingly, my considerations here regarding the way feminist critiques of mainstream sex therapy are made will seek to discern what it is these critiques employ and appeal to in order to distinguish mainstream sex therapy as a criticised object of knowledge. What are the situational resources – theoretical, conceptual and normative – out of which a case about mainstream sex therapy is built?

Firstly it can be noted that feminist sex therapists’ criticism of the mainstream approach appear to have quite a few points in common with the analyses of sex therapy and sexology that I reviewed in the opening section of my previous chapter. Margaret Jackson’s 1984 insistence that sexology and sex therapy is “male supremacy … in the name of ‘science’” 1 for instance, appears to summarize rather well many of the points raised by Tiefer and Stock among others. At this stage I think it is particularly important to take into account that the notion that sex therapy hides masculine sexual interests under claims to scientific knowledge actually makes two arguments. On the one hand, feminist sex therapists’ contestation of the mainstream approach serves to demonstrate in what sense in particular it is male supremacy, male interests or male experiences of sex that is promoted in mainstream claims to knowledge. On the other hand, in order for such conclusion to be viable, criticisms also serve to demonstrate that the mainstream approach is unscientific. That is, in order to make the point that it is mainstream sex therapy as such that is male supremacist, it has to be demonstrated that human sexuality is different from, or at any rate more than, what it is alleged to be.

Stabilizing a Contingent Model

Against the background of the importance of demonstrating how the mainstream approach fails to be scientific, Tiefer’s citations from The Hite Report in her 1988 article appear crucial. 2 Here, women’s account of sex and sexual problems are taken to demonstrate that women tend not to experience sexual

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1 Jackson, “Sexology and the Universalization of Male Sexuality,” p. 70
2 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.”
matters primarily as physiological events, as the medical model of mainstream
sex therapy has it. More often, according to Tiefer’s citation, women consider
issues pertaining to intimacy and communication more important for how they
experience sexual problems and well-being. It is in this sense that the
mainstream approach fails to cover women’s sexual realities. If it were that their
perspectives had been recognized and properly credited, sexual problems and
sexual well-being would not be what they are according to mainstream sex
therapy.

I have previously in this chapter quoted Tiefer’s 2001 claim that feminism
works on the basis of women’s positions and perspectives.1 Similarly, in her
1988 article she claims that “people with feminist political views value women,
their rights, their feelings, their dignity, their beauty, their capacity to love”,2 and
Seidler-Feller’s considerations of a feminist approach to sex therapy from 1985
embodies a similar approach to feminism. Initially, upon raising a question
about “sex therapy’s adequacy from a feminist perspective”,3 she goes on to
indicate the issues that have to be addressed in order to explore this question by
raising concerns about specifically women’s sexualities.4

Against this background, Tiefer’s 1988 analysis of how the mainstream
approach fail to take women’s sexual realities properly into account, and
thereby fail to make good on the scientific ambitions with which mainstream
claims to knowledge are raised, could be analysed to appeal to this
understanding of feminism. That is, the appeal to women’s experiences of sex
and sexual problems could be taken to indicate in what sense Tiefer’s critical
claims are raised as a specifically feminist criticism of the mainstream approach.
Furthermore, in Keystone’s considerations of mainstream construals of sexual
dysfunctions, and vaginismus in particular she appeals to Tiefer’s 1988 article to
support her argument that “the term sexual dysfunction may sometimes
disempower women”,5 and again in 1998, Keystone together with Carolan, call
upon Tiefer’s analysis to contest basing norms of functioning and dysfunction
in physiology.6 Hence, I read Tiefer’s analysis as part of more encompassing
efforts to satisfy a demand for legitimacy distinguished by feminist sex

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1 Tiefer, “Feminist Critiques of Sex Therapy.” p. 47
2 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 18
3 Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 119
4 Cf. also Keystone, “A Feminist Approach to Couple and Sex Therapy.” Keystone’s feminist
approach comes from a “feminist or woman-centred perspective” p. 321
5 Ibid. p. 322

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therapists in relation to the mainstream approach. This then suggests that the legitimacy of a critique of mainstream sex therapy, for feminist sex therapists, is ultimately accomplished by the appeal to women’s perspectives as a resource out of which to build their case.¹ Hence, I analyse the appeal to women’s perspectives as beginning to demonstrate a sense in which feminist critical knowing relation are established through the work of a situationally viable and legitimating resource.²

A Model Contingent on Men

Women’s perspectives, as I have suggested here, appears in connection to the notion that pointing to sexual differences and variation destabilizes and undermines the medical model promoted in mainstream sex therapy, and thereby creates a gap for feminist alternatives to fill.³ Hence, if the viability of a feminist alternative in sex therapy hinges upon the universality and validity of mainstream sex therapy being successfully contested, it is the appeal to women’s accounts that is called upon to perform this work. That is, adopting a women’s perspective with regards to sex and sexual problems constitutes the first step for establishing knowing relations in and as feminist sex therapy. Women’s perspectives are employed to perform work, with the consequence that they make knowing relations possible. Mainstream sex therapy stabilizes as an object of critical knowledge when feminist sex therapists stabilize in contesting subject positions grounded in women’s perspectives and experiences.

Thus far I have demonstrated how the appeal to women’s perspectives and experiences serves to stabilize a mainstream approach as a contingent model of sex and sexual problems, rather than the universal one that mainstream sex therapists allegedly claim it to be. More specifically though, the appeal to women’s perspectives also aids in distinguishing how the mainstream approach as contingent upon male perspectives and experiences in particular. When Stock, against the background of citations from The Hite Report on Men’s Sexuality, argues that the mainstream model serves men’s interest, both in terms of what they find sexually satisfying and in terms of granting them a sense of power over women,⁴ this analysis could be understood as being especially urgent

¹ Cf. Feyerabend, “Farewell to Reason.”
⁴ Stock, “Propping Up the Phallocracy.”
against the background that mainstream sex therapy is at the same time remote from women’s sexualities. That is, when the mainstream model stabilizes as serving men’s interests, and as a contingent model, this demonstrates how it stabilizes as a model specifically contingent on men’s perspectives and experiences.

Accordingly, where feminist sex therapists begin in women’s perspectives, the mainstream approach as it is distinguished appears to be situated in men’s perspectives and experiences. The occupation with physiology in mainstream sex therapy would accordingly be a consequence of approaching sex and sexual problems from male perspectives and experience; when a male perspective on sex and sexual problems is assumed, concentrating on physiology, and more specifically on the genitals, this appears to be enough and appropriate for understanding what sex and sexual problems are all about. Hence, reminiscent of Boyle’s, Jackson’s, and Ross Morrow’s analyses of sex therapy, male interests appear also in feminist sex therapists’ critiques, as foundational for the mainstream model.1 The limited focus is explained by the notion that it departs from male interests, perspectives and experiences. Nevertheless, mainstream sex therapy, according to feminist critics, claim to provide a general model of sex and sexual problems, rather than a model designed only for men. Accordingly, in feminist sex therapists critical claims, male interests appear to be understood to have the role of limiting the scope of sex therapy, not the least in relation to the generalist ambitions of the mainstream model. Hence, mainstream claims to knowledge, regarding their accuracy and validity, stabilize in feminist criticism as curtailed by their reliance on male interests and experiences.

Moreover, as male experiences and perspectives are analysed by feminist sex therapists to coincide with distinctions between sexual health and pathology in mainstream sex therapy, it appears that normative investments are analysed to interfere with mainstream sex therapists’ ability to properly perceive and theoretically represent the reality of sex and sexual problems. Conditioned by masculine interests and perspectives, mainstream sex therapists have, when they have studied human sexuality, only been able to see its physiology, and in this physiology only the human sexual response cycle. When they, departing from this understanding, have formulated notions of sexual functioning and

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dysfunctions, they have perpetuated these limited insights to promote a model that portrays sex as men would want it to be.

A Contested Resource

According to how mainstream sex therapy is distinguished as an object of knowledge in feminist accounts, it appears as though the point of departure for mainstream claims to knowledge is men’s perspectives and men’s experiences of sexual problems. In comparison to an approach developed out of women’s perspectives, the mainstream model appears on crucial points to be contrary to what feminist sex therapists demand from a legitimate theory and practice of sex therapy. The consequence of mainstream sex therapy adopting a male perspective on sex is that it perpetuates the notion that as long as the physical dimensions of sex are working, everything is fine. From women’s perspectives on the other hand, that the physical is working is in no way a guarantee that there are no sexual problems.1 Between these perspectives, there are two points that appear particularly crucial for feminist sex therapists.

Firstly, the lack of attention, and especially critical attention, given in mainstream sex therapy to the social, institutional and relational dimensions of sex and sexual problems misconstrues or excludes from sex therapeutic consideration much of what women experience as sexually problematic and needs to be remedied in a feminist alternative. Secondly, that the physical dimensions of sex in mainstream sex therapy are definitive of sexual functioning and dysfunction lends support to the notion that sex is a matter of genital performance, in particular to the consequence that sex becomes synonymous with coitus. From a women’s perspective neither the appeal to a physiological norm for defining sexual well-being nor the emphasis on coitus that this leads to, appear viable for understanding what sex and sexual well-being are about.

Initially I pointed to a rather general demand for legitimacy that appeared to frame efforts to develop a feminist alternative in sex therapy. Given how feminist sex therapists defined feminism and framed, in more general terms, what a feminist approach to sex therapy entails, I suggested that they had to demonstrate that sex and sexual problems could be understood in relation to gendered injustices, and that sex therapists, by taking issue with asymmetrical power relations, could contribute to increased sexual well-being, not the least

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1 Tiefer, "A Feminist Critique of the Sexual Dysfunction Nomenclature."
for women. Against this background, mainstream sex therapy as it is distinguished by feminist sex therapists, more than as an object of critical knowledges, becomes, albeit contested, a situational resource in defining more closely what it takes and entails to establish feminist alternatives in sex therapy. Hence, by demonstrating, from a women’s perspective what it is in mainstream sex therapy that stands out as shortcomings, feminist sex therapists’ critiques point to what it is in particular that a feminist sex therapy has to do differently.

The overall demand for legitimacy distinguished by feminist sex therapists in relation to their articulation of feminism and a feminist movement could, against the background of their criticism of mainstream sex therapy, more specifically be seen as asking for, firstly, a theorization of sex and sexual problems that calls upon women’s perspectives and demonstrates how sexual matters could be explained as contingent upon social structures and institutions that organize gender and power relations. Secondly, it could be seen as asking for a theorization of sexual well-being that calls upon women’s perspectives and avoid falling back upon a physiological norm.

In the following sections I will consider how feminist sex therapists’ claims to knowledge satisfy these specified demands for legitimacy; firstly I will account for the more general theorization of sexual matters as contingent upon social and institutional circumstances, and in the following section, I will concentrate my attention more specifically on analysing how sexual problems and well-being as objects of knowledge, as well as objects of feminist sex therapeutic practice and objectives of intervention stabilize in knowing relations. I will as parts of my considerations of sexual problems and sexual well-being also take into account how the subject positions of feminist sex therapists stabilize in relation to sexual problems and well-being.

3.3 Situating Claims to Knowledge

*Sex and Social Construction*

In an article first published in 1987, Tiefer reviews social constructionist approaches in research on sexuality, and points to concrete implications for sex therapeutic claims to knowledge and expertise. Raising questions about what it is more precisely that is studied in research on sexuality, Tiefer points to the importance of allowing for attention towards a complexity of factors interacting to define sexuality in local and concrete settings. Instead of settling with the
notion that intercourse is the most basic or most complete form of sex, a social constructionist approach needs to acknowledge that bodily choreographies taken to be specifically sexual are bound up with and experienced as such depending on divergent phenomena such as religion, the status and structure of science, medicine and experts, media images, and culturally shared metaphors for thinking about something called sexuality.\textsuperscript{1}

Social constructionist frameworks are commonly called upon in feminist sex therapeutic approaches to sex. Stock, to exemplify, in 1988 considers the problems and possibilities facing sex therapists wishing to learn from existing sex research without falling prey to its sexist and phallocentric tendencies. She contends that there is no need to completely abandon “efforts to understand sexual function and dysfunction, but that we must be fully aware of how the social construction of sexuality shapes our methodology and determines our emphasis.”\textsuperscript{2} In a previously visited section of Tiefer's article published in the same special issue of \textit{Women and Therapy} as Stock’s article, she points to the importance of replacing the medical understanding of sexuality with concepts that focus on the “social construction of sexuality, and the social contributions to people’s sexual complaints”\textsuperscript{3}

That a social constructionist conceptualization of sexual matters is invoked indicates a sense in which claims to knowledge in feminist sex therapy are situated. That is, in relation to the requirement that I previously saw distinguished in feminist sex therapy to theorize sexual matters as contingent upon their social and institutional circumstances, social constructionism emerges as a situational resource which can be called upon when knowing relations in feminist sex therapy are established. Hence, claims to knowledge, in order to satisfy feminist demands for legitimacy, can invoke a social constructionist framework, and objects of knowledge in feminist sex therapy consequently stabilize as socially constructed.

Still, ascertaining that sexual matters are socially constructed as such does not demonstrate how sexual matters are socially and institutionally informed. Rather than a way to explain how sexual matters appear, the appeal to social constructionism is an appeal to a box of more specific tools that could be used

\begin{itemize}
\item \textsuperscript{1} Tiefer, “Social Constructionism.”
\item \textsuperscript{2} Stock, “Propping Up the Phallocracy.” p. 31
\end{itemize}
for explanatory purposes. In a 1996 article, Tiefer claims that “[v]iewing sexuality as a social construction, a way of labelling certain psychological and bodily potentials, opens up a new world for feminist sex therapy”.¹ That claims to knowledge by feminist sex therapists are situated in relation to social constructionism has the consequence that further conceptual and theoretical resources are made available, and certain modes of explanation and theorization are enabled.

The just quoted section from Tiefer could begin to illustrate this point. Here, that sexuality is a social construction is as such not a statement about how it happens. What the appeal to social constructionism does, in this specific case, is that it enables the invocation of the notion of “labelling” to point to a social or cultural phenomenon or a phenomenon pertaining to human agency that demonstrates how sexuality becomes what it currently is. Accordingly, invoking the notion that sexuality is socially constructed, rather than itself performing specific work in the establishment of knowing relations in feminist alternatives in sex therapy, specify what kinds of concepts it is that may perform work; it opens up for the theoretical possibility that concepts pertaining to social and cultural phenomena and to human agency, could be invoked and granted explanatory power in feminist sex therapists’ theorization of what sexual matters are.

The appeal to social constructionism, more than opening up theoretical possibilities, entails, I think, a rather crucial contention. It lays claims to explanations and theorizations. If sexuality is socially constructed, a theorization of sexual matters, more than being concerned with the way people’s sexualities look, has to take into account how it is that their sexualities become constructed in this way. In her 1981 paper presentation, to exemplify this point, Tiefer contests the focus on the physical aspects of sex in mainstream sex therapy. Contrary to the mainstream approach, she contends that a focus on emotions would suit women’s experiences and interests better, and she goes on to state that “[s]uch a redefinition requires appreciating the deep gender differences in sexual socialization in our society”.² Accordingly, what Tiefer indicates here is the notion that differences between women’s and men’s sexualities are the results of, and presumably should be theorized and explained in terms of socialization. Keystone, in her article from 1994, which is

¹ Tiefer, “Towards a Feminist Sex Therapy.” p. 62
² Tiefer, “Sexism in Sex Therapy.” p. 138
Like playing the piano or grinding corn for tortillas, producing an orgasm is probably a universal human potential that depends on opportunity, training, and goals. But, rather than making orgasms an arbitrary matter of talent and predilection, professional interests in medicalization have made them a matter of health and disorder.2

Tiefer’s claim could be read as an acknowledgement that, insofar as orgasm is construed as a universal human potential, there are indeed bodily and physiological preconditions for it. Nevertheless, Tiefer also differentiates her construal of physiology and bodily potentials clearly from that of mainstream sex therapy, as it appears in hers and other feminist sex therapists’

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2 Tiefer, “Social Constructionism.” p. 27
considerations; rather than subscribing to the notion that the capacity for orgasm, or other capacities conventionally accounted for as sexual functioning in themselves sustain notions of health and disorder, Tiefer maintains that such significance is installed into bodies and physiologies.

Moreover, rather than settling for a determined set of physiological manifestations considered inherently important for sexual satisfaction, Tiefer construes the sexualization of physiology as something that depends on social processes. The body does not speak itself as to what is and is not sexual, but it is made meaningful by socially situated sexual subjects. In the article on social constructionism Tiefer maintains that the meaning and experience of, for example, sexual intercourse varies significantly between different social settings, and assuming that it is the same thing simply because it recurrently involves genital contact is mistaken; “[a]cts of intercourse… have no more in common necessarily than haute couture coats and bearskins”. In Tiefer’s 1991 article, taking critical issue with the notion of sexual response, she argues that there indeed are several flaws with this model; it is, to exemplify from her argument, based on a non-representative empirical sample, and the clinical uptake of the HSRC has problematically reduced sexual functioning to genital functioning. Nevertheless, she does not make a case against attention towards physiology as such, but maintain that a promising direction for sex therapy would be to “combine psychophysiological sophistication with respect for individual and couple diversity”.

When the mainstream model, as it is construed from feminist perspectives in sex therapy, asserts that physiology is the bedrock of sexuality, the problem is not that is pays attention to physiology or biology, but that it fails to put physiology in perspective. Hence, the mainstream model circumvents processes that are according to social constructionist and feminist perspectives in sex therapy, logically prior to the processes that mainstream sex therapists allegedly accounts for as the physiology of sexual response. Feminist notions of sex and sexuality in sex therapy do not begin with a blueprint for differentiating what is and is not physiologically relevant. Rather, by posing the question “[h]ow, from the vast range of physical and mental possibilities, do people

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1 Ibid. p. 19
2 Tiefer, “Feminist Criticism of ‘the Human Sexual Response Cycle’.” p. 57
3 Cf. also Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 121 It is argued that a one-sided focus on physiology tends to lead to issues pertaining to gender and power being tacitly accepted.
come to call certain ones sexual?" physiology is put into perspective. This does not preclude the possibility that orgasms, vaginal lubrications and erections are called and experienced as sexual by many people, but insofar as mainstream conceptions of sexual response and physiology are made relevant in feminist sex therapy such relevance emerges from efforts to uncover as a part of therapy what it is that sex means and involves in a specific relationship. In this vein, a social constructionist approach could retain knowledge about biology and physiology, but, according to Tiefer, manages to avoid succumbing to the “assumption that the body dictates action, experience and meaning”.

**The Social Construction of (more than Women's) Sexuality**

What, in a sense, is more important than the place of physiology in a feminist and social constructionist theorization of sexual matters is that notions of social constructionism when addressing physiology specifically put mainstream conceptualizations of sexual matters in their place. That is to say, when comparing feminist sex therapists notions of the social construction of sexuality with their critiques of mainstream sex therapy it appears with (even more) clarity (than before) that mainstream sex therapy is not simply criticized for promoting a male informed model of sex as a general model, but more specifically, it is criticized for promoting an entirely faulty theory of sex.

My analysis of Tiefer’s arguments suggests that the mainstream model is not a description of the nature of sex, not even from an exclusively heterosexual male point of view, but it takes for granted how sexuality currently is socially constructed, in at least a western setting, on heterosexual men’s terms. Approaching sex and sexual problems from a male perspective has lead mainstream sex therapy to explain sex in terms of physiology, whereas it should rather have explained the importance granted to physiology by especially men, as the result of processes of social construction. To exemplify, this is to say that erectile dysfunction, rather than a specifically sexual dysfunction, as mainstream sex therapy would have it, is a discrepancy between a man’s body and the expectations culturally, socially and personally installed into it.

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1 Tiefer, "Social Constructionism." p. 28
2 Regarding the importance in feminist sex therapy of exploring sexual meaning, cf. for instance Seidler-Feller, "A Feminist Critique of Sex Therapy." p. 126: “The first level of feminist intervention involves asking anew the apparently simple questions, for example, What is sexual stimulus?” Cf. also Keystone and Carolan, "A Feminist Revision of Contemporary Sex Therapy." p. 292; Stock and Moser, "Feminist Sex Therapy in the Age of Viagra™." p. 146; Tiefer, "Towards a Feminist Sex Therapy." p. 56
3 Tiefer, "Social Constructionism." p. 24;
Invoking women’s perspectives and experiences in feminist alternatives in sex therapy appears most clearly prompted by the notion that feminist sex therapists primarily seek a better understanding of women’s sexual problems. Sex therapist Peggy Kleinplatz, in a 2001 article, in commenting favourably on feminist sex therapists’ efforts, summarizes succinctly an approach to this effect:

Female sexuality is best understood by listening to women’s own voices rather than attempting to peer from a safe distance and have our views filtered through the distorting lenses of conventional sexological images of sexuality and female sexuality.¹

Nevertheless, approaching sex and sexual problems from women’s perspectives and experiences, has, according to how I have analysed this approach here, made available for feminist sex therapists an understanding not only of women’s sexualities, but of the social construction of sexuality, be it women’s, men’s or people of other genders. Hence, women’s perspectives are not invoked and put to work in feminist sex therapy only to the extent that women’s perspectives are understood to be better for gaining insights into women’s sexualities, but to the extent that women’s perspectives are understood to be better for gaining insight into sexuality in general.

Accordingly, whereas mainstream sex therapy is challenged for being normative about sex because it promoted male views on sexuality as general views on sexuality, it would appear that the feminist invocation of women’s perspectives and experiences constitutes a normative investment too, with the obvious and crucial difference that it is, from the start and all the way through, acknowledged and held forth by feminist sex therapists. In the following sections I will explore further and, more specifically, how women’s perspectives are invested into feminist sex therapists’ conceptualizations of, firstly sexual problems, and secondly, sexual well-being, and how, in these knowing relations, subject positions of feminist sex therapists stabilize.

3.4 Stabilizing the Components of a Feminist Sex Therapy

Stabilizing New Views of (Women's) Sexual Problems

At a Boston-held press conference in 2000, Tiefer and eleven other social scientists and sexual health researchers acting as The Working Group on A New View of Women's Sexual Problems (henceforth: The New View) proposed a classification of women's sexual problems that challenges the DSM approach.¹ In an article accounting for the theoretical and activist background to The New View proposal, Tiefer observes that “[t]he authors of the DSM … had abandoned etiology in favour of descriptions. We felt this was a wrong choice for sex and for women.”² The ambition of the DSM to merely list diagnostic criteria for sexual problems without taking into account how and by what they were caused did, according to Tiefer and The New View, limit what could count as a sexual problem. Especially problematic, they contend, is that it is limited to a list of problems men rather than women tend to present with.³ Contrary to the DSM, The New View classification is inclusive, defining sexual problems in a general sense “as discontent or dissatisfaction with any emotional, physical or relational aspect of sexual experience”.⁴ Their basis for further classification of what is causing discontent and sexual dissatisfaction is, according to Tiefer, found in “insights of feminist clinicians and theorists who locate women’s sexual problems in cultural and relational contexts”.⁵

Stabilizing Objects of Professional Practice and Knowledge

As a conclusion in my analysis of feminist sex therapists’ critique of mainstream sex therapy I claimed that the contested version of the mainstream model serves as a situational resource for feminist sex therapists to specify further what is required of their theorizations of sexual problems. In the opening to this chapter I suggested that feminist sex therapists’ situatedness in relation to articulations of feminism and a feminist movement appeared to result in circumstantial demands for legitimacy calling for a theorization of sex and sexual problems as politically informed phenomena. Regarding sexual problems

¹ Working Group on A New View of Women’s Sexual Problems, “A New View.” Other members of the working group who appear at one time or another in this study are Marny Hall, mentioned in the introduction for developing sex therapy for lesbian women, Meika Loe, noted in one of the first sections of the previous chapter for having written about the culture of Viagra, and Peggy Kleinplatz, quoted just above, and editor of the 2001 publication where both Tiefer, and Stock and Moser contribute with statements about feminist sex therapy: Peggy J Kleinplatz, ed., New Directions in Sex Therapy - Innovations and Alternatives (Philadelphia: Brunner-Routledge, 2001).
² Tiefer, “Arriving at a ‘New View’.” p. 89
³ Ibid.
⁴ Working Group on A New View of Women’s Sexual Problems, “A New View.” p. 5
⁵ Tiefer, “A New View of Women’s Sexual Problems.” p. 91
in particular, the more specific requirement that appears to situate claims to knowledge, I have suggested, calls for a theorization of how, from women’s perspectives, social structures and institutions organizing gender and power relations impinge negatively on sexual well-being.

Whereas The New View recognizes that sexual problems could have a medical background and arise despite a “supportive and safe interpersonal situation, adequate sexual knowledge and positive sexual attitudes”,¹ their classification largely focuses on “sexual problems due to socio-cultural, political, or economic factors”, including “social constraints” and “cultural norms”;² as well as on “sexual problems relating to partner and relationship”, including “unequal power” and “negative patterns of communication”.³ Accordingly, as a condensed theory of sexual problems, The New View classification invokes concepts that account for relational, institutional and socio-cultural factors to perform work in explanations of sexual matters. This indicates how knowing relations are established by putting to work situationally viable, enabling and legitimating concepts such as social constraints, cultural norms and communication patterns, with the consequence that social and institutional mechanisms and processes stabilize as objects of knowledge.

To the extent that social mechanisms and processes stabilize as objects of knowledge, this is indeed consistent with claims that the invocation of social constructionism lays towards explanation and theorization. That is, framing sexuality as socially constructed entails that theorizations of sexual matters have to explore and explain why it is that sexual matters appear the way they do, rather than merely seeking to ascertain how they appear. In Tiefer’s writings, this focus on why sexual problems appear, rather than on what kinds of conditions it is that individuals present with as sexual complaints manifests, I think, as a reluctance to describe at all any specific conditions.⁴ At any rate, she

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¹ Working Group on A New View of Women’s Sexual Problems, “A New View.” p. 95
² Ibid. p. 95
³ Ibid. p. 95
⁴ A possible exception to Tiefer’s stance in her work is her considerations of dyspareunia. In 2005 she argues that it would be best if DSM-like listings were discarded entirely, but if there should be anything left, dyspareunia as a diagnosis could do. Since it is pain that is diagnosed, being pain in particular, it could be understood as a problem in its own right, more or less regardless of social conventions and norms. Leonore Tiefer, “Dyspareunia Is the Only Valid Sexual Dysfunction and Certainly the Only Important One - Peer Commentary on Bink,” Archives of Sexual Behavior 34, no. 1 (2005). Moreover, in her article for 1988 she does mention problems, however not drawing on her own experiences as a therapist, but on Shere Hite’s interviews. Here she argues that whereas conventional notions of sexual dysfunctions concentrate on problems with physiological performance, women tend to emphasize emotional aspects and dissatisfaction with communication. Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.”
considers it beneficial that, with the inclusiveness of the New View classification, such an approach to sexuality allows women to “identify their own sexual problems”.1 Furthermore Tiefer argues, an important advantage is that it conceptualizes sexual problems without “specifying any one particular pattern of sexual experience as normal”.2 The importance of the latter point resonates well with the notion that “feminist norms for sexuality should never valorize a particular set of behaviors or responses”3 argued by Tiefer in 1988.

Whereas Tiefer and The New View seem careful not to mention specific conditions that could appear typical or common, instead focusing what could give rise to problems, Seidler-Feller, as well as Keystone and Carolan, and Stock and Moser all provide accounts that concretely demonstrate examples of problems that gender and power issues may result in. Commonly, these examples describe symptoms occurring in mainstream accounts as well. Keystone, and Keystone and Carolan mainly consider vaginismus, Stock and Moser discuss erectile difficulties, and Seidler-Feller proposes the notion that

\[
\text{existing professional ways of viewing “sexual dysfunctions” are not inherently inconsistent with a feminist approach but seem naively to ignore the history of Western conflict and compromise alive in each of us.}^4
\]

At a first glance it could appear that Seidler-Feller suggests that feminist insights should be added to an existing body of sex therapeutic knowledge, accordingly promising a more full understanding of issues giving rise to sexual dysfunctions. In addition to performance anxieties and other etiological factors conventionally taken into account, “the history of Western conflict and compromise” also merits consideration as productive of sexual dysfunctions.5 However, the notion that mainstream formulations of sexual dysfunctions are apt, and that feminist sex therapists merely contribute with a more thorough theorization of why they occur, understates the consequences of the connection, in feminist alternatives in sex therapy, between on the one hand social and institutional factors, and issues of gender and power, and on the other sexual problems, even when they recall issues addressed in mainstream sex therapy.

1 Tiefer, “A New View of Women’s Sexual Problems.” p. 91
2 Ibid. p. 91
3 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 18 Tiefer’s emphases
4 Seidler-Feller, “A Feminist Critique of Sex Therapy,” p. 126
5 Cf. also Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™,” p. 141: “A feminist approach to sex therapy uses existing scientific knowledge about biology, medical approaches, and empirically validated treatment techniques while adding [feminist insights]"
The notion that I began to explore in relation to Tiefer and the New View, that sexual problems as objects of knowledge tend to stabilize as social and institutional phenomena, is espoused more generally by feminist sex therapists. I will explore it further here in relation to statements that acknowledge that they indeed do take problems into account that mainstream sex therapists also address. However, although taking the same bodily conditions into account, from feminist perspectives, what these conditions mean and how they are evaluated, differ considerably compared to mainstream sex therapy. By emphasizing the connection between sexual problems and the social and institutional circumstances in which they become tangible, feminist sex therapists tend towards relinquishing the notion that relational and social issues are factors contributing to sexual problems as individual entities; relational, institutional and social issues are the primary problems. This alleged displacement, in comparison to mainstream models, is summarized by Keystone, first when she claims that “the lack of intimacy or equality in the relationship, should be labelled the dysfunction”1 and later in the same article when she succinctly argues that: “the pathology is within society, not the woman”.2

Construing the institutional and social context of sex and sexuality to be the site of sexual problems leads to a significant reconceptualization of experiences of sexual difficulties. Compared to mainstream sex therapy, in Seidler-Feller’s article form 1985, she shifts the perspective entirely: not only are sexual difficulties de-pathologized, but they are in addition conceptualized as functional. “Female sexual dysfunction may be viewed as a general status protest /.../ and a woman’s best defense against a sexual ritual of subordination may be ‘sexual dysfunction’”.3 So called sexual dysfunctions may accordingly be a way for women to resist male supremacy, and could be analysed further, in Seidler-Feller’s terms, as an “expression of self-ownership and right to privacy”.4 Considering vaginismus, Keystone draws on Seidler-Feller’s argument and claims:

I really question whether vaginismus is at all abnormal… Some feminists see … vaginismus as… positive… in that it is better for a woman’s vagina to say ‘No’

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2 Ibid. p. 324
3 Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 124 This point in Seidler-Feller’s article is also cited in Handy et al., “Feminist Issues in Sex Therapy.” p. 73
4 Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 125
when she has not yet felt able to clearly verbalize her feelings, than for the woman
to place herself in an unsafe or unequal position.¹

Later, Keystone, together with Carolan, settles the slight hint of doubt as to
whether it is reasonable to de-pathologize vaginismus entirely, in favour of
viewing sexual difficulties as a healthy way to learn that relational or social
conditions are inappropriate for sexual exchange:

[F]eminist sex therapy conceptualizes sexual difficulties as arising from individual
or dyadic responses to: feelings of powerlessness or lack of equity in relationships,
past or present sexual trauma, compulsory heterosexuality, intransigent gendered
beliefs, societal emphasis on genitally based sexuality, and dominant culture biases
about sexual behavior.²

Whereas Seidler-Feller and Tiefer mainly concentrate on women's sexual
difficulties, Keystone and Carolan provide a framework where men too could
be seen as “oppressed by the gendered expectations”³ of a patriarchal society,
and they maintain that the framing of sexual problems as being functional may
apply to men as well:

If a man is experiencing a problem with ejaculation or erection, it may be that his
body is sending him a message that there is something he is uncomfortable with in
the relationship at the moment. He may be angry, fearful, depressed, and unable to
express these feelings other than through his body. In this way, his sexual behavior
is a functional expression of his present state.⁴

Keystone and Carolan, although not discussing the issue extensively, seem to
suggest that both women and men are somehow oppressed by gender
inequalities. This could be compared to Stock’s 1988 analysis of phallocentrism
where she, having asserted that men use their erections as instruments of
power, eventually argues that the way to go is to “work for a transformation in
which men will have to ‘give up their precious erections (or at least their
primary importance), [and] learn to … feminize sex’”.⁵ Tiefer, in a discussion
about male sexuality takes something of an intermediary position between the
ones suggested be Keystone and Carolan, and Stock. In an article from 1994
she claims that “[p]hallocentric beliefs burden and pressure men, but at the

¹ Keystone, "A Feminist Approach to Couple and Sex Therapy." p. 324
² Keystone and Carolan, "A Feminist Revision of Contemporary Sex Therapy." p. 291; cf. also Stock
and Mosier, "Feminist Sex Therapy in the Age of Viagra™." p. 155
⁴ Ibid. p. 291
⁵ Stock, "Propping Up the Phallocracy." p. 39
same time they maintain sexual privilege for men /…/ [and] ensure men’s sexual pleasure and satisfaction”.¹

Thus far I have traced in feminist sex therapy, the notion that problems otherwise labelled “sexual dysfunctions”, instead of being pathological deviations from standardized norms for sexual functioning, are functional responses to untenable social and institutional conditions. Although it is sometimes proposed that it applies to men, it is a notion most clearly accounting for women’s sexual problems. Furthermore, I have found this notion to occur in Stock and Moser’s considerations, and, by way of remarks, also in Tiefer’s;² but Seidler-Feller, and Keystone and Carolan are more elaborate in their construals of sexual problems as matters of the body communicating that something is wrong with the way it is treated and expected to behave. In effect then, sexual problems are conceptualized as a form of resistance and as a way for women to claim sexual agency in the face of curtailed sexual freedom, sexual denigration or oppression. Seidler-Feller argues in this vein that “‘sexual dysfunction’ may be seen not merely as resistance to male superiority and aggression, but as expression of self-ownership and right to privacy”.³

In my account I have charted a difference between, in particular Tiefer and The New View on the one hand, and Seidler-Feller, Keystone and Carolan on the other. This is so to the extent that the former commit to the basic notion that sexual problems, contrary to how they are allegedly construed in mainstream sex therapy, are not pathological, whereas Seidler-Feller, Keystone and Carolan commit to the notion that sexual problems, in terms of bodily conditions, are specifically functional and in a sense communicative.⁴ However, the shared insistence on the need, especially urgent in relation to mainstream sex therapy, to de-pathologize sexual problems, demonstrate, according to my analysis, a shared commitment to a theorization in which sexual problems become largely

⁴ Tiefer acknowledges Seidler-Feller’s point; she does certainly not reject it, but neither does she draw on it in any significant extent. Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 19 Regarding the communicative aspect of sexual problems, cf. also Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 163; Keystone, “A Feminist Approach to Couple and Sex Therapy.” Keystone is specifically clear on the point that sexual problems, or in any case vaginismus, communicates a message: “When a woman’s vagina says ‘No’, it does so for a good reason” p. 323
institutional and social phenomena rather than individual or merely physiological.

Feminist sex therapy considers primarily women’s but also men’s sexual concerns to be problems inherent in, or informed by, how patriarchy becomes manifested in individuals’ sex lives. The processes in which this happens are, as suggested above, theorized to involve concrete matters such as “women’s political and economic inequality … reflected in incomplete health care”,  

“sexual abuse” and “lack of information about human sexual biology”, as well as more abstract phenomena such as “cultural norms”, “intransigent gendered beliefs” and “rigid sex roles”. That is, feminist sex therapy, as a shared endeavour between different therapists and having occurred over time, invokes, consistent with a social constructionist framework, several specific and legitimating concepts to performing work for the establishment of knowing relations in which sexual problems, as objects of knowledge, stabilize to encompass primarily social and institutional phenomena.

*Investing Women's Perspectives into Sexual Problems*

Against the background of how feminist sex therapy shifts focus from individual women and men to the social and institutional circumstances of sexual matters when identifying, not only the source, but also the location of sexual problems, it is, I think, possible to show how the invocation of women’s perspectives becomes concrete in relation to sexual problems. Clearly, as I have already claimed, the notion that women’s perspectives are preferable for understanding sex and sexual problems is indeed put to work as a point of departure for establishing knowing relations in and as feminist sex therapy. Accordingly, the theorization of sexual problem analysed and accounted for above is invested normatively with women’s experiences and interests to the consequence that experiences of sexual problems are distinguished in connection to institutional and social phenomena. Nevertheless, the notion that sexual complaints are sometimes considered functional, and always non-pathological, reactions to social and institutional circumstances which is where the real problems are, is a more specific notion. That is, the invocation of

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1 Tiefer, “Feminist Critiques of Sex Therapy.” p. 41
3 Working Group on A New View of Women’s Sexual Problems, “A New View.” p. 95
4 Tiefer, “Arriving at a New View.” p. 89
women’s perspectives has enabled a theory in which the connections between individuals and their social ramifications are explored and explained. What is clear from the above however, is that feminist sex therapy also commits to an evaluation of this connection, in terms of how and to what extent it entails problems that need intervention.

In Tiefer’s contestation of the allegedly individual focus in mainstream sex therapy, and in her promotion of an approach that instead pays attention to social, institutional and relational dimensions, her arguments are mostly animated by contentions about what individualistic approaches miss, and what becomes visible, so to say, when the social dimensions of sex are scrutinized. However, in an argument in a 2001 article, a slightly different contention regarding the problems of a too strong focus on individuals is hinted at: “Feminists must scrutinize all sexual prescriptions offered for women, especially those that suggest women’s sexual experience would be better, more normal, or more fulfilling, if it more closely paralleled men’s”.1 Besides the problem of being gendered, sexual prescriptions directed towards women also come with the notion that certain experiences are normal, whereas other’s are undesirable. Tiefer could be read here to argue that prescriptions are important to criticise for feminists because they tell women to change, and similarly, individualized notions of sexual problems too, would imply that women were in need of adjustment. Even if this reading is admittedly a bit strained in connection to Tiefer, in Keystone’s 1994 article what is perhaps suggested by Tiefer is spelled out clearly:

The term mental disorder for some sexual dysfunctions is worrisome in general, and certainly for women in particular. Indeed, I suspect that our use of the term sexual dysfunction may sometimes disempower women even further, albeit in the guise of helping them, by labelling their behavior as dysfunctional.2

Accordingly, individualized notions of sexual problems suggest that women’s behavior is problematic. Hence, from the point of view of a feminist sex therapy that contends that society puts women in a sexually disadvantaged position, it would indeed appear counter-productive to again label their behavior problematic. Contrary to labelling women dysfunctional or problematic, Keystone both in 1994, and later together with Carolan, has argued the notion that “dysfunctions” should be given affirmation as

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1 Tiefer, “Arriving at a ‘New View’.” p. 84
When Seidler-Feller claimed this in 1985 she connected her conceptualization of the functionality of so called dysfunctions with the notion “that women have an inalienable right to control over their bodies”\(^1\). Against the background of notions about women’s rights to their bodies, and the suggestion that the individualization of problems is disempowering because it calls for individual change and adjustment on the part of women, the invocation of women’s perspective could be analysed to perform work to the consequence that it is the social, institutional or relational context that stabilizes as in need of change; not women.

**Stabilizing Subject Positions**

Throughout my considerations of sexual problems in feminist sex therapy, I have been concerned with one side of knowing relations in which sexual problems, as objects of knowledge and objects of professional practice stabilize as social, institutional or relational phenomena in need of change. Clearly though, sexual problems are not the only thing stabilizing in these relations, but they stabilize relationally with the knowing and professional subject positions of the feminist sex therapist.\(^5\)

**Feminist Activists and Social Scientists**

Even though sexual problems are construed largely as social, institutional and relational phenomena it is not social structures, cultural norms or sex roles that feminist sex therapists see in therapy. Nevertheless, as is suggested when Tiefer in 1988 states that “[a]s we said all along, ‘The personal is political’. Don’t forget it”\(^4\) and Seidler-Feller a few years before argued the notion that “sexual dysfunction reflects sexual politics”,\(^3\) feminist sex therapists tend to invoke a feminist understanding of the relation between the personal and the political.\(^6\) Accordingly, sexual problems tend to be construed as embodiments of sexual politics and, especially in relation to the notion that so called sexual dysfunctions are in fact functional, also as embodiments of political resistance.

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\(^1\) Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy.” p. 291 Here, Tiefer’s 1988 article is cited for contesting the notion of “dysfunction”.

\(^2\) Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 125

\(^3\) Fournier, “The Appeal to ‘Professionalism’”; cf. also Barad, “Posthumanist Performativity.”;

\(^4\) Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 19

\(^5\) Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 124 See also p. 126; here, Seidler-Feller also suggests that in her feminist approach to sex therapy, “a variety of cognitive, affective, ethical, social psychological, anthropological, and political dimensions [are introduced to] flesh out the feminist premise that the personal is political”. Seidler-Feller’s emphasis.

\(^6\) Keystone, “A Feminist Approach to Couple and Sex Therapy.” Keystone asserts that “[a]s it affects our work, the personal really is political” p. 324.
in a patriarchal society. When embodied sexual problems are faced in therapy, they are not, as I have demonstrated in connection to feminist sex therapists’ insistence on de-pathologizing sexual problems, primarily conditions in need of a cure. Against the background of a feminist connection between the personal and the political they would rather appear as signs of resistance and invitations to further feminist activism.

In relation to sexual problems, the knowing subject position stabilizes in a feminist social scientific understanding of the conditions for sexual matters in a patriarchal society, and on the professional side the sex therapist becomes a feminist activist taking side with especially women in a fight against social and cultural tendencies and institutional conditions that impinge upon women, and here, in particular upon their sex lives and sexual well-being. When Keystone describes how she construes her role as a sex therapist she indicates the importance of working side by side with her clients:

From my own perspective as a therapist … feminism involves, at all times, the notion of safety. It means acting on behalf of women in whatever professional and humanitarian way I can, to ensure that they feel safe within themselves and within their environment to the degree that this is possible for women in today’s society.

Here, the problem faced in therapy is the clients’ positions in society, and by acting on behalf of them, taking their side and supporting them, the therapist can aid women in managing the injustices they face. In Stock’s article from 1988 she describes working as a feminist sex therapist in terms that emphasize more strongly that clients and therapists are in it together in a struggle against a patriarchal society. Being a feminist sex therapist "requires … energy to maintain an awareness of an egalitarian model of sexuality while existing and working within a culture and social reality antithetical to gender equality". Together with Moser, in 2001, she further points to the activist element in the role of the feminist sex therapist: "[w]e need to be cultural resisters rather than accomplices … as we conduct our therapy".

In Tiefer’s articulations of the subject position of feminist sex therapists, although the activist element is present, the notion that client and therapist to

1 Ibid. p. 321
2 Stock, "Propping Up the Phallocracy." p. 39
3 Stock and Moser, "Feminist Sex Therapy in the Age of Viagra™." p. 160; cf. also Handy et al., "Feminist Issues in Sex Therapy." p. 77
the same extent struggle with patriarchy appears rather remote.¹ In a 1996 article she claims that she “particularly favour[s] the role of the sex therapist as psychoeducator-coach”.² Accordingly, Tiefer argues that “[f]eminist sex therapy begins with feminism, up close and personal. In discussion, in self-exploratory written homework and in reading, reading, reading.”³ To this end, the professional role of the therapist at first appears to be that of a tutor. Tiefer, however, compares this portion of sex therapy to the experiences in “consciousness-raising groups of early second-wave feminism”⁴ and suggests that such contact with feminism can form the basis for political resistance and change by demonstrating for women how, in their lives, the personal indeed is political.

In consequent parts of therapy the political education continues in more concrete facets, such as assertiveness training, masturbation education and education about women’s (sexual) physiology.⁵ In relation to these aspects of feminist sex therapy, Tiefer claims that the role of the therapist has been to help women “to learn coping strategies to resist ongoing oppression”.⁶ However, in what is actually a couple of rare pages in literature on feminist alternatives in sex therapy, Tiefer remarks about more visionary potentials for feminist sex therapists. More than teaching women coping strategies, feminist sex therapists can also strive to expand their clients’ sexual horizons. Tiefer points to how such visionary potentials are in their infancy, but she still makes a few suggestions as to how they could develop. Most significantly it is in the inclusion into sex therapy of information and training that construe and construct sex in ways that are not bound up with genitals or even physicality that Tiefer sees a promising future.⁷

Feminist Liberators

Whereas Tiefer’s sex therapist, in relation to primarily sexual problems, stabilizes as an educator in theoretical and practical feminism, Stock and Keystone tend more towards sex therapists who join with their clients in a struggle against patriarchy. Despite these differences however, I think there is a

¹ Cf. Leonore Tiefer, “An Activist in Sexology,” in Sex Is Not a Natural Act & Other Essays (Boulder: Westview Press, 1995). In general terms, Tiefer claims that she has “the soul of an activist” p. 91, and describes herself as “an activist who happens to be a sexologist” p. 96
² Tiefer, “Towards a Feminist Sex Therapy.” p. 55
³ Ibid. p. 56
⁴ Ibid. p. 56
⁵ Ibid. Cf. also Tiefer, “Feminist Critiques of Sex Therapy.”
⁶ Tiefer, “Towards a Feminist Sex Therapy.” p. 59
⁷ Ibid. pp. 59 - 62
shared understanding of the feminist sex therapist as a political activist; as someone who intervenes in a political reality, and seeks to accomplish political change. Moreover, therapeutic intervention, like activism, has in feminist sex therapy a purpose; often, the objective of intervention is construed in terms of creating egalitarian relationships between women and men, as for instance when Keystone and Carolan claim that for feminist sex therapists intervention serves “the ultimate goal of equitable and satisfactory sexual relationships and/or comfort with individual sexuality”\(^1\).

In connection to the notion that feminist sex therapists seek to accomplish egalitarian relationships, Stock and Moser argue that to “help the client gain freedom from assigned gender roles and recognize roles that are confining, restrictive or oppressive”\(^2\) is an objective of intervention. Seidler-Feller, similarly, maintains that “feminist sex therapy must be oriented toward … shifting around existing sex stereotypes and other problematic sexual arrangements”\(^3\). Hence, women’s positions in society, and in institutions such as the couple, are defined by “assigned gender roles” and “sex stereotypes” that work as confining and disempowering.

In the opening to this chapter I cited Tiefer’s claim that feminism would resolve many of women’s sexual problems.\(^4\) What is also suggested more specifically by other feminist sex therapists is the notion, sententiously summarized by Tiefer in 1996 when she claims that “the only magic pill for women’s sexuality is broad-spectrum freedom”,\(^5\) that feminism offers a resolution because it leads to freedom and power for women. In relation to the objective of feminist sex therapy then, the subject position stabilizing is, again in Tiefer’s rather succinct wording, the subject position of “social liberators, helping people move beyond restrictions and inhibitions embedded in gender roles and stereotypes and institutionalized in all parts of society”.\(^6\)

Hence, more than feminist activists, there is also an element in the subject position of the feminist sex therapist that stabilizes as a liberator. Whereas the

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\(^1\) Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy.” p. 294; cf. also Stock, “Propping Up the Phallocracy.”

\(^2\) Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 155

\(^3\) Seidler-Feller, “A Feminist Critique of Sex Therapy.” p. 127 Seidler-Feller also cites Lonnie Barbach’s approach in sex therapy – in this study remarked about in the introduction – as a good example of how to “free [women] from sex-typed sexual choreography”. p. 122

\(^4\) Tiefer, “Arriving at a ‘New View’.” p. 86

\(^5\) Ibid. p. 92

\(^6\) Tiefer, “Towards a Feminist Sex Therapy.” p. 54
activist position stabilize specifically in relation to sexual problems as objects of practice, the liberationist element stabilize most clearly in relation to the objective of intervention. In the next section I will consider more closely how freedom and power are related to sexual well-being; to the extent that the feminist sex therapist is a liberator, freeing women for oppression, restrictions and their subordinate positions in a patriarchal society, in what sense does freedom and empowerment lead to (increased) sexual well-being? What is the object of knowledge that stabilizes as the objective of professional intervention?

**Stabilizing Object and Objectives of Knowledge and Intervention**

As a conclusion of my considerations of how feminist sex therapists distinguished and criticised mainstream sex therapy I claimed that contestation served as a resource to specify further what would be required of a feminist alternative in sex therapy. Whereas theorizations of sexual problems, as I have demonstrated, needed show how problems are contingent upon social and institutional conditions, theorizations of sexual well-being, as I will now consider them, need to find a way to construe sexual well-being without invoking specific, and in particular physiological, norms.

**Women’s Perspectives in Sexual Well-being**

In Tiefer’s 1988 article she issues a criticism of employing pre-defined norms for sexual functioning, health or well-being, that has been influential, I think, in statements of feminist alternatives in sex therapy. Here she argues that “[o]nce sexuality is professionally defined as a matter of correct response cycle performance rather than self-defined enjoyment, couples and individuals are dependant upon experts to guide them towards ‘normal and healthy’ sexuality”. In 2001, Stock and Moser cites and elaborates on Tiefer’s point slightly, claiming that having experts decide what sexual well-being is “places definitions of ‘normal and healthy’ sexual functioning in the hands of officially sanctioned experts rather than self-defined enjoyment, more often reflecting these experts’ reality rather than women’s”.

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1 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” Cf. also Keystone, “A Feminist Approach to Couple and Sex Therapy.” Having reviewed Tiefer’s 1988 article, Keystone asks, rather rhetorically as it were: “But is there or should there be a normal standard of sexual behaviour that we as sex therapists adhere to?” p. 322

2 Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 17; cf. also Handy et al., “Feminist Issues in Sex Therapy.” Citing a paper presented by C.R. Ellison at a 1982 psychology conference, Handy et al agree that “sex therapy can be harmful, particularly for women, if the outcome is measured in terms of a particular function or skill.” p. 78

3 Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 140
Hence, supposedly contrary to mainstream sex therapists, feminist sex therapists should, in accordance with how I have begun to trace their objectives above, "actively encourage individuals to express their unique sense of self and self-sexuality in their own ways". Here, Keystone and Carolan, like both Tiefer, and Stock and Moser, point to the importance of granting women opportunity to define sexual enjoyment on their own terms. Similarly, Handy et al., in 1985, claim that a feminist sex therapy should work for the "promotion of a woman's right to determine her own style of sexual expression and affirmation of a range of life-styles for meeting her social, emotional and sexual needs".

On the one hand, the emphasis on sexual self-determination works to concretize the objective of feminist sex therapy: more than freedom and egalitarian relationships, the objective, in specifically sexual terms, is women's sexual self-determination. The feminist sex therapist, as a liberator, by promoting egalitarian relationships, freedom and empowerment for women, helps create opportunities for women to define in their own terms what sexual well-being takes and entails for them. On the other hand, I think that the importance of self-defined enjoyment could help suggest how the invocation of women's perspectives, previously traced both as a point of departure for feminist sex therapy and in relation to theorizations of sexual problems, contributes in the establishment of knowing relations in which sexual well-being stabilizes.

In relation to sexual problems I argued that the invocation of women's perspectives was normatively invested to distinguish social and institutional conditions as the problem in need of change. This reading was suggested against the background of notions in feminist sex therapy literature about women's rights to their bodies, and against a contestation of individualized norms for their tendency to render women's behavior problematic. With regards to sexual well-being, the invocation of women's perspectives, I think, performs work in a similar way; sexual well-being stabilizes as an object of knowledge, in the form of self-determination, in knowing relations established where women's perspectives are normatively invested with the consequence that it is women over experts who know better what leads to sexual well-being. Women's definitions are normative for defining sexual well-being, and as an objective of intervention, in relation to the subject position of a feminist.

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1 Keystone and Carolan, "A Feminist Revision of Contemporary Sex Therapy." p. 292
2 Handy et al., "Feminist Issues in Sex Therapy." p. 74
liberator, sexual well-being stabilizes as that which is made possible by freedom and empowerment.

Sexual Well-being – What is there to Know?

Granted that feminist sex therapists put definitions of sexual well-being in the hands of their clients, it would appear that there is not much there to know professionally. At this stage, however, I think it is important to recall a point I made when I considered the social constructionist framework of knowing relations in feminist alternatives in sex therapy. Here, I argued that the appeal to social constructionism, more than opening up to invocations of phenomena pertaining to human, institutional and social agency for explaining and theorizing sexual matters, also points to the importance for feminist sex therapists to account for how sexual matters become what they are. Against this background, accounts of sexual problems pays attention mainly to how the different social and institutional conditions women and men face in a patriarchal society curtail particularly women’s opportunities for sexual well-being.

At the same time though, within the same social constructionist framework, concepts drawing from social psychology provide a framework for establishing how it is supposedly that women and men display differences in sexuality.¹ Here, Stock and Tiefer draw respectively from Hite’s studies to point to the specificities in what it is that women and men value sexually;² in claims that resonate well with Handy et al’s argument from a few years earlier:

One consequence of socialization to differentiated gender roles is that women attach special importance to the emotional, communicative, and interactive dimensions of sex, and men are more likely to be concerned with its cognitive and performance dimensions.³

In a similar fashion Keystone and Carolan claim that “men are socialized to be sexual performers, victors and aggressors”,⁴ and Tiefer, when discussing whether the importance of orgasm may be diminished to allow room for other

¹ Cf. for instance Seidler-Feller, "A Feminist Critique of Sex Therapy." p. 119
² Stock, "Propping Up the Phallocracy."; Tiefer, "A Feminist Critique of the Sexual Dysfunction Nomenclature."
³ Handy et al., "Feminist Issues in Sex Therapy." p. 70; cf. also Tiefer, "Feminist Criticism of the Human Sexual Response Cycle." p. 55
sexual priorities, employs the notion of “scripting” as a concept, alongside “socialization” to frame how social norms become individualized.¹

That is, concepts pertaining to social and societal structures supply grounds for demonstrating how it is, supposedly, that women and men face different social and sexual conditions. In an article published in 1994, Tiefer claims that “women’s sexual lives are embedded in … sociohistorical frameworks that feminists have identified as patriarchal”,² and Keystone and Carolan emphasize the importance of interrogating women’s sexual problems “in the larger context of society”, and to reach an understanding of how sexual and everyday practices “may be dominated by a patriarchal perception of entitlement”,³ presumably to the effect that men feel justified in allowing themselves to exploit women.⁴

What becomes evident here is that differences in social conditions and differences displayed in and as sexualities are connected, as “socialization” is a process occurring as part of “patriarchy”.⁵ Accordingly, sexual differentiation and power differentials are co-constitutive. That is, the connection between notions such as socialization and patriarchy points to a connection in which individual sexual characteristics are structurally informed. Stock, arguing the need for an “awareness of the power asymmetry within and outside relationships, and the effect of this on the sexual politics of relationships and on the individual psyche”,⁶ can be taken to suggest that sexual problem and individual psyches are in a sense produced out of the same processes. Together with Moser she accounts for a case in which the woman in a heterosexual couple feel pressured by her male partner to engage in intercourse even though it is painful to her. According to Stock and Moser, the problem she contends with consists in “cultural and possible economic pressures… to submit to unwanted intercourse as her ‘wifely obligation’”,⁷ and they analyse the cultural and economic conditions in this situation to be a pervasive and recurring theme, so thoroughly present that it is part of a “taken-for-granted social

¹ Tiefer, “Arriving at a ‘New View’.” p. 82; cf. also Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy.” p. 290. The notion that socialization is the process whereby social norms become internalized is put forth in Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” p. 11
³ Keystone and Carolan, “A Feminist Revision of Contemporary Sex Therapy.” p. 290
⁵ Cf. for instance Ibid. p. 126; Stock, “Propping Up the Phallocracy.” p. 39
⁶ Stock, “Propping Up the Phallocracy.” p. 39
⁷ Stock and Moser, “Feminist Sex Therapy in the Age of Viagra™.” p. 159
realities”. Accordingly, they demonstrate how a continuity between the cultural and social context, and feelings of obligation bound up with the couple as an institution manifests as an experience of sexual concerns.

3.5 (In)conclusive Remarks

These considerations certainly raise a question: to the extent that sexual well-being is defined in terms of self-determination, what does it mean to be self-determining in circumstances where sexual individuality and subjectivity are socially constructed in processes in which a patriarchal social structure structures individual psyches? In the conclusion of Stock’s article from 1988 she indicates similar concern. I quote her at length:

Does it make sense to attempt to reconstruct sex within the patriarchy? The patriarchy has indeed attempted to define and control our sexuality. However, the fact that some of us are critical of phallocratic sexuality indicates its absence of complete control over our consciousness. We must not turn away from sexuality itself as if it were a patriarchal abomination. By nurturing a new model of sexuality with a critical feminist awareness, we can resist phallocratic sex and sustain a vision of what the erotic could be.2

Clearly, Stock denies that patriarchy saturates entirely individual subjectivity and agency, – the existence of feminism certainly is a case in point – and she maintains that “critical feminist awareness” indeed promises to create better sexual and erotic realities than those which we are currently left. Nevertheless, what these realities are, and, more urgently, how they possibly could be realized, are issues left virtually unexplored in literature on feminist sex therapy. That is, and slightly more dryly put, whereas sexual problems as objects of knowledge and professional practice stabilize in relation to the feminist sex therapist as an activist, the subject position of the feminist liberator stabilizes in relation to a blank space of knowledge in literature on feminist alternatives in sex therapy. Left unaddressed, I think that this space is at risk of lending support to not-so-feminist versions of sexual well-being, and once addressed I think that a need to re-evaluate the notion that liberation is a straight-forward or safe route to sexual well-being would emerge as a result. These issues however, will be a topic in my final chapter and concluding discussion of this study. Now, I will turn my attention instead towards mainstream sex therapists, ultimately to see whether they have something to do with the apparent difficulties hinted at in feminist sex therapy.

1 Ibid. p. 159
2 Stock. “Propping Up the Phallocracy.” pp. 39 - 40
4. An Unrevised Sex Therapy

In the 1970 publication *Human Sexual Inadequacy*, out of which sex therapy as a distinct treatment approach emerged, William Masters and Virginia Johnson insisted that “[t]he ultimate level of marital-unit communication is sexual intercourse [and] /…/ very few marriages can exist as effective, complete, and ongoing entities without a comfortable component of sexual exchange”.¹ Sexual problems appear, accordingly, to be a serious threat to married life, and would against this background seem in urgent need of treatment. To the extent that it was to this alleged need that the developing sex therapy responded, critiques issued by feminists and feminist sex therapists challenging mainstream sex therapy’s all too accepting attitude to the social and institutional ramifications of sex, and its assumption that sex was basically the same as coitus, would indeed appear as warranted as a criticism could be.

What is perhaps more striking is that mainstream sex therapy as it appears in the works of William Masters and Virginia Johnson, Helen Singer Kaplan and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association (APA) is promoted as an approach to sex, scientifically and rationally riden of prejudice and moralism.² Accordingly, whereas feminists have held that mainstream sex therapists are normative and political in their emphasis on coitus and their uncritical understanding of in particular, the coupled organization of sex, mainstream sex therapists appear to maintain that these are components that fit unproblematically into their scientific and rational sex therapeutic approach.

In this analysis, I will, against the background of analyses by feminists both part of and outside of the field of sex therapy, focus my attention especially on how notions of sexual practices and the social and institutional context of sex are made significant when sexual problems and sexual well-being are distinguished in mainstream claims to knowledge.³ Specifically I will consider questions about the extent to which, and how, mainstream construals of sexual problems and well-being appeal to the notion that coitus is more sexual, more important or more valuable than other sexual activities, and the extent to which, and how,

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¹ Masters and Johnson, *Human Sexual Inadequacy* p. 14
² Tiefer, “A New View of Women’s Sexual Problems.” p. 89
socio-sexual institutions such as the couple or marriage are invoked in theorizations of sexual matters. This chapter will concentrate on how notions about sexual practices and the social context of sex relate to the ways in which mainstream sex therapists distinguish sexual problems, define sexual well-being and describe their own role as sex therapists for knowing and treating problems, and promoting well-being. I will begin by considering the sense in which mainstream sex therapists have understood it important to legitimate their approach, and what knowledges it is that mainstream legitimacy hinges on.

4.1 Circumstantial Demands for Legitimacy

Mainstream sex therapists have located their efforts in relation to a world simultaneously full of sexual problems and of problematic attitudes towards sex. In the preface to the 1966 publication *Human Sexual Response*, which I shall soon consider in more detail, Masters and Johnson contended that “[i]f problems in the complex field of human sexual behavior are to be tackled successfully, psychological theory and sociological concepts must at times find support in physiological fact”.¹ Available information about human sexuality, it seems, was incomplete and hypothetical rather than factual in nature, and there was, according to Masters and Johnson a “massive state of ignorance of human sexual response, to the detriment of the well-being of millions of individuals”.² Despite a few islands of insight concerning human sexuality, possibly referring to Sigmund Freud’s clinical observations, and Alfred Kinsey’s survey material, Masters and Johnson maintained that the lack of scientific information and certainty effectively hindered people contending with sexual problems from getting help, and as a result they were kept in a state of deprivation of a component of sexual satisfaction in their lives and relationships.³

*Human Sexual Response* reported on research efforts on the part of Masters and Johnson that were meant to “improve methodology of therapeutic approach to sexual inadequacy”,⁴ and sought to mend a gap in sexual knowledge that, according to Masters and Johnson, was due to a social and cultural atmosphere that made sex a suspicious subject, and sexual matters unworthy of scientific research. Clearly lamenting such attitudes to sex, they claimed that sexual matters are important in most people’s lives because they are part of the human

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² Ibid. p. vii
³ Ibid. pp. v-vii
⁴ Masters and Johnson, *Human Sexual Inadequacy*. p. 1
Why then must science and scientists continue to be governed by fear – fear of public opinion, fear of social consequence, fear of religious intolerance, fear of political pressure, and, above all, fear of bigotry and prejudice – as much within as without the professional world? Masters and Johnson could, I think, be analysed as indicating two kinds of demands for legitimacy in the preface to Human Sexual Response. On the one hand, they had the “well-being of millions of individuals” in mind and, however firmly they believed it to be possible, they needed to demonstrate that sexual well-being was possible depending on reliable knowledge being available. On the other hand, and certainly interfering with the satisfaction of the first demand, they found themselves in a social and cultural context that entertained a virtual fear of sex, and accordingly needed to demonstrate that this fear of sex was unfounded.

In Human Sexual Response it appears as though both these demands could be satisfied with one proverbial stone: scientific knowledge about the human sexual condition. A scientifically rigorous and sober approach to sexual matters would, to that effect, demonstrate that sex, just as any other subject, can be studied objectively and without falling prey to any kind of depravity or whatever else was culturally feared that too much attention to sex would lead to. Simultaneously, a scientific approach to sex and sexual problems would guarantee the certainty and efficacy of methods developed to treat people’s sexual problems. Later, in Kaplan’s first and second volumes of The New Sex Therapy from 1974 and 1979 respectively, the cultural demand has been toned down but the faith in a science of physiology to enable and demonstrate the efficacy of sex therapy remains. In 1974 she puts forth the notion that “data on the physiology, neurology and endocrinology of the sexual response of men and women… provide the conceptual foundations for the rational practice of sex therapy”, and in 1979 that “[a]n understanding of the sexual dysfunctions and the rationale behind the treatment rests first on an understanding of the biological infrastructure of sexual response”. Hence, it is in Masters’ and Johnson’s, and Kaplan’s accounts of the so called Human Sexual Response Cycle (HSRC) that I will begin my interrogation of mainstream sex therapy.

1 Masters and Johnson, Human Sexual Response, p. vii
2 Ibid. p. 4
3 Kaplan, The New Sex Therapy, p. 25
4 Kaplan, The New Sex Therapy Volume 2. p. 6
How does a scientific and rational theorization of sexual matters look? How could mainstream claims to knowledge as situated be understood?

4.2 Situating Claims to Knowledge

**Sex and “a Natural Physiological Process”**

In my introductory chapter I dated the birth of sex therapy somewhat hesitantly to 1970 when Masters and Johnson published *Human Sexual Inadequacy*. Their *Human Sexual Response* from a few years earlier however, was indispensable for their 1970 publication. Although the precise concepts promoted in 1966 have been subject to subsequent changes and revisions, the basic theory promoted in *Human Sexual Response* has remained a corner stone in sex therapy. On the one hand, it is a theory that has worked as an allegedly solid and scientific basis for dealing with sexual matters. On the other hand, it has worked as grounds for delineating the very object of the efforts of sex therapy: sexual dysfunctions.

**Physiology and Reproduction**

As I remarked in the previous chapter, Masters and Johnson published *Human Sexual Response* as a conclusion to several years of research that sought to find out how the human body responds to sexual stimulation. Their research into human sexual response was initiated in the mid 50ies. Affiliated with the Reproductive Biology Research Foundation in Washington, Masters and Johnson set up a laboratory in which they observed, recorded and measured people recruited from “selected segments of a metropolitan community”\(^1\) engaging in a variety of sexual activities. It is from these laboratory studies that they arrived at the concept of the HSRC. The notion of the HSRC conceptualizes and describes what Masters and Johnson took to be fairly universal physiological patterns of sexual response displayed by the human body. That is, when stimulated sexually the human body supposedly goes through a series of changes, and furthermore, changes that occur in a distinct order.

Masters and Johnson presented the HSRC as comprised of four phases: 1. excitement, 2. plateau, 3. orgasm, and 4. resolution. The excitement phase

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\(^1\) Masters and Johnson, *Human Sexual Inadequacy*, p. 9

\(^2\) Masters and Johnson, *Human Sexual Response*, p. 11 “Selected” here means, as Masters and Johnson points out, that their sample in many ways was socially and ethnically biased, with an emphasis on college educated, socio-economic privileged and Caucasian research subjects. In addition to such privileged research subjects, Masters and Johnson also employed several female prostitutes for their laboratory studies. pp. 12 - 15
marks the onset of, for example, clitoral engorgement, vaginal lubrication and
nipple erection in women, and penile erection and constriction of the scrotum
in men. Excitement also leads to an increase in heart rate, blood pressure and
deeper breathing. During the plateau phase, the excitement phase responses
intensify; clitoral engorgement continues, and the clitoris retracts under the
clitoral hood, and the female “breast will have increased in size by one-fifth to
one-fourth over unstimulated, baseline measurements”.1 In men, the corona
glandis, an area located at the low-end of the glans penis, reaches “final
engorgement”.2 The orgasm phase is the shortest stage in the HSRC. Besides
intense pleasure, orgasm is marked by spasmodic contractions of the muscles in
the pelvic area of both women and men, and male ejaculation of seminal fluids.3
Following the orgasm phase the body, during the resolution phase, is relieved
from sexual tension and is returned “to an unstimulated state”,4 thus
concluding the cyclic nature of sexual response.5

Underlying the HSRC are, according to Masters and Johnson, two basic
physiological processes: vasocongestion and myotonia.

The basic physiologic responses of the human body to sexual stimulation are
twofold in character. The primary reaction to sexual stimuli is widespread
vasocongestion, and the secondary response is a generalized increase in muscular
tension.6

Vasocongestion is a physiological mechanism causing blood vessels to congest.
It increases the blood pressure and flow in affected areas, and leads to tissue
swelling. According to Masters’ and Johnson’s model, vasocongestion is the
primary mechanism behind the excitement and plateau phase responses. More
than with vasocongestion, the body also responds to sexual stimulation with
increasing muscular tension – myotonia. It is when this tension peaks in
rhythmic muscular contraction and spasms, especially in the genital areas, that

1 Ibid. p. 29
2 Ibid. p. 183, figure 12 – 5
3 Masters and Johnson do not consider ejaculation in women. However, regarding female orgasm,
they emphasized that the previously held distinction between vaginal and clitoral orgasm was
mistaken: “From an anatomic point of view, there is absolutely no difference in the responses of
the pelvic viscera to effective sexual stimulation, regardless of whether the stimulation occurs as a result
of clitoral-body or mons area manipulation, natural or artificial coition, or, for that matter, specific
stimulation of any other erogenous area of the female body”. Ibid. p. 66 ‘Mons area’, or ‘Mons
veneris’ latin for ‘mountain of venus’. Cf. Female Genitalia Guide, The Vulva and Internal Genitalia
4 Masters and Johnson, Human Sexual Response p. 6
171 - 220
6 Ibid.p. 7
orgasm occurs. Physiologically speaking, muscular contractions are what constitute orgasm, and it is, thereby, made possible by myotonia.\textsuperscript{1} During resolution the levels of vasocongestion and myotonia decrease.\textsuperscript{2}

Although there are differences in external bodily manifestations of sexual response in women and men, Masters and Johnson emphasize that at a basic physiological level sexual response is the same process in both women and men.

Attempts to answer the challenge inherent in the question “What do men and women do in response to effective sexual stimulation?”, have emphasized the similarities, not the differences, in the anatomy and physiology of human sexual response.\textsuperscript{3}

Accordingly, a basic tenet of Master’s and Johnson’s theorization of sexual matters is that the capacity for sexual response is part of the human body as a feature of its biological constitution, regardless of gender and other differences.

It is in connection to this notion, that is, that sexual response somehow is a basic part of human biological constitution, that the appeal in Masters’ and Johnson’s framework to physiology can begin to indicate a way in which their claims to knowledge are raised to satisfy a demand for legitimacy, and in what sense claims to knowledge to that effect are situated within a specifically scientific endeavour. For Masters and Johnson, as they summarize succinctly in \textit{Human Sexual Inadequacy}, the notion that they had observed and recorded basic features of human biology becomes concrete in the contention that sexual response “is a natural physiological process”.\textsuperscript{4} Accordingly, the capacity for sexual response exists in the part of humans that is a part of nature, and a scientific understanding of sexual matters, it would appear, should, in order to be scientific, account for phenomena that exist naturally. In order to elaborate on this reading of the concept of sexual response, I will turn to Kaplan’s continued development of the HSRC and seek to clarify in what sense sexual response is framed in mainstream sex therapy as existing naturally.

In Kaplan’s \textit{The New Sex Therapy} from 1974 she introduces her chapter on the HSRC by claiming that “human sexual response is a highly rational and orderly sequence of physiological events, the object of which is to prepare the bodies of

\begin{itemize}
\item \textsuperscript{1} Cf. Kaplan, \textit{The New Sex Therapy}. p. 52
\item \textsuperscript{2} Cf. also Brecher and Brecher, “The Work of Masters and Johnson.” pp. 20 - 37
\item \textsuperscript{3} Masters and Johnson, \textit{Human Sexual Response}. p. 8 Masters’ and Johnson’s emphasis
\item \textsuperscript{4} Masters and Johnson, \textit{Human Sexual Inadequacy}. p. 9
\end{itemize}
two mates for reproductive union”. Kaplan does here is to invoke a connection between sexual response and sexual reproduction characterized by a purposeful logic. That is, sexual response is part of a more encompassing process, and more than a self-contained physiological process, sexual response has, according to Kaplan, a function beyond itself. Sexual response is that which makes sexual reproduction possible, by making coitus possible: “coitus is not unlike sleeping, eating, fighting. Before the individual can engage in any of these various forms of behavior, the body must undergo similar processes of adaptation, involving extensive chemical and physiological changes”.

Here, the connection to reproduction suggests in what sense sexual response is distinguished from other physiological responses as specifically sexual; whereas the physiological underpinnings of sleeping, eating and fighting could be conceptualized as relaxation, digestive and aggression response respectively, that which make sexual response specifically sexual appears to be the relation it has to sexual reproduction. In Kaplan’s 1979 second volume of *The New Sex Therapy*, the appeal to reproduction, also becomes an appeal to species survival, and finally to evolution. It is, I will argue, ultimately in the invocation of a connection between sexual response and evolution that what legitimacy entails in mainstream sex therapy is discernable; the appeal to a connection between sexual response and evolution accordingly, and as I will consider more closely below, demonstrate a sense in which mainstream claims to knowledge are situated.

*Response, Reproduction, Survival and Evolution*

In the late 70ies Kaplan had become increasingly aware that sex therapy as it was theorized and practiced, had been missing something important about sex and sexual problems. She suggested that, more than excitement and orgasm sex, also involved desire. The HSRC, according to Kaplan, had to be supplemented with a desire phase of sexual response in addition to and logically preceding the phases already theorized in *The New Sex Therapy* and Masters’ and Johnson’s *Human Sexual Response*. In the second volume of *The New Sex Therapy*, subtitled *Disorders of Sexual Desire*, she developed a triphasic model of sexual response, consisting of desire, arousal and orgasm.

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1 Kaplan, *The New Sex Therapy*, p. 27
2 ibid., p. 27
4 Kaplan, “Hypoactive Sexual Desire.”
5 Including the previously separated excitement and plateau phases.
6 The resolution phase was “abandoned”, as lacking clinical interest.
Kaplan pictured desire as that which motivates people to have sex.\(^1\) While occasional surges of horniness are aspects of sexual desire, there is more to desire than such isolated events. Commonly, not only in Kaplan’s work, desire is accounted for in terms of presence of sexual fantasies, a basic interest in having sex,\(^2\) and as an awareness of sexual activity being a possible part of one’s life.\(^3\) This does not mean that the desiring individual constantly seeks out sexual situations, but that she or he embraces hers or his capacities for having sex, and, under the right circumstances, is willing to engage in sexual activity and even make sexual advances of one’s own.\(^4\)

Kaplan acknowledges that the exact bodily mechanisms producing sexual desire are largely unknown,\(^5\) but still conceptualizes them as events taking place in the brain and neurophysiology of the human body: “Sexual desire is an appetite or drive which is produced by the activation of a specific neural system in the brain”.\(^6\) Here, more than locating desire in the brain, Kaplan also frames it as a drive or an appetite. This indicates an analogous relation to, for instance, hunger. Accordingly, desire as well as hunger would basically be how humans experience being deprived of sex and food respectively. All else being equal, the longer they go without having sex, the more urgent their sexual desire becomes, and as hunger is turned in to feeling satiated once they have eaten, desire temporarily vanishes once they have had sex.\(^7\)

Like other presumed biological drives, such as drives to eat and sleep sexual desire is, according to Kaplan, how processes occurring in the limbic system of the brain are experienced. The limbic system is “an archaic system which governs and organizes the behavior that ensures not only individual survival but also the reproduction of the species”.\(^8\) The notion that it is an archaic system is concretized when it suggested that it has been part of the history of biological organisms for longer than human history. Kaplan claims in this vein that it “exists even in primitive vertebrates, and has remained essentially unchanged

\(^2\) Cf. American Psychiatric Association, DSM-IV-TR.
\(^4\) Ibid.
\(^6\) Kaplan, The New Sex Therapy Volume 2. p. 9
\(^7\) Kaplan, The Sexual Desire Disorders. p. 18
\(^8\) Kaplan, The New Sex Therapy Volume 2. p. 11
even in man”. In her latest book *The Sexual Desire Disorders* from 1995, this theme is developed further. Here she makes the point that human sexual response involves elements that have been “recycled” from “infra-human mammals”.

One such element, influencing desire specifically is “the logic of the reproductive imperative from whence [sexual desire] evolved”. That is, sexual desire, influenced by the so called reproductive imperative which is part of what ensures species survival, instantiates how human sexual response is both a result of and a part of evolution. Sexual response, part of the conditions for sexual reproduction, and part of the conditions for species survival is part of evolution. More specifically, to properly appraise the contention expressed already by Masters and Johnson that only insights into physiology could supply the factual grounds for a theory about sexual matters, it has to be recognized, I think, that it is as located as part of the evolutionary process that the HSRC is part of the attention of mainstream sex therapy.

What I propose here is that the connection invoked between sexual response and evolution thus far has consequences for mainstream claims to knowledge about sexual matters to the extent that it specifies what it is for claims to knowledge about sexual matters to be specifically scientific, and in what sense scientific claims to knowledge are about specifically sexual matters. Sexual response is sexual, not primarily because of how it is experienced, but because of its place in relation to sexual reproduction as an evolutionary phenomenon, and claims to knowledge about sexual response are raised as claims about sexual response as a *product* of evolution. Accordingly, by invoking a connection between sexual response and evolution, claims to knowledge are raised in order

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1 Ibid. p. 11
3 Ibid. p. 34
4 To be clear, Masters and Johnson did not, at least in *Human Sexual Response*, link sexual response to evolution, and certainly not as clearly as did Kaplan. However, their emphasis on the universality of the HSRC works, I think, in accordance with Kaplan’s more encompassing contextualization of sexual response as part of evolution. Despite observing many different kinds of sexual activities, the conceptualization of the HSRC they arrived at described basically one process. They did not present for instance one response cycle for oral sex that would include events occurring in the physiology of mouth and tongue. What I think unifies the events included in the HSRC is not primarily that they were experienced as sexual, but that they fit a definition of “sexual”, as illuminated in Kaplan’s considerations, and hinted in Masters’ and Johnson’s affiliation to the Reproductive Biology Research Foundation, linked to procreation rather than experience, preference or identity. See also pp. 80 – 100 where the role of the vagina in reproduction is discussed. Masters and Johnson, *Human Sexual Response*.
to theorize naturally occurring phenomena, existing independent of historical, social and psychological contingencies.

The factual support required in order for a rational and reliable sex therapy to be possible is, in mainstream claims to knowledge, accomplished to the extent that accounts for sexual response account for a process that exists objectively and factually. Mainstream claims to knowledge about sexual response are accordingly, I think, situated in relation to a construal of what it means to do natural science. However, before considering further how this situatedness, at least in the form of an invocation of a connection between sex and evolution, become a resource for establishing of knowing relations more specifically concerning sexual problems and sexual health, I will take into consideration the limitations that mainstream claims to knowledge put on the connection between sex and reproduction.

Loosening Sex from Reproduction and Survival

The extent of the connection between sexual response, reproduction, species survival and evolution that I so far have demonstrated should not be overstated; an important contention of mainstream sex therapy is the notion that human sexual behavior is largely dislodged from sexual reproduction. Kaplan, however, still espouses the notion that sexual desire has evolved from the “biological imperative to reproduce and multiply”. Seemingly then, a heterosexual orientation of desire is, in Kaplan’s account, part of genetic programming. However, albeit slipped away in a footnote, and rather vaguely stated, Kaplan acknowledges that “[i]n many successful species there are … members … who … have alternative genetically determined sexual scripts that are equally ‘normal’”. In effect, genetic deterministic does not differentiates, in terms of “normality”, between sexual orientations, but what it commits to is the notion that sexual orientation, regardless of form, has genetic underpinnings.

Furthermore, biology does not, according to Kaplan exert an immediate influence over a person’s sexual preferences:

[I]n contrast to our animal cousins, sex in humans is no longer inextricably intertwined with reproduction /…/ [A]s we were freed from the constraints of

2 Kaplan, The Sexual Desire Disorders, p. 24 Kaplan’s emphasis
3 Ibid. p. 34n
hormones... and the mating seasons, our reproductive behavior became increasingly subject to experiential and psychological influences.¹

Contrary to the notion that our sexual tastes and interests are inborn, Kaplan invokes notions pertaining to a person’s life history, and especially hers or his childhood experiences in order to specify what she or he is attracted to in other people.² Accordingly, rather than saying that the neurophysiology of the desire phase of sexual response is called upon to state how people in actuality behave sexually, the notion that sexual desire is anchored in biology entails that the capacity for desire is a consequence of neurophysiological processes. Who we choose to have sex with, when, where and why, is not determined by the role of sex and sexual response in sexual reproduction, but we can have sex for other reasons, and in ways that do not lead to new babies. Sexual response, although allowing for sexual reproduction, allows for a lot of other things as well.

Masters and Johnson highlight further aspects of the distinction between sex and procreation that could be taken into account to expound further the nature of this separation:

Sexual functioning is a natural physiological process, yet it has a unique facility that no other physiological process /.../ can imitate. Sexual responsivity can be delayed indefinitely or functionally denied for a lifetime. No other basic physiological process can claim such malleability of physical expression.³

This claim puts sexual response more clearly under the influence of human agency. Sexual response can be used, or as the case is stated in Masters’ and Johnson’s claim, denied any use at all, in the service of human interest. Moreover, sexual behavior is not simply a matter of putting to use what nature has given to people in terms of sexual response, but is, according to Masters and Johnson, something people have to learn, and indeed, can learn poorly. This is in a sense a notion that saturates the entire practice of sex therapy: It combines educational and therapeutic conversation and prescribed exercises in order to help people form new “behavioral patterns... which encourage the establishment of effective sexual functioning.”⁴

What the (dis)connection between sexual response and evolution amounts to then, is the notion that people’s bodies are furnished with certain capacities that

¹ Ibid. p. 32
² Ibid. p. 39
³ Masters and Johnson, Human Sexual Inadequacy. p. 9 Masters’ and Johnson’s emphasis
⁴ Ibid. p. 50
have a role in an evolutionary process. As individuals, however, humans can by volition, preference and depending on learning and practice employ these capacities not only for sexual reproduction or acts that mimic sexually reproductive ones, but it in other ways and for other purposes as well. What this points to is that the connection invoked between sexual response and evolution is a connection that encompasses physiology, but halts in front of sexual activity. That is, even though notions of sexual reproduction are called upon in a sense to distinguish the reference of the concept sexual response, it does not follow that people are somehow determined to have reproductive sex.

**Natural Resources**

Earlier I claimed that Masters and Johnson, and Kaplan, as mainstream sex therapists had indicated that their efforts to theorize sexual matters responded to a need to ensure factual and solid grounds for a treatment approach concerning sexual problems. Masters and Johnson pointed to the need to diffuse a sex negative cultural atmosphere, and the hope that science could aid in this. I argue, however, that more than this, they framed their research into sexual response as efforts undertaken to ensure the efficacy of the sex therapy that they developed. Accordingly, in order to enable and legitimate sex therapy as an approach to sex and sexual problems, Masters and Johnson, and Kaplan have undertaken efforts to supply it with a rational and scientific foundation. Hence, mainstream theorizations of the human sexual response cycle, as I have sought to demonstrate above, are argued to satisfy such a demand for

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1 Janice Irvine’s analysis of Masters’ and Johnson’s *Human Sexual Inadequacy* too, does not take this separation seriously: “Masters and Johnson… considered sex a form of learned behavior… [T]his conception was somewhat at odds with their famed dictum that sex is ‘natural’” Irvine, *Disorders of Desire*. p. 194 Once it is acknowledge that Masters and Johnson do not equate sexual response with sexual activity the contradiction disappears. To them sexual response, meaning bodily capacities, is natural while sexual activity, meaning how people behave when having sex, is learned. In Masters’ and Johnson’s framework, sex is not sex, as Irvine uses the term(s).

2 Ross Morrow quotes Kaplan as I have, when she claims that “human sexual response… prepare[s] the bodies of two mates for reproductive union”, and he interprets this to say that “In other words, normal and healthy sexual functioning is penis-in-vagina sexual intercourse. In Kaplan’s account heterosexual coitus seems to be pre-ordained by and emerges naturally from the complementary physiological processes of male and female bodies”. Morrow, “The Sexological Construction of Sexual Dysfunction.” p. 24 This conclusion appear all too simplistic, if not based on an outright fallacy. Kaplan certainly does not claim, or should not be interpreted to claim, that genital sexual response or functioning is coitus. In arguing that Kaplan commits to an understanding where coitus is pre-ordained in the HSRC, Morrow seems to say that she also commits to a biological determinist notion of sexual behavior. Even if sexual response encompasses capacities required to be able to engage in coital sex, this is far from saying that if an act requires one’s body to be able to perform it in order for this act to be realized, once one performs it, one were determined by one’s body to do it all along. Quote from Kaplan: Kaplan, *The New Sex Therapy*. p. 27
legitimacy, with the consequence that claims to knowledge about sexual response are raised as specifically scientific claims to knowledge.

Above, I have argued that the focus on physiology in theorizations of sexual response should be understood in relation to the invocation of a connection between response and evolution. Within this connection, the sexual response cycle, by referring to (neuro-)physiological processes, also refers to features of biology that humans possess, as parts of evolution. The factual nature of nature, so to speak, would within this connection entail that sexual response is what it is regardless of social, cultural and historical contingencies. Employing the notion of the sexual response cycle as a foundation in sex therapy would shield against prejudice and moralism and guarantee the certainty and rationality sought by Masters and Johnson, and Kaplan, because it would be to employ knowledge about something that did not care about prejudice and moralism, and that existed with the same sense of factuality and certainty as other processes described by the natural sciences. Hence, to the extent that concepts of sexual health and sexual problems can be distinguished and defined in relation to the HSRC they could then, it appears, within mainstream knowledges, be claimed to retain the rationality and scientific certainty ensured by physiology. Situated in relation to a rather objectivist construal of science and knowledge, the HSRC could be understood to work as a natural resource for further mainstream invocation, that enable an understanding of sexual matters allegedly characterized by value-neutral objectivity and certainty.

4.3 Stabilizing the Components of an Unrevised Sex Therapy

Thus far in my analysis I have considered how mainstream sex therapy finds in the physiology of sexual response a situational resource for professional legitimacy and for establishing further knowing relations. Against this background, the concept of the HSRC enables the mainstream approach in several ways. On the one hand it is employed as a basic model for sexual health, and on the other hand it is a point of reference for distinguishing and defining sexual dysfunctions. In this section I will consider how, and with what consequences, the HSRC is employed to perform these kinds of work. Initially, I will provide an overview of the notion of sexual dysfunction by accounting for its appearance in the DSM-IV, and I will then go on to analyse in more detail, firstly, dysfunctions that occur mainly in the genitals, and secondly, desire disorders. The notion of sexual functioning will be explored by the end of this
section, after I have considered how the subject positions of mainstream sex therapists stabilize.

**Stabilizing Objects of Practice and Knowledge in the DSM**

From a general perspective, sexual dysfunctions are often defined as conditions that impair the sexual response cycle. John Wincze and Michael Carey, in book that overviews the sex therapy field in 2001, have summarized this general way of explaining sexual dysfunctions: “[m]ost sexologists agree that healthy sexual functioning comprises three primary stages: desire, arousal and orgasm /…/ Sexual dysfunctions, then, consist of an impairment or disturbance in one of these stages”.¹ From such a general definition, it would appear that knowledge about sexual response does yield knowledge about sexual dysfunctions. Hence, to the extent that definitions of sexual dysfunctions followed on from adding impairment to sexual response, they would also appear to retain certainty from the concept of the HSRC. As I will demonstrate here however, there is more to sexual dysfunctionality than impairment of sexual response.

The most concise compilation of definitions of dysfunctions is to be found in the DSM-IV,² which will serve as a point of departure for my account. The DSM-manual accounts for four categories of dysfunctions. Three of these, *desire disorders, arousal disorders* and *orgasmic disorders* are distinguished in correspondence to the three phases of sexual response in Kaplan’s version of the HSRC.³ The fourth category, *sexual pain disorders* forms a category of its own without any direct correspondence to the notion of sexual response.

To begin with, there are two kinds of sexual desire disorders: *hypoactive sexual desire disorder* and *sexual aversion disorder*. According to the manual, the diagnosis hypoactive sexual desire disorder is appropriate if a person has a persistent or recurrent deficiency or absence of sexual fantasies or desire for sexual activity.⁴ If this lack of sexual desire appears rather as an extreme aversion to, or active avoidance of, genital sexual contact, sexual aversion disorder should instead be diagnosed.⁵ The notion of sexual arousal disorders too, consists of two possible diagnoses; one applicable to women, and the other to men. *Female sexual arousal disorder* occurs in women who cannot “attain, or maintain until completion of

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¹ Wincze and Carey, *Sexual Dysfunction*, pp. 4
² American Psychiatric Association, *DSM-IV-TR*. The 2000 edition is a text revision of the DSM-IV from 1994; the sections I am considering have not changed.
⁴ American Psychiatric Association, *DSM-IV-TR*, p. 541
⁵ Ibid. p. 542
the sexual activity, an adequate lubrication-swelling response of sexual excitement”.\(^1\) In men, sexual arousal disorder is displayed as an inability to attain or maintain an adequate erection.\(^2\) Both female sexual arousal disorder and the male counterpart, male erectile disorder, are appropriate diagnoses if the conditions are persistent or recurrent.

If a person suffers from a “persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase”, it is appropriate to diagnose her or him with female or male orgasmic disorder.\(^3\) Men however, as opposed to women, may suffer from a second kind of orgasmic disorder: premature ejaculation. An ejaculation is premature if it follows “minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it”.\(^4\) In order for a man to be diagnosed with premature ejaculation, ejaculations have to be premature on a regular basis. Lastly, the sexual pain disorders come in two versions, one applicable to both women and men, and one affecting only women. Dyspareunia occurs as “recurrent or persistent genital pain associated with sexual intercourse in either a male or a female”.\(^5\) Besides dyspareunia, women may have vaginismus. Vaginismus happens when a woman, recurrently or persistently, experiences “involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse”.\(^6\)

Besides the criteria that apply specifically to different dysfunctions, DSM also contains general criteria that apply to all dysfunctions. As I have indicated in my account above, sexual dysfunctions are not once-in-a-lifetime problems, but in order for diagnoses to be warranted the problems have to be “persistent or recurrent”.\(^7\) Moreover, the manual emphasizes that a condition has to cause “marked distress or interpersonal difficulty”\(^8\) in order to be considered a sexual dysfunction. That is, it is not simply that a condition interferes with sexual response that makes it a sexual dysfunction, but in addition it has to be experienced as a problem by the person directly afflicted, or, if the condition affects negatively how she or he relates to other people in her or his surroundings. The addition of a distress criterion suggests that sexual dysfunctions, as opposed to concepts of sexual response which describe

\(^1\) Ibid. p. 544  
\(^2\) Ibid. p. 547  
\(^3\) Ibid. p. 549 & p. 552  
\(^4\) Ibid. p. 554  
\(^5\) Ibid. p. 556  
\(^6\) Ibid. p. 558  
\(^7\) Ibid. see for instance p. 536  
\(^8\) Ibid. see for instance p. 541
physiological events, are also defined from the point of view of how they are experienced.

**Stabilizing Genital Dysfunctions**

Considering the DSM account, the general notion that sexual dysfunctions are defined as conditions that interfere with sexual response is, as the invocation of a distress criterion begin to demonstrate, not enough to distinguish them as objects of knowledge. In the following section I will explore further how concepts of sexual dysfunctions more than physiology also appeal to sexual experience, and most specifically invoke notions pertaining to sexual activity. I will begin by considering one of the pain disorders, which already from the onset in the DSM has a vague relation to the HSRC, and I will go on to consider orgasmic and arousal disorders to demonstrate further how the HSRC is embellished upon to maintain a connection to notions of genital dysfunctions.

**Different Kinds of Pain**

Against the background that the sexual pain disorders have a vague relation to the notion of sexual response, they have become a source of a certain degree of controversy. In an article from 2005 focusing female dyspareunia specifically, psychologist and sex therapist Yitzhak Binik argues that dyspareunia should be removed from the DSM listing of sexual dysfunctions:

> Although dyspareunia is not linked to, and does not interfere specifically with, any state of the sexual response cycle, “functional dyspareunia” was included [in the DSM-III] as a sexual dysfunction. [...] What should have been obvious is that the major symptom of dyspareunia is not a sexual symptom but a pain symptom.1

According to Binik the rationale behind categorizing dyspareunia as a sexual disorder was confused and inconsistent with the rest of the DSM nomenclature. Firstly it implies “that there are two types of pain in the world – ‘sexual’ and ‘non-sexual’ pain”,2 which according to Binik is nonsense. Secondly, dyspareunia in its current formulation, unlike other diagnoses, “does not refer to a physiological process; it refers to an interpersonal behavior”.3 Binik goes

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1 Binik, "Should Dyspareunia Be Retained as a Sexual Dysfunction in DSM-V?" pp. 12 – 13
2 Ibid. p. 13
3 Ibid. p. 13
on to state that “If we were to define dyspepsia as we currently define dyspareunia, we would have to call dyspepsia an ‘eating disorder’.”¹

Against this background, Binik maintains that dyspareunia should be removed from the DSM’s sexual disorders, and that it should also be treated by specialists in pain disorders rather than by sex therapists or psychiatrists specializing in sexual difficulties. In the same issue of Archives of Sexual Behavior as Binik’s article was published, 20 different researchers concerned with sexual difficulties commented on Binik’s proposal. Several of the comments to Binik’s article basically agree with him on the point that it is unsupported in framing dyspareunia as a specifically sexual dysfunction. Among these, however, some argue that dislodging dyspareunia from the authority of sex therapy, and related treatments of sexual problems is perhaps not the way to go. Even though available treatment methods are maybe based on a problematic conceptualization of the problem, they are nevertheless the best methods available. Therefore, while awaiting more certain knowledge about dyspareunia it is strategically appropriate to continue treating it as a sexual dysfunction.² Similarly pragmatic considerations have also lead to different conclusions; even though the issue over the true nature of dyspareunia is not settled, saying that it is a sexual disorder is at risk of stigmatizing the problem with the shame and embarrassment often surrounding things sexual. Considering dyspareunia sexual would accordingly interfere with effective treatment of genital pain.³

However, besides pragmatic considerations there are also commentators who take a stand on other grounds. Social work scholar Jerome Wakefield disagrees with Binik on the most basic point of his argument: that dyspareunia does not interfere with sexual response or functioning as such. Claiming that a dysfunction is an “inability of some internal mechanism to perform a

¹ Ibid. p. 13 Dyspepsia is a condition characterized by ache in the upper part of the stomach, and/or for example heart burn. In Binik’s analogy it would be conceptualized as an eating disorder together with for example anorexia and bulimia.
biologically designed function”, Wakefield maintains that dyspareunia in fact does impair a particular function:

> genital-genital intercourse represents a sexual process that we believe to be biologically designed and (we believe) designed to occur without substantial pain. /…/ [D]yspareunia actually does interfere with the capacity to engage in and enjoy intercourse, a biological function of the sexual organs.

Not only is the ability to engage in coital activity a biological function, according to Wakefield, but pleasure is partly constitutive of this function. Despite disagreement between Binik and Wakefield, their arguments have one thing in common: They both reason from the point of view that knowledge about physiology alone suffices to determine what is and what is not a sexual dysfunction. Although they interpret physiology differently, both maintain that sexual dysfunctionality should exhaustively be defined in terms of physiology.

Other commentators disagreeing with Binik claim that dysfunctionality cannot be exhaustively understood, contrary to what Wakefield and Binik suggest, with reference to physiology. Instead it is the experience of dyspareunia as sexual that makes it a sexual dysfunction; an experience, according to psychologist Kimberley Payne, deriving from a strong association between sexual well-being and sexual, and presumably coital, intercourse:

> The act of sexual intercourse is so highly valued in our society that... women [with dyspareunia] often feel defective and sexual inadequate. To classify their pain as a Pain Disorder alone would be to deny their true experience of this condition.

Psychiatrist and sexual health scholar Stephen Levine argues in a similar manner that subjective experience informs how physiology should be interpreted: “If we classify Dyspareunia as a pain disorder /…/ perhaps this would be a loss as the patient is certainly aware of her sexual limitations”.

An important argument for maintaining that dyspareunia is a specifically sexual dysfunction is that dysfunctions have to be understood in relation to sexual

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2. Ibid. p. 54
activity, as conditions that make sexual acts impossible or difficult. Although not everyone would agree with such a standpoint, and here Binik and Wakefield are obvious and recent examples, I would argue that the invocation of notions of sexual activity has had significant influence over sex therapy’s conceptual framework, not only regarding dyspareunia and sexual pain disorders, but also concerning how sexual dysfunctions, as I shall go on to demonstrate, are accounted for more generally.

Orgasms – too Quick, too Late or in the Wrong Place

Master and Johnson, in their attempts to define premature ejaculation, were clear over that prematurity could not be determined with reference to a specific timeframe. Instead they found a standard in a notion of mutual (hetero)sexual pleasure. A man who orgasms before his female partner most of the times in which they engage in coital activity is, according to Masters and Johnson, to be considered a premature ejaculator. As a dysfunction, premature ejaculation is accordingly defined with reference to a notion of what it means to have satisfactory sex. Adequate sex is sex where both partners reach orgasm, and it is because premature ejaculation interferes with such a sexual practice that it is considered a sexual dysfunction. Later definitions of premature ejaculation, such as that of Kaplan’s and the DSM’s, have instead emphasized control over, or wishes, regarding the timing of ejaculation, specifically in relation to penetration. A man who cannot control his ejaculatory response so that ejaculation occurs roughly when he wishes would be considered to have premature ejaculation. Here, it is the presumed pleasure and satisfaction of sexual activity that premature ejaculation interferes with.

Moreover, it has been argued that premature ejaculation does not interfere with sexual functioning at all. According to Wincze and Carey it has been argued by

1 Perhaps, Will Damon and Simon Rosser’s proposal that ‘anodyspareunia’, painful receptive anal sex, should be included in the DSM will in the future ignite a debate similar to the one Binik’s gave rise to. Will Damon and Simon Rosser, “Anodyspareunia in Men Who Have Sex with Men: Prevalence, Predictors, Consequences and the Development of DSM Diagnostic Criteria,” Journal of Sex & Marital Therapy 31 (2005). It would indeed be very interesting to review arguments raised in support of this proposal, as well as arguments making the point that anodyspareunia should be kept out of the manual. In mid 2006 however, a search for ‘anodyspareunia’ in the citation indexes of the ISI – Web of Science yields two hits, including the one cited here. A search for ‘dyspareunia’ on the other hand results in 832 hits.


3 Masters and Johnson, Human Sexual Inadequacy.

4 Kaplan, The New Sex Therapy.

5 American Psychiatric Association, DSM-IV.
Kinsey “that from an evolutionary perspective … a quick and intense ejaculatory response was probably adaptive, and in this sense ‘superior’”.

Similar views have been proposed more recently. Psychiatrist Derek Polonsky quotes a publication in *Journal of Sex Research* from 1984 by J. Hong:

> [I]t might be more in tune with nature to make men aware of this unique dexterity that has contributed so much to their humanness than to condition their ejaculatory response artificially by the various means that have been prescribed in popular sex manuals.

The fact that premature ejaculation is still considered to be a sexual dysfunction clearly demonstrates, at least in this case, that sex therapeutic accounts invoke a notion of what it means to have satisfactory sex in order to define sexual dysfunction.

Considering accounts of female orgasmic disorder suggests that a notion of what it means to have (adequate) sex is conceptually influential even though there clearly is a correspondence between sexual dysfunction and sexual response. Kaplan, for example, when discussing just how orgasmic one has to be in order to remain within normal boundaries, acknowledges that normality allows for a good deal of variation. Nevertheless, there are cases that are clearly pathological: "The woman who can only achieve orgasm by masturbation when she is alone … [is] obviously … in need of treatment". Sexual dysfunctionality is, from the point of view of female orgasmic disorder, not simply defined in relation to the capacity to be orgasmic, but the ability to be orgasmic together with a partner. It is this capacity that the dysfunction interferes with.

*Arousal or Penetration?*

Accounts of male erectile disorder can further illustrate the significance assigned to the context of sexual response when conceptualizing sexual dysfunctions. Wincze and Carey, for instance, contend accordingly that “[i]n men, inadequate arousal is typically experienced as the partial of complete

1 Wincze and Carey, *Sexual Dysfunction*, p. 51
3 Hong is cited also by Wincze and Carey, *Sexual Dysfunction*.
4 Wincze and Carey later agree to this point on the basis that it “is unhelpful and heterosexist to suggest that the only valid orgasm is one achieved through penile-vaginal intercourse” Wincze and Carey, *Sexual Dysfunction*, p. 41
5 Cf. for instance Alessandra H. Rellini et al., "Validation of the McCoy Female Sexuality Questionnaire in an Italian Sample," *Archives of Sexual Behavior* 34, no. 6 (2005).
inability to attain, or maintain, an erection that is sufficient for intromission and subsequent sexual activity”.\(^1\) In Masters’ and Johnson’s framework, to go on, inability to penetrate is not merely associated with erectile dysfunction but considered definitive of the condition:

No man is considered primarily impotent if he has been successful in any attempt at intromission in either heterosexual or homosexual opportunity.\(^2\) When an individual male’s rate of failure at successful coital connection approaches 25 percent of his opportunities, the clinical diagnosis of secondary impotence must be accepted.\(^2\)

Sexual intercourse has to be attempted in order for sexual dysfunction to be viable and applicable notions in relation to embodiment, or the lack thereof, of sexual response.

As indicated in my account of the notion of the HSRC, sexual response is understood to be a process that has wide-spread effects in the human body. In the DSM, and more generally in considerations of sexual dysfunction, however, it is only specific, and mostly genital dimensions of sexual response that are considered as to how they become impaired.\(^3\) When genital dysfunctions are distinguished, they are done so against the background of dimensions of sexual response having been excluded. Considerations of female sexual arousal disorder demonstrate that parts of the genitals are excluded as well. Gynaecologist Barbara Bartlik and James Goldberg in a 2000 book section claim that “the focus on vasocongestion and/or lubrication overlooks the role of clitoral arousal, which, in the majority of women is the chief source of physical sexual excitement/arousal”.\(^4\) The exclusion of considerations of clitoral responses and problems, and the retained focus on vaginal lubrication are well in line with the notion indicated in relation to other dysfunctions: mainstream notions of sexual dysfunction do not stabilize simply in relation to sexual response, and they do not stabilize simply in relation to the pleasure of sexual response. They stabilize in relation to the use of sexual response in rather specific forms of sexual activities. Sexual problems gain attention in mainstream claims to knowledge to the extent that they are problems pertaining to, more or less, coital activities.

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\(^1\) Wincze and Carey, *Sexual Dysfunction*, p. 24

\(^2\) Masters and Johnson, *Human Sexual Inadequacy*, p. 130 & p. 149. The distinction between primary and secondary impotence is a distinction between lifelong and acquired impotence.

\(^3\) Cf. also Kaplan, *The New Sex Therapy*, p. 27

Investing Coitus into the Genitals

There is a discrepancy between the general definition of sexual dysfunctions as conditions impairing sexual response and the dysfunctions actually accounted for in the DSM and considered in mainstream literature more generally. Whereas the HSRC, as a legitimating resource in mainstream sex therapy, would grant scientific certainty for mainstream claims to knowledge to the extent that sexual matters are distinguished within its limitations, these limitations are clearly breached in definitions of sexual dysfunctions. That is, within the legitimating and certain limitations of the HSRC premature ejaculation would not fit, and it would not be viable to claim, as Kaplan does, that women who can orgasm only through solitary masturbation are “obviously … in need of treatment”. The limitations of the HSRC do not support Masters’ and Johnson’s definition of impotence, where the condition does not turn on erections as such, but on maintaining and erection during penetration. On the other hand, within the HSRC framework there is still room for considering clitoral responses and problems. In mainstream sex therapy however, such considerations are largely expelled from the notion of sexual dysfunction.

What I have begun to demonstrate is that it is through the deployment of extensive appeals to notions about sexual activity, and in particular coital activity, that a match between the HSRC and notions of genital dysfunctions is made. That is, the allegedly legitimating appeal to the HSRC is not enough to stabilize genital sexual dysfunctions as an object of knowledge, but that in addition, a notion of coitus is invoked as definitive for these conditions. Not the least from Bartlik’s and Goldberg’s observation, it can be suggested that a coital understanding of sex privileges men’s experience of sex over women’s, and it is furthermore clear that giving privilege to coitus entails that a lot of other forms of sexual activity are less well captured in the mainstream notion of sexual dysfunctions. Of course, in isolation, each of the conditions accounted for could be problems in other kinds of sexual activity as well. However, coitus stands out as an activity in which all conditions accounted for as genital sexual dysfunctions are made relevant. Clearly then, the addition of the notion of impairment does not bridge the gap between the concept of the HSRC and definitions of genital dysfunctions. Instead, genital dysfunctions stabilize as objects of knowledge through the work of a normative investment of coitus.

1 Kaplan, The New Sex Therapy, p. 424
2 Masters and Johnson, Human Sexual Inadequacy, p. 130
3 Bartlik and Goldberg, "Female Sexual Arousal Disorder." Which of course is what feminist sex therapists, and other analysing mainstream sex therapy have argued.
into the genitals. Accordingly, what normative investments do, is to anchor the HSRC in people’s sex lives. Normative investments work to distinguish what it is, concretely, that people can have problems with. Normative investments turn impaired sexual response into solid sexual dysfunctions.

The appeal to coitus invokes a situational resource for mainstream sex therapy. Indeed, it can be argued that it is the same situational resource as, for instance, Leonore Tiefer and Margaret Jackson have identified, albeit not using this term, in their analyses.\(^1\) However, whereas Tiefer and Jackson analysed the coital emphasis in mainstream sex therapy to result in a limited physiological attention, my analysis rather suggests that invoking a notion of coitus adds something to the physiological focus that mainstream sex therapy needs in order for this focus to be practically relevant. These however, are issues I will discuss in the next chapter. At this stage I shall instead consider mainstream theorizations of desire disorders.

In the introduction to this chapter I quoted Masters and Johnson claiming that sexual intercourse is the ultimate level of communication in a marriage. Thus far, my analysis has suggested that the intercourse-part of this claim is indeed definitive for the conceptual foundations of mainstream sex therapy. The marital context however, although rather obviously normatively invoked by Masters and Johnson, does not appear to perform work in relation to genital dysfunction. That is, whereas coitus as a sexual activity is definitive of genital dysfunctions, the context in which coitus takes place does not seem to make any difference as to how dysfunctions are defined.\(^2\) In theorization of desire disorders however, the social and relational context of sex is clearly taken into account and theoretically more urgent.

**Stabilizing Desire Disorders**

Recalling my analysis of feminist sex therapy in the previous chapter, it should be made clear from the outset that feminist sex therapists have not been concerned with desire and desire orders to any significant extent, either in the alternatives they have promoted or in their critiques of mainstream sex therapy. As an alternative approach in sex therapy, feminist sex therapy does not appear

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\(^2\) This clearly resonates with how feminist sex therapists have analysed mainstream sex therapy. Cf. for instance Tiefer, “A Feminist Critique of the Sexual Dysfunction Nomenclature.” However, it is not clear at this stage how an evaluation of the social and institutional context of sex has made a difference within the mainstream model as to how sexual dysfunctions are defined.
to be an alternative specifically in relation to mainstream construals of desire and desire problems, and strictly speaking, construals of desire would not appear to have much bearing on the alternative situation of feminist sex therapy. Nevertheless, desire issues constitute a crucial part of the mainstream approach, and I take them into account as being indirectly informative of the possible consequences for feminist sex therapy of the mainstream approach, to the extent that considerations of desire disorders provide a more full understanding of how this approach works and is put together.

In her 1979 book about desire disorders, Kaplan emphasizes that it is in many situations perfectly healthy not to experience sexual desire: “if a woman finds that involvement with a man … will be destructive emotionally or with respect to her career, it is not abnormal for her interest in him to diminish”.1 Low levels of desire are abnormal only in situations where a desire response is appropriate and could be expected, and as suggested by Kaplan, this depends on social, relational and emotional factors. But when and where should desire normally occur, and in which situations would it be evidence therefore of a desire disorder not to experience desire? In order to explore this concern I will, more than accounting for desire disorders, also expand on the already mentioned desire phase of sexual response proposed by Kaplan in the late 70ies.2

Sex and Survival

I have previously claimed that Kaplan connects desire to the so called reproductive imperative, thus maintaining that desire is a biologically anchored drive. In particular, the biological foundation of desire shapes how it is experienced differently by women and men. Kaplan remarks that women generally tend to desire men who are “strong, well muscled and ‘well hung’… with nice beards and deep, sexy voices, and… who are also intelligent, resourceful, energetic, active, and successful”, while men tend to be drawn to women who are “young… [and with] freely lubricating, sweet smelling genitalia,

1 Kaplan, The New Sex Therapy Volume 2. p. 68
2 Here, I will focus on Kaplan because, as should be clear, her approach provides the basic framework for mainstream conceptualizations, particularly as they are embodied in the DSM. Her most exhaustive publication on desire issues is the 1995 The Sexual Desire Disorders. Although I will consider also additional texts by Kaplan and other authors, this book constitutes the core of my analysis. Kaplan remarks about it: “while I am pleased that my original ideas about desire disorders were basically on the right track, […] we have learned a great deal about … desire disorders in the past 16 years. It is definitely time for an update”. Kaplan, The Sexual Desire Disorders. p. 14
well-developed breast and nipples,… ample hips and slim limbs, [and who display] seductive behavior… [and] nurturing personalities”.¹

Clearly, Kaplan’s conceptualization of the influence of the reproductive imperative makes specific claims about appearance and behavior. Nevertheless, as previously suggested in relation to Kaplan, biology does not exert an immediate influence over a person’s sexual preferences. Instead, she emphasizes that the specificities of desire are largely acquired: “Superimposed on the dominant genetic theme … we acquire our idiosyncratic … preferences … as a consequence of our individual histories, learning, and experience.”² Although humans as a species show tendencies as to how desire is experienced and displayed, in humans as individuals biology is not an isolated factor, or even the most important one, giving direction, shape and content to sexual desires.³ Hence, in order to understand concretely how humans, as individuals, experience and display desire, Kaplan appeals to notions clearly beyond physiology and biology.

Kaplan’s use of “acquire” in connection to notions of “individual histories” and “experience”, indicates that she invokes concepts pertaining to psychological development, and puts them to work to theorize how an otherwise rather undifferentiated biology becomes relevant in concrete and specific individuals’ lives. Because biology is not enough to differentiate concretely between healthy and disorderly desire responses, the scope of what could be employed for theorizing desire and desire disorders is widened to encompass also appeals pertaining to peoples historically, socially and individually located life conditions.

Moreover, the reproductive imperative in Kaplan’s theorization is not the only biologically anchored influence on human behavior. There are also biological reasons explaining why humans do not experience sexual desire:

The primary directive that is built into our genes is, above all, to survive. Thus, we have been engineered so that behaviors motivated by the avoidance of pain and injury have priority over everything else, including pleasure and reproduction.”⁴

¹ Ibid. both quotations p. 34
² Ibid. p. 39
³ Kaplan discusses the distinction between phylogeny and ontogeny, and maintains that even though human phylogene is important, ontogenic factors are in the end more crucial for understanding individuals. Ibid. pp. 24 - 49
⁴ Ibid. p. 47
Biologically speaking, sexual desire as well as the will to survive, ultimately serves the same purpose: species survival. Sometimes, species survival would be best served by reproduction. At other times however, individual members of a species have more important things to tend to. In situations where it is unsafe to be pre-occupied with sexual matters, desire should, from the point of view of biology, be suppressed.

Although biology is called upon, by Kaplan, to establish how humans normally respond to dangerous and safe situations respectively, biology is not invested with the capacity to distinguish on its own between situations that are experienced as safe or dangerous. More to the point it is evident that a situation does not have to present an actual threat to a person’s life or physical well-being to be suppressive of sexual desire, but danger is invested in situations that human biology has no means of “knowing” to be dangerous:

Modern humans are saved from disgracing themselves by making love in public places by conjuring up frightening representations, such as mental images of a police officer, or of a punk-filled jail cell. Similarly, the virtual image of a sexual harassment suit has had salutary inhibiting effects on many a man’s urges to seduce his patients or “come on” to his employees.1

Here, the previously visited notion that the specific features of a person’s sexual desire are acquired provides a background to understand how the interplay between survival instincts and reproductive imperatives works in practice.2 Apparently, humans acquire not only erotic preferences but, as a result of growing up, they also acquire ways of responding to their social environment. That is, people learn when they grow up what is considered socially acceptable, and consequently what kinds of actions would be safe to engage in, and which would put their emotional and indeed their physical well being in jeopardy.3 Kaplan claims that

we have … been equipped with a ‘break’ mechanism to hold our sexual desires in check so that we do not imperil our physical safety, nor our place within our social group, by the rampant expression of our sexual urges.4

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1 Ibid. p. 47
3 Cf. Kaplan’s discussion of the importance of upbringing for how she or he chooses a partner and experiences desire in adulthood. Kaplan, The Sexual Desire Disorders. pp. 130 - 132
4 Ibid. p. 21
The survival instinct is a biological mechanism, but which situations trigger it depend upon socially acquired ways of interpreting one’s environment. It would be against the background of awareness of the moral and normative fabric of our social context that certain situations are perceived as safe for sexual encounters, thus triggering the biological mechanisms underlying sexual desire.¹ Again, notions pertaining to psychological development perform work for indicating how human biology becomes concrete for human individuals. Accordingly, in her theorization of desire, Kaplan not only invokes biology but she also appeals to human learning and upbringing to perform work. This, I think, demonstrates how society, social conventions and norms, as understood by Kaplan, through the work performed by concepts of acquiring and learning, have become situational resources for distinguishing desire disorders from healthy desire.

Thus far I have sought to demonstrate, firstly how Kaplan’s theorization of desire and desire disorder invoke the interplay between the reproductive imperative and the survival instinct. The question posed initially in this section, when, where and in what kinds of situations it would be dysfunctional not to respond with sexual desire, could, against this background, be given a general answer. Desire disorders occur when desire is suppressed in situations where species survival would be better served by allowing desire to occur. Sexual health and disorders are accordingly theorized by invoking the ability to regulate desire in relation to one’s environment. Desire disorders are disorders against the background that they are cases of “dysfunctional regulation of sexual motivation”.² Secondly I have sought to demonstrate that, to the extent that desire is dys/functionally regulated in Kaplan’s theorization, it is so largely in relation to a social environment. It is not only the physical surroundings that are safe or dangerous, but in Kaplan’s theory, social norms and conventions


² Dysfunctional Regulation of Sexual Motivation is the subtitle of Kaplan’s book: Kaplan, The Sexual Desire Disorders.
present as crucial conditions for what it takes and entails to respond healthily or disorderly to a situation. Desire disorders are disorders also to the extent that they are socially mal-adaptive.

Regulating to Coupled Life

For the most part Kaplan considers desire disorders in relation to coupled sexuality. In the few instances where she discusses how she has encountered singles in therapy, she accounts for treatment as consisting largely of efforts to get her clients to want to take part in the coupled experience of sex. In her brief remarks about hyperactive sexual desire, an alleged condition opposite of the low desire conditions that Kaplan mostly considers, desire is disorderly overactive to the extent that it leads to allegedly destructive behavioral patterns, such as when habitually and frequently changing sexual partners prevents someone from making a more lasting commitment to someone else. Indeed, it appears clear in this reading of Kaplan that coupled desire is functional, and that lacking desire in relation to either actual coupled settings, or to the prospect of hooking up with someone, is a case of dysfunctional regulation.

To be clear though, Kaplan, although considering couples in most parts of her books, rarely considers coupling as a form of organizing sexual relations as such. In one the few remarks she does deliver, she poses the question of whether humans are naturally monogamous or polygamous, and comments that there is evidence, drawn from animal studies, supporting both positions:

Actually, no conclusions regarding human mating patterns can be deduced from animal studies, because in nature both reproductive strategies – monogamy and polygamy – are successful in terms of survival.

Evolutionary biology, which seems to be what Kaplan is discussing, may never be able to settle the issue conclusively. Nevertheless, Kaplan argues in favour of monogamy based on the observation that

1 Ibid. See cases 8.1 & 8.2 pp. 204 - 215
2 There is a good deal of disunity among sex therapists as to how hyperactive desire should be understood. Some argue that “hypersexuality” is not a sexual disorder as such, but that it is better considered an obsessive compulsive disorder, while others claim that it is best understood in terms of an addiction, comparable to alcoholism cf. Martin P. Kafka, “The Paraphilia-Related Disorders: Nonparaphilic Hypersexuality and Sexual Compulsivity/Addiction,” in Principles and Practice of Sex Therapy, ed. S. Leiblum and R. Rosen (New York: The Guilford Press, 2000). Kaplan, maintain that it should indeed be theorized as a sexual disorder, as a case of malfunctioning systems of sexual regulation, Kaplan, The Sexual Desire Disorders. p. 65 & p. 146
3 Kaplan, The Sexual Desire Disorders. p. 38
remaining single is not good for human health and happiness, as is evidenced by the statistics that show that persons without a partner are more likely to abuse drugs, develop fatal illness, and commit suicide.¹

It need not be that the couple has evolved into a privileged situation for sexual relations, but according to the statistics that Kaplan has in mind, all that these statistics suggests is that people are, as a matter of fact and regardless of cause, better off in couples than they are as singles.

Kaplan, as well as other sex therapists, acknowledge that organizing sexuality in couples is not an historical universal. Rather, the social organization of sexuality is seen as changing through history.² That is, acknowledging that couples statistically are happier than singles need not imply that coupled life is inherently more satisfying than single life. Instead, Kaplan could be read to invoke a statement of fact about ways of life in society as it, in its historical and cultural actuality, is organized. Accordingly, because it is healthy to regulate desire to one’s environment, and if it is acknowledged by Kaplan that the couple is socially, and indeed legally, revered, the work performed by appeals to coupled sexuality would indeed be instrumental in her theorization for delineating dysfunctional response patterns of desire from healthy ones.³ The couple as a socio-sexual institution is important in Kaplan’s theorization, because, and to the extent, that it is important in the social, cultural and historical of which this theorization is part.

Regulating in Coupled Life

In many of the couples Kaplan accounts for in her case study illustrations, desire had, once upon a time, been sparkling, but over time, the relationships became stressful, conflict-ridden and angry to a point where they were no longer environments in which desire could be expected to occur.⁴ As previously suggested, human beings, according to Kaplan’s theory, are not “designed” to respond with desire to stressful, threatening or conflict-ridden situations.⁵ Clearly, this begs a question: if it is healthy to adapt to ones environment, and

¹Ibid. p. 38
²Ibid. pp. 12 – 13 Kaplan discusses what she calls “The new hot monogamy”, referring to monogamy being a la mode again after a decline during the 70ies “sexual liberation”. Cf. also Schnarch, Constructing the Sexual Crucible. p. 2: “Contemporary views of intimacy, sexuality, and marriage are more affected by social, economic, and scientific forces than romantics would care to recognize.”
³Kaplan, The Sexual Desire Disorders. p. 21
⁵Kaplan, The Sexual Desire Disorders. p. 108 “designed” is Kaplan’s choice of word.
the environment in which the couples Kaplan accounts for is poorly suited for desire, why is it that it makes sense to consider their suppression of desire disorderly?

What is clear in Kaplan’s account is that people are not passive bystanders to the situations in which they live. Rather, a couple’s social, psychological and emotional environment is largely their own creation, and desire disorders often manifest in and as the way they create their environment, rather than in how they respond to a situation:

[Dysfunctional patients] engage in innumerable ploys and maneuvers to down-regulate their desire for sex, including such tactics as “turning off” their sexual partners by putting their “worst foot forward” and by creating sloppy, harried, disgusting environments that are not conducive to romance.1

It is not the low levels of desire as such that constitutes disorders, but rather that couples allow stress, anger and resentment to consume their interaction. On a basic level, disorders appear to consist in an unwillingness to have a suitable environment for desire, manifesting in efforts to sabotage romantic, intimate and sexual potentials that may exist. Therefore, in Kaplan’s account of how she treats her clients, she emphasizes her efforts to therapeutically (re-)create a good, romantic, loving and harmonious atmosphere in the couples.

Kaplan is reluctant to say too much about what it is that makes a relationship good, and claims that the meaning of “good” essentially is determined by the couple themselves: “[w]ithout judgements or prejudice of what relationships ‘ought’ to be like, [sex therapists] should … try to resolve issues that get in the way of the couple’s harmony”.2 Here, she appeals to her clients’ own definitions of their relationships to perform work in delineating more specifically what would count as healthy and disorderly displays of desire, and she argues that

one cannot hope to, nor should one attempt to, effect basic changes … in the fundamental architecture of a couple’s relationship… This is the job for lengthy, reconstructive psychoanalytical and long-term couples treatment

Fundamentally rearranging a relationship would require therapeutic efforts that go beyond what could be expected from sex therapeutic intervention. Instead, the sex therapist should work within the couple’s definition of their

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1 Ibid. p. 23
2 Ibid. p. 192
3 Ibid. p. 192
relationship. Kaplan comments that she “consider[s] a relationship ‘good’ if it makes both partners happy, and ‘bad’ if this is destructive to one or both”.¹ Hence, the job of the sex therapist is to make the couple happy, without meddling in what it is that happens to make them happy.

I have previously considered how Kaplan’s theorization of desire and desire disorders make it viable to call upon social norms and conventions to discern what it means for response patterns of desire to be adaptive, and healthy, or mal-adaptive, and accordingly dysfunctional. From a sex therapists’ point of view the notion of “the fundamental architecture of a couple’s relationship” invoked in the quotation above becomes a situational resource performing similar work in relation to the behavior and interaction within couples. That is, couples, as indicated by Kaplan above, entertain definitions of what their relationships basically are. When a couple’s interaction goes against these definitions, creating an unsuitable environment for sexual desire, disorders are manifested as poorly regulated behaviors in relation to the fundamental architecture of the couple’s definition of their relationship.

To be clear, the concept of a fundamental relationship architecture is not elaborated as such by Kaplan. Nevertheless, the clearly expressed contention that there are things that, so to say, go too deep to be changed within sex therapy could, I think, be explored from the point of view of what it is that Kaplan takes issue with, and seeks to affect in and as sex therapy. Almost at the outset of her considerations, Kaplan claims that a significant amount of her treatment format consists of “active, brief, psychodynamically informed psychotherapeutic management of the patient’s resistance to treatment and exploration of his or hers deeper problems”,² and later she claims that

[the first step in therapy is to raise the patient’s level of consciousness about the countersexual behaviors and the anti-fantasies by which they have been suppressing their desire for their partners automatically, without conscious awareness].³

In a sense then, it would seem that whatever it is that is beyond the purview of sex therapy, because it is too deeply embedded in clients’ psyches, must be rather deeply buried. There are plenty of examples where Kaplan strives to challenge unconscious dimensions of her patients and their relationship. Exemplifying from one of her case study illustrations, a major factor

¹ Ibid. p. 191
² Ibid. p. 6
³ Ibid. p. 150
contributing to the couple’s desire difficulties was that they “had unconsciously
colluded to keep a safe distance between them because both were on some level
afraid to commit themselves fully to the marriage”.

In another case illustration, Kaplan integrated into treatment one of her clients’ dreams, which was
interpreted as “a message from Mary’s unconscious” that provided information about the “hidden meanings” of the problems that had to be
addressed. However, there are also examples from Kaplan’s case illustrations
where the line between what can and cannot be changed in sex therapy appears
to be drawn differently.

In the case of “Toni” and “Nick”, Kaplan identified mutual anger and conflict
regarding the definition of the relationship as significant contributors to their
desire difficulties. Nick considered the marriage “a partnership” where he “was
the senior partner”, and he “was angry because … Toni was no longer an
enthusiastic partner.” Toni, as “modern young woman” was provoked by this,
and “wanted to be an equal partner with her man”, and she felt that she was
“giving [too] much of herself” While Nick’s definition of the relationship is
enunciated in terms of what he wants, Toni’s is explained primarily in relation
to him and his definition. Kaplan does not contest Nick’s definition of the
relationship, but focuses on Toni’s way of relating to it, although pointing out
that Nick’s “seniority” had gone too far; “he had become insensitive to Toni’s
feelings, …selfish and bossy”. Eventually, Toni and Nick’s desire difficulties are
resolved, as “their power struggles and anger against each other abated” and
Nick apparently became more sensitive to Toni’s feelings and less bossy, while
Toni became more supportive and showed approval of Nick thus resolving
anger and power struggles. Their anger and struggles were not, in Kaplan’s
framing, over the imbalance as such, but over its degree, and there was never a
question of substantially equalizing their power imbalance, but efforts were
taken to neutralize it as a source of conflict by having Toni accepting it.

In the case of “Pearl” and “Peter” power imbalances are even more clearly the
issue. In this case, Peter decided where they should live, had control over their
money, and it was she who had to give up her “vocational interests and goals”

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1 Ibid. p. 228
2 Ibid. p. 189
3 Ibid. p. 189
5 Ibid. All quotations from this case: p. 226
6 Ibid. Case 8.6, pp. 229 - 235
7 Ibid. p. 233
to care for their three children while he pursued his career and left home for business trips. Pearl, described as a traditional woman, had become aware that Peter had had an extramarital affair and she “realize[d] that she really hated the life they were living and that in many respects their marriage was geared to Peter’s needs to the detriment of hers.”¹ To Kaplan it was apparent that “her sexual aversion [was] being kept alive by what she perceived to be the injustices and inequities in their marriage”.² After about five years of therapy many changes had been made in their relationship. They

moved to the city where Pearl was freed from endlessly chauffeuring the children... [and where] she was closer to the cultural events she loved to attend while her husband was away on business trips. [Further] Peter helps Pearl apply to graduate school and he willingly paid the tuition for her studies. As she gained confidence in her ability to succeed in the academic world, Pearl felt more equal to Peter and her anger began to defuse.³

As Pearl's anger and feelings of being unequal to Peter lessened, a more harmonious relationship was made possible, and Kaplan framed the outcome as successful on the basis that Pearl eventually felt more equal to Peter. Accordingly, power imbalance, as well as equity, is in this case framed as depending on that at least one of the partners at some level being aware of power being (un)equal. This framing of power is informative of how Kaplan arrives at the conclusion that it is because Pearl and Peter's relationship had entered a state of equality that Pearl's sexual aversion was resolved. That he willingly paid her tuition for grad school, for instance, presupposes that it was a choice for him; this suggests either that he still controlled the finances, or that they considered the money his, thus emphasizing that her work in the household and/or taking care of the children was not valued as work.⁴ These apparently remaining power imbalances could be read however, to pertain to what Kaplan terms “the basic architecture” of a relationship, and would thus not be within the scope of therapeutic intervention. It sufficed to intervene to the point where Pearl no long felt subordinate to Peter; the immediate power of their power imbalances so to speak, was diffused, and a realistic amount of harmony within the relationship was restored.

¹ Ibid. p. 232
² Ibid. p. 234
³ Ibid. p. 234
⁴ Of course, other suggestions could be made: That it was Pearl who was freed of the task to drive the children, suggests that they were still her responsibility, not Peter's, and further that it was her taking this responsibility that made it possible for him to pursue his career. That she attended cultural events while Peter was away, suggests that she had her cultural interest conform to his schedule, and that he in turn distanced himself from her interests by not accompanying her while he was home.
From these cases it would seem that the line between the fundamental architecture of a relationship, and relationship dynamics that are amenable to change, is drawn between unaware and aware relational structures; (un)equal power resides in the couple perceiving power to be (un)equal. Differentials that are not experienced as imbalances are beyond the scope of Kaplan’s notion of power. In other cases however, as I remarked above, Kaplan did indeed take issue with “unconscious collusions”, and “hidden meanings” conveyed by dreams. When it comes to power differentials though, once they are enveloped by unawareness or hidden enough not to be immediately tangible and apparent, they are left alone by Kaplan. Whatever the notion of the fundamental architecture of a relationship applies to, it applies differently in relation to different aspects of a relationship.

**Investing the (Asymmetric) Couple into Desire**

The relation between power imbalances and other dimensions of relationship dynamics is not the only example in Kaplan’s account where different standards apply in different situations. As a part of desensitizing patients with desire disorder to sexual contact, Kaplan reports that she sometimes give them masturbation assignments. It is not uncommon, according to Kaplan, that such assignments are met with resistance, on the basis that masturbation is associated with shame:

> I often attempt to neutralize the guilt which is so common in our culture and the resistance to the exercises by encouraging the patient to change his/her old perception of masturbation as a “dirty and impure” act, and to embrace the more rational notion that masturbation is a normal phenomenon and functions as a healthy rehearsal for eventual partner-related sex.¹

In other cases, patients come from a context where sexuality more generally is considered shameful:

> If the patient tells me that he/she was brought up in a highly traditional home with antiseosexual values, or if the family belonged to one of the fundamentalist Judeo-Christian religious groups that consider any form of sexual expression that is not for procreation as sinful, shameful, and dangerous… I look for residuals of malignant, early antiseosexual programming, which is another common, deeper cause of sexual desire disorders.²

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¹ Kaplan, *The Sexual Desire Disorders*. p. 180
² Ibid. p. 130
Here, it is in response to social or cultural norms that masturbation becomes associated with guilt,¹ and, similarly, it is in response to culture—albeit a subculture²—that non-procreative sex is experienced as problematic. Consequently, social norms are seen here as potentially giving rise to desire disorders with the consequence that displaying a response pattern of sexual desire, in accordance with certain social norms, is framed as sexually dysfunctional. That is, from the point of view of a person having learned that recreational sex or masturbation is sin- or shameful, to masturbate or to have recreational sex would constitute a hazardous situation. It would then be functional not to desire recreational sex or masturbation. Nevertheless, as is evident from Kaplan’s comments regarding shame, masturbation and recreational sex, it is instead, even if it is in response to a hazardous situation, dysfunctional to suppress desire for recreational sex. Treatment in such a case would not aim at adjusting behavior to conform to concerned social norms but would instead aim at contesting the norms and their influence that made recreational sex shameful.

Hence, in Kaplan’s theorization of desire and desire disorders the invocation of a distinction between dys/functionally regulated desire responses does not perform all the work required for distinguishing the way she does between healthy and disorderly desire. On its own, this distinction is too general to commit to Kaplan’s notion of desire disorders, and as I will elaborate here, it needs to be supplemented with normative investments to discern concrete instances where suppression of desire is dysfunctional, and desire is healthy. Although the notion that sex therapy is an effort to adjust people to their environment clearly appears to appeal to conservative normative investments, there is more to it than conservatism.³ The work performed by societal norms stabilizes desire disorders inconsistently: as it is viable, according to Kaplan, to treat clients to overcome the distress inspired by certain norms, it would seem viable to treat them to overcome the distress of not feeling motivated to comply with norm privileging coupled sexuality, and there would not be anything in Kaplan’s theory that precluded the possibility of treating her clients to enjoy poly-amorous relationships. Rather than what could viably be treated, it is Kaplan’s evaluation of what is a preferable outcome that guides how

¹ Cf. also Lief, "Inhibited Sexual Desire."
² "Subculture" is the term by which Kaplan refers to mentioned religious groups. Kaplan, The Sexual Desire Disorders, p. 123n
³ If it were not, it could be argued that had the prevailing norm in society been poly-amory, or were there norms saying that sex were only to happen during lunch hour, as a theory of adaptation, it seems that Kaplan’s theorization of desire would serve conservatively also in relation to such norms.
disorders of desire stabilize as an object of knowledge. Similarly, the invocation of notions pertaining to fundamental relationship features perform inconsistent work: as it is viable, according to Kaplan, to challenge unconscious collusions, and hidden meanings conveyed by dreams, it would seem viable to challenge power imbalances even though they are not immediately experienced as such.1 Rather than the viability of changing them, it is in relation to the undesirability of altering asymmetric power relations that disorders of desire stabilize as an object of knowledge.

Desire disorders stabilize as a lack of sexual motivation through the invocation of the desirability normatively granted to the couple as a socio-sexual institution allowing for power asymmetries beneficial to, as far as Kaplan's account goes, men. This is normative because in Kaplan's theorization it is important to conserve social norms as well as psychological dispositions that support the continued existence of couples as sexual, committed and power asymmetric entities, while norms and dispositions that threaten coupled life are important to challenge and neutralize.2 This is furthermore a normative investment because this alleged importance is made definitive of sexual health and

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1 Kaplan's couple is, I think, very much the couple criticised by feminists more generally. A few examples could be mentioned: Simone de Beauvoir maintains that the heterosexual couple is an institution that joins women with their oppressors Simone de Beauvoir, "Introduction" to the Second Sex," in The Second Wave - A Reader in Feminist Theory, ed. Linda Nicholson (London: Routledge, 1997). Shulamith Firestone argues that the love the couple presumably is organized around constitutes the most basic material upon which patriarchy is continuously built. Shulamith Firestone, The Dialectic of Sex - The Case for a Feminist Revolution (New York: Farrar, Straus and Giroux, 2003). Feminist psychologist Hanne Haavind, having researched heterosexual couples, has found that "patterns of male dominance and female subordination [often were] interpreted as ... following from personal preferences" and closely related to "shared notions of love". Hanne Haavind and Eva Magnusson, "Feminism, Psychology and Identity Transformation in the Nordic Countries," Feminism and Psychology 15, no. 2 (2005), p. 240. Kaplan's way of approaching power issues in the couples she has treated recalls Haavind's considerations. Haavind points to the notion that a significant amount of maintaining a heterosexual coupled relationship consists in the shared project of making power differentials – women's relative subordination to men – appear as something else than power differentials. Hanne Haavind, "Förändringar i förhållandet mellan kvinnor och män [Changes in the Relationship between Women and Men]." Kvinnovetenskaplig tidskrift, no. 3 (1985).

2 This conclusion could also be contrasted to Irvine's 1990 analysis that I accounted for in the second chapter of this study. Irvine criticized Kaplan for promoting a biological reductionist theory of desire. Irvine, Disorders of Desire. Clearly, biology is important in Kaplan's theory but it cannot, and indeed does not, hold without an analysis of the social and institutional reality of which biology is part. It would be impossible, in Kaplan's theory, to distinguish between sexual functioning and dysfunction on the basis of biological considerations alone. Moreover, it could be noted that Kaplan's account of desire and desire disorders appear on some crucial points at odds with how feminist sex therapists have perceived the mainstream approach in sex therapy. Far from limited to physiology, considerations of desire disorders pay much attention to the social and institutional ramifications of sex. Although these criticisms of mainstream sex therapy have not been directly aimed at notions of desire, important parts of this criticism still apply: as I pointed to in my analysis of feminist sex therapy the mainstream approach was criticised for accepting too uncritically the couple as a socio-sexual institution. Evident in Kaplan's account, the couple, more than uncritically accepted is promoted as a privileged way of organizing sexual relations. My feeling is that although feminist sex therapists would have to modify their construal of mainstream sex therapy on some points, an analysis of mainstream perspectives on desire would ultimately strengthen their critical points further.
pathology. The appeal to the couple as a socio-sexual, and rather asymmetric, institution is an appeal to a situational resource for mainstream sex therapy. It is notable be here that both Janice Irvine and Doreen Seidler-Feller saw in this invocation a strongly conservative side in mainstream sex therapy, and that Irvine maintained that appeals to coupled sexuality were important in order for sex therapy to gain cultural recognition. In addition to striking a conservative note, my analysis also suggests that the appeal to the couple perform work for defining sexual health and pathology; a work without which mainstream sex therapy could not deliver on its promise, to liberate people from all too constraining sexual norms, as I will comment on in the next sections.

**Stabilizing Subject Positions**

So far I have studied how mainstream sex therapists, departing from legitimating theorizations of the sexual response cycle, have employed this resource, supplemented by other more or less illegitimate situational resources to distinguish sexual dysfunctions. I argued that genital dysfunctions stabilize as objects of knowledge only through the work performed by a normative investment of a notion of coitus into sexual response. Further I have claimed that sexual desire disorders stabilize through the work performed by a notion of the sexually and power asymmetrically institutionalized couple, normatively invested into notions of sexual motivation. In this section I shall take into consideration how the subject positions of mainstream sex therapists stabilize, to begin with in relation to sexual problems and then in relation to sexual well-being as an objective of intervention and object of knowledge.

**Uncertain Scientists and Certain Clinicians**

It is not uncommon in mainstream literature to issue disclaimers about definitions of sexual problems. In order to ascertain what changes would be required before the making and publication of the DSM-IV, extensive reviews of the empirical and scientific bases for diagnostic criteria included in the previous manual were undertaken. On the roughly 40 pages comprising the section on reviews of research regarding sexual dysfunctions, vaginismus is the single diagnosis that appears well understood. All that is stated about it is that “[t]here are no issues that require examination concerning the diagnostic category of vaginismus.” Otherwise, the only thing that seems certain is that

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1 Ibid.: Seidler-Feller, “A Feminist Critique of Sex Therapy.”
more research and knowledge is needed. After considerations of what is known about desire problems it is concluded that “[t]his review underlines the paucity of empirical information on sexual desire disorders. /…/ On the basis of available knowledge there is little that can be stated with any degree of certainty about these dysfunctions”. The conclusion that “[t]he is recommended that we retain the current imprecise criteria because we lack sufficient information to meaningfully modify these criteria” as it was stated about erectile disorders strikes a similar note.

The previously cited debate about female dyspareunia instigated by a 2005 article by Binik appears also to have been animated by uncertainty. Here, Binik argued that the DSM-IV classification included dyspareunia among the sexual dysfunctions for reasons that were unsubstantiated if not mistaken. The comments this article received could however begin to illustrate something about the nature and significance of sex therapists’ uncertainty. Although not all agree that classification is mistaken, several commentators agree with Binik on the point that it is unsubstantiated. Simultaneously though, many argue from the point of view that the issue is not over the kind of certainty that Binik seems to call for. Psychologists Kristen Carpenter and Barbara Andersen for instance, conclude their comment by stating that “[w]e offer that the classification of dyspareunia as a sexual disorder, flawed as it may be, is the diagnostic category with the greatest clinical utility at the present”. Similarly, psychologist Donald Strassberg argues that “for me the issue whether or not the DSM should re-categorize dyspareunia seems far less important than how we think about and treat this important and difficult clinical problem”.

Uncertainty occurs, I think, both in the Binik debate and in the preparing reviews for the DSM-IV, when sex therapists stabilize in relation to sexual matters stabilizing as either pathological or not, either sexual or not, in an objective sense. Recalling my considerations about the HSRC, I suggest that the

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3 Binik, “Should Dyspareunia Be Retained as a Sexual Dysfunction in DSM-V?.”
4 Cf. for instance Graeme Dennerstein, “Dyspareunia and DSM: A Gynaecologist’s Opinion - Peer Commentary on Binik,” *Archives of Sexual Behavior* 34, no. 1 (2005):; Kleinplatz, “Adding Insult to the Injury.”; Rosemary Basson, “The Optimal Discipline for Assessing and Managing Pain During Sex - Peer Commentary on Binik,” *Archives of Sexual Behavior* 34, no. 1 (2005). Like Kleinplatz, Basson argues that it is not only the classification of dyspareunia that is unsubstantiated: “the majority of sexual dysfunctions can be considered to be more accurately something else.” p. 24
5 Carpenter and Andersen, “Reclassification Will Not Make the Pain Go Away.” p. 28
6 Strassberg, “A Rose by Any Other Name.” p. 46

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knowing subject position stabilizes as uncertain in relation to sexual problems on the same axis that it stabilizes as a position of certainty in relation to sexual response. That is, it is the kind of certainty with which the HSRC is distinguished that is not achieved in relation to sexual problems. The uncertainty with which subject positions stabilize in relation to sexual problems is an uncertainty in relation to sexual problems that do exist objectively, as sexual and as pathological. Although sex therapists and sex researchers have begun to discover them, they still have a good way to go before knowing for sure everything about them. For Carpenter and Andersen, and Strassberg however, sex therapists do not always need this kind of certainty; what they are instead certain of is that for instance dyspareunia, regardless of its objective details, is a problem for many women. Although they are scientifically uncertain, as clinicians they know they have a place. In *The Sexual Desire Disorders* Kaplan makes a similar point:

Current definitions of normal and abnormal sexual desire do not yet rest on scientific terra firma. But this does not trouble me greatly, nor does this detract from my work with patients, for precise diagnostic criteria are of greater importance to statisticians than to clinicians, whose primary focus is on treating patients who are in distress, regardless of diagnostic labels.

Hence, more than as uncertain scientists, the subject position of the mainstream sex therapist stabilizes, in relation to a world in need, as the subject position of a clinician. Sexual problems, as objects of practice, are distinguished with regards to people’s experiences of their problematic sex lives, and as clinicians, sex therapists stabilize as certain that they can help out. In the remainder of this chapter I will take into consideration how this certainty, with which the professional subject position of the mainstream sex therapist stabilizes, is connected to the HSRC as it performs its most important share of work for mainstream sex therapy.

*From Clinicians to Sexual Liberators*

In order to explore further how the professional subject position of mainstream sex therapists stabilizes in relation to sexual matters I will again revisit the notion of the HSRC. As I have discussed previously in this chapter, the notion that sexual response is a natural process, proposed by Masters and Johnson and maintained as an important contention in mainstream sex therapy, suggests that the capacity for sexual response is a part of the human biological condition.

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1 Kaplan, *The Sexual Desire Disorders*. p. 50
Masters and Johnson emphasized that sexual response is natural with the consequence that it works beyond voluntary control, and furthermore that it works at its best only when it is left alone by any conscious attempts to take charge over sexual response. Accordingly, an important lesson they tried to teach clients contending with erectile difficulties was that “[n]o man can will an erection, but he can relax and enjoy it.”1 The underlying contention here that sexual response is a reflex, is clearly accentuated in Kaplan’s The New Sex Therapy when she remarks about female orgasm: “[f]emale sexual response, like that of the male, is climaxed by the orgasm which consists of a series of reflexes, involuntary rhythmic contractions [of the vaginal and pelvic musculature].”2

Beyond the contention that sexual response is a congenital capacity, the notion that it is natural also suggests that it is fuelled and propelled by an internal mechanism. This approach also encompasses desire phase responses. Kaplan, as previously remarked, considers desire to be produced by a biologically anchored drive,3 apparently implying that people do not have to learn to experience desire but that they possess this capacity from birth. In a book section about desire and desire disorders from 2000, psychologists Cathryn Pridal and Joseph LoPiccolo very succinctly summarize the consequences for the mainstream approach of theorizing sexual response as a natural process: “all people DO have a sexual nature – a sexual interest or drive – and not being aware of having a sex drive means that something is blocking it”.4 That is, here with special regards to desire, once sexual response is construed as a natural process, sexual dysfunctions are theorized as conditions that occur when this process is disturbed, impaired or blocked by external influence.

In early mainstream literature, performance anxieties were considered the most important influence blocking sexual functioning.5 In Human Sexual Inadequacy Masters and Johnson reason about the consequences of worrying that sex is not going to be all that one feels it should be. When women are anxious that their partners will think less of them if they do not orgasm during sex, and men have

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1 Masters and Johnson, Human Sexual Inadequacy. p. 197 Masters' and Johnson's emphasis
2 Kaplan, The New Sex Therapy. p. 49
4 Pridal and LoPiccolo, "Multielement Treatment of Desire Disorders." p. 65
doubts that their erections will last through out the entire sex act, sex becomes associated with a pressure to perform and attempts will be made by those involved to try to control their sexual responses.

[1] Fear of inadequacy is the greatest known deterrent to effective sexual functioning, simply because it so completely distracts the fearful individual from his or her natural responsivity by blocking reception of sexual stimuli either created by or reflected from the sexual partner.

If voluntary control over sexual response is impossible, efforts to the contrary will be tantamount to try to force spontaneity whereby it is effectively stifled.

Although performance anxiety is seen as an important cause of sexual dysfunction, there are, as I think is suggested in my considerations of especially Kaplan’s theory of desire and desire disorders, certainly other explanations as to why sexual response is sometimes impaired or blocked. Kaplan discusses, for instance, how anger and resentment towards a sexual partner arising from conflicts in a relationship interferes with sexual desire, and she considers how feelings of shame inspired by an environment in which sex is taboo work as a culturally rooted cause of sexual dysfunctions.2

The principal point here however, is that mainstream sex therapy understands sexual dysfunctions, whether they are caused by performance anxieties or by an environment portraying sex as dirty and shameful, as conditions that intrude upon a process that otherwise would work autonomously. Here, the HSRC performs crucial work: Although uncertain about the exact nature of sexual problems, sex therapists are certain that sexual response, or functioning, is available for recovery. In relation to sexual problems, the subject position of the sex therapist stabilizes as the subject position of a clinician that, although uncertain about the exact nature of these problems, knows that problems are treatable. In relation to sexual well-being and the objective of intervention, against the background that sexual response is a process that will have its due course as long as it is allowed, the subject position of the mainstream sex therapist stabilizes as the position a sexual liberator, someone who free people’s sexual nature from the curtailing or impeding influence of their psyches or surrounding culture. Accordingly, it is in relation to the liberationist subject position of the sex therapists, not primarily in relation to their knowing position, that the HSRC performs its most

1 Masters and Johnson, Human Sexual Inadequacy. p. 12 Masters’ and Johnson’s emphasis
2 Cf. also Lief, “Inhibited Sexual Desire.” p. 95
important work. In *Human Sexual Inadequacy* Masters and Johnson summarize how this position stabilizes in relation to the objective of sex therapy:

Changes… represent alterations or adaptations in patterns of personal behavior and the development of mutual interaction between marital partners which permits sexual response to evolve as a natural function.¹

Kaplan, in the 1974 volume of *The New Sex Therapy*, claims, similarly, that sex therapists “intervene … to remove the … obstacles to sexual functioning … and modify the couple’s constrictive sexual system, thus allowing their sexuality to develop freely”.² In this mainstream model of sex therapy, sexual well-being appears to become something that, in a sense, was there all along, that was ready for the sex therapists to free from its, often culturally imposed, shackles. The certainty granted to the HSRC enables the subject position of sex therapists as the position of sexual liberators, by making certain that there is something to liberate. Not only can sexual problems be resolved, but underneath, a sexual well-being already exists, available recovery. I will, in the final section of this chapter, consider further the *sexual functioning* that sex therapy seeks to restore, and I will argue that it is not the same thing as the sexual response that is claimed to be a natural part of the human condition.

**Stabilizing Objects and Objectives of Knowledge and Intervention**

*Perpetuating Normative Investments*

In my consideration of the stabilization of notions of sexual dysfunctions I have already begun, in a sense, to suggest that the subject positions of mainstream sex therapists stabilize in relation to a world in need rather than in relation to clearly delineated and objectively existing sexual dysfunctions. Here, I emphasized that sexual dysfunctions were not the result of the work of the HSRC alone, but that they stabilized through normative investments pertaining to sexual activities and forms of organizing sexual relations. The problems, in relation to which clinical subject positions stabilize, are in this way problems stabilizing as problems regarding normatively defined activities and relations. That is, they are problems defined in relation to coitus and in relation to the couple as a socio-sexual institution.

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¹ Masters and Johnson, *Human Sexual Inadequacy*, p. 24
² Kaplan, *The New Sex Therapy*, p. 221
Accordingly, when sex therapists assume the role of liberating people from obstacles to sexual functioning, it is more specifically obstacles to coitally defined sexual activities and obstacles that leave them less than motivated to engage in coupled relationships that sex therapists seek to liberate their clients from. That is, the notion that sex therapy is an endeavour to restore sexual functioning, when considered in relation to the sexual dysfunctions that sex therapists treat, where they are distinguished normatively, suggests that what they seek to restore becomes normatively invested as well.

Turning now to the notion of sexual functioning, I will argue that the normative investments working to stabilize sexual dysfunctions are perpetuated into the notion of sexual functioning. I will argue that sexual functioning, health or well-being in mainstream sex therapy stabilize as an object of knowledge encompassing both more and less than the HSRC otherwise claimed to be the mainstream norm for sexual functioning.1

More and Less than Response

The HSRC, as a concept that is invoked for certainty and as a rational and scientific foundation for mainstream sex therapy, enables certainty about (neuro-)physiological events and phenomena. It is a concept that commits to the notion that physiological capacities for desire, vaginal lubrication, orgasm, nipple erection, penile erection and clitoral engorgement are evolved capacities and parts of a natural process. Whereas the HSRC speaks about the capacity to respond to sexual stimulation, when considered from the point of view of notions of sexual dysfunctions, it is not just the incapacity for sexual response that is dysfunctional, but the distress associated with the incapacity is constitutive of dysfunctionality.2 It is not simply the incapacity to respond with orgasm that is a dysfunction, but, for instance, the inability to respond with orgasm when in the company of someone else.3 It is not just the inability to respond with erection, but the inability to respond with maintained erection during penetrative sexual intercourse that is dysfunctional.4 Conversely, it is not just the ability to respond with orgasm that is functional, but the ability to respond with orgasm at the right moment,5 and it is not just the ability to feel

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1 Cf. for instance Wincze and Carey, Sexual Dysfunction, p. 4: “Most sexologists agree that healthy sexual functioning comprises three primary stages: desire, arousal and orgasm.” That is, sexual functioning is conflated with the three stages in Kaplan’s response cycle.
2 American Psychiatric Association, DSM-IV-TR, p. 541
3 Kaplan, The New Sex Therapy, p. 424
4 Masters and Johnson, Human Sexual Inadequacy, p. 130
5 American Psychiatric Association, DSM-IV-TR, p. 554
desire, but the ability to feel desire for coupled sex and for coupled commitment, even in relationships that are power differentiated, that constitutes a functional desire response.\(^1\)

If sex therapy treats sexual dysfunctions with the consequence that sexual functioning as a natural process is restored, the usage of sexual response becomes part of sexual functioning as a natural process. Whereas the HSRC allegedly describes abilities to have orgasm, to feel desire, to have vaginal lubrication and erection, sexual functioning stabilizes as including the ability to use genital capacities to have sex, and the motivation to form coupled, (and as far as Kaplan tells it, heterosexual) relationships. To that effect, the concept of sexual functioning encompasses less than the notion of the HSRC to the extent that sexual response describes processes that have consequences beyond those that are considered in notions of sexual dysfunctions and functioning. The concept of sexual functioning encompasses also more than the HSRC to the extent that sexual functioning includes the usage of (some of) the capacities of those allegedly encompassed by sexual response. Hence, it appears as though the notion of sexual functioning, while excluding certain parts of the HSRC\(^2\) has also invited things that were not there in the notion of the HSRC to become part of natural process.

In my consideration of how notions of sexual dysfunctions stabilize normatively, I argued that normative investments turn impaired sexual response into conditions people can experience problems with and be distressed about. Similarly, by normatively inviting sexual practices and relations into the HSRC, sexual functioning becomes a part of people’s sex lives. That is to say, when normative investments are perpetuated into sexual functioning, the HSRC is turned into something people can be satisfied with. Accordingly, whereas the HSRC grants the certainty that there is something to restore, when normative investments are perpetuated into sexual functioning, that which can be restored or liberated also becomes something solid with which people can experience satisfaction. Sexual functioning stabilizes normatively to become something satisfying, valuable and urgent. That is to say, the HSRC, which enables the liberationist subject position, stabilizes normatively as sexual functioning with the consequence that the liberationist subject position not only has something to liberate, but something valuable and urgent to restore.

\(^1\) Kaplan, *The Sexual Desire Disorders.*

\(^2\) Clitoral responses are, I think, particularly important to mention. Cf. Bartlik and Goldberg, “Female Sexual Arousal Disorder.”
To a certain extent I think that this can be understood as a classical case of naturalization: the HSRC as a concept about physiological process becomes normatively interpreted by notions of dysfunctions. The consequence of this is that the sexual functioning that sex therapy proposes to liberate, as an allegedly natural phenomenon, comes to include normative features as part of nature.\(^1\) Hence, the notion of sexual dysfunction effectuates a normatively invested conflation of sexual response and sexual functioning, and sexual functioning consequentially stabilizes as a natural entity available for liberation, in relation to the mainstream sex therapist as a sexual liberator. Nevertheless, if the relation between physiology, normative investments and functioning is considered more closely, I think it is possible to discern a more general process other than that of naturalization, that is at work. To conclude this chapter, I shall, to that effect, offer further considerations about the relation between normative investments and sexual functioning, beginning by taking into account place and significance of physiology for genital functioning and dysfunctions.

### 4.4 Externalization from a Normative Nowhere

In accordance with feminist sex therapists\(^2\) analyses of mainstream sex therapy, I think it is evident that in relation to genital dysfunctions and functioning, the limited emphasis on physiology in mainstream sex therapy, is significant. My analysis of genital dysfunctions, to begin with, could indicate that normatively investing coitus in physiology makes physiology significant in the sense that physiology solidifies this investment. That is, it is not necessarily stated as such in mainstream knowledges or the DSM that coitus is more sexual or more important than other forms of sexual activity, but as a normative investment it works by rendering physiology relevant and meaningful as functioning or dysfunctional, in the sense and to the extent that physiology is relevant and meaningful for activities more or less reminiscent of coitus. Nevertheless, I

\(^{1}\) Cf. Emily Martin, “The Egg and the Sperm: How Science has constructed a Romance Based on Stereotypical Male-Female Roles,” *Signs: Journal of Women in Culture and Society* 16, no. 3 (1991). Analysing how heteronormative notions of femininity and masculinity are employed in portrayals of the production and activities of egg and sperm in humans, Martin argues that the way that “these stereotypes are now being written in at the level of the cell constitutes a powerful move to make them seem so natural as to be beyond alteration.” p. 500, Martin’s emphasis. Martin’s analysis traces a process of naturalization where nature is read through social conventions, and then portrayed as explanatory of the very same social conventions. Cf. also Ludmilla Jordanova, *Sexual Visions - Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (New York: Harvester Wheatshead, 1989). p. 5
think it could be argued that the mainstream invocation of physiology, in a sense, is about more than the naturalness of physiology.

I claim this against the background of my analysis of desire disorders, which I think indicates that normative investments also perform work in a direction that does not need physiology in the same sense as was the case in relation to genital dysfunctions and functioning. Desire disorders stabilize as objects of knowledge as occurring when desire is dysfunctionally regulated. Basically, desire disorders impair the allegedly inborn capacity to fit in, in a physical, social or institutional environment.¹ In Kaplan’s mainstream theorization of desire disorders this environment however, is not uniformly construed. Therefore, Kaplan’s mainstream theorization of desire and desire disorders employs normative investments to perform work in discerning in what sense, and into what, it is healthy to fit in. According to my reading of Kaplan, healthy desire yields to societal norms that privilege the couple. Moreover, the couple is still considered to be a suitable environment for desire even if it institutionalizes power asymmetries, as long as asymmetries are not overly overt and remain tucked away from immediate conscious awareness.

With regards to both genital dysfunctions and functionings, and desire and disorders, normative investments work with physiology, societal norms and unawareness, with similar consequences. More than rendering dysfunctions solid and tangible by discerning something that people can have problems with, normative investments work with the consequence that they are externalized from sex therapy. That is to say, physiological processes, society and the unaware life of power are invoked as independent conditions that sex therapists have to deal with. Normative investments are made into parts of the object of knowledge, instead of parts of the way knowing relations are established. Like society and unawareness, physiology is, accordingly, something of which normativities can be parts.

Normative investments are externalized from sex therapy with the consequence that it appears consistent with the mainstream approach to maintain that it is not because it is a normative approach that sex is coitally interpreted, but that it is because that is how physiology is constituted. It appears as if it is not because mainstream sex therapists take a political stand that they promote coupled sexuality, but because that is how society is organized, and it is not because they

¹ Kaplan, The Sexual Desire Disorders.
are averse to feminism that they accept gendered power asymmetries, but because that is how their (heterosexual) clients have arranged their relationships. The latter notion is, I think, especially present in Kaplan’s reluctance to make commitments about what it is which makes a relationship good. This is succinctly illustrated when she claims that “[i]f the therapist wishes a good outcome… he/she must put aside all personal bias, be this feminism or chauvinism, and focus exclusively on perfecting the harmony of the couple’s interactions”.¹

In this vein, normative investments work with physiology, society and unawareness with the consequence that mainstream sex therapy is rendered an innocent bystander to the politics it promotes and practices. More than its select focus of attention, and more than the nature of the normativities it promotes, it is, I think, in the notion that it operates from a position of innocence – from a normative nowhere – that mainstream sex therapy appears in its most problematic light. Certainly, it needs to have a focus of attention, and it would be hard to conceive of a sex therapy that did not enact norms about sex, but a sex therapy that relinquishes political, normative and moral responsibility for these things is precisely irresponsible. Hence, it is its efforts to remain within the boundaries of what it construes as objectivity that ultimately disqualifies mainstream claims to objectivity. Mainstream sex therapy effort avoids accounting for the normative investments that make mainstream knowing relations possible, with the consequence that the knowledges that it promotes are incomplete and unaccountable, and cannot possibly be objective.²

¹ Ibid. p. 192
² Haraway, “Situated Knowledges.”
5. Becoming Alternative

The purpose of this study is to explore what consequences the existence of mainstream sex therapy has for efforts to develop feminist alternatives in sex therapy. In my analyses of feminist and mainstream sex therapies I have specifically concentrated on the work performed by normative investments in claims to knowledge, and how sexual problems, sexual well-being and the subject positions of feminist and mainstream sex therapists in part take shape normatively. The reason for this focus has been that from the point of view of feminist sex therapists, it is concerns about the normative character of the mainstream approach that has made it urgent that feminist alternatives are created.

5.1 What Consequence?

Feminist sex therapy can, indeed, be understood to stabilize in relation to a stabilizing mainstream approach. It is in relation to a sex therapy that emerges as established, as one that is important to consider, as one to contest and to become an alternative to, that feminist sex therapy does become an alternative. In this relation, mainstream sex therapy stabilizes as a unifying connection between the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) and William Masters’ and Virginia Johnson’s, and Helen Singer Kaplan’s work on human sexual response and sexual dysfunctions. Feminist sex therapy, on the other hand, stabilizes to the extent that it addresses the mainstream approach, contends things about it that also becomes a part of the propositions of a feminist alternative. To that effect, mainstream sex therapy saturates feminist alternatives, not in the sense that they are determined or entirely consequential of the mainstream approach, but in the sense that feminist models are animated by their disagreement with mainstream sex therapy.

In disagreement with the mainstream approach, feminist sex therapists have for the most part developed an understanding of sex and sexual problems emphasizing the socially constructed nature of sexual matters. Sexual problems, and in particular problems experienced by women, are largely construed as ways in which the sexual politics of a patriarchal society are embodied or become personal. From a therapeutic point of view, resolving these problems requires feminist activism and intervention to counter the impact of patriarchy. To that effect, feminist sex therapy is to a significant extent framed as seeking to free
women in particular from patriarchy’s constraints, whereby women gain the opportunity to become sexually self-determining, and empowered to define their sexualities in their own terms.

However, intertwined with the social constructionist construal of sexual problems, feminist sex therapists also promote a social constructionist approach to sexual differences between women and men. To the extent that women and men want different things sexually, these differences are the results of them having been socialized differently. Differential socialization is moreover theorized in relation to the patriarchal conditions surrounding and saturating women’s and men’s lives. Therefore, what women and men want is informed by the same social and institutional conditions that result in sexual problems for women. In feminist sex therapy, patriarchy is in this way more than constraining, because it is also partly productive of women’s and men’s sexualities. The self-determination that feminist sex therapists seek to inspire thus appears to be an already patriarchally informed self-determination, and it is at any rate not addressed as to what it otherwise would be.

In particular, it is this element – the connection between self-determination as an objective of intervention and the liberationist subject position – in feminist sex therapy that I will be concerned with in this final chapter, because I think it is a problematic element. If the personal really is political, in what sense is there a self-determination to liberate, and if liberation as an objective entails that efforts to change sexual politics will halt in front of the personal, would that not mean that the feminist ambitions of feminist sex therapy were compromised? In the following, I will discuss this element in feminist sex therapy as stemming from the relation between feminist sex therapy and the mainstream approach, and I will seek to offer an explanation as to why mainstream sex therapy has been allowed to have this consequence. Firstly, I will revisit my portrayal of the mainstream approach, and secondly I will against this background take into consideration feminist sex therapists’ criticism of mainstream sex therapy. Against this background, it is with regards to differences between my analysis of mainstream sex therapy and that of feminist sex therapists, that I will offer my understanding of the consequential relation between these approaches. In the final section of this chapter I will discuss briefly, more openly and perhaps a bit more speculatively what it could entail for feminist sex therapy if it were to cast off, what I have here considered to be its compromising mainstream legacy.
5.2 Sex Therapies in a Critical Relation

Mainstream Normativity and the Making of Sexual Liberation

In my analysis of mainstream sex therapy, I took as a point of departure the concept of the Human Sexual Response Cycle (HSRC). The development of this concept, in the works of Masters and Johnson, and Kaplan, was, according to my analysis, animated by a perceived need to discern a secure and certain foundation for a rationally and scientifically legitimated approach in sex therapy.¹ However, when sexual dysfunctions and functioning are distinguished as objects of knowledge in the mainstream approach it is not done with exclusive reference to, or with the alleged certainty of, the HSRC.²

Against this background I argued that the HSRC is more than a resource for distinguishing objects of knowledge, and more importantly, that it is a resource for enabling sex therapy as a profession. That is to say, the alleged certainty with which the HSRC is promoted becomes the certainty with which mainstream sex therapy claims that there exists a sexual health, a sexual well-being or a sexual functioning that can be restored. The certainty with which the HSRC is promoted becomes the certainty with which mainstream sex therapy claims that sexual problems can be alleviated. Because sexual functioning is a natural process it is certain that people can be sexually functional, and if it is certain that people can be sexually functional, sex therapists certainly have a place in people’s problematic sex lives. The certainty with which the HSRC is promoted becomes the certainty which it is asserted that there exists a sexual functioning to be restored and liberated.

As explored more at length in my analysis, and as my remarks here suggest, this chain of certainties has weak linkage. As the HSRC is an undifferentiated concept, pertaining to humans as members of a species rather than humans as individuals, there is a gap that has to be bridged in order for notions of sexual response to have bearing on concrete and actual sex lives. Conversely, there is a gap between a problematic sex life, and the abstract notion that it is problematic because sexual response is impaired. That is to say, the certainty

that humans can be sexually functional does not translate into a certainty about what it means for human individuals to be sexually functional, and the certainty that sexual problems can be alleviated does not translate into certainty about what are the concrete sexual problems, in individual cases, that need to be alleviated in order for sexual functioning to be restored. The HSRC is a concept promoted to grant certainty because it describes a natural process supposedly untouched by social, historical and cultural circumstances. In mainstream sex therapy, however, it is employed to support knowledges about circumstances that are precisely socially, historically and culturally specific; actual sex lives that is.

Hence, to the extent that the HSRC makes the possibility of a sex therapy profession certain by ensuring that there is a sexual functioning that can be restored, and that sex therapists can have a role in the process of restoration by removing that which interferes with sexual response, it is still an abstract possibility. The HSRC works in principle to enable the notion that people have the ability to be sexually functional, and that if they are not, something is blocking this ability. However, in order for sex therapy to be a practical possibility, the HSRC has to be translated into knowledges that are concretely applicable. It has to be made solid.

In my analysis, I argued that it is normative investments – the valorization of coitus and the couple as a socio-sexual institution – that perform this work of solidifying the HSRC. That is, normative investments enable, for mainstream sex therapy, objects of practice and objectives of intervention that are discernable parts of people’s (problematic) sex lives. It is through the work of normative investments that the HSRC stabilizes as conceptualizing something solid that people can experience problems with, and something solid that people can be satisfied with. Accordingly, normative investments work to turn the notion that there exists something to liberate, into the notion that there is something solid that people can be satisfied with that is important to liberate.

It is normative investments that establish a concrete relation between sex therapists as clinicians and the problems that they supposedly treat, as well as between sex therapists as sexual liberators and that which they propose to liberate. Without normative investments, mainstream sex therapy practice would not have a direction and intervention would not have an objective. Hence, however limited the scope of mainstream sex therapy is, my analysis
suggests that the work that normative investments perform is a work required in order for the mainstream approach to have a scope at all. Specifically, it is through the work of normative investments that the principle certainty, granted by the HSRC, that there is something to liberate, stabilizes into a sexual functioning that is important to restore. To that effect, the liberationist subject position stabilizes in relation to sexual functioning, as having something valuable to liberate.

**From Mainstream to Feminist Knowledges**

Turning now to feminist sex therapy, I claimed in my analysis that feminist sex therapists’ way of relating to feminism and the feminist movement calls for a demonstration of how increased sexual well-being for women particularly, is possible through diffusing social and political gendered injustices. Moreover, I argued that feminist sex therapists’ critical relation to mainstream sex therapy works to indicate more specifically what it takes and entails to demonstrate a sex therapeutic connection between sexual well-being and gendered injustices. Hence, the relation in which feminist and mainstream sex therapies stabilize is a relation largely established through criticism, but as a critical relation it is not merely dissociating. Feminist sex therapy becomes an alternative in the sense and to the extent that feminist sex therapists have discerned problems with the mainstream approach. It is by connecting this notion to the relation between feminist sex therapists’ analyses of mainstream sex therapy and my considerations of the mainstream approach, that I will offer my account of the consequences for feminist sex therapy that is promoted as an alternative to a distinguished mainstream sex therapy.

From a feminist perspective in sex therapy, mainstream construals of sexual dysfunctions and functioning appear thoroughly inadequate. Doreen Seidler-Feller, and later Leonore Tiefer, have emphasized how the mainstream approach, by focusing too strongly on the HSRC, uncritically accepts the social circumstances of sex.¹ Tiefer, and later Marianne Keystone and Marsha Carolan, and Wendy Stock and Charles Moser all challenge mainstream notions of sexual dysfunctions for taking away from women the opportunity to identify what they themselves experience as sexually problematic.² In effect then,

mainstream sex therapy promotes an understanding of sex and sexual problems that takes for granted how sex is socially constructed, and how it is constructed on men’s terms. A sex therapy that develops out of men’s perspectives ends up in a position where sex stands and falls on the physiology of sexual response, and its masculinist legacy becomes evident as the line between dysfunction and functioning is drawn in relation to the physiological ability to perform coitus. Performing coitus appears to be important, according to feminist sex therapists’ analyses of mainstream sex therapy, against the background of how men in particular value sex, and it connects to the conflation between masculinity, power and penises,¹ and excludes much of what women experience as sexual and sexually problematic.

Hence, masculine norms and a male perspective have limited sex therapy’s focus; whereas sex is (also) social and emotional interaction, mainstream sex therapy only sees physiology, and whereas sex can be a lot more than bodies performing coitus, mainstream sex therapy only sees genitals in action. In the promotion of a feminist alternative, the mainstream reliance on men’s perspective is therefore replaced with a feminist reliance on women’s perspective. From a feminist perspective this replacement makes evident that sexual difficulties are not pathological conditions. Instead, they should be theorized as political problems, and more specifically as the sexual implications of patriarchy. As such they are amenable to change with the help of a sex therapist that assumes the subject position of a feminist activist who, in successful cases, tends towards stabilizing as a feminist liberator freeing women’s sexualities from the constraints of patriarchy.

More than Knowledge

Feminist sex therapists have accordingly taken critical issue with mainstream knowledges about sexual health and problems, analysing, rejecting and offering alternatives to them because mainstream knowledges, due to androcentrism and heterosexism, are problematically limited to physiology and genital performance. Although my analysis is clearly in agreement on the point that mainstream knowledges are, utterly problematically, limited to genitals and physiology, I have argued that normative investments in mainstream sex therapy are not merely limiting knowledges about sexual matters. Normative investments are also parts in making the mainstream liberationist subject position possible. As I have argued in my analysis, and also remarked upon in

¹ Stock, “Propping Up the Phallocracy.”
this chapter, normative investments connect to the work performed by the HSRC in making liberation and a liberationist subject position possible, and they perform work specifically by making this possibility a concrete possibility. That is to say, normative investments are parts of grounding the liberationist subject position because the work they perform is part of the work required to stabilize sexual functioning as something that exists concretely, and that is important to restore or liberate.

When feminist sex therapists have analysed normative investments as merely limiting, the productive work they perform is rendered invisible. When the work they performed is rendered invisible, the connection that normative investments have to the role of the HSRC in making sexual liberation possible is left unacknowledged. Accordingly, the work performed by HSRC and normative investments in making sexual liberation a concrete possibility by stabilizing something as concrete and important to liberate, is not challenged or addressed. To that effect, although feminist sex therapists have challenged the HSRC, and notions of sexual functioning which is what mainstream sex therapy claims to liberate, they have not challenged how the mainstream approach make sure that there is something that is viable and important to liberate. By leaving the assumption that there is something that is valuable and available for liberation unchallenged, the liberationist subject position, being enabled by this notion that there is something to liberate, appears to be a viable subject position for feminist sex therapy.

Moreover, although feminist sex therapists have rejected the HSRC as a resource for grounding knowledges, by retaining the liberationist subject position they have retained also the work performed by the HSRC in making this subject position possible. That is to say, a liberationist subject position requires something to liberate, and something that is important enough to mandate it. In sex therapy I think the work of supplying this is performed by the HSRC and normative investments that serve to solidify the HSRC into something solid that people can experience sexual satisfaction with. The liberationist subject position retained by feminist sex therapy needs something to liberate, and to that extent it needs an objective of intervention that in certain respects resembles the normatively invested HSRC. It needs something that resembles the normatively invested HSRC to the extent that it exists as available for recovery, and is valuable to liberate.
Accordingly, I propose here that sexual self-determination as an objective of intervention in feminist sex therapy resembles sexual functioning as an objective in mainstream sex therapy because both the notion of self-determination and the notion of sexual functioning stabilizes in relation to a liberationist subject position. As objectives of intervention, they resemble each other to the extent that the subject position require something that is valuable to liberate, and furthermore to the extent that the notion that there is something to valuable to liberate in sex therapy, is tied specifically to the normatively invested HSRC. For these reasons, a consequence for feminist sex therapy that it is promoted as an alternative to a mainstream sex therapy is that it has been left with a remnant of a concept otherwise strongly rejected. The subject position of the feminist liberator, at least with regards to its liberationist qualities, stabilizes in a mainstream relation to an aspect of the normatively invested HSRC. Feminist sex therapy has, I think, to that effect combined strands from the radical feminism that emerged under the same historical circumstances as did mainstream sex therapy, with strands from the liberationist interpretation of these circumstances that mainstream sex therapy subscribed to and radical feminist criticized. Perhaps, it is because of feminist sex therapy’s relation to mainstream sex therapy that it here appears viable to provide a more or less liberal feminist solution to problems theorized from a more or less radical feminist point of view.

_Innocent by Association_

In short, what I am proposing is that the mainstream liberationist subject position has not been analysed by feminist sex therapists for how it is interrelated with the normatively invested HSRC, and it has accordingly been retained as a viable position in the form of a feminist liberator. Because it is interrelated with the HSRC however, an aspect of the otherwise thoroughly criticised HSRC has been imported into feminist sex therapy. Nevertheless, against the background of the emphasis in feminist sex therapy that it would be misconstrued to promote norms for sexual well-being,1 notions of liberation and self-determination seem appealing.

Self-determination as an objective does not require of feminist sex therapy that it promotes norms for sexual well-being because it appears as though the purpose of therapy is to find, restore or recover something important that was

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there before, and independently of, sex therapy. Whatever norms therapy recovers and whatever notions of sexual well-being that emerges through therapy, it is not the therapists’ norms or notions, but their clients’ notions and norms. This is, I think, the aspect of the normatively invested HSRC that feminist sex therapy has imported by invoking a liberationist subject position; it is not the HSRC as a concept about different phases of sexual response or a concept about sexual functioning, but it is the HSRC as bringing assurance that there is something valuable that the therapist can recover, that exists before and beyond sex therapy. Feminist sex therapy, by invoking a liberationist subject position, has imported an aspect of the HSRC that by invoking the before as desirable, serves an externalization of the objective of therapy and, in some respects turn the therapist into an innocent facilitator.

Although this is nothing in comparison to mainstream sex therapy’s traffic in innocence that I remarked about in the end of the previous chapter, I do think innocence is problematic in feminist sex therapy. It begs the question of what it is that is so valuable to recover from before that should lead feminist sex therapists to abstain from their efforts to change it. If it were a more authentic sexuality that is worth liberating from the constraints put upon it in a patriarchal society, would not that put feminist sex therapy in the hands of essentialism, and if it were an already patriarchally defined self-determination, in what sense would it be liberationist just to recover it? Against this background, innocence for feminist sex therapy appears more a liability than a possibility; it is innocence at the price of essentialism, or innocence with the consequence of reduced feminist ambitions. Nevertheless, innocence is a liability that is sustained by the liberationist subject position, and feminist sex therapy does not need liberation. To indicate what I mean by this I shall for one last time revisit feminist sex therapy.

5.3 Beyond a Sex Therapy from a Feminist Standpoint

If feminist sex therapy is understood to be an answer to a sex therapy question in feminism, it seems to me that it is an answer that in certain respects proposes a sex therapy from a feminist standpoint.1 Feminist alternatives in sex therapy have developed out of women’s perspectives on sex and sexual problems. When women’s perspectives are made present in feminist sex therapy, for instance when Tiefer accounts for how women voice their sexual concerns,2 or

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2 Tiefer, "A Feminist Critique of the Sexual Dysfunction Nomenclature."
when Seidler-Feller approaches sex therapy through questions about how women’s sexualities are and better could be understood,1 it is largely social and institutional circumstances of sex that come into light. From women’s perspectives, social and institutional circumstances are more than a context in which sex takes place, but inextricably intertwined with sex and sexual problems. Furthermore, as a sex therapy from women’s perspectives, it is not just listening to women or taking women into account, but it is a sex therapy that takes what women say utterly seriously. Women have a say, to the effect that women’s perspectives and experiences are, in feminist sex therapy, indispensable sources for sexual knowledges.

When women’s perspectives are taken into account sexual concerns appear in relation to a social and institutional reality, and when women’s perspectives are taken seriously it becomes clear, in feminist sex therapy, that sexual problems are therefore located in women’s social and institutional positions. Women’s perspectives, when validated and taken seriously, could accordingly be understood as grounding a feminist standpoint in sex therapy. That is to say, from a woman’s standpoint it becomes clear that sexual matters cannot be properly understood in isolation from social and institutional circumstances, because, and from a feminist standpoint, these circumstances are also the location of sexual problems and are in need of change. More specifically, from a feminist standpoint in sex therapy it is apparent that sexual matters are socially constructed, and contingent upon human agency, institutions and social circumstances. The reason that this becomes evident is because the social construction of sexual matters, in particular for women, is tangible due to its problematic consequences. The feminist standpoint in sex therapy grants a better understanding of sexual matters because it is a sexually subjugated standpoint.

In connection to this, the liberationist element in feminist sex therapy appear in a clearly problematic light. If it is a sexually subjugated position that enables a feminist standpoint, would not seeking to liberate a valuable before be at risk of claiming a subjugated sexuality as that which is somehow valuable to recover? I think that the liberationist element in feminist sex therapy paradoxically ties feminist sex therapy to a sexual location it otherwise seeks to transgress. It suggests the notion that there is something valuable in subjugation, and to that effect it collides with, and appears to compromise, the activist element in

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1 Seidler-Feller, “A Feminist Critique of Sex Therapy.”
feminist sex therapy that finds value in counteracting, subverting and overcoming subjugation. By laying claims to a valuable before, the liberationist element turns a socially, historically and politically contingent position into a stable sexuality that grounds and explains the importance and legitimacy of sex therapeutic efforts. I think, however, that feminist sex therapy does not need a valuable before in order to legitimize its efforts.

Instead of invoking notions of liberation in order to frame its objectives, feminist sex therapy can enunciate an understanding where it strives to create sexual well-being, self-determination, satisfaction, pleasure and perhaps even subversion. In a sex therapy beyond a feminist standpoint the subject position of the feminist activist, stabilizing in relation to sexual problems, could be extended to encompass more clearly also the objective of feminist sex therapy. An activist framework would accordingly understand the objective of therapy in terms of agency and creativity, as visionary and unfinished, and as indeterminate and dynamic. That is to say, if sexuality is indeed socially and historically contingent, there is no sexual well-being or self-determination beyond what we make of them within socially and historically contingent limitations and with the help of available resources. Considering my grounds for making claims about feminist sex therapy, my proposal is, more realistically stated, that relinquishing the liberationist element could open up more room in feminist sex therapists’ academic production for debate, consideration and exploration of issues pertaining to the creativities, risks and responsibilities in making sex. It could open up room for furthering an exchange about issues that connect to what feminist sex therapists, I imagine, are already doing when they are not writing articles.

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1 Cf. Prins, “The Standpoint in Question”. p. 231
2 Willingly taking the risk of overstating the epistemological parallels, cf. Haraway, “Situated Knowledges.”
References


Jackson, Margaret. "'Facts of Life' or the Eroticization of Women's Oppression? Sexology and the Social Construction of Heterosexuality."


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Wrede, Malin. "I omsorgens namn - tre diskurser om äldreomsorg [English Title: In the Name of Care - Three Discourses on Elderly Care]." Doctoral Dissertation, Karlstad University, 2005.
Explorations of a Sex Therapy Question in Feminism

In the early 1970ies sex therapy clinics offering professional help for problems such as vaginal dryness and impotence began to spread in the United States. A decade later, a growing discontent with sex therapy as it was practiced and promoted urged feminists to develop more promising ways of understanding and treating sexual problems. Contending that sex therapists approached sex and sexual difficulties in ways that served men’s sexual interests over and against women’s, feminists maintained that an approach better prepared to address issues pertaining to gender and power had to be developed. In this study, feminist alternatives in sex therapy are analysed for how they criticize, transgress and in certain respects remain informed by the limitations of their mainstream counterpart.