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Still resisting after all these years: an update on sexuo-medicalization and on the New View Campaign to challenge the medicalization of women's sexuality

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Introduction

In 2002, *Sexual and Relationship Therapy* published my leading comment, "Beyond the medical model of women's sexual problems: A campaign to resist the promotion of 'female sexual dysfunction'". I wrote that comment not long after convening "The New View Campaign" as an educational initiative to deal with the Viagra-inspired juggernaut of medicalized thinking about sex that threatened, at least in my mind, to bias and distort sex research, sex education and sex therapy for the next generation. I very much appreciate the recognition the article has received and welcome this opportunity to review and update my thinking on its 2002 theme. Here is the bottom line: it's all come true, and more so, but there are numerous pockets of resistance, unexpected things *do* happen, and hope remains alive!

What was happening in 2002?

When I wrote the 2002 essay (sometime in 2001), Viagra had been available for three years. My involvement as a critic of the sexuo-pharmaceutical revolution had begun within days of the US Food and Drug Administration's (FDA's) approval of Viagra in March, 1998, when journalists began to ask, "And where is the Viagra for women?" As a feminist sexologist working in a hospital urology department, I got worried! I had written about the dangers of medicalization when I first observed how urologists managed men's sexual problems (Tiefer, 1986) and had continued in this vein for years, including a review essay on medicalization 10 years later (Tiefer, 1996).

Long before Viagra appeared I had expressed concern that the "medical model" of mind-body dualism, "objective" research, universal bodies, essentialism, narrow function-oriented definitions, biological reductionism and reified diseases was not a good match for the socially constructed domain of sexuality. I feared that medical thinking was too enmeshed with norms of health and disorder to allow a full embrace of sexual diversity in education, research or treatment. I was concerned about the *normative* aspect of medical thinking and I was concerned that too much coziness between medicine and sexuality would overemphasize *biological*

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determinants of sexual conduct and problems at the expense of psychosocial and context-related factors.

The deluge of publicity surrounding the approval of Viagra both indicated and promoted substantial interest in a medical approach to sexuality. There was the economic ka-ching, of course, for the drugs industry. But there were other convergent trends. The discourse of "sexual health" was becoming a popular way to frame public health discussions about sexuality in the era of herpes and AIDS and it also provided a positive sexual spin to counteract right-wing fear-mongering about sex education, gay rights and reproductive freedom. And there was also the "biomania" going on in the 1990s Human Genome Project era.

I was comfortable with a narrative of "sexual health" as long as it related explicitly to issues of genital health, but when "sexual health" expanded to include pronouncements and classifications of sexual conduct and preferences, this seemed like a slippery slope towards medicalizing sexual desire and performance, erasing three decades of feminist research into social and cultural variables like gender relations, media, politics and education.

In 2000 I called for a feminist movement to examine and resist the escalating medicalization of sex and convened what came to be known (somewhat unimaginatively and even incorrectly) as "The New View Campaign to Challenge the Medicalization of Women's Sexual Problems" (Tiefer, 2001). Our view of sex wasn't really "new", it was the familiar psycho-bio-social model. It wasn't really just about women, either, but as a feminist I thought that was my most legitimate place to start. And it wasn't only about sexual problems, but about the broad conceptualization of sexuality that was being medicalized just as the women's and gay and lesbian movements were re-creating and re-visioning ideas of sexuality that had been cramped by politics and religion for centuries.

That was the point, I thought, and why I felt urgent about a plan of action. *Medicalization was actually a political process*. Unfortunately, this was not at all obvious to clinicians and researchers who saw the new biomedical initiatives as exciting scientific opportunities and signs of progress and were utterly disparaging of a political interpretation.

What's been happening since 2002?

What I didn't understand back then, and what has captured much of my attention in the intervening years, was the global pharmaceutical industry culture and how it could affect sexology and sexuality. Although there were other trends promoting medicalization, I came to see the pharmaceutical industry as the chief "engine" of medicalization (Conrad, 2007). When I wrote the essay for *Sexual and Relationship Therapy* I still didn't know much about branding, about ghostwriting, about paid supplements to journals, about the politics of gift-giving, about using "key opinion leaders" as wedges into professional circles. I didn't know about international regulatory bodies or media advertising budgets or using patient advocacy groups as front organizations or about pharma-funded "consensus development conferences". I had never heard of "disease awareness campaigns" or the legal ins and outs of "off-label" prescribing. I had to learn not only about the *direct* ways that Big Pharma advances its interests (funding and supporting and promoting this or that), but the *indirect* ways such as political opposition to direct-to-consumer ad reform or using the language of "evidence-based" medicine to marginalize narrative and interview

research. I had, in other words, to learn to read the business pages of the *New York Times* as well as the science pages and to join sociology of science and medical anthropology organizations in addition to psychology and sexology ones.

One unexpected development has been the growing backlash against the excesses of the drugs industry in the last few years. In 2009 an exhaustive review of the many conflicts of interest between physicians or medical researchers and pharmaceutical, medical device and biotechnology companies was published by the US National Academy of Medicine's highly respected Institute of Medicine.[1] It offered many recommendations for reform of the sort I have been reading and writing about regarding continuing medical education, medical publications and research sponsorship.

Back in 2001 I didn't fully foresee how the drugs industry would use sex therapists and researchers not just to further medical model research and therapy, but to distract efforts from psychosocial research and therapy by underwriting "evidence-based" (i.e. medical-model-evidence only, please) research journals, organizations, conferences, and prizes. Here are three specific examples:

(1) Sex research is now often narrowly focused on dysfunction and drug remedies. For example, although no drug for "female sexual dysfunction" has yet been approved by the FDA, a testosterone patch has been approved in the UK and EU. Yet, as with the erectile dysfunction pills, there is practically no social science research on the psychosocial impact of these drugs on couples' sexual repertoires, attitudes and feelings or details of use. Rather, we have endless questionnaire projects funded by industry that focus on simplistic, single-item measures of "satisfaction" and "effectiveness". How many thousands of sexologist-hours have been devoted to generating questionnaires with competing definitions of sexual function and satisfaction? It makes your head spin until you see company scientists present these data at research or regulatory meetings and you realize that it's not about understanding sexuality but about generating numbers to support product applications.

(2) The growth of off-label prescribing has made official approval of sexuality drugs almost unnecessary and online purchasing will likely eliminate remaining obstacles in the name of "consumer choice". Viagra and testosterone preparations are routinely given to women for low desire, despite health worries and marginal benefits. "Premature ejaculation" is a rapidly emerging example. Ignoring disputes over definitions and treatment goals, many medical courses and journal articles now recommend the off-label use of SSRI (acronym for certain drugs with serotonin action) antidepressants to delay ejaculation. Pre-approval studies use narrow outcome measures and neglect concerns about suicidality and dependency. Publicity about off-label drugs ignores the fact that this means the drugs are not yet regarded as safe! Unfortunately, investigative reporting is far rarer than promotional reporting.

(3) The biggest news about sex in the last few years has to do with the new forms and opportunities for sexuality that are proliferating through social networking technologies, computer dating services, webcams, online shopping, cellphone cameras, computer games, internet chatrooms etc. I know half a dozen women who have sex blogs! These media contribute to sexual development, fantasies, attitudes and conduct, but where is the research,

education and training to match these challenges? The sex drugs industry that so wants people to have great sex lives is utterly silent on the topic of sex education – preparation for a good sex life – and pays its billions only to promote diagnoses and treatments. What about *preventing* a few of those diagnoses for a change? The public requires independent, non-commercial information about facts, feelings, fantasies, products and politics. "Sexual literacy" is needed to manage the complexities of contemporary life in an ever-changing and, it seems, ever-escalating sexual environment. Good luck.

What has the New View Campaign accomplished?

As of 2001–2002, the New View Campaign (NVC) had just been launched. As of 2010 we have made our website, newviewcampaign.org, into a major resource and everything public that we have done is catalogued there in one way or another. An overview of New View activities was published in an open access journal (Tiefer, 2006). There have been dozens of publications, about eight translations of the Manifesto and scores of presentations all over the world. Many curricula include New View materials. There have been innumerable interviews with journalists and documentary-makers. Here is a brief chronological list of campaign highlights (including just a sampling of presentations):

2000
- New View manifesto written
- NVC kickoff with press conference in Boston

2001
- New View edited book published

2002
- One day New View conference in San Francisco

2003
- Debate on female sexual dysfunction (FSD) at international sexual medicine conference in Paris
- New View teaching manual published
- Plenary, American Society of Reproductive Medicine

2004
- First New View continuing education course published
- Testimony before FDA Committee that rejected testosterone patch

2005
- Three day New View conference in Montreal
- New View listserv begins

2006
- Plenary, Inaugural Conference on Disease-Mongering in Australia
- Special *Sexualities* issue on "Viagra Culture" published

- New View classification for men's sexual problems published[2]
- Plenary, British Association for Sexual and Relationship Therapy (BASRT)

2007
- Keynote, British Psychology of Women conference
- Website redesigned to include videos, publications, complete press coverage record, current activities, events photos, continuing education courses

2008
- Special New View issue published in *Feminism and Psychology*
- Canadian TV "Pharma-Sutra" documentary on FSD disease-mongering
- Intergenerational street demonstration in New York against cosmetic genital surgery (cf. webpage with complete resources and background)

2009
- "Second Opinion" public TV program on FSD in US features NVC
- "Orgasm, Inc" documentary about race for "female Viagra" debuts
- Front page *Philadelphia Inquirer* story about failed drug development for FSD features NVC
- Intergenerational gallery exhibit in Brooklyn, NY celebrates female genital diversity (cf. full webpage)

Our place in the larger spectrum

The NVC has created a unique spot of feminist sexological critique, but over the years I have realized that we are part of several current social movements. They give us moral support and insight and we, in turn, provide an in-depth example.

The first is the women's health movement, with its emphasis on woman-centered health goals and standards (Morgen, 2002). We have been criticized by some who say that the essence of the women's health movement is freedom of choice and that by opposing drugs for FSD we limit freedom of choice, but that is a specious argument that I have taken up elsewhere (Tiefer, 2008) in conjunction with female genital cosmetic surgery and won't consider further here. The women's health movement is very concerned about many dangerous aspects of "the push to prescribe" to women and we fit quite well under that umbrella (Ford & Saibil, 2009).

Our second membership is in the anticorporate public health movement that emerged from the consumer rights initiatives of the 1960s (Freudenberg, 2005; Mintzes & Hodgkin, 1996). We are allies with those challenging global industries that promote unhealthy consumption, e.g. the tobacco and fast food industries. This new public health movement shows the importance of appropriate and enforced government regulations and the dangers of saturation advertising.

Third, our challenge to sexuo-pharmaceuticals is analogous to that of dozens of other critics of the pharmaceutical industry from whom we have learned about Big Pharma's strategies as it moves into "Lifestyle" drugs and transforms common complaints into medical disorders (Brownlee, 2007; Critser, 2005; Moynihan & Cassels, 2005). The biases introduced by drugs companies in professional education, research and publications are of special concern to the NVC.

Finally, our analysis of the obstacles confronting women's sexual emancipation make the NVC part of the feminist "body project" movement, the group critiquing cultural standards of youth, beauty and thinness that contribute to body hatred, sexual dissatisfaction and destructive self-monitoring. We joined this movement in 2006 when we began to study the new cosmetic genital surgery industry that was promoting labiaplasty, laser vaginal rejuvenation and collagen injections into the vaginal "G-spot" to enhance sexual pleasure and response. Our responses to this new industry have taken the NVC into activism and out into the streets.[3]

Conclusion

Taking a hard line against a discourse of "sexual health" has in some ways been the most exciting and most difficult aspect of this campaign. In many public talks and conversations with journalists, I have tried to argue that the models and metaphors we use to discuss sexuality profoundly affect our thinking about sex education, treatment and research – and our own sexual lives. Some years ago, I first titled a talk "Is sex more like dancing or digestion?" and that phrase continues to sum up this perspective for me. A video of a talk along those lines is posted on the New View website homepage.

Every once in a while a journalist will really get it. Drake Bennett, for example, the "Ideas" reporter for the *Boston Globe* had a recent piece titled "The new romantics: Should we get the doctor out of the bedroom?" that examined New View ideas (Bennett, 2009). He suggested that the New View was all about criticizing "crude materialists focused only on the body and in thrall to the pharmaceutical industry" which is pretty good! After giving voice to some of our critics, Bennett concluded, "But even the scientifically minded will often acknowledge that parts of the New View critique have it right: when we treat sex as simply another metabolic process, we're turning a matter of personal taste into a medical norm, and making it easier to ignore the ways that sex can be a barometer of other, deeper difficulties in a relationship". I would add, "and in a culture".

The medical model can be seen as progressive and liberating, especially when contrasted with older, more restrictive norms. The trouble comes when the medical model produces false expectations of diagnostics and treatments, drugs with unexpected side-effects and escalating costs, a disempowered public whose only coping skill for sexual problem-solving is consulting a doctor, new performance insecurities and a wholesale neglect of social, relationship and psychological factors. On balance, medicalization does not deliver a better sexual world and so we find ourselves continuing to resist.

Notes

1. http://www.iom.edu/Reports/2009/Conflict-of-Interest-in-Medical-Research-Education-and-Practice.aspx
2. http://cme.medscape.com/viewprogram/5737
3. http://newviewcampaign.org/fgcs.asp

Notes on contributor

Leonore Tiefer, PhD, is an author, educator, researcher, therapist and activist who has specialized in many areas of sexuality. She began with a Psychology PhD on hormones and hamsters (University of California, 1969) and an academic position and animal laboratory

(Colorado State University, 1969–1977). Responding to the call of feminist politics and the world of sexology for people, she later re-specialized in clinical psychology (New York University, 1988) with a focus on sex and gender problems. Beginning in 1977 her New York City career took her to Downstate Medical Center, Beth Israel Medical Center and then to Montefiore Medical Center where she was employed in the Urology Department and co-directed the Sex and Gender Clinic from 1988 to 1996. She is currently Associate Clinical Professor of Psychiatry at both New York University School of Medicine and Albert Einstein College of Medicine and has a private psychotherapy and sex therapy practice in Manhattan.

Dr. Tiefer has written widely about the medicalization of men's and women's sexuality. She has been interviewed by news media around the world and appeared on many news shows as the foremost critic of "disease-mongering" trends in the medical management of women's sexual problems. The website of her educational anti-medicalization campaign, newviewcampaign.org, is a major resource on this topic for journalists, colleagues and the public.

Dr. Tiefer has received many professional awards, e.g. 1994 Alfred C. Kinsey Award and 2004 Distinguished Lifetime Scientific Achievement Award from the Society for the Scientific Study of Sexuality and 2004 Lifetime Career Award from the Association for Women in Psychology. She has been elected to many professional offices within sexological and feminist organizations (e.g. 1986 National Coordinator of Association for Women in Psychology, 1993 President of the International Academy of Sex Research). She serves as Vice-Chair of the Board of Directors of the National Coalition against Censorship (ncac.org) and serves on the steering committee of the Shelter for Homeless Men at her New York City Unitarian Universalist Church (bjsplace.org)

Dr. Tiefer's cv contains over 175 scientific and professional publications. Her Westview Press book, *Sex is not a natural act and other essays* now in a 2nd edition (2004), has been translated into several languages. In 2001 she co-edited an important feminist sexology collection, *A new view of women's sexual problems*, which grew out of the New View educational campaign (newviewcampaign.org). She also co-authored a classroom and workshop teaching manual (2003) to accompany this text. The New View Campaign has held several scholar-activist conferences, testified before the FDA, provided fact sheets and briefings for media and has generated articles and chapters that are influencing the way students and professionals are taught about human sexuality.

Dr. Tiefer is well known as a public speaker, having been invited to keynote scores of conferences from London to Paris to Berlin to Osaka to Istanbul to Calcutta to Lausanne to Zagreb and to Auckland. She has given challenging and provocative grand rounds in Psychiatry, Urology and Obstetrics and Gynecology at numerous medical centers and spoken to innumerable university and college clubs, classes and public audiences. In 2003, she was a platform speaker at the Chautauqua Institution, speaking to an audience of over 4500, standing in the same honored spot as Susan B. Anthony, Eleanor Roosevelt, presidents and senators and other leading intellectual figures.

References

Bennett, D. (2009, May 17). *The new romantics: Should we get the doctor out of the bedroom?* Retrieved January 13, 2010, from http://www.boston.com/bostonglobe/ideas/articles/2009/05/17/the_new_romantics

Brownlee, S. (2007). *Overtreated: Why too much medicine is making us sicker and poorer*. New York: Bloomsbury.

Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore, MD: Johns Hopkins Press.

Critser, G. (2005). *Generation Rx: How prescription drugs are altering American lives, minds and bodies*. New York: Houghton-Mifflin.

Ford, A.R. & Saibil, D., (Eds.). (2009). *The push to prescribe: Women and Canadian drug policy*. Toronto: Women's Press.

Freudenberg, N. (2005). Public health advocacy to change corporate practices: Implications for health education practice and research. *Health Education and Behavior*, *32*, 1–22.

Mintzes, B., & Hodgkin, C. (1996). The consumer movement: From single-issue campaigns to long-term reform. In P. Davis (Ed.), *Contested ground: Public purpose and private interest in the regulation of prescription drugs* (pp. 76–91). New York: Oxford University Press.

Morgen, S. (2002). *Into our own hands: The women's health movement in the United States, 1969–1990*. New Brunswick, NJ: Rutgers University Press.

Moynihan, R., & Cassels, A. (2005). *Selling sickness: How the world's biggest pharmaceutical companies are turning us all into patients*. New York: Nation Books.

Tiefer, L. (1986). In pursuit of the perfect penis: The medicalization of male sexuality. *American Behavioral Scientist*, *29*, 579–599.

Tiefer, L. (1996). The medicalization of sexuality: Conceptual, normative and professional issues. *Annual Review of Sex Research*, *7*, 252–282.

Tiefer, L. (2001). Arriving at a "new view" of women's sexual problems: Background, theory and activism. In L. Kaschak & L. Tiefer (Eds.), *A new view of women's sexual problems* (pp. 63–98). Binghamton, NY: Haworth.

Tiefer, L. (2002). Beyond the medical model of women's sexual problems: A campaign to resist the promotion of "female sexual dysfunction". *Sexual and Relationship Therapy*, *17*(2), 127–135.

Tiefer, L. (2006). Female sexual dysfunction: A case study of disease mongering and activist resistance. *Public Library of Science - Medicine*, *3*(4), e178. Retrieved March 27, 2010, from http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030178

Tiefer, L. (2008). Female cosmetic genital surgery: Freakish or inevitable? Analysis from medical marketing, bioethics, and feminist theory. *Feminism & Psychology*, *18*, 466–479.

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