MOVING INSTRUCTIONS: A HISTORY OF SEX THERAPY, 1954-2001

HANNIE SMOLYANITSKY

A THESIS SUBMITTED TO

THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF ARTS

GRADUATE PROGRAM IN PSYCHOLOGY

YORK UNIVERSITY

TORONTO, ONTARIO

AUGUST, 2023

Abstract

This thesis examines the sudden emergence and surprising disappearance of “sex therapy” as a distinctive intervention in the United States during the second half of twentieth century. Sex therapy is a psychologized and behavioural therapeutic intervention aimed at solving clients’ dissatisfactions with their sexual experiences. I argue that sex therapy appeared in the 1950s and 1960s out of marital therapy and the American medicalization of sex. The field experienced a quick spurt in popularity in the 1970s, and an equally rapid decline during the Reagan administration and AIDS crisis in the 1980s. By the late 1990s, its practices had largely migrated into and were usurped by couples therapy and bio-medicine. Despite this short existence as a public-facing intervention, I argue that sex therapists’ conceptions of what sex was, and what it meant to be a sexual being, were reproduced in lay Americans’ self-knowledges in the creation of a sexual subject.

TABLE OF CONTENTS

"Pleas for advice": Introduction

"I'm happy to be a bloke, I think, but sometimes I'm not happy being a bloke in the late-twentieth century. Sometimes I'd rather be my dad. He never had to worry about delivering the goods, because he never knew that there were any goods to deliver […] Wouldn't it be great if you could talk about this sort of thing with your father? One day, maybe, I'll try. 'Dad, did you ever have to worry about the female orgasm in either its clitoral or its (possibly mythical) vaginal form? Do you, in fact, know what the female orgasm is? What about the G-spot? What did "good in bed" mean in 1955, if it meant anything at all? When was oral sex imported to Britain?'"

- Nick Hornby, *High Fidelity* (1995), p. 121

This thesis historicizes sex therapy as a mid-twentieth century American intersection of medicalization and sexuality. Rob, *High Fidelity*'s isolated protagonist, jokes about the invention and "importation" of seemingly naturalized sexual practices, but he intuitively understands that such naturalization is, in fact, both invented and imported. This thesis takes his questions seriously. Like Rob's internal debate with his father does, it discovers the generational 1955 to be an inflection point for the answers.

Sex therapy created medicalized knowledges and narratives in the 1950s and 1960s, quickly became an intensely popular intervention and source of such knowledges in the 1970s and declined just as rapidly in the 1980s and 1990s, such that by the early 2000s, it was an almost extinct psychotherapeutic discipline. But its ostensible failure was an effect of its successful amalgamation into people's lives. Rob has fully internalized the notions of clitoral orgasms and oral sex, products of sex therapy's popularity. In his '90s positionality, he doesn't

need to go to a sex therapist to gain such knowledges. They are fully embedded in his consciousness.

As an intersection point of medicalization and sex, I isolated sex therapy's placement in generating such knowledges through tracing the *Diagnostic and Statistical Manual of Mental Disorders'* (DSM) control over what its authors consider to be sexuality. The DSM reifies mental disorder (Mayes & Horwitz, 2005) and exists in complex relations with people's experiences and their understandings of their lives and beings (Whooley, 2010). I focused on its grasp over sex as a practice, rather than its conceptions of gender and "paraphilic disorders", messy as untangling those may be, as these have been extensively analyzed elsewhere (Toscano & Maynard, 2014; Giami, 2015). These distinctions did not emerge in the first two editions, concerned as they were with providing brief psychoanalytic categorizations for organizing rather than diagnostic purposes before the 1973 declassification of homosexuality (Lewis, 2016). I thereby bypassed aversion therapy as another salient, and well-examined (Davison, 2021), intersection of medicalization and sexuality.

The DSMs-III in 1980, -IV in 1994, and -5 in 2013 all have similar "Sexual Dysfunctions" chapters. Each edition reproduces the human sexual response cycle model, often explicitly, and implicitly bases their notions of dysfunctions as inherent to each stage. Thus, the DSM's sexual dysfunctions can only occur in relation to physiologized desire, arousal, orgasm, and miscellaneous, again physiological, pain conditions. The DSM effectively isolated heterosexuality, threading to what Katz (1995) analyzes as its late-nineteenth century invention contingent on the mid-nineteenth century invention and pathologization of homosexuality. Histories of sexualities often provide unusual documentation of deviant bodies (D'Emilio & Freeman, 1988; Weeks, 2010), but a history of sexual dysfunction seemed to point to an

American story of normativity (Igo, 2007; Hegarty, 2013; Drucker, 2014; Davis & Mitchell, 2021).

The human sexual response cycle was first presented in Masters and Johnson's *Human Sexual Response* in 1966, and its aligning disorders were presented in Masters and Johnson's follow-up *Human Sexual Inadequacy* in 1970. I searched "Masters and Johnson" as a term in *The New York Times*' digital archive, where I found its first article that used the term "sex therapy", as their invention, published in 1966 (Jaffe) to promote their first book. The article reported Masters' statement that they'd received thousands of letters when their research was publicized. Most were "pleas for advice".

Masters and Johnson's practice had inherited 1920s "positive" eugenicist interventions. Physicians and psychologists were troubled by companionate marriage's threat to rising divorce cases (Davis, 2008), as white middle-class people wanted to feel happiness from their intimate relationships (Dowbiggin, 1997; Kline, 2001; Ladd-Taylor, 2001). Marriage counsellors tried to engineer a rising white middle-class birthrate by teaching married couples to rely on satisfying sex for their happiness, and what such good sex was (Cellelo, 2009; Davis, 2010; Weinstein, 2013), but Masters was unhappy with the knowledges he had inherited from them. Like the birth control pill (Marks, 2001), sex therapy left its eugenicist origins obscured.

Despite Masters and Johnson's obvious rootedness in their context, I wondered why "sex therapy" had been invented, seemingly overnight. How did it travel into the pages of the DSM fourteen years later? Why had its DSM iterations stayed virtually the same into 2013, while so many other disorders changed radically? What did it look like, over those fifty years, for people to go to a doctor and be diagnosed with (a) sexual dysfunction(s)? Did sex therapy change, or perhaps create sex?

These questions have not been seriously analyzed before this thesis. Apart from a single sociological critique of Masters and Johnson (Morrow, 2008) that focused on their supposed fixation over penile-vaginal intercourse and what the author describes as "the significance of the initial research with prostitutes" (p. 75), there is no examination of sex therapy as a discipline or intervention. Conversely, Masters and Johnson are well represented in the popular imagination. Thomas Maier's 2009 biography of the couple, *Masters of Sex*, was successful and positively reviewed (Nehring, 2009). It was adapted into a Showtime program of the same name that ran for four seasons until it was cancelled in 2016 (Soloski, 2023).

This thesis takes on the academic-popular divide evident in Masters' and Johnson's legacies and sex therapy's reputation. It analyzes the academic articles, books, and reports produced by self-identified sex therapists in American university-clinics from the late-1960s to the mid-1990s. To get an overview of that dataset, I conducted a PsycINFO keyword search of the term "sex therapy". Across publications, there were zero articles with that term in the 1960s, a figure that rose to 187 in the 1970s and more than doubled to 459 in the 1980s. The articles then halved to 279 in the 1990s. They restored to 483 in the 2000s and further rose to 575 in the 2010s.

But when I looked closely at the last two decades, I found that "sex therapy" was rarely its own modality. Most people who studied sex therapy self-identified as couples or family therapists (Barker, 2011; Jaderek & Lew-Starowitz, 2019), or as having come from within distinctly bio-medical orientations (Basson et al., 2010; Calabrò, 2019). I decided to untangle disciplinary sex therapy and limited most articles and books I analyzed up to the 1990s. I bookmarked the question of how sex therapy had gotten ignored via a seeming absorption into other fields. Which, of course, left a lot of sex therapy unexplained. How did Masters and

Johnson end up with a TV show dedicated to them? And how did people find out that they needed sex therapy?

To round out academic publications, this thesis also uses popular articles about sex therapy in various contemporaneous American publications as sources. Most deliberately, I conducted a keyword search of the term "sex therapy" in *The New York Times'* digital archive.

The articles therein told a story of sex therapy that formed the bones for the thesis. With two initial articles in the 1960s, the field's reportage jumped to its peak of 55 articles in the 1970s. In the 1980s, 44 articles mentioned sex therapy, a number that almost halved to 24 in the 1990s. This stayed constant into the 2000s, with 26, and grew a bit to 39 in the 2010s. Most of the 2010s articles, though, were concerned with reporting on media that peripherally referenced or recollected sex therapy, such as *Slave Play* (Paulson, 2019) and a play based on Ruth Westheimer's life (Gold, 2015). The rest were obituaries for sex therapists (Slotnik, 2019; Green, 2021).

The final primary sources were self-help books. Historians of sexualities have analyzed early-twentieth century sex manuals and early-twenty-first century self-help books (Laipson, 1996; Neuhaus, 2000; Gupta & Cacchioni, 2013; Zimmermann et al., 2001), but there has not been a cohesive analysis of the texts in between those periods, in the 1950-1990 gap with which this thesis is concerned. It was my intention that the books would round out each decade and connect sex therapy's narratives to cultural conversations. A 1992 article written by Stanley Althof and Sheryl Kingsberg, both at the-then Centre for Human Sexuality in Cleveland, was particularly helpful for this. They affirmed that sex therapists used self-help books because "we know that reading may help patients," (Althof & Kingsberg, 1992, p. 70) as supplements to sex therapy, and listed nearly 200 books recommended by sex therapists through survey data. Most

did not directly address sexual instruction and were concerned with general couples' issues and other topics, such as coming out. I stuck to books that featured distinct sexual instruction. I did not use books marketed as erotica without explicit instructional aims, blurry as those lines may be at times, to align with the distinct self-help genre.

I also used the *Times'* archive to research sex therapists' identities and those of adjacently involved individuals, to find self-help books written by those people. When those books mentioned other books, including those not written by sex therapists, as bibliotherapeutic recommendations, I made sure to highlight those. I accessed most of those books through archive.org. I also used archive.org to search for further books, using terms such as "sex therapist", "sex therapy", "sex advice" and going through the results, to access books that sex therapists' and the *Times'* recommendations had missed. This was particularly true for books published in the late 1990s, when self-help boomed in popularity (Zimmermann et al., 2001). I also stuck to books written for an ostensibly adult audience, rather than children or teenagers, as sex therapy was marketed towards adults.

The first chapter roots the invention of sex therapy and its immediate theoretical considerations and constraints. It takes place from 1954 to 1970, and details Masters' and Johnson's physiological and subsequent psychotherapeutic research in St. Louis, Missouri. Masters was content with the work remaining physiological and solidly medical, but Johnson pushed the project into the direction of mid-twentieth century psychotherapies. Sex therapy's loyalties were split. The chapter argues that while Masters' position as an obstetrician-gynecologist properly connected the research to medicine, the couple's lack of conversation with extant psychotherapeutic modalities left sex therapy in a theoretical vacuum. As 1970 arrived and their books and practice were bestsellers, the work itself was isolated.

The second chapter is concerned with the ownership of sex therapeutic knowledges during 1970 to 1983, when the field was most saliently represented. It details sex therapy's rapid growth until approximately 1976, and sidewise relations with feminist movements in that period. It then outlines an equally rapid spurt of criticism against the practice during 1976 to 1983 from within and outside sex therapists' perspectives as the Reagan administration defunded and stigmatized sexology research. The chapter argues that – Reagan notwithstanding – sex therapy's early 1980s public decline was a consequence of its early folding into people's lives. People could access sex therapeutic knowledges and narratives in easy ways. They could read instructions and ideologies in newspapers, self-help books, and purchase recommended vibrators and dilators outside sex therapists' domains. Sex therapy's quick failure was symptomatic of its quick success as a migratory body of knowledges.

The third chapter takes stock of this body of knowledges and analyzes the invention of a late-twentieth century American sexual subjectivity from 1983 to 2001. It argues that in the landscape of the AIDS crisis, a person's ability to embody meaning hinged on their capacity to understand themselves as a surviving subject. It then argues that alongside a surviving subjectivity, a person had to understand themselves as a creative subject. They had to create their sexual practices as personal endeavours and markers of individuation. Disciplinary sex therapists could not adapt to focus on narrative in the ways that cultural representations demanded. A technologized bio-medicalization in the mid-1980s put them firmly out of business, and Viagra's release in 1998 usurped sex therapy's own medical expertises. But sex therapy's knowledges had firmly embedded into people's lives. Sex therapists had created the sexual subject.

The conclusion enters the current moment and interrogates what sex therapy tells us about sex. It argues that when people experience boundaries that create sexual practices, they

embody the messily internal, relational, and political instructions that sex therapists inherited and created over the late-twentieth century. It reflects on these instructions through questioning who owns sex in a psychologized landscape and through pinpointing psy-disciplines' relationships with a sexual subject. As sex therapy is reproduced and overpowered by couples therapy and bio-medicine, instructions migrate through bodies and define sex. Sex therapy tried to organize what sex was to make sense of it and made sex into what we live with today.

Chapter One

"This works": The Invention of Sex Therapy

> "She'd seen the word once or twice but she really didn't know what it meant; nor had she known she was lacking something. She'd thought the only thing wrong with their sex life was that he made love to her so infrequently [...] She grew self-conscious and couldn't summon the abandon she'd once had in seducing him. She would sit in the chair, or sometimes even stretch out on the studio bed in what she hoped was a seductive position, but he would ignore her. Maybe the trouble with her was that she didn't have orgasms. Whatever they were.
>
> ORGASM (F. orgasme, fr. Gr. orgasmos) Physiol. Eager or immoderate excitement or action; esp. the culmination of coition.—orgastic, adj."
>
> - Judith Rossner, *Looking for Mr. Goodbar* (1975), p. 54

This chapter is rooted in Masters' and Johnson's sex therapy's travels from a physiological domain to a psychotherapeutic one. As Theresa, the protagonist of the novel *Looking for Mr. Goodbar*, finds out, having sex in the 1960s ensures a realization that she must rapidly move into an understanding of sex's critical part in her calling herself a woman. She, like Masters and Johnson did, already sees her body as a biologized unit, having lived in what Duden (1991) describes as "the synthesis of the bourgeois body […] accomplished after its care was monopolized by medicine," (p. 184), because of her childhood experiences with scoliosis. But she now must merge that knowledge with the conception that somewhere inside her is a sexual being, and armed with this, learn to change her behaviour to suit her lover's expectations. As a fictional representation of an ordinary woman, her narrative reflects sex therapy's path in St. Louis, as the medical moved into the social worlds of Masters' and Johnson's practice.

The chapter's first part begins, as Bailey (1999) discovers in mid-twentieth century Kansas, in an early 1950s midwestern and middle-class context. Masters, an obstetrician-gynecologist, conducted observational, physiological sexuality research with sex workers in St. Louis. He took in the physiologized priorities of normative marital satisfaction and switched to studying primarily straight, white participants with full acquiescence to a medical model. In aligning with medical intentions, Masters wanted to expand supposedly empirical sexuality knowledges and solve their corresponding medicalized problems. Johnson, who joined his research project in early 1957, however, was interested in people's interior and social experiences of their sexualities, as well as sociopolitical dimensions that affected people's lived experiences thereof. Having been created by two different people with distinct research backgrounds, interests, and goals, the chapter's second part documents sex therapy's move from a medicalized to a psychotherapeutic domain after Johnson began to implement distinctly psychological interventions, alongside Masters' physiological ones, to treat middle-class married couples' often simultaneously medically- and psychologically framed dysfunctional sexual practices as they saw them in their lab. After sex therapy migrated from physiology to psychology, its discourses rapidly spread through popular articles, self-help books, and Masters' and Johnson's own sold out, expensive St. Louis practice.

i

In the early 1950s, a woman in St. Louis, Missouri thought for five years about whether she should get a hysterectomy (Masters & Johnson, 1974b). When she decided that she needed one, she and her husband went to the Department of Obstetrics and Gynecology at local Washington University. William Masters, a doctor in the department, met them. Masters had spent over a decade as a St. Louis medical fixture at the university, particularly acclaimed as a

fertility specialist for complicated conceptions and pregnancies (Wilkes, 1970). He reassured the couple that the hysterectomy wouldn't affect their ability to have sex successfully (Masters & Johnson, 1974b).

The woman immediately asked her doctor if she would be orgasmic afterwards, and he reassured her she would be.

Masters later remembered her relief at this, as she said, "If I'd known that before, I would have had the operation years ago. You know, I've never *been* orgasmic" (p. 70).

Masters brought up the woman's sexuality because he'd only become a doctor to fight against what he'd seen in doctors who were "advising patients primarily on the basis of their own sexual experiences and beliefs, which often reflected common sex myths" (Masters & Johnson, 1974b, p. 66), and wanted to embody Foucault's (1978) notion that "if sex is repressed, that is, condemned to prohibition, nonexistence, and silence, then the mere fact that one is speaking about it has the appearance of a deliberate transgression," (p. 6). But his mentors advised him not to rush in. Pointing to Kinsey's career, they told him to develop his reputation as a respectable physician before undertaking any such research (Masters & Johnson, 1974b), and as an obstetrician-gynecologist, Masters felt he was as close as he could get to unexamined sexuality because as Kline (2010) documents, "the pelvic exam had been under the jurisdiction of gynecologists," (p. 43). Or, as Haraway (1997) puts it: "The speculum had become the symbol of the displacement of the female midwife by the specialist male physician and gynaecologist," (p. 41).

Masters worked for a specific, nonnegotiable obstetric-gynecological goal: the fertilization and birth of a healthy baby. Either he successfully delivered a healthy baby, or he didn't. Preciado (2013) argues that the Cold War pushed American administrations to fund

technologized sex and sexuality research, in a post-WWII medicalized landscape (Clarke et al., 2003). Masters benefitted from this fascination with monitoring birth, and the relatively new technologized mediations to get there. He co-created his own cervical cap, which captured sperm, placed them in the cap, and then directed them up the woman's cervix to minimize sperm death in the vagina (Maier, 2009). Masters also worked with behavioural interventions and coached directed instructions on the best times of a month to have sex, the best positions for fertilization, and how long a woman had to prop her body up for the sperm to travel (Neuhaus, 2000). As Masters watched innumerable couples struggle to have children, he witnessed many struggle to even understand the fundamentals of sex. He had to instruct men in how to penetrate a vagina and which part of the vulva was the vaginal opening (Masters & Johnson, 1974b).

With that, Masters began his physiological sex research in St. Louis in 1954, initially through building connections with the city's network of primarily women and some men sex workers (Shay, 1970). In doing so, he ambivalently placed himself on various ends of sex workers' perspectives on their own labour. In implicitly acknowledging the professional expertises of the people he worked with, Masters affirmed what Chanelle Gallant ("Sex workers are experts", 2016) describes from her own positionality: "Sex workers are experts […] I can't think of any community that has more direct lived experience of having to negotiate sexual boundaries and an awareness of right to negotiate every part of the sexual encounter."

But simultaneously, through inserting his own interpretations and frameworks on top of their expertise, Masters fed into Thierry Schaffauser's (2020) realization that "I myself for a long time partly believed this story of the 'cultural incapacity' of my own community, because I also have been affected by the stories of certain sociologists and 'experts' that describe us as an 'improbable movement' 'dependant on allies'."

After Masters obtained a media blackout with local papers and the police, they gave him permission to watch themselves at work, with him observing in hiding in next door rooms. Over the course of eighteen months, his observations led to him building the fundamentals of what he called the human sexual response cycle.

As an observer, people seemed to follow the waves of arousal, plateau, orgasm, and resolution, during which dysfunctional sex was an embodiment of the failure of one or more of these phases (Masters & Johnson, 1966). During arousal, "the stimulative factor is of major import in establishing sufficient increment of sexual tension" (Masters & Johnson, 1966, p. 5). During the plateau phase, "if effective sexual stimulation is continued in this phase sexual tensions are intensified and ultimately may move to orgasm," (Masters & Johnson, 1966, p. 6). During the orgasm phase, "the vasoconcentration and myotonia developed from sexual stimuli are released. This involuntary climax is reached at any level that represents maximum sexual tension increment for the particular occasion," (Masters & Johnson, 1966, p. 6). And during the resolution phase, an "involuntary period of tension loss develops as a reverse reaction pattern that returns the individual through plateau and excitement levels to an unstimulated state," (Masters & Johnson, 1966).

He saw a good deal of individual differences within these phases, particularly in women, whose bodies showed an "infinite variety" (Masters & Johnson, 1966, p. 4) of travelling sexual responses around the cycle. The human sexual response cycle was a self-described "arbitrary" but "effective framework" (Masters & Johnson, 1966, p. 6) to dive deeper into people's sexual experiences than Kinsey's surveys had. Like in Kinsey's observations, people's bodies assumed what Preciado (2013) calls *potentia gaudendi,* "the (real or virtual) strength of a body's (total) excitation. This strength is of indeterminate capacity […] Current capitalism tries to put to work

the *potentia gaudendi* in whatever form in which it exists," (pp. 41-42). In Masters' case, this was in its most physiologized, medicalized, form.

Since the social and ethical ramifications of his observations with sex workers meant that his results couldn't be published, he began to conduct laboratory observations in 1956 (Masters & Johnson, 1966). A sex worker he'd worked with was amused by Masters' lack of knowledge in the existence of women faking orgasms (Masters & Johnson, 1974b). She told Masters he couldn't understand any woman's sexual experience as a man, implicitly convinced in the import of Haraway's (1988) conception of situated knowledges. He agreed. Convinced that a woman was equally unable to inhabit a man's situated knowledges of sex, Masters hired Virginia Johnson to be his assistant (Masters & Johnson, 1974b). Johnson fulfilled his qualifications of being a lived expert in women's sexual experiences that he, as a man, couldn't glean, and had no academic background that would have been professionally and socially challenged by the nature of his sex research. She also fulfilled his criteria of being divorced, and therefore likely sexually experienced, around age thirty for similar reasons, and a self-described sexually liberated person ("Playboy interview", 1968).

Masters and Johnson nearly immediately fired all the sex workers from the lab at the Department of Obstetrics and Gynecology, aligning their research with what Juliana Friend (2022) describes as the simultaneous scientific assumptions of omitting sex workers' expertise from research to uphold respectability, with a need for maintaining anonymity in a field for which "security has incredibly high stakes." Instead, 382 women and 312 men, recruited initially through their personal networks (Maier, 2009), replaced them as participants (Masters & Johnson, 1974b), including only eleven Black couples (Masters & Johnson, 1966), and like Kinsey (1948) omitting the capacity to collectivize Black experiences. The participating people

were instructed to masturbate and have coupled sex under the duo's observation. Masters and Johnson further biologized the process through hooking up the participants to ECGs and other physiological instruments (Masters & Johnson, 1966). Their contemporaneous 1950s medical-therapeutic modalities technologized mediations between a doctor and patient, such as two-way mirrors and videography (Weinstein, 2013) and in St. Louis, Masters and Johnson mediated themselves with the inside of the vagina using custom-made vibrating dildoes with attached cameras. They also observed minute changes in skin tone, blood pressure, heart rate, breathing, and swelling, such as measuring increase in nipple size during arousal by 0.5cm. They noticed that such changes occurred all over the body, rather than in "reproductive viscera" (Masters & Johnson, 1966, p. 11) exclusively, fascinated by such flushing in the insides of the ears.

They also began to observe gay men and women masturbate and have sex in 1957 (Masters & Johnson, 1979), under even more stringent secrecy than with straight couples, having been influenced by Kinsey's (1948; 1953) secrecy and modesty as bound by scientific confidentiality. Despite being influenced by the *Kinsey Reports*, which depathologized conceptions of gay and lesbian experiences and separated sexual experience from notions of sexual identities, Masters and Johnson aligned within a pre- DSM declassification medical system (Lewis, 2016). As Katz (1995) puts it, "Research into past 'same'-sex relations questions the applicability of this hetero-homo model to societies which did not recognize this polarity," (p. 10). As a doctor, Masters inhabited the same landscape in which Albert Ellis (1963) advised his gay self-help readers to seek out aversion therapy.

Leslie Farber (1962), a psychiatrist, got hold of some of Masters' and Johnson's data and was scornful at the notion of its potentiality in containing value for Americans. He attributed the work as Masters' alone. Farber was particularly intrigued by a selection of dildo-camera-made

films he'd been shown at a workshop (Maier, 2009), and the notion that the lab's volunteers had to forgo sexual pleasure (Farber, 1962) and laughed at his imagining of how "each scientist would remind himself continually it was just an ordinary day's work in the laboratory, no different from the work next door with the diabetic rats." Biologized and mechanized sex ruined everyone's sex for Farber, echoing ministers' and reviewers' similar earlier concerns directed at Kinsey's research for mechanizing, dulling sex (Davis, 2010). He broke Masters' and Johnson's media blackout through an article in a 1962 column in *Commentary*. The column did not describe the results of their work that he had seen, but instead fixed his contempt on their methods and for the broader American issue of what he saw as desocialized relationships between men and women. In the ensuing stress of publication, in 1964, Masters and Johnson moved their lab from Washington University to a private space they renamed the Reproductive Biology Research Foundation, and which they most often referred to as the Foundation (Masters & Johnson, 1966) – this thesis also subsequently refers to their clinical practice as the Foundation.

After Farber's *Commentary* column ended Masters' and Johnson's decade-long media blackout, they decided to accelerate the writing of their planned medical book as a blanket refutation of criticisms against themselves. The product of their work, *Human Sexual Response*, referred to from this point on as *HSR*, was marketed as a medical textbook and published a year and a half earlier than intended in 1966. This aligned with a documented rise in social liberalism (Smith, 1992) – the top-grossing film of the following year, *The Graduate,* contributed to upending American censorship laws and shaped audiences' viewing of sex in films for the first time, in depicting a happiness crisis in white, middle-class marriages full of sexual problems.

Amid media attention, Masters and Johnson deliberately wrote much of the book to be read as medically jargon-filled and complex as possible. They substituted the term "vasocongestion" for genital swelling, lubrication, and rhythmic contractions (Corry, 1966). As in Hacking's (1995) analysis of the scientification of language in the processes of reifying disorder, their participants had sex in "female supine, superior, and knee-chest" positions and when women masturbated with dildoes, they existed "during artificial coition in female supine and knee-chest positions" (Masters & Johnson, 1966, p. 53).

Although Masters and Johnson (1966) emphasized men's and women's genital complementarity of the same processes, and that similarities such as the crucial sex flush far outweighed any sexual differences, they were more interested in devoting space to women's sexualities. They divided *HSR* into two sexes, gave 124 pages to their observations of women, and only 40 pages to their observations of men. In their naturalized selves, women's orgasmic experience varied in intensity and duration while men's patterns were standardized and carried fewer individual distinctions. As Spurgas (2020) argues, when sex is binarized, men's experiences remain grounded in inevitable simplicity, but the women's experiences become intricate and rife in potentialities for mistakes. Masters and Johnson didn't disclose the "average size of the penis […] to neutralize the concept that penis size is crucial to sexual response" ("Playboy interview", 1979, p. 110), but women were capable of theoretically endless orgasms, while men entered refractory periods between response cycles. The clitoris was a "unique" organ (Masters & Johnson, 1966, p. 45), from which clitoral and vaginal, and therefore physiologically identical, women's orgasms originated, definitively, and was too sensitive for most women to touch directly in masturbation.

Masters and Johnson, in *HSR* and in interviews (Corry, 1966; "Playboy interview", 1968), insisted that their physiological research was pointless if it wasn't in use as a medical project to diagnose and heal sexual problems, much as American administrations a few decades earlier had demanded utility for eugenicist projects in collecting sexuality knowledges (Dowbiggin, 1997; Celello, 2009). They explicitly asked for physicians and psychiatrists to engage with their results and reproduce them in their practices with patients. One such psychiatrist in California, David Reuben, answered this call. He had been practicing for about ten years in the late 1960s and felt unheard with seeing six or eight patients a day "if I was lucky" ("Psychiatry good for audition", 1971).

To grow his reputation, he published a self-help book, *Everything You Always Wanted to Know About Sex* *But Were Afraid to Ask*, in 1969. Reuben translated Masters' and Johnson's human sexual response cycle into informal instructions. Their hundreds of pages of vasocongestion descriptions became his "erection of the penis is relatively simple compared to what must take place before girls are ready for copulation" (Reuben, 1969, p. 42). His conversational tone contributed to the book staying on bestseller lists in fifty-one countries (Vinciguerra, 1999), and to Reuben's rapid fame. He made regular appearances on *The Tonight Show* and sketches with Jack Benny in 1970 and 1971 ("Psychiatry good for audition, 1971).

Reuben interpreted Masters' and Johnson's data in a landscape that increasingly marketed sexually explicit texts for a mainstream audience, in which sex was biological but not dully so, as it had been in mid-twentieth century American marriage manuals (Neuhaus, 2000). Reuben's sex exaggerated their unresolved gendered tensions into a stage for naturalized gendered conflicts, as when a man ejaculated too quickly in penile-vaginal intercourse: "To a normal woman, it is the ultimate in frustration. Just as her sexual feelings begin to intensify,

everything stops. ‘That's all folks!’ The effect is something like being ravenously hungry, sitting down to an appetizing meal, and after the first bite having everything thrown away,” (Reuben, 1969, p. 14). Although Reuben’s sex was as natural as eating food, sex came with room for drama that eating did not. He recommended psychotherapy to his readers who felt connected to the impotence and frigidity chapters. But he admitted that the physiological results behind his data meant that psychotherapy could only be of limited success, complaining that “you pay your money and you take your choice,” (Reuben, 1969, p. 113).

Masters and Johnson anticipated him. The next year, in 1970, and after eleven years of running a therapeutic experiment in St. Louis, they published the culmination of their clinical results under the title *Human Sexual Inadequacy,* referred to from this point as *HSI*. In *HSI*, Masters and Johnson operationalized seven dysfunctions, each of which they etiologized and symptomatized in its own chapter based in a phase of the sexual response cycle. As Foucault (1978) documents, “since sexuality was a medical and medicalizable object, one had to try and detect it – as a lesion, a dysfunction, or a symptom – in the depths of the organism, or on the surface of the skin, or among all the signs of behavior,” (p. 44). During the excitement phase, men experienced primary and secondary impotence, during which he could either “never able to achieve and/or maintain an erection quality sufficient to accomplish successful coital connection” (Masters & Johnson, 1970, p. 137) or had “a clinical landmark of at least one instance of successful intromission, either during the initial coital opportunity or in a later episode” (Masters & Johnson, 1970, p. 157). Masters and Johnson did not observe any dysfunction during the plateau phase, so that phase did not have any associated diagnoses.

During the orgasm phase, men experienced Reuben’s lamented premature ejaculation, in which he could not “control his ejaculatory process for a sufficient length of time during

intravaginal containment to satisfy his partner in at least 50% of their coital connections" (Masters & Johnson, 1970, p. 92), and ejaculatory incompetence, in which he could not "ejaculate during intravaginal containment" (Masters & Johnson, 1970, p. 116). Masters and Johnson reconceptualized women's frigidity into the more caring orgasmic dysfunction (Kaplan, 1974). Orgasmic dysfunction could be either primary when she "[reported a] lack of orgasmic attainment during her entire lifespan" (Masters & Johnson, 1970, p. 227), and across all sexual situations outside coital experiences, or situational when she "must have experienced at least one instance of orgasmic expression, regardless of whether it was induced by self or by partner manipulation, developed during vaginal or rectal coital connection, or stimulated by oral or genital exchange" (Masters & Johnson, 1970, p. 240). "Male orgasmic failure" had distinct etiologies, stemming from "personal devaluation" (Masters & Johnson, 1970, p. 138) as men who had early sexual experiences in rushed and surreptitious conditions learned to ejaculate quickly, something that was difficult to unlearn even as the sexual environment became marital, while women's orgasmic dysfunction was "extremely difficult to categorize" (Masters & Johnson, 1970, p. 229), with a multiplicity of etiologies that the duo did not begin to untangle.

Masters and Johnson did not notice dysfunctionality in the resolution phase, and moved on to describe miscellaneous physiological diagnoses that didn't fit into any of the phases. Dyspareunia was, in both men and women, a constellation of physiological distress combinations. Vaginismus was a "psychophysiological syndrome affecting a woman's freedom of sexual response by severely, if not totally, impeding coital function [due to muscle spasms in the outer third of vagina]" (Masters & Johnson, 1970, p. 250). Despite its physiological manifestation in the vaginal muscles, vaginismus' etiologies were complexly psychosomatic.

Aside from publicizing their results, Masters and Johnson constructed *HSI* to be a manual for medical professionals to understand the Foundation's processes in treating sexual dysfunctions. They saw clients every day of the week, including Sundays, and worked well into evenings (Butts, 2016). Clients were referred to the Foundation from an outside authority figure, such as a physician, psychologist, or theologian, who had determined that sexual failure existed for a couple within whom the "psychoneurotic is acceptable, but not the psychotic," (Masters & Johnson, 1970, p. 21). In this, they distanced themselves from family therapists in the 1960s, who had founded the field as psychiatrists occupied primarily with the diagnostics of schizophrenia and criminology (Weinstein, 2013). Masters' and Johnson's potential clients experienced sexual dysfunction that negatively affected one or more couple members' satisfaction with their relationship (Masters & Johnson, 1970), accidentally merging with a novel psychiatric focus towards determining personal happiness as a diagnostic criterion (Lewis, 2016) in an attempt to align with medical respectability.

HSI's sex therapists were relational in parallel to their clients. Masters and Johnson modelled the ideal sex therapist after themselves, and self-evidently had to consist of one man and one woman (Masters & Johnson, 1970), which they called a dual-sex therapy team. As in Masters' experimental phase, each of them interpreted the sexual processes to the client of the opposite gender. As in Masters' and Johnson's lived exemplar, one member of the team had to be a physician who could reliably conduct a pelvic exam in women clients and identify the effects of something as squarely physiological as the endocrine system's contributions to secondary impotence. The other therapist had to have a "behavioural" (Masters & Johnson, 1970, p. 16) background that contributed a "psychosocial consciousness" to the treatment. Masters and Johnson advised both therapists to be excited about the notion of acting as sex educators,

reflecting a 1960s proliferation in sex educative discourses. Mary Calderone's activism and 1964 founding of the Sex and Information Education Council of the United States were publicly visible (Brown, 1999) in the decade before *HSI*'s publication.

Separately, in 1967, William Hartman and Marilyn Fithian had already practiced this instruction. As two marriage counsellors who had become interested in sexuality a few years earlier (Bullough, 1997), they opened their own clinical practice, the Center for Marital and Sexual Studies in Long Beach, California ("William Hartman influenced sex research", 1997). Hartman and Fithian studied 83 women who couldn't reach orgasm and determined that after their own "combined talk and action therapy" (Hartman & Fithian, 1971, p. 19), about half could achieve an orgasm after six months. They claimed to have independently reached the conclusions that in bad sex, both couple members needed to be treated as a unit, and that because sex was a uniquely emotional manner for expressing love between partners, "mechanical expertise" (Hartman & Fithian, 1971, p. 20) in sex was not enough to create good sex and therefore a meaningful marriage. As in dual-sex therapy teams, they incorporated both psychosocial dimensions through personality tests, including the MMPI and psychodynamic Draw a Person Test, as well as physiological assessments. Hartman trained under Arnold Kegel, a gynecologist who had created eponymous vaginal interventional exercises, specially to create a "sexological examination" from 1965 to 1968 (Hartman & Fithian, 1982, p. 64). Unlike Masters and Johnson, Hartman and Fithian did not publish their results in the 1960s and did not gain any significant public fame from their work.

Masters and Johnson prescribed their own sexual exercises for their clients. As was common in 1950s sex manuals (Neuhaus, 2000), they reproduced scripts for sexual positions, such as the instruction that "[the wife] should remain in the female-superior position while

demandingly manipulating the penis into the vagina at her husband's direction," (p. 131), or, in the treatment for orgasmic dysfunction:

> The most effective technique is that of the teasing approach of light touch moving at random from the breasts to the abdomen to the thighs to the labia to the thighs and back to the abdomen and breasts without concentrating specifically on pelvic manipulation […] Particularly should direct approach to the clitoral area be avoided initially in this process," (p. 303).

As when Masters had directed his patients to lie in specific positions to ameliorate sperm travel, they conceptualized behavioural instructions to be detailed enough for the couple's sexual healing. Masters and Johnson prescribed "the squeeze technique" (1970, p. 96) to treat premature ejaculation. The cotherapists taught the man to focus on his penile sensations by having his partner squeeze his penis with her hand hard enough to make him partially lose his erection when he was close to ejaculating. This practice slowed down ejaculation and prolonged orgasm to its desired conclusion. Masters and Johnson attributed the squeeze technique to urologist James Semans' (1956) development of the start-stop technique, which was similar but subtly different – the man was instructed to interrupt his partner's stimulation of his penis just before he reached orgasm. His attribution did not credit the naturalistic origins of this intervention. Johnson later told their biographer (Maier, 2009) that she and Masters had observed sex workers use the squeeze technique to help their clients.

Masters and Johnson hired thirteen women from their St. Louis network to work as sex surrogates for unpartnered men (1970). Their roles – intensely confidential, with neither client nor surrogate even exchanging names with the other – consisted of embodying the position of a wife in performing sex therapeutic exercises with him, "the sex worker becoming cyborg", as

Preciado (2013, p. 310) puts it. But surrogates were also professionals, albeit in a limbo of being neither professional sex workers nor therapists. In this limbo, Masters and Johnson buried surrogates' work in a brief section, 148 pages into the 'Primary Impotence' chapter, rather than in the framing 'Therapy Concepts' chapter, where the methodological modality of their work belonged. For the first eleven years, the women were volunteers who told the duo that they wanted to join the project out of a drive for contributing to sexual scientific knowledges. One surrogate recounted to Masters and Johnson that her former husband had become an alcoholic because of his experiences with sexual dysfunction, and that she wanted to spare other people the pain they'd experienced. Masters and Johnson didn't assign unpartnered women surrogates because they thought that women needed far more emotional connection to their sexual partner than men did, in a reproduction of fin-de-siècle and early-twentieth century American discourses (Bailey, 1988; Laipson, 1996). They instructed single women to bring their own partners from home (Masters & Johnson, 1970).

The space taken up by emotional connection introduced complexity into sexual dysfunction, as Masters and Johnson realized that many experiential layers were at play when somebody came in with something as physiological as impotence or vaginismus. Johnson witnessed their clients' stories about their relationships and lives, and while Masters and Johnson assumed that the couple's dysfunctions were natural to the state of the sexual process and were useful to therapeutic intervention, symptom reversal intersected with the ways that people understood sex to exist within and without their bodies. While the team reassured their clients that sexual mistakes were educative in helping a couple unravel and understand the mistakes' source, mistakes weren't interesting enough to Johnson (Masters & Johnson, 1974a). People's stories were.

‘Mr. and Mrs. F.’ brought one such layered set of stories to the Foundation, having been referred there due to her supposed orgasmic dysfunction (Masters & Johnson, 1970, p. 243). In their early twenties and married for six years, they encountered the often-remembered care and enthusiasm that Johnson brought to building dialogue with them as individuals and as a couple in fleshing out their past experiences, sometimes to Masters’ exasperation (Maier, 2009).

Mr. and Mrs. F. came from ostensibly similar social backgrounds, but had different private social experiences, as he was an only and isolated child while she was a joiner with limited dating experience. They described their courtship and marriage as “an accident”, during which Mr. F. initiated every step, and their marriage reflected his complete control over decisions and his wife’s interests. In this situation, she did not have the freedom to experience orgasms during sex, for which he expressed embarrassment and frustration due to what he expressed as her inadequacies.

At the Foundation, Johnson unpacked the layers of pain and confusion in Mrs. F.’s life. She, with Masters, enforced Mr. F.’s complicit responsibilities for the couple’s unhappiness and refused to treat his wife without him reluctantly undergoing treatment with her. As Duden (1986) documents, in the early modern emergence of medicine, “the physician does not respond to their symptoms but to their stories, to their character and to their station in life,” (p. 25), a social practice that Johnson understood intuitively.

In 1959, Johnson’s conversational fascination with their clients inspired them to begin a clinical experiment. She and Masters began a fourteen-day therapeutic program, during which they greeted their clients and saw that they were set up in a hotel (Wilkes, 1970), preferably even if they were local to St. Louis. The couple was deliberately isolated from their supposedly

normal, stressor-filled environment, “no child crying, no secretary reminding of business commitments, or no relatives or friends inadvertently intruding” (Masters & Johnson, 1970, p. 18), fitting their therapeutic experience into that of the American productive vacation. As Aron (1999) documents, the country’s nineteenth century emergent middle-classes experienced tensions between spending money and time on resting away from home, with disdain for idleness. The creation of self-improvement resorts, where people could experience a vacation filled with educational programming “provided middle-class men and women an opportunity to combine work with play and thus to use their vacations productively” (Aron, 1999, p. 102). Masters’ and Johnson’s sex therapy threaded to this tension resolution. In emphasizing the baseline vitality for couples to capitalize on their rest labouriously to develop and heal their sexual practices, they incorporated sex into the middle-class desire and distrust for time spent away from home and work, as an expression of the kind of educated, fulfilled subject that a person wanted to become.

On the first day at the Foundation, Masters and Johnson turned on tape recorders and separated the couple with a therapist of their corresponding gender each. They began with addressing Masters’ experiences with his patients’ poor sex education. Even sexually functional people who succeeded in spite of their cultural “sexually repressive Victorian heritage” (Masters & Johnson, 1974a, p. 27) ended up with “stylized, unimaginative, depersonalized, and indeed productive only” (Masters & Johnson, 1970, p. 179) sexual experiences. As they referred to the therapeutic process itself as an “intensive educational program” (Masters & Johnson, 1970, p. 17), Masters and Johnson reemphasized the dual sex-therapeutic imperative of the teaching process, reproducing the notion that women clients were best taught by a man and vice versa. The therapists’ active responsibilities hinged on fighting against American sexual repression

through educating the couple on the pelvic anatomies of both sexes and the therapeutic concepts that lead to healing sexual dysfunction. Therapists themselves, like Duden's (1986) eighteenth century physician, had to have transcended their cultural landscape, placed outside the limits of public sexual knowledges, and able to reflect such acceptance and knowledge to their clients. Masters and Johnson never elaborated the methods for achieving such "self-control and self-scrutiny" (Masters & Johnson, 1970, p. 28).

The four spent two hours each to compile a fifteen-page, highly detailed biographical and psychological precis of each couple member, in which the couple members' personalities, resources, and life events were recreated through structured questionnaires. Their audience was overly familiar with this format through omnipresent Gallup polls (Igo, 2007). Masters and Johnson taught each couple member to create their own "sexual value system" (Masters & Johnson, 1970, p. 25), and to prioritize their sensory experiences alongside the meaning they'd assigned to such experiences. A sexual value system was an "investment" (Masters & Johnson, 1970, p. 26) that translated a person's past into what they wanted out of their sexual experiences. A past encompassed the couple members' childhoods and early formative experiences, without recourse or connection to psychodynamic systems, during which the cotherapists identified particularly "confidential" (p. 62) data that needed to be affirmed with the relevant couple member prior to being identified to their partner. These data included incest, homosexuality, and pre- and extramarital sexual experience.

Back at their hotel, the couple avoided mutual sexual experiences of any kind. This was repeated on the second day with a second one and a half-hour history session, with the genders of the cotherapists reversed for the purpose of reviewing established data and verifying for potential, and to Masters and Johnson, inevitable, gender-based communication reluctance. The

couple avoided sex on the second night. On the third day, the physician cotherapist conducted physical screening tests and laboratory examinations with both couple members, after which all four reconvened in a roundtable to explicate the subsequent therapeutic process.

Across dysfunctions, Masters and Johnson prescribed "sensate focus" (Masters & Johnson, 1970, p. 86), which Johnson had created (Wilkes, 1970). On the third night after the roundtable, the cotherapists instructed the couple to go back to their hotel room and gradually build up to gently touching parts of the body outside the genitals and breasts. Masters and Johnson supposed that avoiding an expense of effort to sexually stimulate one's partner encouraged spontaneous sex through building up such sensations and eliminating the pressure of diving straight into penile-vaginal intercourse. They reified Rubin's (1984) hierarchical system of sexual value, in which sexual practices are appraised with the assumption that marital, reproductive heterosexuality is located at the top. They told the couple to frame sensate focus touch with discussions of what each member found enjoyable and what they wanted out of their sexual experiences and relationship.

On the fourth and fifth days, Masters and Johnson discussed the couples' previous night's experiences to reconfigure confusion and clear up questions or issues. They told the couple to go back, and practice permitted touch on the genitals and breasts. After the fifth day, sex therapy became specialized to the couple unit's specific disorder or disorders and treated the previous few days' work as a baseline for healthy sexual behaviour. If a woman had been diagnosed with orgasmic dysfunction, the couple was to practice with the man's gentle touches around her body outside the vulva. On subsequent days, he built up to touch her around the vulva with the aim of having an orgasm from manual sex. Slowly, he built up to performing oral sex on her until she experienced orgasm, and then practiced penile-vaginal intercourse until she had an orgasm.

Contrastingly, in men's primary or secondary impotence, the sensate focus was directly applied to the penile-vaginal context. Sex outside that boundary wasn't mentioned in *HSI,* with anal sex being avoided outside diagnostic criteria.

Aside from sensate focus and the squeeze technique, Masters and Johnson prescribed "special sense discussion" (Masters & Johnson, 1970, p. 75) throughout the therapeutic process. They facilitated conversations with and among the couple about each member's sensory experiences and urged the couple to pursue these communications preceding and following sexual experiences to reorient the valence of such isolated sensory experiences. The couple expressed positive statements about the other member's body, such as their olfactory experiences of the genitals during sex, to associate the sense of smell with positive feelings rather than negative ones. They also encouraged the couple to purchase accessories, such as lotions and perfumes, to change their physical sensations during sex due to discomfort caused by rough hand touching. Masters and Johnson framed a focus on communication as a unique one to their sex therapeutic domain, but in actuality, the notion of communication as a balm to relational unhappiness was endemic to 1960s marital discourses and was in heavy circulation in marital counselling circles (Celello, 2009; Davis, 2010).

Masters and Johnson conceptualized people's embodiments of "fears of performance" (Masters & Johnson, 1970, p. 11) and "spectator role[s]" (Masters & Johnson, 1970, p. 100), in which a couple member and most often both couple members negated the naturalness of sex through constant monitoring and judging of the sexual processes during sex. At the Foundation after their clients' hotel experimentations, the cotherapists used conversation to correct thoughts and behaviours that contributed to fear of performance and spectatoring. Once the couple addressed their thoughts, the roots of sexual dysfunctions were identified and managed, because

Masters' and Johnson's etiological bases for their diagnoses attributed symptoms to spectatoring experiences. For instance, in primary impotence, the man's distracted concerns about maintaining an erection impeded his ability to maintain one. Meanwhile, his wife was equally distracted by her own concerns about embarrassing or angering her husband as he failed to maintain an erection.

Masters and Johnson didn't explain the mechanisms behind these thoughts, or behind their therapeutic modality. They insisted that, since "[psychiatrist] Jules Masserman has so aptly described psychotherapy as 'anything that works'. This 'works'," (Masters & Johnson, 1970, p. 23). Johnson's drive to dig through people's lived experiences didn't connect to an increasingly Beckian (Rosner, 2014) psychotherapy, other than in their brief reference to Masserman, perhaps because she wasn't a psychotherapist herself. She and Masters liaised with psychotherapist Harold Lief, whose collaboration inspired the latter to found the Center for the Study of Sex Education in Medicine at the University of Pennsylvania in 1960 (Pearce, 2007), and New York psychotherapist Helen Singer Kaplan, who in 1964 began to practice psychodynamically-oriented sex therapy (Kaplan, 1974), but Masters and Johnson translated medical knowledges and did not translate psychotherapeutic ones. Unlike Kaplan, they never cited Freudian or psychodynamic sources, despite noticing the existence of transference when they witnessed clients develop attractions to one of them, but which had "no place in the acute two-week attempt" (Masters & Johnson, 1970, p. 8). Masters and Johnson didn't clarify the theoretical or mechanical connections between, for example, early childhood and marital sex for each couple member, besides circling back to the constant reiteration of shame in one's sociocultural environment.

Although *HSI*'s bibliography cites seventeen of Albert Ellis' publications, they didn't connect their explanations of cognition to his rational therapy. Even in his self-help books (Ellis & Harper, 1961; Ellis, 1963) Ellis explained the mechanistic formations and deconstructions of his clients' ways of experiencing their dating and sexual memories, expressed in discursively complex ways. He understood the labour involved in changing one's thoughts. When writing to men who had recently experienced a breakup, he harshly demanded in *Sex and the Single Man:*

> If, therefore, you want to avoid depression and self-pity as a consequence of losing your beloved, you must look at the additional, gratuitous sentences that you are telling yourself after your appropriate sorrow-creating sentences. And you must vigorously, consistently question and challenge these unnecessary sentences, in theory and in action, until they become significantly modified or disappear (Ellis, 1963, p. 116).

Their contemporaneous family therapists didn't create a theoretical vacuum: that set of practices, unlike sex therapy, emerged in pockets around the country. Murray Bowen referenced psychoanalytic interest in family life and the earlier child guidance movement, the Palo Alto group connected with information processing and cybernetics, and others aligned with ecological bases as frameworks for their socially networked therapeutic modality (Weinstein, 2013).

Masters and Johnson also noticed the significance of observing family roles in the couple unit, and in their therapy ensured that one cotherapist acted as a "silent cotherapist" (Masters & Johnson, 1970, p. 9) in any given session, warranting that the dynamic and individual tendencies of each couple member were observed without the inevitable distractions that leading a therapeutic session entailed. Without recourse to the contemporaneous language of family therapy, they prioritized the observation of roles in a unit, borrowing the term "unit" itself without its reference point in family therapy (Weinstein, 2013). Family therapy, rooted in marital

therapy, was deeply concerned with communication as a simultaneous methodological goal, but Masters' and Johnson's verbal communication dimension wasn't elaborated on. They gave precise instructions for fondling a partner's genitals for enjoyment and a nonverbal script for following sexual behaviours in a stepwise fashion. But Masters and Johnson did not include a communications script in *HSI*.

But in New York City, a young woman named Terry Garrity read *HSR* and thought it "the most important work on sex," ("J", 1969, p. 16). Like them, she was originally from Missouri, and because she felt desperate with difficulties in experiencing orgasms, started to do her own readings on the subject at the New York Public Library (Garrity & Garrity, 1984). She interpreted their rejection of a vaginal orgasm with a feminist rejection of Freud and prioritized the clitoral orgasm's symbolism as sex for the liberated woman, creative and pleasured. Like Johnson herself, who didn't explicitly align with feminist movements or "march with the ladies" (Maier, 2009, p. 246), but reemphasized sex as a marker of women's success in many interviews (e.g., "Playboy interview", 1968), Garrity connected their human sexual response cycle with her own experiences as a woman who found sex in the most intense experiences of her life. She translated their findings into her own woman-marketed self-help book, which she published as *The Sensuous Woman* 1969 under the pseudonym "J". She'd already published such a book about making the most out of one's money in New York, and like that one, the new book was "meant to be funny" (Clemence, 1974).

She riffed off Masters' and Johnson's data to tell women that they owed it to themselves to engage with their sexualities and have diverse sexual experiences. Women could express themselves through masturbation by knowing that "every woman develops her own individual masturbation style, according to Dr. William Masters and Mrs. Virginia Johnson […], but there

are some practices common to most females. Women rarely directly manipulate the head of the clitoris, as the sensation there can be too intense, causing the clitoris to become painful or irritated," ("J", 1969, p. 49).

Garrity internalized Masters' and Johnson's naturalized sexuality. She compared oral sex to an acquired taste, wrote that women's bodies had an inevitably hypnotic effect men, and took for granted the existence of "a sexual appetite" ("J", 1969, p. 68) in which women's brains were their "control tower" ("J", 1969, p. 26) as an expression of sex's existence within their bodies. She also internalized their framing of effortful, learned sex in telling her readers that their sexualities were "investment" ("J", 1969, p. 41) that required practice like "playing the piano" ("J", 1969, p. 48). The practice of dressing before a date was "marketing a product" ("J", 1969, p. 55) and they needed to act as well as "the Sarah Bernhardt" ("J", 1969, p. 178) in bed to prevent men's boredom.

This internalization was, perhaps, unsurprising. With a *Playboy* interview (1968) and *Time* cover story (Shay, 1970), Masters and Johnson became household names, synonymous with sexual expertise. In her 1973 memoir, Xaveria Hollander, the New York madam, humouristically compared an exhibitionistic couple to them. Their fame marketed their St. Louis therapy by reiterating that sex's naturalness was unlike the naturalness of, for instance, eating in the repressive American context. Sex therapy directed the hard work needed to learn to have sex.

Americans listened. The Foundation quickly outgrew its capacity for clients. Even when Masters and Johnson started a postgraduate sex therapy training program in 1971 and with six new dual teams, their immediate popularity meant that by 1972 their clinic had a six-month waitlist to see 225 patients a year (Rensberger, 1972). This, while being prohibitively expensive.

A couple had to pay $3,000 for the two-week program, compared to the then-median household income of $11,120 and equivalent to approximately US$24,000 in 2023.

With sex therapy's overwhelming demand, Masters and Johnson closed the physiology lab to both straight and gay participants in 1970. Masters was unhappy and tried to continue upkeep of hormone research after the focus had shifted entirely to sex therapy (Kolodny, 2001). But by then, everyone who cared about their work cared about therapy for couples' stories.

Chapter Two

"People leave, and they start their own things": The Ownership of Knowledges

> "Miss Abbott told us since we were in sixth grade and very grown up, there were certain subjects we would cover during the school year. 'Certain very private subjects just for girls.' That was all she said but I got the idea. Why do they wait until sixth grade when you already know everything!"
>
> - Judy Blume, *Are You There God? It's Me, Margaret.* (1970), pp. 49-50.

This chapter follows the expansive growth of sex therapeutic discourses over the course of the 1970s. As protagonist Margaret and her friends experience, medical textbooks, *Playboy*, and public speakers that come to their school turn them into recipients and participants in such discourses. The story they reside in served as a salient example of this process as a text in its own right, its publication a dissemination of sexual knowledges to a large, popular audience. Like in the worlds within and outside the novel, in the early half of the decade, sex therapists enthusiastically communicated with potential clients through popular articles and self-help books, and these discourses spread via an epidemic network of transmissions of cultural representations, as Sperber (1985) puts it.

The chapter's first part concerns the dissemination of sex therapeutic knowledges, which encouraged a spurt of new sex therapists to enter the field and begin their own practices in what Todes (1997) calls the relations of scientific production, but simultaneously migrated into feminist circles and rapidly left the boundaries of the university-clinic. Their instructional and social practices merged with legal cases that hinged on recreating boundaries separating sex work from sex therapy. In navigating the court systems, sex therapists were intent on redrawing their field's authority and standardizing the work. The chapter's second part documents their late

1970s experiences, which consisted of a corresponding spurt of criticism from within psy-discipines and gay liberation movements. By Reagan's 1980 election and the rapid social conservatism that followed, sex therapeutic knowledges got so big that they ceased to be contained within the boundaries of sex therapy itself. As Margaret notices, there are only so many times one can hear the same information repeated, and by the time a teacher gets to spread it, she already knows everything. But she now embodies the knowledges, outside health class limits. As in the novel, the field outgrew itself, but the discursive representations kept transmitting outside its crumbling borders.

i

Pandora, a pseudonym, was a thirty-something divorced New York mother with a psychology degree when she decided to become a sexual surrogate in the early 1970s. She hoped that "ten years from now they'll speak of [me] the way they speak of Masters and Johnson" (Wolfe, 1978, 494). As a sex surrogate, she worked in referral with sex therapists – often, as per the Masters and Johnson model, nearly every day over a two-week period – having what she described as "tennis instruction"-like (Wolfe, 1978, p. 494) sexual practices with clients to extend the sensate focus necessary to treat premature ejaculation and impotence in "mostly professional" (Wolfe, 1978, p. 495) men.

Pandora understood herself as a scientist and explorer, learning to help her clients. When she encountered a client's unique experience with what she considered to be neither premature ejaculation nor impotence, she realized that "I haven't seen anything in the literature that quite describes it. It's so exciting. I think I'm going to write a paper on it," (Wolfe, 1978, p. 492). Her long-term goal was to train a man to work as a surrogate with single women, like she saw in California. She was adamant about not being a sex worker. In contemplating the number of

clients she'd had, she thought that "If it's too few, people will say I'm inexperienced – which I'm not – and if it's too many, they'll say I'm a hooker – which I'm not," (Wolfe, 1978, p. 492).

As an independent contractor, Pandora stood outside the control of sex therapists' demands for the surrogates they worked with to not grant interviews or tell their stories. Sequestering surrogates and emphasizing their non-sex work identities placed the people involved into what Tits and Sass' blog cofounder Charlotte (Petro, 2011) describes as a stigmatized relationship with the press that leave people "feeling like they have to entirely contradict the usual narrative if they do share their own stories" because the only reported stories concern "extremely disadvantaged women who are doing survival sex work under really bad conditions and, understandably, they hate it." Pandora's proud and complex work life was exempt from Masters' and Johnson's demand for sex surrogates' separation from media and reemphasized the labour that sex therapists exerted on distinguishing surrogacy from sex work, and their failure to do so.

Despite their efforts, in 1970 and the immediate aftermath of *HSI*'s publication, St. Louis resident George Calvert discovered that his wife Barbara had worked as a surrogate for Masters and Johnson, and sued them over breaching the patient-doctor relationship with her ("Sex researchers are sued", 1970). Therapist-client sex was not widely unethical in the early 1970s. Martin Shephard, a psychiatrist, promoted the practice in his "widely cited" book *The Love Treatment* in 1971 (Kim & Rutherford, 2015, p. 286), but sex with surrogates was equated with sex work and stigmatized. Sex surrogacy's framing as a conduit for ethics debates began with this lawsuit. One year later, the two codefendants, originally named as anonymous patients who had hired a sex surrogate, increased to nine codefendants, as had the amount money they were being sued for ("Sex clinic suit dismissed", 1971).

The case was dropped in 1972 ("Suits dropped in sex studies case", 1972), and Masters and Johnson publicly claimed to have stopped using the services of surrogates after this lawsuit, but sex therapeutic clients associated the practice with that of surrogates. Kaplan (Wolfe, 1978) complained that her potential clients at New York Hospital requested surrogates, whom her practice did not hire, on a weekly basis. Minor inter-professional clashes occurred. Herbert Fensterheim, a New York-based sex therapist who began working with surrogates after successfully training one patient-brought call girl using a "chapter and verse of Masters and Johnson" (Wolfe, 1978, p. 493), stopped hiring them after backlash from his colleagues as well as their attempts of poaching his surrogates for their own practices.

Regardless of problematized legal and media representations, creative works such as the 1970 film *Diary of a Mad Housewife* depicted a crisis in sexual happiness among married couples and the inadequacy of traditional psychotherapy to treat the problem, humanized through the protagonist Tina, a sort of midcentury American Madame Bovary. A spurt of people responded to this demand through practice and became Masters and Johnson-trained sex therapists outside St. Louis.

Sallie Schumacher was a key therapist at the Foundation since attending a Masters lecture on the importance of centering sex in the clinic in 1967, half of a dual-therapist team with Robert Spitz (Schumacher, 1971). When Schumacher left the Foundation and directed a new sex therapy treatment program at the Long Island Jewish Medical Centre in New York in 1971, she still used dual therapists – Edward Adelson paired with her – and the treatment was somewhat more accessibly priced (Brecher, 1971). But, echoing the creation of 1920s working vacations spent conducting agricultural labour or in one's normal environment that ensured that "vacationers should remain, in some ways, connected to the world of work" (Aron, 1999, p. 235), she

decentered their practice from the vacation element of Masters' and Johnson's sex therapy because in her clinic "we try to integrate their way of interacting into their home and work life," (Murray, 1972). Despite their priority for speed and sexual cohesion with everyday life, their clinic held a six-month wait list.

More people felt inspired to enter the field. June Dobbs Butts was a graduate student at Columbia when she realized she didn't want to just be a teacher. She wanted to learn about sexuality because she'd had an epiphany: "[Sex education is] helpful. It helps me to understand something I've been puzzling over all my life," (Butts, 2016). As a young Black woman straddling activist with academic spaces, she wanted to prioritize centering sex in her community (Slotnik, 2019). Butts was introduced to Masters and Johnson in 1970, and shortly after trained at the Foundation for what she experienced as a grueling year and a half, working every single day of the week ("Easter, Mother's Day, the bicentennial…" (Butts, 2016)) and growing increasingly frustrated with their regimented sex therapy. To her surprise, Masters and Johnson were unfazed by her open critique of their process. She remembered that, instead of disagreeing with her or changing their work, "They kept saying, 'People leave, and they start their own things. That's what you must do'" (Butts, 2016).

She left, and worked as the only Black Masters and Johnson-trained sex therapist in the United States, based out of Maryland. In journal articles, Butts cited W. E. B. Dubois, Franz Fanon, and James Baldwin to argue that American sex was violently enmeshed with race in direct line with enslavement, "the legacy of which is felt in 1975 by white parents who are, according to real estate brokers, now fleeing South Boston in significant numbers so as to avoid next fall's scheduled public school integration" (1977a, p. 53). In the more public spaces of writing articles for *Ebony* and *Jet* magazines, hosting a radio call-in show, and granting

interviews (McQueen, 1980), she softened her voice in favour of the general aspects of her beliefs on sex education and therapy for all children and couples. In *Ebony,* Butts highlighted sex education as a way for Black people to experience liberation in ways that prioritized Black families' joy (Butts, 1977b).

On the west coast, Joseph LoPiccolo and Charles Lobitz (1972) opened an independent clinical practice at the University of Oregon. Although based in Masters' and Johnson's foundational instructions, they deviated from the duo in creating a masturbation-based program that taught both couple members that masturbation was natural and healthful through same-sex client-therapist instruction. LoPiccolo and Lobitz cited *The Sensuous Woman* as an authority on masturbation's normality and necessity and recommended the book to their clients. They then specialized and adapted sensate focus through recommending a nine-step, weekly program beginning with the woman couple-member examining her genitals in a mirror. The woman gradually increased the intensity of genital touching, and eventually used a vibrator if an orgasm had not been achieved. The final few steps translated masturbation into coupled sex, as LoPiccolo and Lobitz instructed the woman's husband to replicate the wife's masturbatory discoveries with his own hands, or with him using the vibrator on her.

By 1972 (Rensberger), *The New York Times* advertised a "proliferation" of help for the many people for whom "sex is not the most natural thing in the world", all over the country. Masters and Johnson had trained seven teams working in Washington, New York City, North Carolina, Maryland, Connecticut, Michigan, and Wisconsin, and Johns Hopkins Hospital created a modified Masters and Johnson-based center. Other programs took independent routes into sex therapy that reduced costs and adapted to more manageable weekly schedules.

In Illinois, couples could sign up for a sex therapy clinic in a private psychiatric hospital. At the University of California Medical Center, Herbert E. Vandervoort believed that "many people need sex counseling and would accept it if cheaper, more low-keyed programs were available" (Fosburgh, 1974) and launched a short-term, low-cost therapy program. Carl Shackman and Yvonne Wasilewski launched a similar program in Newark. Theirs lasted for ten weeks and differed considerably in structure from Masters' and Johnson's ("Newark clinic offers sex counselling", 1974). At Berkley, Bernard Apfelbaum and his students created a surrogate-based program. The *Times* also advertised a New York-based private nude encounter group as an admissible form of sex therapy (Rensberger, 1972).

Masters still identified with medical doctors as his "colleagues" ("Playboy interview", 1979, p. 112) and several of those medical colleagues were drawn into sexuality research. In 1973, a urology research-practitioner team at the Baylor College of Medicine began to test penile implants on patients who couldn't get or maintain an erection (Brody, 1979b).

In Britain, Alex Comfort, a physician, was drawn to American sexuality discourses and an urge to talk directly to the public. In part because of both his wife's and colleagues' discomfort (Levy, 2008), he assumed an editorial position on a self-help book of which in actuality he wrote every word. Comfort titled his book *The Joy of Sex*, humouristically referencing the staple *The Joy of Cooking*, but unlike the latter framed his work as a revolutionary instruction manual to upend sex in the same ways that Cordon bleu cuisine upended ordinary cooking. *The Joy of Sex* was an immediate best-seller and reference point: in the 1979 film *Rich Kids*, the child protagonist reads a copy of *The Joy of Sex* hidden on her parents' bookshelf as a cinematic symbol of her emerging adolescence and sexuality.

Although he used his position as a physician to create a mythologized origin story for the text, in which a sexually advanced couple had presented him with a manuscript of their discoveries, *The Joy of Sex*'s opinions were Comfort's own. To him, "There are after all only two 'rules' in good sex, apart from the obvious ones of not doing things which are silly, antisocial or dangerous. One is 'Don't do anything you don't really enjoy' and the other is 'Find your partner's needs and don't balk them if you can help it'" (Comfort, 1972, p. 13). In the midst of his endorsement of open marriages and swinging, "This book is about love as well as sex as the title implies: you don't get high-quality sex on any other basis – either you love each other before you come to want it, or, if you happen to get it, you love each other because of it, or both" (Comfort, 1972, p. 9). As a physician, he relied on Masters' and Johnson's physiological research to translate into his own voice, as when he recommended: "Masturbation in women is far more a process of continuing self-exploration than it is in man, and many women can and do teach themselves to respond in this way. On widespread testimony the use of a vibrator helps – it can produce some sexual feeling in almost any woman," (Comfort, 1972, p. 239). To Comfort, vibrators were completely mergeable with medicine and people's lived preferences.

Even if a person never saw a copy of *HSI,* they could access detailed, translated sex therapeutic instructions in a newspaper article's telling them to, "Experiment with touching, stroking and massaging the entire body except for the genitals and the woman's breasts" (Rensberger, 1972). They could easily read a self-help book and buy a vibrator or dilator through the mail (Lieberman, 2016). In other words, "women ritually opened their bodies to their own literal view," as Haraway (1997, p. 41) puts it, without having ever spoken to a sex therapist. One woman was so inspired by her new vibrator, purchased in 1975 at the newly founded and

woman-oriented sex shop Eve's Garden in New York, that she was compelled to write a poem about her experience:

> I rejoice in finding a part of me
> lost since birth. In a horrible age of
> machines it is in a paradox that a machine
> led me to rediscover my offended birthright (Lieberman, 2016, p. 109).

Sex therapists, observing Masters' and Johnson's (1970) instructions for men to insert a gradually increasing gradient of dilators into their wife's vagina, recommended dilators for treating vaginismus. In a nascent pharmacopornographic era (Preciado, 2013) anyone could buy one freely. The recommendation of a sex therapist was unnecessary, and women could attempt to manage their own vaginismus under the effortful labour required of a sexual being.

Lonnie Barbach was a graduate student at Berkley, working under Apfelbaum's sex therapeutic training, when she became inspired by the feminist liberation narratives she read in *The Sensuous Woman* (Barbach, 1975) and *Our Bodies, Ourselves* (Barbach, 1974). Although Germaine Greer in *The Female Eunuch* was wary of Masters' and Johnson's "clitoromania" (1970, p. 48) as an overemphasis of historicized women's submissiveness that ignored her experiential vaginal orgasms, Barbach was influenced by both her experiences in the clinic and having attended consciousness raising groups in the early 1970s. As Rutherford and Pettit (2015) analyze, "the traffic between feminism and psychology has been persistent, continuous, and productive, despite taking different historically and geographically contingent forms" (p. 223), a traffic that Barbach participated in.

She extended LoPiccolo's and Lobitz's work with masturbation to the consciousness raising group context and began to conduct weekly group therapy for women who couldn't get

an orgasm in 1972 (Wallace & Barbach, 1974). Unlike consciousness raising groups, sex therapy carried the prestige of medical expertise. Women had already gone to a doctor or a religious authority figure when they were referred to Barbach's groups.

To Barbach, separating women from men gave them the freedom to express their true natures and be collaborative. Her groups' discussions lasered in on the discovery that "it is essential for a woman to get in touch with her own body and understand her individual requirements for orgasm before she can effectively communicate her needs to her partner" (1975, p. xxi). The group therapy format caught on, in part because of the cost-saving component to combining patients. Kaplan and her colleagues (1974) ran group therapies for couples to treat premature ejaculation and found that a group reduced a sex therapist's time per couple to only an hour and a half on average. Bernie Zilbergeld (1975), one of Barbach's colleagues at Berkley, translated her group modality to single men with a range of sexual issues. Like her, he emphasized the men's capacity to experientially share and bypass competition to challenge men's myths around sex, find partners, and live sexually satisfied lives.

Barbach practiced an adapted Masters and Johnson sex therapy. She called her patients "preorgasmic" (1975, p. xv) to emphasize the inherence of all women to get orgasms, even if they hadn't had one yet. She believed fervently in the notion of sexual liberation, which to her "means having the freedom to choose – to choose the kind of stimulation that works for you; to choose the sexual activities that are pleasurable for you" (1975, p. 194). Sex therapy, to her, merged perfectly with feminist ideology, having found that women expressed an increased awareness of gender equality in financial and sexual domains following her group sex therapy (Wallace & Barbach, 1974). Like other sex therapists, Barbach recommended vibrators, "available at most drug and department stores" (1975, p. 105), and extended sensate touch to

encourage women to give themselves permission to watch and read erotica. Barbach used sex therapy as a vehicle for promoting feminist liberation. In telling women to masturbate and thereby express an innate sexuality, "provided by nature for a power of one" (1975, p. 109), she believed that "sexual liberation is a beginning," (1975, p. 195).

Shere Hite, a sociologist, was less convinced. She also merged her feminist ideology with sex research and published a feminist, women-oriented adaptation of the "Kinsey Reports" in 1976, referentially titled *The Hite Report*. Her variation consisted of a mailed-in seven-page, fifty-eight question survey, filled out by approximately three thousand American women. The survey's published analysis used Hite's judgement in tracing commonalities and significance in women's orgasms, experiences, and sexual histories in a metaleptic framework. Wells (2010) analyzes 1970s feminist texts' reliance on metalepsis: in *Our Bodies, Ourselves*, for instance, the "writers entered the text as images or personal narratives, and they also encouraged readers to move into the book" (p. 100), to encircle their own experiences with politicized stories about the capacity of sex research to benefit women.

Hite (1976) reproduced the human sexual response cycle and celebrated Masters' and Johnson's clitoral orgasm as feminist discoveries. But she was uncomfortable with the model's penile-vaginal emphasis and coupled, dyadic focus. One of her participants even "Did the Masters and Johnson's bit – two weeks in St. Louis. I learned that good sex followed almost effortlessly after good communication. Communication is what they tried to teach my husband and me," (Hite, 1976, p. 344). The problem was that "I bought it, he didn't. It takes two to talk, tango, or screw," (Hite, 1976, p. 344).

Like other sex researchers, Hite categorized experiences, coding women's masturbation narratives into six masturbatory "types" depending on their bodies' position while stimulating

the clitoris (Hite, 1976, p. 76). Like Barbach, Hite framed masturbation as a feminist endeavour, for women "to touch, explore; and enjoy our own bodies in any way we desire, not only when we are alone but also when we are with another person" (Hite, 1976, p. 59). Unlike Barbach, however, she and her participants were unconvinced by the notion of sexual liberation. One woman thought that "'The sexual revolution was late sixties bullshit. It was about male liberation, women being shared property instead of private property. And we know which kind of property gets better treatment'" (Hite, 1976, p. 454), particularly when it pertained to coupled men and women. Another woman was "'thinking of lesbianism as an alternative to abstinence, and to men in general, because they are not very liberated sexually or emotionally or any other way, and I can't stand it any more'" (Hite, 1976, p. 416). Hite, in a busy year for sex therapy, was uncomfortable with its emphasis on couples and, more critically, unabashed optimism for its ability to help people.

Growth was indeed fast, and, to Masters and Johnson, chaotic. Despite the extant American Association of Sex Educators, Counselors and Therapists (AASECT), created in 1967, the publication of a specialized journal (*The Journal of Sex and Marital Therapy)* beginning in 1974, and other organizations such as Eastern Academy of Sex Therapists in 1974 (King, 1974), Masters and Johnson were unhappy with sex therapy's increasingly multi-nodal presentations. They refocused on publicly reasserting their authority on the modality (King, 1974), and through the Foundation's resources created a conference, in 1976, to outline the ethics and boundaries of sex therapy, a two-day examination of "who should do therapy and in what ways" (Macklin, 1976, p. 5). The Foundation opened the conference to the press, including *The New York Times*' Jane Brody (1976), who had become interested in reporting on sexual health earlier that decade (Brody, 1972). The public nature of the roles that sex surrogates played, and sex therapists'

discursive silence regarding this fascination, was overt at the Foundation's 1976 conference. Ruth Macklin's (1976) disciplinarily-insider report didn't mention any discussion of sex work or surrogacy, while the *Times'* report of it (Brody, 1976) featured it in the article's second sentence.

Masters told attendees and *Times* readers that fewer than a hundred sex therapists in the country were trained by the Foundation. Kaplan supported him (Brody, 1976). She argued that sex therapy required years of training and difficult professional experience, without which "pseudo sex researchers" hurt "vulnerable people" (Brody, 1976). The Foundation provided such potential training. On the other hand, sex therapists who had not been trained by Masters and Johnson and people who tried to follow sex therapeutic instructions at home by themselves were at inherent risk for inadequate treatment. This was met with agreement from attendees.

Macklin (1976) described a harmony at the conference that surprised her, with much of her report's disagreement over concerns coming from herself. She disagreed with Robert Kolodny's, the Foundation's assistant director, argument that sex research and therapy were inherently different from non-sexual research and therapy. Macklin felt that his points for its uniqueness, such as the ethics of therapist-patient sexual relationships, had precedence in other fields with which the conference's sex therapists were disengaged. As Kim and Rutherford (2015) analyze, such conferences and task forces were ongoing among feminist psychologists in the mid- and late-1970s, who addressed the ethics of therapist-client sex. But sex therapists placed themselves in a disciplinary vacuum.

Macklin (1976) noted that the conference discussion was particularly engaged with the last issue, and reported disgust directed at therapist-client sexual relations – to attendees and her, an inherently abusive notion. While she observed a disengagement towards potentially antipsychiatric discussion on whether sex therapy on consenting adults was inherently ethical,

the attendees were engaged with the topic of record-keeping, during which Pepper Schwartz, a sociologist, argued that she felt uncomfortable keeping old patients' sensitive data of their sexual histories and problems. John Money disagreed with Schwartz, but everyone else at the conference agreed (Brody, 1976). Despite Masters' and Johnson's intentions for maintaining institutional cachet, the conference's attendees were not alone in experiencing and vocalizing this dilemma. Judith Kuriansky and Lawrence Sharpe (1976), a psychiatric team from New York, were frustrated by their clients' misunderstandings of sex therapy, and advocated for accurate record-keeping, an allegiance to an ethics board of some kind, and precise nomenclature and categorization in sex therapy. They excitedly awaited the incoming publication of the DSM-III as a solution to the latter issue.

The Foundation decided to create a fourteen-member committee as their next step towards stabilizing sex therapy, to translate the conference's findings into a formalized set of ethics guidelines (Kolodny, 1978). Once again, they were not alone in these intentions. In California, primarily women surrogates held informal meetings to process their issues with the work (Greene, 1977), a social practice that Tits and Sass' blog cocreator Kat (Petro, 2011) found inherent to both fighting institutional whorephobia and because "being connected to each other helps." Many surrogates found the work to be deeply stressful and unsupported, quitting within a year of the meeting or being unable to work with a client for more than a few hours a week due to the exhaustion they experienced from the work. The pressure to be a sort of ever-supportive Stepford Wife and being perpetually positive towards the client was enormously burdensome and led to the surrogate "numbing herself" (Greene, 1977, p. 55). The women found no sustainable solution among themselves.

Shirley and Leon Zussman, who had joined sexology after attending a Masters lecture, took over Sallie Schumacher's Long Island sex therapy clinic, by then a highly popular practice (Green, 2021), and sex therapists could charge more accessible prices. Kaplan advocated against the use of dual therapists in part due to their costliness and specialized nature (Sobel, 1980).

Kolodny (1978) was optimistic. His committee presented their ethics guidelines at another Foundation-sponsored event, this time called an Ethics Congress, in 1978 (Kolodny, 1978). The Congress established guidelines that controlled the maintenance of confidentiality, limited sex therapists' capacity to push their conflicting interests onto clients, and formally prohibited sexual relationships between clients and sex therapists. The Congress could not agree on any regulation around sex surrogates or sex workers and was uncomfortable with the topic. While the Baylor College penile implant team publicly celebrated perfect success in treating impotence by 1979 (Brody, 1979b), Kolodny (1978) focused on the success of AASECT's planned adoption of their guidelines as formal principles later that year.

ii

A thirty-one-year-old man, whom Masters and Johnson referred to as "C" in their case study, came to the Foundation with his boyfriend of over a year (Masters & Johnson, 1979) because they were distressed at his inability to get an erection, even when he masturbated. His partner had told him "regretfully" (Masters & Johnson, 1979, p. 291) that they'd break up if he didn't go to therapy.

When they arrived at the Foundation, Masters and Johnson assured the couple that they deserved therapeutic treatment and sexual satisfaction as much as heterosexual couples, and that their sex therapy would help them equitably. 94 gay men and 82 gay women were recruited as experimental participants from 1964, and 151 gay people as therapeutic participants from 1968,

through word-of-mouth networks "when they were genuinely convinced that ours was an objective approach," ("Playboy interview", 1979, p. 106).

Upon beginning treatment, all participants joined the requisite detailed history-taking session under Johnson's care. This session led to Masters and Johnson assigning them a Kinsey number from 0 – entirely heterosexual experiences, to 6 – entirely homosexual experiences, which was then used as a reified category for conceptualizing a person's sexual identity. When people came in unpartnered, the number was used to match individuals across its spectrum for physiological observation of sex. Kinsey (1948) had created a rough scale to emphasize the inherent diversity of sexual experiences and focus on experiences over identity or desires with the assumption that nearly all people experienced all manner of sexual desires. Masters and Johnson repurposed the scale through a medicalized interpretation. They also created their own sexual identity for 6 men and 6 women participants. They called them "ambisexuals", defined as "a previously unidentified group of men and women whose lack of any sexual preference and whose total disinterest in even identifying with, let alone forming, a committed relationship with a partner of either gender required formal group designation," (Masters & Johnson, 1979, p. 12).

Masters and Johnson thought that gay sex had greater pleasure potentiality than sex for heterosexual couples, something that their decade-long promised book on their gay participants (Reinhold, 1970) spent much of its page count focused on when it was finally published in 1979, titled *Homosexuality in Perspective.* Masters and Johnson had been reluctant to publish on homosexuality in the 1960s and were even reluctant to publish their findings on oral and anal sex ("Playboy interview", 1979). They used *Homosexuality in Perspective* to bring psychological dimensions into their work after *HSR* and *HSI* were criticized for being mechanically sexual, and while still written in a "turgid Latinate" ("Playboy interview", 1979, p. 87), was more

straightforwardly descriptive than their previous work. They noted that "sexual interaction within committed lesbian couples usually began with full body contact. There was holding, kissing, and caressing of the total body area before any specific approach was made to breasts or genitals," (Masters & Johnson, 1979, p. 66). But immediately: "In contrast, in committed heterosexual couples' interaction, the male's sexual approach to the female did include some close body contact and kissing, but rarely more than 30 seconds to a minute," (Masters & Johnson, 1979, p. 66). Although Masters and Johnson aligned with declassification activists (Lewis, 2016) in reproducing the notion that their gay participants showed an identical presentation in the sexual response cycle as their straight participants, they underlined the ethereal otherness of gay men's sex. "After general body contact, holding close, kissing, or caressing, frequently the first specific anatomic approach was to the nipples. Only 11 of the 42 committed male couples (Chapter 3) failed to include some form of nipple stimulation at an early stage of sexual interaction," (Masters & Johnson, 1979, p. 71), having transcended the "kiss on the hand, a hand on the breasts and a dive for the pelvis" ("Playboy interview", 1979, p. 100) formula that straight couples came with to the lab because "they [gay people] work at it a little more" ("Playboy interview", 1979, p. 92).

Masters and Johnson offered an aversion therapy to 67 people experiencing "homosexual dissatisfaction" (1979, p. 243), in addition to their clinical 151 gay patients, the procedure of which was poorly described in the book. They described this as a very small number of patients who, unlike the man in their case study, they felt certain were really convinced of their misery because of their homosexuality. They claimed that their aversion therapy was practicable in around two thirds of their patients who had wanted to reverse their homosexuality. This deviation from an increasingly anti-aversion therapy landscape (Kunzel, 2017), which Pettit

(2011) analyzes as having changed the modality to be experienced as “dubious in feasibility and questionable as a goal” (p. 95) highlighted their isolation from ongoing late 1970s queer practices.

Even with this, their work was exclusive in its representations, as gay people’s experiences were undocumented by sex therapists in the 1970s. In a rare mention, Barbach (1975) noted that lesbian and bisexual clients joined her groups. But in her discursive reproductions, she solely used the lived experiences of women who paired with men.

The Masters and Johnson aversion therapy discrepancy, and the unlikely result of major practicability, caught their peers’ attention. Johnson was frustrated by the “plucked out only one aspect” (“Playboy interview”, 1979, p. 102) of the book’s responses, which ranged with excitement (Luria, 1979; Angelino, 1980; Bumbera, 1981) and surprise (Bernstein, 1979) to skepticism (Johnston, 1979; Winokur, 1979) from medical practitioners. The latter two were content with the duo’s elevation of gay patients, and criticized their aversion therapy results and the creation of ambisexuality. The notion of practicable aversion therapy to even the most enthusiastic gay patients was met with disdain from psychiatrists (Cooper, 1980), and revulsion from Charles Silverstein, a gay psychologist and declassification activist (Evans & Zilbergeld, 1983; Genzlinger, 2023). While Charles Socarides, a pro-classification psychoanalyst, reiterated homosexuality’s pathology in newspapers, Silverstein’s increasingly prevalent work as an affirming gay therapist (Johnston, 1979) overcame reports of the book’s reception, as readers were reinformed that homosexuality could not, in this framing, be reversed. Masters and Johnson’s work confused readers in their non-pathologizing affirmations of their gay patients with their simultaneous offers to treat them for something that, they repeated was not an illness (Cohn, 1979).

In interviews after Masters' death, both Johnson and Robert Kolodny told his biographer that they'd never witnessed any aversion therapy or heard any tape recordings of such therapies at the Foundation. They were distressed and confused with the public nature of Masters' claims and the fallback he received (Maier, 2009). While it is beyond the scope of this thesis to investigate their claim, its public disagreement signaled a failure on the Foundation's end to hold discursive power in the sex therapeutic landscape, as Masters and Johnson gave up on trying to maintain control over sex therapy. They were "happy to tell people who the 30 people we've trained are." But "we don't know to what extent they continue to use our methodology, though," ("Playboy interview", 1979, p. 120).

Their colleagues were happy to keep trying. Kaplan and Lief joined the APA's sexual dysfunction task force in 1977 and proposed that the upcoming DSM-III incorporate desire as a primary and integral stage for sexual response (Kaplan, 1977; 1995). Desire as a quantifiable interior entity, of which discord could cause problems wasn't inherently new. Ellis had noted it in his self-help book *Sex and the Single Man*, telling his readers that, "Your wife may well be interested in much more or less sex activity than you are; enjoy or not enjoy the same kind of sex relations that you most prefer; and may be either cooperative or noncooperative about having sex relations with you" (1963, p. 294). But the DSM's new foci (Lewis, 2016) on avoiding distress and assessing an individual's functionality formulated desire's changed presentation, in which sexuality signified mental healthfulness. A lack of desire, be it within the single individual or the individualized couple, dictated sexual failure and was perfectly suited to the new text, which reproduced the sexual response model in its sexual dysfunctions chapter with desire as a first stage (APA, 1980).

As Kuriansky and Sharpe (1976) had anticipated, the revamped DSM-III's (APA, 1980) "psychosexual dysfunctions" (APA, 1980, p. 275) chapter was based on the human sexual response cycle and *HSI's* adapted diagnoses. During the new appetitive, desire-based stage (Kaplan, 1977; 1995), both men and women could be diagnosed with inhibited sexual desire, a "persistent and pervasive inhibition of sexual desire," (APA, 1980, p. 278). During the excitement stage, both men and women could be diagnosed with inhibited sexual excitement, a "Recurrent and persistent inhibition of sexual excitement during sexual activity, manifested by: in males, partial or complete failure to attain or maintain erection until completion of the sexual act, or in females, partial or complete failure to attain or maintain the lubrication-swelling response of sexual excitement until completion of the sexual act," (APA, 1980, p. 279). As before, there were no diagnoses available during the plateau stage.

During the orgasm stage, women could be diagnosed with a "recurrent and persistent inhibition of the female orgasm as manifested by a delay in or absence of orgasm following a normal sexual excitement phase during sexual activity that is judged by the clinician to be adequate in focus, intensity, and duration," (APA, 1980, p. 279). Men could be diagnosed with inhibited male orgasm, a "recurrent and persistent inhibition of the male orgasm as manifested by a delay in or absence of ejaculation following an adequate phase of sexual excitement," (APA, 1980, p. 280). Men could also be diagnosed with premature ejaculation. The APA task force, with Kaplan and Lief as members, (Kaplan, 1989) shifted the dysfunction from Masters' and Johnson's 50% failure-based definition, to when "ejaculation occurs before the individual wishes it, because of recurrent and persistent absence of reasonable voluntary control of ejaculation and orgasm during sexual activity," (APA, 1980, p. 280).

As in *HSI*, there were no diagnoses available during the resolution stage. The DSM-III also reproduced *HSI*'s two miscellaneous physiological diagnoses that didn't fit in the response cycle: functional dyspareunia, in which "coitus is associated with recurrent and persistent genital pain, in either the male or the female," (APA, 1980, p. 280), and functional vaginismus, in which "there is a history of recurrent and persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with coitus," (APA, 1980, p. 280).

Sex therapy's psychologization via the DSM interested Thomas Szasz, whose simultaneous psychiatric and antipsychiatry positionality groaned at the notion of sex as a medicalized or psychologized entity. He outlined his views in a well-publicized (Sobel, 1980) book, *Sex by Prescription*, in 1980. In his Szaszian way, he addressed all his points to Masters alone, as he deconstructed sex therapy on a broad and institutional level and rejected its existence entirely because "'scientific' sexology is a veritable Trojan horse: appearing to be modernity's gift to mankind in its struggle for freedom and dignity, it is, in fact, just another strategy for its pacification and enslavement" (Szasz, 1980, p. xvi).

Szasz equated sex therapy with the work performed by sex surrogates, believing the therapeutic modality to rely on surrogates for its successful treatment rates, and scoffed at Masters' insistences that surrogates' work differed from that of other sex workers. To Szasz, such arguments were an adaptation and extension of early-twentieth century obstetricians' technologized negations of midwives' roles, based on "asserting that they are professionals whose practice is based on science and a dedication to protect the public – whereas their lay competitors are quacks whose practice is based in superstition and a desire to exploit the public" (Szasz, 1980, p. 50). Since by 1980 Masters and Johnson had stopped working with surrogates for the better part of the decade, he criticized their continued marketing of sex therapy, since, to

him, they held a methodological reliance on surrogates. Comparing it to physician's dependence "on using morphine, performing abortions, or keeping his patients' communications absolutely confidential", if those methods were prohibited or challenged, he argued that the morally correct course would be for the physician to "refuse to accept patients" (Szasz, 1980, p. 48). Szasz disliked Masters' (Johnson's unacknowledged) "anti-homosexual" (Szasz, 1980, p. 43) position and assertions about non-Foundation-trained sex therapists' dangerousness in old newspaper interviews, but he disliked sex therapy's holistic existence even more.

To Szasz, sex therapists fraudulently misread cultural constructs as biomedical data in a two-directional manner. He invoked sex's naturalness through alimentary vocabulary's equivalent naturalness, such as in the absurdity of quantifying the experience of taste by creating "digestion therapy" for "men and women with unsophisticated tastes and eating habits" (Szasz, 1980, p. 29); unwittingly, he both reflected and diverged from sex therapists' similar comparisons of sex with eating. In the book, Szasz explicitly aligned himself with feminists, including Hite, to argue that sex therapists had tamed sex, "a subject about which people are insecure and hence gullible" (Szasz, 1980, p. 29) and reproduced it counter to the very nature of sex's being a personal and perpetually changing experience. He joined Hite in wanting to "topple the physician from his position as sex legislator" (Szasz, 1980, p. 26). As a psychiatrist, organic brain diseases existed, but did not encompass sexual experiences. To create authority, sex therapists "take whatever people do from whoever controls it, and give it to 'science' and the state to control on their behalf," (Szasz, 1980, p. 122).

At the end of the year in November 1980, Bernie Zilbergeld and Michael Evans, both sex therapists at Berkley, also publicly criticized Masters and Johnson's sex therapeutic claims in *Psychology Today* (Sobel, 1980; Brody, 1980). Like Masters and Johnson, Zilbergeld was

attracted to public self-presentation and self-promotion for his therapeutic ideas (Ellison, 2002). In this space, they acknowledged *HSR*'s physiological usefulness and highlighted *HSI*'s vacuum-bound methodology and reporting gaps. Their rereading of the book left them uncertain as to what a successfully treated case of premature ejaculation actually represented, since the therapists only saw a patient for two weeks and couldn't follow their post-Foundation experiences. Prior to the article's publication, Evans had briefly trained at the Foundation to try to gain answers on his methodological, gap-based questions in *HSI*, but couldn't get answers from Masters and Johnson themselves (Kolodny, 1981).

Masters and Johnson refused to answer the criticisms publicly, either as originally offered with their own space in *Psychology Today* or subsequently when asked for comment by *The New York Times* (Sobel, 1980). They insisted that scientific debate had no place in popular publications. This was in direct contradiction to their over-decade-long openness with the press, including very popular publications such as *The New York Times*, *Redbook*, and *Playboy*, to promote and discuss their work – a hypocrisy that Evans and Zilbergeld noticed (1983). That month, Ronald Regan was elected U.S. president in a landslide (Clymer, 1980).

After a year, in November 1981, Robert Kolodny published an article to elaborate on Masters' and Johnson's sex therapy, and answer to Zilbergeld's and Evans' article and what he described as Szasz's "journalistic sensationalism" (Kolodny, 1981, p. 318) in an edition of *The Journal of Sex Research*. Kolodny was wary of the outer hostilities towards sex therapy that had emerged by 1981 and was deliberate in moving "the ensuing dialogue" (Kolodny, 1981, p. 301) from a public platform to his colleagues' favoured journal (e.g., Bancroft, 1999; Ellison, 2002). Kolodny emphasized the strictness of their statistical processes for measuring sexual success within and just after two weeks of the couple undergoing sex therapy, and their attempts to

follow up with former clients on the phone to try to establish the extent to which long-term treatment had occurred. He also disputed Evans' claim that the latter hadn't received sufficient information from Masters and Johnson themselves. He recollected that Evans had joined one of the Foundation's "basic workshops" (Kolodny, 1981, p. 315), during which time no one involved could have expected to receive one-on-one support from Masters and Johnson. Kolodny was most disturbed by Zilbergeld's and Evans' publication in a popular magazine. To him, this provenance cast doubts on their criticisms' validity and appropriateness.

Evans and Zilbergeld responded to Kolodny's article almost two years later, this time in a 1983 edition of *The Journal of Sex Research*. Evans and Zilbergeld reiterated that Kolodny, standing in front of Masters and Johnson, had not addressed the subjective nature of assessing successful sex therapy. They noted that in contrast, LoPiccolo's, Barbach's, and other sex therapists's publications conformed to statistical standards. Evans and Zilbergeld reemphasized the validity of using non-academic publications for creating dialogue and rejected the notion of sex therapists having to unite among political hostilities, instead encouraging the capacity for "question, debate, and critical discussion" (Evans & Zilbergeld, 1983, p. 306).

Jane Brody, who had increasingly reported on sex therapy in *The New York Times* (e.g., Brody, 1979a; Brody, 1979b), conducted her own investigations into the discussion. She interviewed four former sex therapy clients, who had come out of Masters' and Johnson's, Kaplan's, and Alexander Levay's practices. Brody saw ambiguities in sex therapy. Steve Stimson, a former Foundation client, was proud of his progress in reducing his anxieties with a surrogate because, although he'd failed to have penile-vaginal sex with her, the groundwork she and Masters and Johnson had laid down for him kicked in months later with a woman he was dating, and with whom he did manage to have penile-vaginal sex for the first time.

In part because of the ambivalence inherent to defining sexual success, with her report of Stimson's ostensible clinical failure, Brody placed sex therapy at a crossroads. Its future depended on how sex therapists dealt with their clients' main problems: the problematics of sex therapy's overly intense and condensed time frame; clients' sexual problems that were too severe to be reduced in two weeks; and their clients' severe psychological and marital issues. But soon, Brody (1982) realized that physiological etiologies were more important than she'd realized in people's painful sexual experiences. Like Richard Green, a psychiatrist who co-wrote a textbook (Wagner & Green, 1981) exclusively devoted to physiological solutions for impotence, with women's experiences removed from conversation with urology, and Robert Taylor Segraves, a psychiatrist who formed an alliance with urologist Harry W. Schoeberg with the same intent (1985), Brody shifted to reporting on urological research as a solution. Because "the loss of sexual potency, long thought to be an emotional problem in nearly all cases, is now often found to be brought on by physical conditions" (Brody, 1982), urological interventions were imperative. Penile injections, unlike sex therapy, were standardized in their availability at hospitals across the country.

Hartman and Fithian (1982) experienced a similar, albeit correspondingly less publicly visible, pushback as Masters and Johnson, having trained their own thirty-three dual therapy teams in California. Zwi Hoch (1982a), an Israeli physician and sex therapist, published a criticism of their sexological examination in *The Journal of Sex Research*, having been disturbed that this procedure was performed by non-medical professionals. He perceived it as an unethical "stimulation" (Hoch, 1982a, p. 58) of patients' breasts and genitals and contrasted this with its imperativeness as performed by nurses and physicians, extolling its respectability in that context. Hartman and Fithian (1982) responded to him in the same journal. In their response, they

emphasized that their sex therapy had a vital place in gynecology, but they were unclear on where that division lay, and whether sex therapy was a medical endeavour after all.

Hoch (1982b) pounced on their uncertainty in his next response, and reiterated that their sexological examinations, without medical training, were dangerous to patients. He was obsequious to Hartman's and Fithian's contributions to the project and to their responses to his criticism but was wary of what he felt as sexology's pathologizing view of medicine, rather than his preferred "diagnostic" framing (Hoch, 1982b, p. 78).

Three years after the *Psychology Today* article, Masters and Johnson publicly responded to Zilbergeld and Evans' critique at the 1983 World Congress of Sexology in Washington through a news conference (Brody, 1983). By then, Zilbergeld was in the process of publishing a continuation of his criticisms in *Penthouse Forum* as a sexual health article. Masters told the press conference that he continued to view a popular publication, particularly one with *Forum*'s reputation as a controversial pornographic magazine, as an inappropriate space for such debates. To Masters, Zilbergeld had distorted and exaggerated *HSI*'s statistical reports, such as the "ludicrous" claim that they had counted the capacity to have two orgasms as a measure of cured orgasmic dysfunction (Garcia, 1983). He reported to the press that they counted cases where orgasms occurred in 50% of "sexual opportunities" over the two-week therapeutic period as successes (Brody, 1983). He and Johnson came to the congress supported by Kolodny, Kaplan, and sex researcher Wardell Pomeroy. *Time* magazine enjoyed presenting these individuals in stark contrast to Masters and Johnson's detractors. To Raul Schiavi, a psychiatrist in attendance, Masters and Johnson had become "god-like" (Garcia, 1983) at the expense of people checking "his" work for themselves, a time that had happily and finally arrived. The then-editor of *Forum*,

Philip Nobile, agreed. He was happy to see *HSI*'s "bible"-like (Garcia, 1983) position go to the wayside.

Later in life, Zilbergeld privately told Barbach that he regretted the incendiary, public nature of his Masters and Johnson criticism. He continued to believe in the issues he'd raised in 1980, but wished he'd publicized them differently (Ellison, 2002). With hindsight, Zilbergeld saw that Kolodny's concerns about political hostilities toward their field weren't mere anxieties, and that sex therapy didn't need his internal help in creating discord.

Masters and Johnson weren't the only ones struggling at the conference. That 1983 6th World Congress of Sexology in Washington, D. C. (Boffey, 1983) was a difficult one, in the Reagan administration. William Grantzig, the organizing president, complained that contrary to the White House's stance, "This is not porn city" (Boffey, 1983).

But as Elaine Hatfield, a sexuality researcher, recollected after U.S. Senator William Proxmire gave her team a Golden Fleece Award for wasting public funds, "A Chicago tabloid—*The Chicago Tribune*—ran a contest. Readers could call in and vote: 'Who is right—Proxmire or Hatfield?' A massive number of readers (and even a few friends) wrote in to say I was 'naïve' to think love and sex could be studied scientifically. I lost the contest: Proxmire 87.5 percent, me 12.5 percent," (Hatfield, 2006). When sex research was defunded and stigmatized, so was sex therapy. Sex therapists had to figure out what that meant for their discourses.

Chapter Three

"Be a part of history": The Sexual Subject

> "Simply possessing a body had never much helped her, but seeing it as a thing that she herself might want—imagining herself as Don Armour on her knees, desiring the various parts of herself—made her possession of it more forgivable. She had what the man expected to find."
>
> - Jonathan Franzen, *The Corrections* (2001), p. 372

This chapter explores sex therapy's multitudinous influences on late-twentieth century American sexual subjectivities, and the meaning-making prioritized in a bio-medicalized landscape. As a character in Franzen's profoundly neoliberal America, when Denise has sex with an older man she meets at work, she, like all five members of the Lambert family with whom *The Corrections* is concerned, grows up to understand that her sexuality is pointless until she creates a meaning to make sense of her experiences. As a fictionalized being, Denise exists in Teo's (2017) conception of subjectivity, and she is based on intra-, inter-, and socio-subjective processes that transcend any individual's sequestered existence. Her story is outside the domains of an official sex therapeutic modality because during the Reagan administrations, formal sexuality research went into a discursive underground. But sex therapists' foundational conceptions of what it meant to be a sexual being settled into a popular consciousness, since sex therapy had centered on the individual or the couple as an individualized, independent unit. Denise's comfort with sexual practices reflects this full absorption.

A sense of personhood was the most valuable asset one could, in this framing, own. Everyone, individually, was responsible for cultivating their story for themselves. As a symptom of a 1990s turn to narrative, psy-disciplines drew towards narrative theory (Schiff, 2017). Psychologists (McAdams, 1985; Sarbin, 1986; Bruner, 1990) prioritized the search for meaning

and structure that one assigned to one's life to make sense of it, without the state's responsibility. They echoed Viktor Frankl's (1984) therapeutic injunction to fight "the existential vacuum" (p. 128). Like Frankl's own survival, a person's life depended on their private capacity to make narrative out of chaos. Psychologists were not unique in centering narrative to humanness, however. Newspaper articles, creative works, and self-help books informed Americans that they could transform into surviving subjects and creative subjects through storytelling and meaning-finding – and, most importantly, be happy subjects.

The chapter's first part interrogates a surviving subjectivity and depicts the indelible influence of the AIDS crisis on 1980s and early 1990s sexual practices. The epidemic's havoc on marginalized communities caused their members to prioritize the construction of a surviving subjectivity, both in alliance with and at odds with outer social relations and sociopolitical pressures. When AIDS spread outside queer communities, however, this lens was replaced with a privatized one. Straight sexuality experts placed AIDS as an often-literal warning sign appending sexual instructions (e.g., Dodson, 1987; Bell, 1988; Bell, 1998; King & Peterson, 1998). Sex therapists struggled to maintain authority during the epidemic. Through popular articles and self-help books, sex therapists failed to communicate with their readers as surviving subjects throughout the decade. Sex therapy diminished considerably in visibility, into the 1990s, and as a therapeutic resource. The leftover impacts of living in what Silva (2015) analyzes as a risk society habituate people to "redefining adulthood in terms of willful self-change at the level of the psyche" (p. 12). While sex therapists connected to entrenched notions of playing a supposedly meritocratic and individualist field to be happy, they could not link this to the ideal of having survived and being a survivor.

The chapter's second part takes on a 1990s creative subjectivity. As Illouz (1997) puts it, "At no time as in ours has the individual been so encouraged to express creatively and spontaneously his or her romantic passions" (p. 153), with the onus on transforming every personal experience into a generative, and therefore fulfilling, one. While doubtlessly a continuation of late-twentieth century American narrative individualism, the notion of creating one's sexual practices as a personal endeavour was highly salient in popular representations, in which sex therapists' expertise was absent. Sex therapists couldn't engage with the narrative as the most valuable unit of a person's life. When they did continue to publish, they regurgitated decades-old biologized and psychotherapeutic knowledges without the person – with their unique, ultimately creative life – in the center of everything.

Sex therapy was created in what Preciado (2013) calls a pharmacopornographic era, during which Foucault's biopower was carried out by "the processes of a biomolecular (pharmaco) and semiotic-technical (pornographic) government of sexual subjectivity—of which 'the Pill' and *Playboy* are two paradigmatic offspring," (pp. 33-34). Since around 1985, medicalization underwent a "second 'transformation'" (Clarke et al., 2003, 161) into bio-medicalization. Technoscientific proliferations highlighted Viagra's central curative role as a bio-medical creation after its approval in 1998. Viagra's dominance fit into a subject's self-storytelling of having overcome frustrating sex, and by its design remained embedded in immovable bio-medical expertise (Mamo & Fishman, 2001).

But sex therapy emerged as a nomadic practice: moving from the university-clinic to the everyday, at the expense of sex therapists themselves. Because their knowledges were deeply entrenched in the public record, anyone could be a sexual expert as the country approached the twenty-first century, and sex therapists couldn't push into public conversations. In a period of

simultaneous sexual normativity and conservatism, sex therapy accommodated itself to the former, but was displaced by palatable bio-medical and technological knowledge translations.

i

George Cargulia, living in 1984's New York City, collapsed on the street one day. Three weeks later, after a wait in the hospital, he was diagnosed with AIDS. Overnight, his life turned upside down: "My family got scared, and so when I got better I couldn't go back there," (Howe, 1984). He struggled to find a place to live, and social workers, volunteers from gay advocacy organizations, and the hospital struggled to help him.

Like Gayle Rubin (1984) correctly predicted early into the epidemic, AIDS radically changed discourses of sex. The crisis even percolated to contemporary memories of children's books: fans of *The Baby-Sitters' Club*, published as a series throughout the 1980s and 1990s, grew up to realize that "the whole plotline about Stacey's diabetes and the associated stigma leading to her moving away from New York lest she lose all her friends. In retrospect, the series' origins in the late eighties makes it likely that the diabetes stood in for something else." ("The Baby-Sitters' Club", tvtropes.org). The virus' spread disrupted people's lived experiences of queer existence through subjection to discriminatory practices based on HIV status (Herek & Glunt, 1988) and fluctuating relationships with political bodies. Maggie Nelson (2021), who spent much of her time then in New York, remembered:

> It was through AIDS that I absorbed—through the work of ACT UP, Queer Nation, Lesbian Avengers, Sex Panic!, and so on, as well as through the work of artists such as Marlon Riggs, Karen Finley, David Wojnarowicz, Vaginal Davis, and Cookie Mueller—how one might maintain a voracious, unapologetic, open attitude toward sex and desire while contending with the contaminations of life-threatening disease, sexual violence, governmental malice,

feminist and queer infighting, one's own unconscious and conscious desires, and the perils of making choices that don't always feel like choices, but remain choices nonetheless.

Sex therapists decided they had to join physicians in constructing public health interventions through influencing behavioural changes and promoting risk-minimizing practices (Kolodny, 2001). A socially rather than geographically or physiologically grouped epidemic was novel and deeply problematic in the ways its containment could be promoted among people. Physicians appended gay sexual practices, such as rimming and sex in bathhouses, to their vocabularies, and struggled with encouraging behaviour that minimized exposure risk while avoiding both politically engaged gay people's anger and institutional homophobia (Shilts, 1987).

Within gay communities, gay men criticized those among themselves who advocated for closing bathhouses as "Sexual Nazis" (Shilts, 1987, p. 312). People longed for a pre-AIDS 1970s when "'the sex got to be unstoppable'" (Shilts, 1987, p. 158) and in which constantly reconfigured new practices, such as fisting, expressed a surviving gay identity. An identity-based orientation in turn shaped AIDS' own status as an identification of surviving People With AIDS, PWAs, rather than patients or victims.

Psychologists (Morin, 1988; Sheridan et al., 1989) had mixed success pursuing legitimacy, as psych-practitioners prioritized the discipline's applicability to human behaviour change. They participated in educative workshops and town halls, disseminated printed materials, and provided anonymous counselling to change sexual practices among the city's gay and bisexual residents to the end of successfully reducing HIV transmissions.

When AIDS became prevalent outside gay communities in the mid-1980s, sex therapists tried an educative approach too. They publicly communicated with Mary Calderone, a long-term

sex education advocate. She attended the challenged 6th World Congress of Sexology alongside Masters and Johnson and their colleagues (Boffey, 1983), and promoted the notion of "an increasing number of sex therapists" (Brody, 1987) who encouraged masturbation as a recalibrated, risk-minimizing sexual practice. She reported that "masturbation may also be gaining favor among younger people as a form of 'safe sex' in this age of acquired immune deficiency syndrome and other serious diseases that are transmitted sexually," (Brody, 1987).

Kolodny (2001) remembered Masters' "dismay" (p. 276) at what he in St. Louis saw as sex therapists' lack of a united front in the face of HIV. To Masters, sex therapy's value and interdisciplinary potentialities went untapped to "the scientific community" (Kolodny, 2001, p. 276). He had increasingly reprioritized publicizing his hormonal research (Kavich-Sharon, 1984), and complained to Kolodny about a lack of emergent neurophysiological lens in sex research (Kolodny, 2001).

One of the sex therapists he and Johnson had trained, Dagmar O'Connor, saw the field's prioritization of the married, monogamous couple as her way into the AIDS discourse. She had moved from Sweden and become the director of at St. Lukes'-Roosevelt Hospital's sex therapy center in New York City. In 1985, at the height of the epidemic, she published a self-help book, comprehensively titled *How to Make Love to the Same Person for the Rest of Your Life, and Still Love It!*

As it said on the tin, the book translated sex therapy "for those of us in the eighties who believe in sexual commitment again yet are terrified of sexual boredom" (O'Connor, 1985, p. ix). O'Connor's clients lived in the "post-Sexual Revolution" (O'Connor, 1985, p. x), and in her positionality as a sex therapist with technologized exercises to cure dysfunctions in married sex, to O'Connor, not only kept people married, the way Masters and Johnson had, but kept them

from “sexual arrangements” (O’Connor, 1985, p. x) that communicated risky public health and illness.

O’Connor was acutely attuned to the effect that movies had on her clients’ sexual identities. She saw her own sex therapeutic role reflected in *Annie Hall*’s split screen couples’ therapy scene, and her clients’ boredom and fighting anger mirrored and learned from *Diary of a Mad Housewife* and *Gone with the Wind* respectively. But mostly, films influenced her clients’ fantasies, especially women’s: *Belle de Jour* “captured the sexual imaginations of many women I know” (O’Connor, 1985, p. 71). More negatively and saliently, “One of the greatest disservices which frankly sexual movies have done is to give us an absurdly glamorous idea of how we should look in the midst of orgasm [...] We should all look as ecstatic and profoundly moved as Jane Fonda in *Coming Home* or as dreamy-eyed and romantically transported as Debra Winger in *An Officer and a Gentleman*,” (O’Connor, 1985, p. 92). As Gerbner had noticed beginning in the 1970s, “mass-produced stories” (1998, p. 176) in the form of filmic representations cultivated their viewers’ social realities, which pervaded in the “stable, resistant, and widely shared assumptions, images, and conceptions expressing the institutional characteristics and interests of the medium itself” (Gerbner, 1998, p. 191) through which people understood their lives. Movies absorbed sex therapeutic practices, but people recreated sexual practices based on the movies, not sex therapists (Timmermans et al., 2019). No sex therapist before O’Connor acknowledged films’ power in doing so, but she herself didn’t realize the peripheral nature of sex therapists’ public discourses to the influence that films had on people’s understandings of themselves as sexual beings and of the behaviours that encompassed sex normalcy and abnormality.

How to Make Love, like *HSI,* recommended sensate focus for first string of treating diminished excitement and desire for couples. Like Kaplan (1977) had done, O’Connor adapted

Masters and Johnson's recommendations for couples who came to her complaining about low desire and boredom, and created her own interventions, which were designed to be easily disseminated and popularized as health interventions. She translated techniques into psychologized neoliberal (Teo, 2018) codes. A couple could agree on their sexual practices on a consciously transactional basis, repeating her script to say to their partner that "'I'll make love more frequently – say, three times a week – if you promise to spend more time touching me first – say, an hour,'" and conclude a "Wish Exchange" by declaring "'It's a deal!" (O'Connor, 1985, p. 37). In choosing to speak to and with a Reaganesque sexuality, O'Connor did not address the AIDS crisis directly. To survive as per *How to Make Love,* couples had to sequester themselves from other people and maintain sex's privacy and safety, while telling themselves that any radicalism, via the supposed sexual revolution, had passed and gone. Queer experiences and survival were wholly absent from the book, while sex therapeutic codes dominated every page.

The APA's revised DSM-III-R, published in 1987, also adopted a top-down, sex therapeutic voice as it moved away from its previous edition's "psychosexual" (APA, 1980, p. 261) dimension and into a fully "sexual dysfunctions" chapter that once again reproduced the human sexual response cycle in structuring failed sexual experiences. In less than seven years, the availability of disordered sex had grown and complexified. In the appetitive, desire-based stage, both men and women could experience the newly renamed hypoactive sexual desire disorder, or "persistently or recurrently deficient or absent sexual fantasies and desire for sexual activity (APA, 1987, p. 293), and the completely new sexual aversion disorder, or "persistent or recurrent extreme aversion to, and avoidance of, all or almost all, genital sexual contact with a sexual partner" (APA, 1987, p. 293).

The arousal stage was gendered and complexified, compared to the DSM-III. Women could be diagnosed with female sexual arousal disorder, in which "either (1) or (2): (1) persistent or recurrent partial or complete failure to attain or maintain the lubrication-swelling response of sexual excitement until completion of the sexual activity (2) persistent or recurrent lack of a subjective sense of sexual excitement and pleasure in a female during sexual activity" (APA, 1987, p. 294), while men could be diagnosed with male erectile disorder, when "either (1) or (2): (1) persistent or recurrent partial or complete failure in a male to attain or maintain erection until completion of the sexual activity (2) persistent or recurrent lack of a subjective sense of sexual excitement and pleasure in a male during sexual activity" (APA, 1987, p. 294). As in *HSI* and the DSM-III, the plateau stage had no associated dysfunctions, while the orgasm stage and miscellaneous "sexual pain disorders" (APA, 1987, p. 295) reproduced the DSM-III's dysfunctions and their symptomologies in their entireties.

Betty Dodson, an activist in New York City, disagreed with sex therapy's coupled framework vehemently. She had merged her career as a visual artist in the "Sexy Sixties, during my erotic evolution" (Dodson, 1987, p. 5) with work in feminist consciousness raising groups and had influenced the creation of woman-oriented sex shop Eve's Garden in New York (Lieberman, 2016). Dodson promoted sex toys and advocated for masturbation's elevation as a sexual practice by leading masturbation groups, in which women learned to look at their genitals through mirror examinations, and in exhibiting her drawings and paintings, which expressed her fascination with vulvas' diverse appearances. By 1987, "in the age of AIDS, you'd think we could at least celebrate masturbation as the safest sex. But making love alone is still society's dirty little secret" (Dodson, 1987, p. 3). She recalibrated her 1974 self-help book, *Liberating Masturbation,* and its feminist discourses, with the needs of AIDS public health conversations,

and published a revised and retitled book, *Sex for One,* to instruct wider networks of American women in masturbation techniques and her own ideologies.

Dodson was comfortable with the language of sex therapy and supported the existence of the diagnoses available in the DSM but rejected the technologization of sex therapists' methods. In conducting consciousness raising groups for men, in which groups of men masturbated together, she noticed that "several men spoke of teaching themselves how to control the urge to ejaculate with masturbation so they could prolong intercourse. It was basically the old Masters and Johnson squeeze technique" (Dodson, 1987, p. 106). In *Sex for One,* sex was natural and communal while deeply entrenched in neoliberal notions of overcoming the self and expressing intrinsic parts of oneself. She told her readers to take control over themselves by listening to her tell them to:

> Let me take you step by step through a selfloving [sic] ritual that includes a sensual bath, body appreciation, a selfmassage [sic], genital exploration, and mirror dancing to practice the moves of sex. The ritual ends with an orgasm in the erotic setting of your design. You may want to move through all these steps or pick and choose among them to create your own variations, experimenting with different fantasies, vibrators, dildos, and other sex toys. Enjoy yourself (Dodson, 1987, p. 133).

Most importantly, Dodson's masturbation was inherent to survival. She'd found that "sexual honesty was very healing, and I was committed to telling my women friends". As physicians and psychologists emphasized, "sharing sex information was another step in raising *my* sexual consciousness," (Dodson, 1987, p. 43) [italicized for emphasis]. Because of the epidemic, she stopped running workshops with men in 1981, "just before AIDS was to cast a pall over the gay men's community" (Dodson, 1987, p. 108), which further motivated her

masturbation advocacy. The personal was political as the political recalibrated personhood, to dovetail personal responsibility with personal wellbeing and healthfulness. “Smart women” (Dodson, 1987, p. 81) used spermicidal jelly every time they had sex with someone else and always carried a condom to prevent AIDS. But crucially, she reprioritized masturbation, and merged feminism with self-control, self-discovery, and wellbeing, while adhering to AIDS-shifted practices and risk aversion.

Masters and Johnson and Kolodny, on their end, struggled to connect to the framework. In 1988, they published a book with their own response to the AIDS crisis, emphatically titled *Crisis: Heterosexual Behavior in the Age of AIDS* (Boffey, 1988). They aimed at discussing the virus in heterosexual couples by both countering the Reagan administration’s ambivalence towards the virus and sex research and appealing to their own histories as researchers but their wildly independent, 800-person survey-based claims became rapidly unpopular with primary AIDS agencies. *The New York Times*’ reporting (Eckholm, 1988) admonished Masters and Johnson for alarmism and publishing unevidenced claims that kissing and sharing toilets could lead to contracting HIV. Mathilde Krim, a founder at the American Foundation for AIDS Research, worried that the “patently irresponsible” book would “needlessly alarm the public” (Boffey, 1988) in its claims of an uninvestigated AIDS outbreak among 3 million people, far outside the then-estimated 1 million, and among straight couples (Eckholm, 1988). As the epidemic approached the turn of the decade, Masters’ and Johnson’s sex therapy diverged from the stances in the fight against AIDS from American healthcare and activists alike. They turned into “once ‘sex liberal’ sexologists” (Gupta & Cacchioni, 2013).

“We will not be silent!” thirty-year-old Michael Petrelis screamed to the police arresting him as he, with hundreds of other people in New York, protested a Catholic Cardinal’s

homophobic, anti-AIDS statements one December Sunday in 1989 (Deparle, 1989). Speaking about sex, enmeshed as it with a survivor's existence in a plague, was inherently a storytelling existence. To survive in and against a new presidential administration, but evolving neoliberal environment, meant understanding sex as a survivor's way to move forward through and with an ever-evolving, intrinsically and uniquely creative sexual self.

ii

"Melissa" participated in Ruth Bell's 1990s project to translate *Our Bodies, Ourselves* to an American teenage audience. She, as a teenaged peer, contributed her experiences to create a collection of meta-narratives that defined and reproduced experiences for teenaged readers to align with and learn from.

When interviewed, Melissa told the story of her recent breakup (Bell, 1998). Severely depressed, she decided to take a walk on the beach, contemplating suicide. But, she recalled, "when I came out of the apartment, my neighbor's two dogs were sitting there, like they were waiting for me […] They walked to the beach with me. We watched the sunrise. I threw sticks for them […] Those dogs helped me so much, I decided I wanted to have dogs in my life. When I heard about the Dogs for the Deaf program, where you train dogs to help deaf people, I decided to volunteer there after school. And now I go almost every day," (Bell, 1998, p. 376). Melissa's narrativizing made sense of her survival of emotional turmoil by focusing on the creative productivity she expressed because of her suffering. Much like Oprah Winfrey had "decided to stop producing her famous and highly successful Book Club because she did not feel inspired by the books she was reading anymore" (Illouz, 2003, p. 59), a life was meaningful because of its connection to a subjectivity, in which she could interpret the dogs' behaviour and choose to

volunteer. As a creative subject, the capacity to feel like a being who could make something was critical to happiness, and to maintaining individual value in a hostile world.

To access this subjectivity, sex therapists found a relatively easy way in through building on work that identified and harnessed interior fantasies in a sequestered relationship. Jane Brody, writing in *The New York Times,* celebrated "the liberation of attitudes about sexuality and the growing willingness of ordinary people to talk about their sexual thoughts and activities" and sex therapists' fantasy prescription for "creating a mood conducive to sexual expression, relieving sexual boredom, enhancing the sexual attractiveness of one's partner, blocking out distracting thoughts and facilitating orgasm" (Brody, 1986a). In treating a couple's sexual boredom, people were supposed to reach within and "'treat the relationship as a brand-new love affair: make love at noon, in the living room, on a mountain top'" (Brody, 1986b). Constance Avery-Clark, a therapist at the Foundation, maintained that people just had to "'sit down the first of every week and schedule in some physical time together - at least 15 minutes three times a week - aimed at increasing sensual awareness of one another'" (Brody, 1986b). She merged realities with creative, planning notions.

Ivan Homola, the physician in charge of the Long Island Jewish Medical Centre's sex therapy program in 1991, noticed that not all his patients' sexual experiences were consensual, and that "as we've become more and more aware of the aftereffects of sexual abuse – incest, rape, touching – we look for it and the way it interferes with sexual performance and intimate relations," (Swirsky, 1991). An incorporation of sexual abuse into sex therapy was novel. The idea that patients' sex could even be non-consensual, even while date and marital rape were defined and contested in the 1970s and 1980s (Rutherford, 2017), was discursively absent throughout the field's existence thus far, apart from Masters' and Johnson's (1970) brief

mentions of women's histories with sexual abuse as possible complex etiologies in the "female" sexual dysfunctions they identified.

No other researcher had investigated this potentiality in the decades after *HSI*'s publication. Although feminists had advocated for the public understanding of sexual abuse and criminalization of violent practices since the 1970s (e.g., Greer, 1970; Nemy, 1975; Baker, 2007), sexual abuse was continuously redefined in the 1980s and early 1990s, in representations that ranged from the 1985 film *Dreamchild*'s depiction of Lewis Carroll as a pedophile to Anita Hill's allegations that Supreme Court candidate Clarence Thomas had sexually harassed her, publicized a few weeks before Homola's interview with the *Times* (Lewis, 1991). To Homola, his patients "are not aware of having been abused until we ask about it and make it plain we're interested" (Swirsky, 1991), aligning with a psychotherapeutic fixation on the ways that patients constructed sexual abuse in their memories (Makari, 1998).

Mostly, however, sex therapists were unable to travel from a 1970s educative framework. Decades later, Homola reproduced the notion that "'some people just don't know about sex,'" (Swirsky, 1991). Avery-Clark continued maintaining that "for the husband who thinks the couple's level of sexual activity falls short of the norm, 'we educate him about the realities of sexual frequency in the context of a committed relationship'" (Brody, 1986b), continuing Masters' and Johnson's twenty-year old notion of people's lack of awareness about the ABCs of sexual practices.

Jane Brody kept promoting physiological etiologies for impotence and painful penile-vaginal sex (Brody, 1988a; 1988b) and Pamela Shrock, a psychologist, tried to merge physiological "physical illness, certain medications" with reproduced, by-then classical psychological dimensions of "unrealistic expectations, fatigue, anxiety, guilt, drug or alcohol

abuse, depression, burnout, boredom, preoccupation, anger, conflict and aging" (Swirsky, 1991) as etiologies. People wanted to feel "empowered, creative, and active when they experienced romance, consumerist and nonconsumerist" (Illouz, 1997, p. 150), but Shrock reemphasized the paper's readers' acquiescence to a medical pressure over their subjectivities, such as reiterating the influence that a fear of AIDS and the epidemic had on coupled sexual practices.

Kaplan's sex therapy, as the 1980s ended, praised the field's frameworks wholesale. In her 1989 self-help book, simply titled *How to Overcome Premature Ejaculation* and which she wrote after "curing many hundreds of premature ejaculators over the past 20 years to prepare some guidelines on how couples or single men can use these new sex therapy techniques to overcome this problem by themselves in the privacy of their bedrooms" (Kaplan, 1989, p. 2), sex therapy represented her belief that "fortunately, sexual medicine has come a long way in the past few years" (Kaplan, 1989, p. 2). As Barbach (1975) and Zilbergeld (1975) had a decade prior, Kaplan translated the squeeze method, Semans' stop-start stimulation method, and sensate focus for single men, with the omnipresent, socially productive aim of finding a monogamous partner and "fight your reluctance to meet new people" (Kaplan, 1989, p. 85). She reproduced *HSI*'s familial and psychological etiologies for premature ejaculation, which she systematically abbreviated to "PE" (Kaplan, 1989, p. 3). As Hacking (1995) notes, "there is nothing like an acronym to make something permanent, unquestioned," (p. 17). She reified premature ejaculation's existence and subordinance to treatment.

As in *HSI*, the book's creative, narrativizing dimensions came exclusively from Kaplan's case studies, such as the case of "Carol, the wife, [who] wept as she told me that her husband, Chester, was a premature ejaculator and that they had not made love for eight months" (Kaplan, 1989, p. 19). Kaplan's sex therapy fit comfortably into notions of overcoming one's weaknesses.

She equated internal fighting with social and political success, entreating men: “So please, don't wait too long before you do something about your problem. If you are reading this book and are committing yourself to this program, you have already taken that important first step” (Kaplan, 1989, p. 22). But her institutional positionality deemphasized the patient as an individual. The book’s psychotherapeutic voice found its narrative in the therapeutic experience, rather than in the individual’s life story. Kaplan aligned with the push to center hormones with sexual dysfunction. In November 1991, she held a public lecture at Adelphi University about the effects of breast cancer on testosterone reduction, and therefore sexual dissatisfaction (Swirsky, 1991). Besides justifying monogamy and masturbation-based therapy as products of AIDS-related sexual risk prevention, Kaplan didn’t explain what sex meant to someone living in the late 1980s. How did her sex therapy – still self-described as the “new” sex therapy (Kaplan, 1989, p. 2) – help anyone create a meaningful life in the newly elected Bush administration?

The Bush administration, like Reagan’s, was hostile towards sex research. Despite the AIDS epidemic in 1991, Louis Sullivan, the then-Secretary of Health and Human Services, with the United States Congress blocked an NIH-approved project on adolescent sexuality and AIDS risk-prevention (Udry, 1993). Psychologist Paul Abramson (1990) diagnosed his landscape with desperately showing “so little effort […] marshalled to obtain data on, and establish a science of, human sexual behavior” (p. 162).

Amid hostility, sex therapist Marty Klein published his own self-help book in 1992, *Ask Me Anything: A Sex Therapist Answers the Most Important Questions for the ’90s.* Having practiced sex therapy in California since 1975, Klein simultaneously worked at Planned Parenthood, where he learned that “hope is not a method” (August, 2007). He was inspired by

the urgency of helping people get "a sense of where we need to go" (August, 2007) and to this end, began publishing articles and books.

In *Ask Me Anything*, Klein used a fictional question and answer format. To discuss fantasies, he self-asked, "My sexual fantasies of being rough and dominating don't fit with my self-image as a warm, gentle person. How do I reconcile this?" and self-responded with, "You said it – you're a warm, gentle person. As long as you're comfortable behaving this way, the self-image sounds appropriate" (Klein, 1992, p. 147). He echoed Reuben's *Everything You Always Wanted to Know About Sex*, albeit with a shifted, prosocial attitude towards the normalcy of gay people. Klein reproduced a homonormative (Duggan, 2002) gay citizen, telling his readers that, "In a gay-hating society, many public figures hide their homosexuality to protect their careers. More to the point, our media and educational system systematically denies the existence of homosexuality in prominent people" (Klein, 1992, p. 236). The Reuben format projected full medical expertise to his readers.

He wrote a chapter dedicated to "Child Abuse and Incest" (Klein, 1992, p. 319). Klein was the first sex therapist studied in this thesis to absorb abuse discourses, by which he was disoriented and confused. To the question, "How common is child sexual abuse? I hear so much about it – is it increasing?" (Klein, 1992, p. 320), he answered: "Although it seems that everyone has an opinion about this, there is no way to know the truth about either question […] At the same time, the eighties and early nineties have seen an increase in the stresses that create family problems like sexual abuse: isolation, teen births, economic insecurity." He was an unwilling participant in the reproduction of these conversations. As a sex therapist, sex therapy itself had not been built to incorporate this reproduction, and he had been stuck with questions that could not be answered with sex therapeutic knowledges.

Klein, like Kaplan, relied on sex therapeutic knowledges to fill out his book. He simplified and reproduced *HSR*'s finding that "in general, women prefer a light stroke on the clitoris, with pressure increasing as excitement builds. Men seem to prefer medium pressure with an up and down movement on the shaft of the penis" (Klein, 1992, p. 97), and, like all sex therapists, repeated that, "penis size is generally irrelevant because the clitoris, not the vagina, is the main female sexual organ" (Klein, 1992, p. 17). Like Kaplan's book, his work deemphasized the individual as a creative being. His psychotherapeutic positionality centred instruction-following and, in a socially conservative landscape, reinforced sex therapy's usefulness to happiness and a good life. Klein unquestioningly affirmed sex therapy's continued utility in the 1990s, even as he reproduced decades-old sexual practices.

The DSM-IV's publication in 1994 reflected this maintenance. The guide stayed identical to the DSM-III-R's available diagnoses and criteria, aside from renaming "inhibited male" and "inhibited female orgasms" to "female[/male] orgasmic disorder" (APA, 1994, p. 505; p. 507) and maintaining its diagnostic criteria. The DSM-IV's complexified disorders, subject to the axis system, was applied directly onto an unchanged sex therapeutic landscape, and emphasized its lack of growth over the past seven years.

Jane Brody was adjacently unenthusiastic about sex therapy's potentialities. Her 1990s sex therapy reportage consisted of two August 1995 articles, devoted entirely to promoting pharmaco-surgical solutions for impotence. In contrast to her 1970s promotion of psychological etiologies, impotence was now caused by "when the nerves are damaged, there is no release of the chemicals that allow the smooth muscles to relax. When there are blockages in the arteries, the penis cannot fill properly. And when the escape valve malfunctions, the blood leaks out too quickly" (Brody, 1995b). In place of sex therapists, she interviewed urologists, who had renamed

the dysfunction “erectile dysfunction” (Brody, 1995a). Urologists emphasized their control over the experience and its interventions and prescribed penile injections and hand pumps to increase penile blood flow (Brody, 1995b). If a reader related their experiences to her reportage, they needed to go to their local hospital and see a urologist – sex therapists’ directories unmentioned.

They could also use the paper to find resources for the relationship itself and bypass a therapist that way too. The *Times’* Bestseller Lists from 1988 to 1998 (Zimmerman et al., 2001) document a surge in the publication of self-help books addressing relationships and sex during that decade, which reproduced sex therapists’ rule-based instructions. Barker (2013) emphasizes their reliance on the “word ‘rules’ because, lately, people have been tempted to determine a set of rules of relationships which could be written down and followed in order to have a successful love life. There are several books and articles with titles like *The Rules, The Rules of Love, The Rules of the Game*…” (p. 5). However, self-help books in the 1990s used familiar rules as textual foundations for encouraging people to understand their lives as a story, in which the self-help-seeking reader wasn’t simply undergoing experiences, but creatively authoring their own life. Illouz (2003) notes that “like suffering, self-help is one of the central meanings imparted by Oprah Winfrey to her show, and since 1995 it has become an integral aspect of its design and format” (p. 126). To overcome suffering, a person went beyond rules to reconceptualize the genders as having originated from different metaphorical planets, if they read John Gray’s 1992 book *Men are From Mars, Women are From Venus* (Wood, 2002), a bestseller for 243 weeks (Zimmerman, 2001) and they could create “love maps” as a couple, if they read Gottman and Silver’s *The Seven Principles for Making Marriage Work* (Moore, 2022), a bestseller in 1999 (Zimmerman, 2001). Self-help books, like sex therapeutic knowledges, percolated into various

representations. Gary, one of the Lambert children in *The Corrections*, is annoyed to find his wife secretly reading them in an attempt to diagnose him with depression (Franzen, 2001).

In a self-help-filled publishing landscape, the author was the ultimate creative authority. As Jeffrey Weeks (2010) put it, "We can all claim to be experts today, true to our selves in our own fashion," (p. 1). While some authors, like John Gottman (Brody, 1998), chose to apply traditional denotations of prestige with academic titles, the experience of having lived a life was worthy of authority. Angela Davis' (1981) lived experiences with incarceration, straddling academic with activist spheres as a Black woman, and Haraway's (1988) situated knowledges were repackaged for public consumption. Self-help repurposed conceptions of experience without interrogating the notions of positionality and reflexivity connoted with situated knowledges. The genre prioritized the mere existence of experience.

Gay voices, peripheral to mass publication in earlier gay presses and activist spaces (Lewis, 2016) emerged as sexual experts. In a transformation that Duggan (2002) analyzes as a new homonormativity, a queer model minority displaced 1970s liberation and emphasized gay adherence to heteronormative institutions, moving from texts that emphasized a mobilized gay existence to privatized self-help books.

Sex Tips for Straight Women from a Gay Man, published in 1997, used the authors' social positionalities to this end. Dan Anderson's identity and situated experiences as a gay man, and Maggie Berman's as a straight woman, taught women to have happy and satisfying sex with men through a light, conversational structure between the authors' storytelling and their readers' supposed ignorance. *Sex Tips for Straight Women* was comfortable with a sex therapeutic vision of sex as work, framing itself "like a good coach for the sport of our choice" but crucially, in that

"it gives women the inside track, direct from the source, on how to do what you already do, only better" (Anderson & Berman, 1997, p. xiv).

The book fully internalized sex therapeutic discourses. The authors reproduced the arousal and climax stages of the human sexual response cycle, and constantly reified gendered sexual practices, telling readers that, "Gay guys rarely say anything positive or negative about their partner's performance, because everyone involved knows whether the sex was good, lousy or off the Richter scale. Most guys would prefer saying nothing, rolling over and going to sleep" (Anderson & Berman, 1997, p. 154).

But the authors couched all their knowledges in stories. When they described how to practice oral sex on a man, they pulled out an individualized, creative anecdote:

> Our friend Jonathan told us about a date he went on with an older gentleman. They were making out passionately when Jonathan moved south and was about to go down on his date. Much to Jonathan's chagrin he found a mass of gray hair, froze up, and was simply unable to continue. 'It was like having sex with my father or something,' he told us afterward […] The real point of the story is that people have all kinds of preconceived notions about and associations with BJs and that you should probably jettison them in order to fully enjoy your new sex life (Anderson & Berman, 1997, p. 56).

The authors' structuring stories for an instructional end echoed *The Hite Report*'s metaleptic formula. Because they spoke from a self-help book, Hite was uncredited, but nonetheless permeated from every page in reformulating second-wave feminist situated knowledges to a late-1990s creative subjectivity.

Another self-help book, 1998's *The Good Girl's Guide to Great Sex*, drew on the questionnaire format to centralize readers' narrative identities for discursive reproduction. *Good*

Girl's Guide's authors, Thom W. King and Deborah Peterson, also implied Hite's mailed-in survey. As Anderson and Berman had done, King's and Peterson's metalepsis was based around the authors' choices of responses to their own 200-question survey querying sexual practices. They led the book's contents when they asked, "Do strip clubs turn you on?" (King & Peterson, 1998, p. 164), masked under an emphasis that their respondents' agencies drove the book's conversations. They purported that their respondents consisted of almost exclusively straight women, but King and Peterson never specified the number of women that had answered, with only the front cover's claim of "thousands" for support.

Good Girl's Guide's aims were instructional and "designed to help women explore their sexuality" (King & Peterson, 1998, p. xxi). They attempted to be whimsical and prosocial, encouraging readers to "take [the survey] to work. Give a copy to your best friends. Instead of inviting the girls over for a night of cards, throw a survey party. Be a part of history," (King & Peterson, 1998, p. xxi). They reproduced blended consumption and self-actualization.

Like *Sex Tips for Straight Women*, *Good Girl's Guide* had internalized sex therapeutic knowledges – this time, for women, as they pertained to clitoral orgasms and masturbation. Unlike sex therapeutic works and *The Hite Report*, however, *Good Girl's Guide* prioritized the most narratively evocative stories – in their words, the "hottest and most sensual" ones (King & Peterson, 1998, p. xiv) for any given question. They relied on the relatability of the stories to generate instruction.

Most of the answers they chose were a few sentences to a short paragraph long. In answer to the previous strip club question, they included the experiences of: "I don't know. I've never been in one" and "I went to a lesbian strip club once with a group of gay friends. I was the only straight one in the bunch, and my friends made a point of letting the dancers know it. Those

dancers must have seen me as a challenge" (King & Peterson, 1998, p. 164). Brevity presumably made space for relatively diverse and inherently creative situated knowledges. But the authors also incorporated long, complex anecdotes into every section. In response to, "Describe some of your sex toys and some of your experiences with them" (King & Peterson, 1998, p. 131) they included a page-long story that evocated a full narrative structure and prioritized the individuated couple unit's experiences:

> My boyfriend recently introduced me to a new form of exquisite torture. It all began one night when we were playing around in the bedroom. He works as a security guard for a large automobile factory. He wears a uniform and carries a pair of handcuffs on his belt. I've always kidded around with using those handcuffs on him – until one night […] When I heard the door open, I felt a cool rush of air cross my nipples. My boyfriend said he had a surprise for me. I closed my eyes and put my hand out through the shower curtain. (I thought maybe the surprise was the engagement ring I'd been hinting at for months.) […] While I don't recommend tying people up against their will, I have discovered that a little restraint goes a long way towards a great sex life. (King & Peterson, 1998, p. 137-138).

Anyone who had lived, who had a narrative identity, was a sexual expert. Sexual knowledges, as sex therapy had spent decades disseminating them, had proliferated heavily enough that the expertise in bodily knowledge and sexual practices was usual. Sex therapists' inabilities to publish information that shared their situated, as well as institutional, expertises were systemically impeded in comparison to the sexuality discourses at play in the late 1990s. Psychologized sex was everywhere and resided in everyone. Sex therapy, in its defunded, unpopular state, was irrelevant to occupying disciplinary and public psychological space.

In 1998, the FDA approved Pfizer's sildenafil as an oral medication to treat, depending on who was asked, impotence or erectile dysfunction, and Pfizer quickly released it to a heavily publicized market branded as Viagra (Kolata, 1998). The celebration of a pharmaceutical to cure a long-medicalized creation fit its reception into a late-twentieth century bio-medicalized calibration (Clarke et al., 2003). Pharmaceutical companies seized on already medicalized domains, such as that of sex, and pulled expertise over their domain away from psychotherapeutic modalities and towards bio-medical ones. Pfizer (Loe, 2004) taught their sales associates to claim that they had irrefutably determined that erectile dysfunction was 70-90% organic and 10-30% psychogenic – "until the 1970s" (Loe, 2004, p. 29) it had been 90% psychogenic and 10% organic, which centred urologists, internists, and other medical specialists relieved at the ease of "popping a pill" (Loe, 2004, p. 75). Viagra's promise of "life-enhancing results" (Mamo & Fishman, 2001, p. 29) fit it into the notion of an individuated relationship. A man who took the drug technologized his capacity as a creative subject and overcame an existence of sexual dissatisfaction, in a uniquely private capacity, potentially separate from even his partner.

Sex was conservatively bio-medicalized, and all alternative, psychological treatments were inferior, displaced and reduced. Just as psychotherapists' medicalized depression was co-opted by Prozac's bio-medicalized dominance (Metzl, 2003), medicalized sexual dysfunctions were co-opted by pharmaceutical ease and palatability.

Sex therapists were in crisis. Before her death in 1995 (Saxon, 1995), Kaplan (1990) had pushed for psychotherapeutic interventions to be used alongside pharmacological ones for impotence, but sex therapists' public voices were absent immediately after Viagra's public debut. Viagra's front coverage did not mention sex therapy (Kolata, 1998).

Pepper Schwartz, a sociologist at the University of Washington in Seattle, advocated for Viagra's inability to help with a couples' long-term happiness because "'the issues that have been shrugged off are the psychological and social aspects of it […] and I do believe that any drug that alters the core way a couple relates to each other requires discussions of expectations and pressures,'" (Steinhauer, 1998). In the months and years after taking it, people agreed with her.

Loe's (2004) sociological interviews with Viagra patients and their partners captured the relief and unburdening of pain that men and women felt at having easier erections, feeling "whole" again (Loe, 2004, p. 78). People aligned with the bio-medicalized notion of a technologized intervention's distance from assigning morality to their body's mistakes, and depersonalized dysfunction. But people were frustrated against wider societal pressures on both men and women as sexual performers and didn't feel that Viagra connected to the storied and meaning-filled ways through which they experienced and understood their sexualities. Viagra connoted pressures for sex on the couple, to Loe's discomfort.

Like Loe, Leonore Tiefer was horrified at Viagra's biomedical prospects (2000). Tiefer was trained as a psychologist in the 1960s, studying hamsters' hormones effects on mating behaviour, and became involved in feminist groups (Tiefer, 2004). She decided that physiological work like hers was "largely useless for understanding human sexuality" (Tiefer, 2004, p. xiii) and, like Szasz, conceptualized medicalized sexuality as a threat to human liberty. Tiefer was delighted by the 1990s "stagnation in sex therapy" (Tiefer, 2000, p. 276). She carried a feminist, anti-medicalization stance towards sexology, and the field's "absence of treatment manuals (a specific APA requirement for treatment evaluation), the lack of control groups, the early domination of the field by the Masters and Johnson approach which delayed more testable

approaches, and our old friend, miniscule funding" (Tiefer, 2000, p. 276) were, as with Szasz, side effects of sex's incapacity for medicalized compartmentalization, and the inherent limits of symptomatized sexual practices.

She was devastated when Viagra debuted (Tiefer, 2004). To Tiefer, pharmaceutical companies' co-option of sexual practices was an unsurprising and unhappy evolution in further oppressing lives, particularly women's lives. Tiefer depended on activism to maintain a sense of optimism towards freeing people from complexified biomedicalization. In 2000, she began a campaign, *A New View*, and publicized her ideas about the threats of urology and gynecology against people's happiness (2004). Szasz' critiques of sex therapy had, unlike his broader anti-psychiatric injunctions, demolished the field's capacities, but with the shift to bio-medicalization, its narratives shifted into medicine, where his warnings had not affected any work. Since she didn't have to worry about sex therapy, Tiefer tried to thread Szasz' work into bio-medicalized sexuality.

Urologists didn't care. David Casey, a Texas urologist who answered Viagra-related questions in Internet chat rooms, was asked about couples' emotional complications because of taking the pill (Steinhauer, 1998). "'I really have no comment on such a question. I try to stick with answering technical questions, and really have little time for the sociologic discussions'" (Steinhauer, 1998), he said. Viagra was enormous best-seller with a "volcano of publicity" (Tiefer, 2004, p. x) – used as sizeable plot points on a 1999 episode of *Melrose Place*, a 2000 episode of *Sex and the City*, and the 2003 film *Something's Gotta Give.* Researchers immediately set out to try to create an edit that would cure "female hypoactive sexual desire disorder" (Tiefer, 2004; Gupta & Cacchioni, 2013).

Meanwhile, Masters died in February of 2001 (“William H. Masters dies”, 2001). His *Times* obituary, a long summation of his life, existed in retrospect with his and Johnson’s Foundation closing in 1994. Their 1960s sex therapy pre-dated bio-medicalization, and “the Masters and Johnson therapy style has since fallen out of fashion” (“William H. Masters dies”, 2001).

Kolodny wrote his own three-page obituary in *The Journal of Sex Research*. He chose to narrate Masters’ 1960s and 1970s success, describing him as “the ultimate scientific pioneer” (Kolodny, 2001, p. 276), “one of the giants of the field of sexology in the twentieth century” (Kolodny, 2001, p. 274) and even a “revolutionary” (Kolodny, 2001, p. 275). The *Times* obituary, on the other hand, remembered his early 1970s legal problems with surrogates. It continued to equate their profession with sex work while reifying, yet again, what Juniper Fitzgerald (2015) describes as the social formulation that “all sex workers are bound by their experience with social stigma.”

The journalist interviewed only one sex therapist, Masters and Johnson-trained Shirley Zussmann, who by then had moved from Long Island and was practicing in Manhattan. She remembered their failure at transitioning sex therapy into the 1980s and translating it to fit the AIDS crisis. “‘People like to topple giants,’ she said. ‘But make no mistake about it, they were giants. They are major contributors to the field of sexuality and to people's satisfaction and enjoyment of their sex lives’” (“William H. Masters dies”, 2001).

Johnson destroyed all their patient records and tapes after he died (Maier, 2009). Kolodny was horrified, recalling to their biographer that, “All those tapes were a treasure trove and the letters which were unbelievable—and [she] had it hauled off to the dump,” (Maier, 2009, p. 369).

Johnson lived out much of the rest of her life anonymously, “another old woman in a nursing home with a story that only a few people listened to” (Dean, 2013).

Johnson’s storytelling was valuable when the surviving and creative subject was prioritized. And specially, she could narrate with a “sense of an ending”, as Frank Kermode (1967) puts it. She and Masters created sex therapy in the 1950s and 1960s and watched it be loved in the 1970s and discarded in the 1980s and 1990s. As she sat alone in the 2000s, younger sex therapists did not support sex therapy in Masters’ *Times* or Kolodny obituaries. Sex therapy must have ended.

The State of the Union: Conclusion

"Instead of the world being divided up into Catholics and Protestants or Republicans and Democrats or white men and black men or even men and women, I saw the world divided into people who had slept with somebody and people who hadn't, and this seemed the only really significant difference between one person and another. I thought a spectacular change would come over me the day I crossed the boundary line."

- Sylvia Plath, *The Bell Jar* (1963), p. 81

What does sex therapy tell us about sex? Its instructions certainly seem sure of what actions count within its jurisdiction. As Esther Greenwood realizes the summer she enters her bell jar, firm borders emerge in the literatures, inherited and newly written, that tell her and everyone in her world where the boundary lines are. She is certain of what she means by sex, and she is certain of its importance to her identity and social and political realities. These boundaries matter to our current moment, and to figuring out where sex travels in the here and now.

At the same time, what does sex therapy tells us about who owns sex? If sex therapy delineates the boundaries between sex and non-sex, whatever those may be in any given moment, how do we reckon with psy-expertises' hegemonies over people's understandings of their lives? As Pettit and Davidson (2014) note, "It is doubtful that working psychological scientists and clinicians will ever embrace the complicated loops between scientific knowers and subjects-in-the-making which fascinate historians of psychology," (p. 712). These complicated loops, that feel endemic to the contemporary expertises of couples therapists and bio-medical disciplines, belie inherence and instead show sex's travels over the twentieth century. Sex exists in mutable forms, and its ownerships fluctuate.

***

Esther Perel was speaking at a conference of clinicians, in the summer of 2022. “What if accessing the erotic is the catalyst that helps the recovery from the trauma?” she asked them (Lyall, 2023). Perel was given a 2023 *New York Times* profile as “the world’s best known relationship expert” (Lyall, 2023), and she often launches her talks from a question about sex. Like it was for Masters and Johnson in the 1960s, saving relationships is usually about saving sex, for Perel.

But disciplinarily, she is not a sex therapist. Perel’s popularity as a couples counselor “crossover breakthrough artist” (Lyall, 2023) bounces off people’s needs to understand their sexuality as something internal to be brought outward, parallel to recovering from trauma, a catalyst for therapeutic discoveries. But for her and for those listening to her podcasts or reading her books, sex is enmeshed with couplehood. In the aftermath of the pandemic, she is publicly depended on “whenever [I] find myself facing relationship-related issues in my life,” as one of the article’s online commentors put it. Couples therapy folded in much of sex therapy in the two decades between Master’s death and the pandemic. Now, it usurps sex therapy as it reproduces that field’s 1970s imperatives to therapeutically discover the self.

The DSM-5 (2013), on the other hand, represents a bio-medicalized sexuality, redefined on pharmaceutical lines for the last decade. Its dominance within and outside psy-expertises threads to the post-1985 bio-medicalization that drew in medicalized sex therapy’s creations and threw it to the wayside. The edition keeps its previous iteration’s dysfunctions wholesale, drawn in from sex therapy. But as a bio-medical text, the only novelty in the sexual dysfunctions chapter is a completely new diagnosis of “substance/medication-induced sexual dysfunction” (APA, 2013, p. 446). Psychiatric and nonpsychiatric pharmaceuticals “decreased sexual desire, erectile dysfunction, and difficulty reaching orgasm,” (APA, 2013, p. 449). The chapter

organizes the diagnosis around “drug class” and “severity”, in distinctly pharmacological ways (APA, 2013, p. 447). As Tiefer (2004) had feared, the diagnosis could presumably be applied to anyone who had already undergone examinations and prescriptions. Their new problems with sexual practice presented a new way to fail as sexual beings when they experienced the DSM’s distress.

With bio-medicalized sex split so thoroughly between couples therapy and pharmacological boundaries, what’s sex therapy doing? Kayti Christian didn’t know when she booked an appointment for herself and her husband in 2017 (Pearson, 2022). They were evangelical Christians, and the sex therapist recommended “simple exercises, like facing each other, holding eye contact and stating their sexual desires out loud”, something Kayti hadn’t realized she needed to do: “It might sound silly, but talking about sex while not having sex was something that felt revolutionary to us,” (Pearson, 2022). Their sex therapist reproduced heyday sex therapy’s instructional narratives, without moving them into the notion of an individuated sexual subject.

The *Times* article that interviewed her, five years later, seemed confused about what sex therapy was too, and expected its readers to be confused, “seen as a last resort for people in doomed relationships, or a fringe practice that involves embarrassing hands-on exercises” (Pearson, 2022). 2022 was functionally still day one. It was the first article directly promoting sex therapy since 2015, and sex therapy, what there was of it, again needed to be translated to the public as it “spoke to several sex therapists about some common misconceptions around sex therapy” (Pearson, 2022). As in 2001, every time a sex therapist tried to re-market the field for a new therapeutic audience, they affirmed that its ownership over sex had ended.

For all the disciplinary confusion, sex therapy's amalgamation into couples therapy and bio-medicalized technologies means that the practices and discourses for sex it gives us feel obvious to lived experience, even if that everything lies on unresolved spectra. Sex is natural and internal, but it also needs to be taught and laboured over, as sex therapists argued and Perel perpetuates. Sex can only be discovered through deep individuation, but as the DSM-5 implies in its inheritance of sex therapy, it must also be practiced relationally to other people, outside of oneself. Sex gets rediscovered with every generation, but the knowledges – of naturalness, work, creativity, and relationality – remain consistent themes with each generation.

Sex therapy's instructions travelled through bodies to organize the confusion of delineating the boundaries of what sex is. Every time instructions move, they create sex, something that participatory screenings of *Rocky Horror Picture Show* play with every time audience members laughingly point out the movie's "elbow sex" (Miser, 2022). As Rutherford and Pettit (2015) discover in the "public science" of the psychology of women, "one that has never been easily contained within academic or disciplinary limits" (p. 231), sex's ownerships cannot be sequestered in psy-disciplines.

Instructions separate the boundaries of sex that leaves people satisfied or leaves them feeling hurt and abused, the sex that works with or works against the messy divide of gender with practice, of what divides good sex from bad sex. The creation of a sexual subject in a psychologized world ousts psy-ownerships over what sex is, despite the DSM's omnipotence and couples therapists' reliability. People construct sex in complex relations with psychology, but everyone creates sex through shifting instructions about what sex is. Sex therapists grappled with their instructions at sex therapy's highs and lows. In their migrations through us, we grapple with them now.

References

Abramson, P. R. (1990). Sexual science: emerging discipline or oxymoron? *The Journal of Sex Research*, *27*(2), 147–165.

Althof, S. E. & Kingsberg, S. A. (1992). Books helpful to patients with sexual and marital problems: a bibliography. *Journal of Sex & Marital Therapy*, *18*(1), 70–79. https://doi.org/10.1080/00926239208404360

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.).

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. - revised).

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5.* (5th ed.).

Anderson, D., & Berman, M. (1997). *Sex tips for straight women from a gay man*. ReganBooks.

Angelino, H. R. (1980). [Review of *Homosexuality in Perspective*, by W. H. Masters & V. E. Johnson]. *Journal of Marriage and Family*, *42*(1), 228–230. https://doi.org/10.2307/351958

Aron, C. S. (2001). *Working at play: a history of vacations in the United States*. Oxford University Press.

August, C. [Host]. (2007). Episode 1: Dr. Marty Klein: "America's war on sex: the attack on law, lust, and liberty". [Audio podcast episode]. In *Sex, Love, and Intimacy.* Personal Life Media. https://podcasts.personallifemedia.com/podcasts/222-sex-love-and-

intimacy/episodes/2889-dr-marty-klein-america-s-war-on-sex-the-attack-on-law-lust-and-liberty-

Bailey, B. (1988). *From front porch to back seat: courtship in twentieth-century America*. Johns Hopkins University Press.

Bailey, B. (1999). *Sex in the heartland*. Harvard University Press.

Baker, C. N. (2007). The emergence of organized feminist resistance to sexual harassment in the United States in the 1970s. *Journal of Women's History*, *19*(3), 161–184. https://doi.org/10.1353/jowh.2007.0051

Bancroft, J. (1999). Sexual science in the 21st century: where are we going? A personal note. *The Journal of Sex Research*, *36*(3), 226–229. https://doi.org/10.1080/00224499909551992

Barbach, L. G. (1974). Group treatment of preorgasmic women. *Journal of Sex & Marital Therapy*, *1*(2), 139–145. https://doi.org/10.1080/00926237408405281

Barbach, L. G. (1975). *For yourself: the fulfillment of female sexuality.* New American Library.

Barker, M-J. (2011). Existential sex therapy. *Sexual and Relationship Therapy*, *26*(1), 33–47. https://doi.org/10.1080/14681991003685879

Barker, M-J. (2013). *Rewriting the rules.* Routledge.

Basson, R., Rees, P., Wang, R., Montejo, A. L., & Incrocci, L. (2010). Sexual function in chronic illness. *Journal of Sexual Medicine*, *7*(1), 374-388. https://doi.org/10.1111/j.1743-6109.2009.01621.x

Bell, R. (1988). *Changing bodies, changing lives.* Vintage Books.

Bell, R. (1998). *Changing bodies, changing lives.* Three Rivers Press.

Bernstein, N. R. (1979). Homosexuality in perspective. *JAMA: the Journal of the American*

Medical Association, 242(26), 2891–2891. https://doi.org/10.1001/jama.1979.03300260059033

Blume, J. (1970). *Are you there God? It's me, Margaret.* Bantam Doubleday Dell Books.

Boffey, P. M. (1983, May 31). Sexology struggling to establish itself amid wide hostility. *The New York Times.* https://www.nytimes.com/1983/05/31/science/sexology-struggling-to-establish-itself-amid-wide-hostility.html?searchResultPosition=74

Boffey, P. M. (1988, Mar 6). Therapists say heterosexual AIDS is 'rampant'. *The New York Times.* https://www.nytimes.com/1988/03/06/us/therapists-say-heterosexual-aids-is-rampant.html?searchResultPosition=2

Brecher, E. M. (1971, Oct 10). Medicine. *The New York Times.* https://www.nytimes.com/1971/10/10/archives/clinics-scientific-sex-comes-to-long-island.html?searchResultPosition=4

Brody, J. E. (1972, Jan 1). Colleges expand modern psychiatric aid. *The New York Times.* https://www.nytimes.com/1972/01/01/archives/colleges-expand-modern-psychiatric-aid-colleges-expand-modern.html?searchResultPosition=5

Brody, J. E. (1976, Jan 25). Experts seek ethical guidelines for sex research and therapy. *The New York Times.* https://www.nytimes.com/1976/01/25/archives/experts-seek-ethical-guidelines-for-sex-research-and-therapy.html?searchResultPosition=20

Brody, J. E. (1979a, Apr 17). Aid for problems of homosexuals reported by Masters and Johnson. *The New York Times*. https://www.nytimes.com/1979/04/17/archives/aid-for-problems-of-homosexuals-reported-by-masters-and-johnson.html#:~:text=Masters%20and%20Johnson%20found%20that,too%20small%20to%20be%20significant.

Brody, J. E. (1979b, Jun 12). Surgical implants correct impotence. *The New York Times.* https://www.nytimes.com/1979/06/12/archives/surgical-implants-correct-impotence-device-in-use-since-73.html

Brody, J. E. (1980, Nov 11). Success and failure in sex therapy: 4 case histories. *The New York Times.* https://timesmachine.nytimes.com/timesmachine/1980/11/11/111306869.html?pageNumber=36

Brody, J. E. (1982, May 18). Impotence: experts urge greater attention to physical causes. *The New York Times.* https://www.nytimes.com/1982/05/18/science/impotence-experts-urge-greater-attention-to-physical-causes.html?searchResultPosition=21

Brody, J. E. (1983, May 27). Masters and Johnson defend pioneer sex therapy research. *The New York Times.* https://www.nytimes.com/1983/05/27/us/masters-and-johnson-defend-pioneer-sex-therapy-research.html

Brody, J. E. (1986a, Aug 27). Personal health. *The New York Times.* https://www.nytimes.com/1986/08/27/garden/personal-health-641686.html?searchResultPosition=5

Brody, J. E. (1986b, Oct 8). Personal health. *The New York Times.* https://www.nytimes.com/1986/10/08/garden/personal-health-102486.html?searchResultPosition=10

Brody, J. E. (1987, Nov 4). Personal health. *The New York Times.* https://www.nytimes.com/1987/11/04/garden/personal-health-270587.html?searchResultPosition=93

Brody, J. E. (1988a, Mar 10). Health; personal health. *The New York Times.*

https://www.nytimes.com/1988/03/10/us/health-personal-health.html?searchResultPosition=96

Brody, J. E. (1988b, Aug 18). Health; personal health. *The New York Times.* https://www.nytimes.com/1988/08/18/us/health-personal-health.html?searchResultPosition=14

Brody, J. E. (1995a, Aug 2). Personal health; with more help available for impotence, few men seek it. *The New York Times.* https://www.nytimes.com/1995/08/02/us/personal-health-with-more-help-available-for-impotence-few-men-seek-it.html?searchResultPosition=115

Brody, J. E. (1995b, Aug 9). Personal Health; impotence: more options, more experts, more success. *The New York Times.* https://www.nytimes.com/1995/08/09/us/personal-health-impotence-more-options-more-experts-more-success.html

Brody, J. E. (1998, Mar 17). Personal health; planning to escape from an abusive relationship. *The New York Times.* https://www.nytimes.com/1998/03/17/science/personal-health-planning-to-escape-from-an-abusive-relationship.html?searchResultPosition=2

Brown, C. (1999). In memory of Mary Steichen Calderone. *The Journal of Sex Research*, *36*(2), 218–219. https://doi.org/10.1080/00224499909551987

Bruner, J. S. (1990). *Acts of meaning*. Harvard University Press.

Bullough, V. L. (1997). In memory of William Hartman. *The Journal of Sex Research*, *34*(4), 427–428. https://doi.org/10.1080/00224499709551910

Bumbera, R. G. (1981). Homosexuality in Perspective. *Journal of Psychosocial Nursing and Mental Health Services*, *19*(9), 41–41. https://doi.org/10.3928/0279-3695-19810901-13

Butts, J. D. (1977a). Inextricable aspects of sex and race. *Contributions in Black Studies*, *1*, 52-

68.

Butts, J. D. (1977b, Apr). Sex education: Who needs it? *Ebony.*

Butts, J. D. “June Dobbs Butts oral history interview, 2016-01-29”. Interview by Abbot, Franklin. 29 Jan 2016. Georgia State University Library Digital Collections. https://digitalcollections.library.gsu.edu/digital/collection/arwg/id/20430/

Calabrò, R. S. (2019). When healthcare providers do not ask, patients rarely tell: the importance of sexual counselling in multiple sclerosis. *Journal of the National Medical Association*, *111*(6), 682–687. https://doi.org/10.1016/j.jnma.2019.05.001

Celello, K. (2009). *Making marriage work: a history of marriage and divorce in the twentieth-century United States*. University of North Carolina Press.

Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: technoscientific transformations of health, illness, and US biomedicine. *American sociological review, 161-194.*

Clemence, J. (1974, Apr 12). ‘J’ serious about her new book on love. *The Palm Beach Post.* https://www.newspapers.com/image/132943799/?clipping_id=5848652&fcfToken=eyJhbGciOiJIUzI1NiIsInR5cCI6IkpXVCJ9.eyJmcmVlLXZpZXctaWQiOjEzMjk0Mzc5OSwiaWF0IjoxNjgyOTQ2MzczLCJleHAiOjE2ODMwMzI3NzN9.hmn9gBYQIvHLyAsuZrOaI8mT4EZEnqfJqe5CLKP4hho

Clymer, A. (1980, Dec 16). Signed, sealed, certified: Reagan elected President; And the winner is ... Away from the heat and ferment ballots with a view. *The New York Times. https://www.nytimes.com/1980/12/16/archives/signed-sealed-certified-reagan-elected-president-and-the-winner-is.html*

Cohn, V. (1979, Apr 17). Homosexuals not ill, therapists say. *Washington Post.*

https://www.washingtonpost.com/archive/politics/1979/04/17/homosexuals-not-ill-therapists-say/6f18e66f-bfc9-45f7-aec8-cc0d87e6d2e9/

Comfort, A. (1972). *The joy of sex: a Cordon Bleu guide to lovemaking.* Simon and Schuster.

Cooper, A. M. (1980). [Review of *Homosexuality in Perspective*, by W. H. Masters & V. E. Johnson]. *Signs*, *5*(4), 801–807. http://www.jstor.org/stable/3173843

Corry, J. (1966, Apr 18). Research on sex is made public. *The New York Times.* https://www.nytimes.com/1966/04/18/archives/research-into-sexual-physiology-disclosed-after-11year-inquiry-382.html

Davis, A. (1981). *Women, race & class*. Vintage Books.

Davis, R. L. (2008). "Not marriage at all, but simple harlotry": the companionate marriage controversy. *The Journal of American History, 94*(4), 1137–1163.

Davis, R. L. (2010). *More perfect unions: the American search for marital bliss*. Harvard University Press.

Davis, R. L. & Mitchell, M. [eds.] (2021). *Heterosexual histories*. New York University Press.

Davison, K. (2021). Cold War Pavlov: homosexual aversion therapy in the 1960s. *History of the Human Sciences*, *34*(1), 89–119. https://doi.org/10.1177/0952695120911593

Dean, M. (2013, Nov 8). What "Masters of Sex" overlooks. *The New Yorker.* https://www.newyorker.com/culture/culture-desk/what-masters-of-sex-overlooks

D'Emilio, J. & Freedman, E. B. (1988). *Intimate matters: a history of sexuality in America*. Harper & Row.

Deparle, J. (1989, Dec. 11). 111 held in St. Patrick's AIDS protest. *The New York Times.*

https://www.nytimes.com/1989/12/11/nyregion/111-held-in-st-patrick-s-aids-protest.html?searchResultPosition=21

Dodson, B. (1987). *Sex for one: the joy of selfloving.* Harmony Books.

Dowbiggin, I. R. (1997). *Keeping America sane: psychiatry and eugenics in the United States and Canada, 1880-1940*. Cornell University Press.

Drucker, D. J. (2014). *The classification of sex: Alfred Kinsey and the organization of knowledge.* University of Pittsburgh Press.

Duden, B. (1986). Historical concepts of the body. *Bulletin of Science, Technology & Society, 6*(1), 23–28. https://doi.org/10.1177/027046768600600108

Duden, B. (1991). *The woman beneath the skin: a doctor's patients in eighteenth-century Germany*. Harvard University Press.

Duggan, L. (2002). The new homonormativity: the sexual politics of neoliberalism. In *Materializing democracy (pp. 175-194). Duke University Press.*

Eckholm, E. (1988, Mar 8). Sex researchers defend AIDS book against wide criticism. *The New York Times.* https://www.nytimes.com/1988/03/08/us/sex-researchers-defend-aids-book-against-wide-criticism.html?searchResultPosition=1

Ellis, A. & Harper, R. A. (1961). *Creative marriage.* Lyle Stuart.

Ellis, A. (1963). *Sex and the single man.* Lyle Stuart.

Ellison, C. R. (2002). In memory of Bernie Zilbergeld 1939-2002. *The Journal of Sex Research*, *39*(4), 340–341. https://doi.org/10.1080/00224490209552159

Evans, M. D., & Zilbergeld, B. (1983). Evaluating sex therapy: a reply to Kolodny. *The Journal of Sex Research, 19*(3), 302–306. http://www.jstor.org/stable/3812343

Farber, L. H. (1964, Nov). 'I'm sorry, dear.' *Commentary.*

https://www.commentary.org/articles/leslie-farber/im-sorry-dear-1/

Fitzgerald, J. (2015, Aug 7). Celebrity and the spectacle of the trafficking victim. *Tits and Sass.* https://titsandsass.com/celebrity-and-the-spectacle-of-the-trafficking-victim/

Fosburgh, L. (1974, Jan 14). Doctors called ignorant of sex mores. *The New York Times.* https://www.nytimes.com/1973/10/04/archives/doctors-called-ignorant-of-sex-mores-homosexual-speaks-the-major.html?searchResultPosition=9

Foucault, M. (1978). *The history of sexuality, v. I.* Pantheon Books.

Frankl, V. E. (1985). *Man's search for meaning.* Simon & Schuster.

Franzen, J. (2001). *The corrections.* HarperCollins.

Friend, J. (2022, Dec.) If sex workers owned the Internet. *Berkley CLTC.* https://cltc.berkeley.edu/publication/if-sex-workers-owned-the-internet/

Garcia, G. D. (1983, Jun 13). Sexes: sexology on the defensive. *Time.* *http://content.time.com/time/subscriber/article/0,33009,952020-1,00.html*

Garrity, T. & Garrity, J. (1984). *Story of 'J': the author of 'The Sensuous Woman' tells the bitter price of her crazy success.* William Morrow.

Genzlinger, N. (2023, Feb 7). Charles Silverstein, 87, dies; Helped destigmatize homosexuality. *The New York Times.* https://www.nytimes.com/2023/02/07/health/charles-silverstein-dead.html

Gerbner, G. (1998). Cultivation analysis: an overview. *Mass Communication and Society*, *1*(3–4), 175–194. https://doi.org/10.1080/15205436.1998.9677855

Giami, A. (2015). Between DSM and ICD: paraphilias and the transformation of sexual norms. *Archives of Sexual Behavior*, *44*(5), 1127–1138. https://doi.org/10.1007/s10508-015-0549-6

Gold, S. (2015, Aug 21). Review: 'Becoming Dr. Ruth' in Stony Point is a meditation on home. *The New York Times.* https://www.nytimes.com/2015/08/23/nyregion/review-becoming-dr-ruth-in-stony-point-is-a-meditation-on-home.html?searchResultPosition=20

Green, P. (2021, Dec 18). Shirley Zussman, indefatigable sex therapist, is dead at 107. *The New York Times.* https://www.nytimes.com/2021/12/18/us/shirley-zussman-dead.html?searchResultPosition=2

Greene, S. (1977). Resisting the pressure to become a surrogate: a case study. *Journal of Sex & Marital Therapy*, *3*(1), 40–49. https://doi.org/10.1080/00926237708405347

Greer, G. (1970). *The female eunuch*. Harper Perennial.

Gupta, K., & Cacchioni, T. (2013). Sexual improvement as if your health depends on it: an analysis of contemporary sex manuals. *Feminism & Psychology*, *23*(4), 442–458. https://doi.org/10.1177/0959353513498070

Hacking, I. (1995). *Rewriting the soul: multiple personality and the sciences of memory*. Princeton University Press.

Haraway, D. (1988). Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14*(3), 575–599. https://doi.org/10.2307/3178066

Haraway, D. (1997). The virtual speculum in the new world order. *Feminist Review*, *55*, 22–72.

Hartman, W. E. & Fithian, M. A. (1971). Sexual myths. *Family Court Review*, *9*(1), 19–24. https://doi.org/10.1111/j.174-1617.1971.tb00722.x

Hartman, W. E., & Fithian, M. A. (1982). Additional comment on the sexological examination: A reply to Hoch. *The Journal of Sex Research*, *18*(1), 64–71. http://www.jstor.org/stable/3812513

Hatfield, E. (2006, Jun 1). The Golden Fleece Award: love's labours almost lost. *Association for Psychological Science (Observer).* https://www.psychologicalscience.org/observer/the-golden-fleece-award-loves-labours-almost-lost

Hegarty, P. (2013). *Gentlemen's disagreement: Alfred Kinsey, Lewis Terman, and the sexual politics of smart men*. The University of Chicago Press.

Herek, G. M., & Glunt, E. K. (1988). An epidemic of stigma: Public reactions to AIDS. *American Psychologist*, *43*(11), 886–891. http://doi.org/10.1037/0003-066X.43.11.886

Hite, S. (1976). *The Hite report: a nationwide study of female sexuality.* Dell Publishing Co, Inc.

Hoch, Z. (1982a). A commentary on the role of the female sexological examination and the personnel who should perform it. *The Journal of Sex Research*, *18*(1), 58–63. http://www.jstor.org/stable/3812512

Hoch, Z. (1982b). A rejoinder to the comments of Hartman & Fithian and Pomeroy & Brown on the female sexological examination. *The Journal of Sex Research*, *18*(1), 77–80. http://www.jstor.org/stable/3812515

Hollander, X. (2002). *The happy hooker: my own story*. Regan Books. First published in 1973.

Hornby, N. (1995). *High fidelity.* Riverhead Books.

Howe, M. (1984, Jun 25). For people with AIDS, housing is hard to find. *The New York Times.* https://archive.nytimes.com/www.nytimes.com/library/national/science/aids/062584sci-aids.html

Igo, S. E. (2007). *The averaged American surveys, citizens, and the making of a mass public*. Harvard University Press.

Illouz, E. (1997). *Consuming the romantic utopia love and the cultural contradictions of*

capitalism. University of California Press.

Illouz, E. (2003). *Oprah Winfrey and the glamour of misery: an essay on popular culture*. Columbia University Press.

"J." (1969). *The sensuous woman.* Dell Publishing Company, Inc.

Jaderek, I., & Lew-Starowicz, M. (2019). A systematic review on mindfulness meditation–based interventions for sexual dysfunctions. *Journal of Sexual Medicine, 16*(10), 1581-1596. https://doi.org/10.1016/j.jsxm.2019.07.019

Jaffe, N. (1966, May 8). Major progress in sex therapy is reported by research team. *The New York Times.* https://www.nytimes.com/1966/05/08/archives/major-progress-in-sex-therapy-is-reported-by-research-team.html?searchResultPosition=2

Johnston, L. (1979, Apr 18). Skepticism is voiced on therapy used to 'reverse' homosexuality. *The New York Times.* https://www.nytimes.com/1979/04/18/archives/skepticism-is-voiced-on-therapy-used-to-reverse-homosexuality.html?searchResultPosition=2

Kaplan, H. S. (1974). *New sex therapy: active treatment of sexual dysfunctions*. Taylor & Francis Group.

Kaplan, H. S. (1977). Hypoactive sexual desire. *Journal of Sex & Marital Therapy*, *3*(1), 3–9. https://doi.org/10.1080/00926237708405343

Kaplan, H. S. (1989). *How to overcome premature ejaculation*. Brunner/Mazel.

Kaplan, H. S. (1990). The combined use of sex therapy and intrapenile injections in the treatment of impotence. *Journal of Sex & Marital Therapy*, *16*(4), 195–207. https://doi.org/10.1080/00926239008405457

Kaplan, H. S. (1995). *Sexual desire disorders: dysfunctional regulation of sexual motivation*. Taylor & Francis Group. https://doi.org/10.4324/9780203777480

Kaplan, H., Kohl, R., Pomeroy, W., Offit, A., & Hogan, B. (1974). Group treatment of premature ejaculation. *Archives of Sexual Behavior*, *3*(5), 443–452. https://doi.org/10.1007/BF01541164

Katz, J. (1995). *The invention of heterosexuality*. The University of Chicago Press.

Kavich-Sharon, R. (1984). The mixed sexual dysfunction syndrome: A team approach to total sexual health care. *The Journal of Sex Research*, *20*(4), 407–412. https://doi.org/10.1080/00224498409551237

Kermode, F. (1967). *The sense of an ending: studies in the theory of fiction by Frank Kermode.* Oxford University Press.

Kim, S., & Rutherford, A. (2015). From seduction to sexism: feminists challenge the ethics of therapist–client sexual relations in 1970s America. *History of Psychology*, *18*(3), 283–296. https://doi.org/10.1037/a0039524

King, S. S. (1974, May 5). Sex counseling is offered by at least 3,500 organizations in U.S., and their fees are seldom low. *The New York Times.* https://www.nytimes.com/1974/05/05/archives/sex-counseling-is-offered-by-at-least-3500-organizations-in-u-s-and.html?searchResultPosition=13

King, T. W. & Peterson, D. (1998). *The good girl's guide to great sex.* Three Rivers Press.

Kinsey, A., Pomeroy, W. & Martin, C. (1948). *Sexual behaviour in the human male.* W. B. Saunders.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female.* Saunders.

Klein, M. (1992). *Ask me anything: a sex therapist answers the most important questions for the '90s.* Simon & Schuster.

Kline, W. (2001). *Building a better race: gender, sexuality, and eugenics from the turn of the century to the baby boom*. University of California Press.

Kline, W. (2010). *Bodies of knowledge sexuality, reproduction, and women's health in the second wave*. University of Chicago Press. https://doi.org/10.7208/9780226443072

Kolata, G. (1998, Mar. 28). U.S. approves sale of impotence pill: huge market seen. *The New York Times*. https://www.nytimes.com/1998/03/28/us/us-approves-sale-of-impotence-pill-huge-market-seen.html?searchResultPosition=5

Kolodny, R. C. (1978). IV. Conference report: ethical guidelines for research and clinical perspectives on human sexuality. *Newsletter on Science, Technology & Human Values*, *3*(3), 17–22. https://doi.org/10.1177/016224397800300317

Kolodny, R. C. (1981). Evaluating sex therapy: process and outcome at the Masters & Johnson Institute. *The Journal of Sex Research*, *17*(4), 301–318. http://www.jstor.org/stable/3812324

Kolodny, R. C. (2001). In memory of William H. Masters. *The Journal of Sex Research*, *38*(3), 274–276. https://doi.org/10.1080/00224490109552096

Kunzel, R. (2017). Queer history, mad history, and the politics of health. *American Quarterly 69*(2), 315-319. doi:10.1353/aq.2017.0026.

Kuriansky, J. B., & Sharpe, L. (1976). Guidelines for evaluating sex therapy. *Journal of Sex & Marital Therapy*, *2*(4), 303–308. https://doi.org/10.1080/00926237608405337

Ladd-Taylor, M. (2001). Eugenics, sterilisation and modern marriage in the USA: the strange career of Paul Popenoe. *Gender & History*, *13*(2), 298–327.

Laipson, P. (1996). "Kiss without shame, for she desires it": sexual foreplay in American marital advice literature, 1900-1925. *Journal of Social History*, *29*(3), 507–525. https://doi.org/10.1353/jsh/29.3.507

Levy, A. (2009, Jan. 5). Doing it. *The New Yorker.* https://www.newyorker.com/magazine/2009/01/05/doing-it

Lewis, A. J. (2016). "We are certain of our own insanity": antipsychiatry and the gay liberation movement, 1968–1980. *Journal of the History of Sexuality*, *25*(1), 83–113. https://doi.org/10.7560/JHS25104

Lewis, N. A. (1991, Oct 7). Law professor accuses Thomas of sexual harassment in the 1980's. *The New York Times.* https://www.nytimes.com/1991/10/07/us/law-professor-accuses-thomas-of-sexual-harassment-in-1980-s.html?searchResultPosition=1

Lieberman, H. (2016). Intimate transactions: sex toys and the sexual discourse of second-wave feminism. *Sexuality & Culture*, *21*(1), 96–120. https://doi.org/10.1007/s12119-016-9383-9

"Literature/The Baby-Sitter's Club". *TV Tropes.org.* [Under "Does this remind you of anything?"]. https://tvtropes.org/pmwiki/pmwiki.php/Literature/TheBabySittersClub

Loe, M. (2004). *The rise of Viagra: how the little blue pill changed sex in America*. New York University Press.

LoPiccolo, J., & Lobitz, W. (1972). The role of masturbation in the treatment of orgasmic dysfunction. *Archives of Sexual Behavior*, *2*(2), 163–171. https://doi.org/10.1007/BF01541865

Luria, Z. (1979). [Review of *Homosexuality in Perspective; Homosexualities: A Study of Diversity among Men and Women*, by W. H. Masters, V. E. Johnson, A. P. Bell, & M. S. Weinberg]. *American Scientist*, *67*(6), 726–727. http://www.jstor.org/stable/27849596

Lyall, S. (2023, Mar 26). Esther Perel's business is your business. *The New York Times.* https://www.nytimes.com/2023/03/26/business/esther-perel-couples-therapy.html

Macklin, R. (1976). Ethics, sex research, and sex therapy. *The Hastings Center Report*, *6*(2), 5–7.

Maier, T. (2009). *Masters of sex: the life and times of William Masters and Virginia Johnson, the couple who taught America how to love*. Basic Books.

Makari, G. J. (1998). The seductions of history: sexual trauma in Freud's theory and historiography. *International journal of psychoanalysis*, *79*, 857-869.

Mamo, L., & Fishman, J. (2001). Potency in all the right places: Viagra as a technology of the gendered body. *Body & Society, 7*(4), 13–35. https://doi.org/10.1177/1357034X01007004002

Marks, L. (2001). *Sexual chemistry: a history of the contraceptive pill*. Yale University Press.

Masters, W. H. & Johnson, V. E. (1966). *Human sexual response*. Little, Brown.

Masters, W. H. & Johnson, V. E. (1970). *Human sexual inadequacy*. Little, Brown.

Masters, W. H., Johnson, V. E., & Levin, R. J. (1974a). *The pleasure bond: a new look at sexuality and commitment.* Little, Brown.

Masters, W. H. & Johnson, V. E. (1974b, Oct.). How our research began. *Redbook.*

Masters, W. H., & Johnson, V. E. (1979). *Homosexuality in perspective*. Little, Brown.

Mayes, R., & Horwitz, A. V. (2005). DSM-III and the revolution in the classification of mental illness. *Journal of the History of the Behavioral Sciences*, *41*(3), 249-267.

McAdams, D. P. (1985). *Power, intimacy, and the life story: personological inquiries into identity*. Guilford Press.

McQueen, M. (1980, Oct 9). June Dobbs Butts, pioneer work on sex therapy's new frontier. *The*

Washington Post. https://www.washingtonpost.com/archive/local/1980/10/09/june-dobbs-butts- pioneer-work-on-sex-therapys-new-frontier/7db54898-4411-45a8-9035-19b7543db4ff/.

Metzl, J. (2003). *Prozac on the couch: prescribing gender in the era of wonder drugs*. Duke University Press.

Meyers, N. [Director]. (2003). *Something's gotta give.* [Film]. Warner Bros.

Millar, G. [Director]. (1985). *Dreamchild.* [Film]. EMI.

Miser, A. (2022, Nov 3). "Rocky Horror Picture Show", the place where moaning and elbow sex are permitted. *Trinitonian.* https://trinitonian.com/2022/11/03/rocky-horror-picture-show-the-place-where-moaning-and-elbow-sex-are-permitted/

Moore, M. (2022, Mar 28). Timeless tips: the seven research-based principles for making marriage work. *PsychCentral.* https://psychcentral.com/relationships/7-research-based-principles-for-making-marriage-work

Morin, S. F. (1988). AIDS: the challenge to psychology. *American Psychologist*, *43*(11), 838–842. https://doi.org/10.1037//0003-066X.43.11.838

Morrow. (2008). *Sex research and sex therapy: a sociological analysis of Masters and Johnson.* Taylor & Francis Group.

Murray, A. (1972, Sep 10). Serenity and respect mark sex-therapy project at hospital on Long Island. *The New York Times.* https://www.nytimes.com/1972/09/10/archives/serenity-and-respect-mark-sextherapy-project-at-hospital-on-long.html?searchResultPosition=6

Nehring, C. (2009, Jun 24). Practice, practice, practice. *The New York Times.* https://www.nytimes.com/2009/06/28/books/review/Nehring-t.html?pagewanted=all&_r=0

Nelson, M. (2021). *On freedom: four songs of care and constraint*. McClelland & Stewart.

Nemy, E. (1975, Aug 19). Women begin to speak out against sexual harassment at work. *The New York Times.* https://www.nytimes.com/1975/08/19/archives/women-begin-to-speak-out-against-sexual-harassment-at-work.html

Neuhaus, J. (2000). The importance of being orgasmic: Sexuality, gender, and marital sex manuals in the United States, 1920-1963. *Journal of the History of Sexuality*, *9*(4), 447–473.

"Newark clinic offers sex counselling." (1974, Apr 22). *The New York Times.* https://www.nytimes.com/1974/04/22/archives/newark-clinic-offers-sex-counseling-concrete-specific-tools.html?searchResultPosition=2

Nichols, M. (Director). (1967). *The graduate.* United Artists.

O'Connor, D. (1985). *How to make love to the same person for the rest of your life, and still love it!* Doubleday.

Paulson, M. (2019, Sep 11). Is Broadway ready for 'Slave Play'? *The New York Times.* https://www.nytimes.com/2019/09/11/theater/slave-play-broadway-jeremy-harris.html?searchResultPosition=2

Pearce, J. (2007, Mar 23). Harold I. Lief, advocate of sex education, dies at 89. *The New York Times.* https://www.nytimes.com/2007/03/23/obituaries/23lief.html

Pearson, C. (2022, Oct 21). Is it time to see a sex therapist? *The New York Times.* https://www.nytimes.com/2022/10/21/well/family/sex-therapy.html?searchResultPosition=5

Perry, F. (Director). (1970). *Diary of a mad housewife.* [Film]. Universal Pictures.

Petro, M. (2011, Oct 26). The H-word: Q&a with Tits and Sass! *Bitch Media.*

https://www.bitchmedia.org/post/the-h-word-q-and-a-with-tits-and-sass

Pettit, M. (2011). The SPSSI task force on sexual orientation, the nature of sex, and the contours of activist science. *Journal of Social Issues, 67(1), 92-105.*

Pettit, M., & Davidson, I. (2014). Can the history of psychology have an impact? *Theory & Psychology*, *24*(5), 709–716. https://doi.org/10.1177/0959354314534005

Plath, S. (1963). *The bell jar.* Arcturus.

"Playboy interview: Masters and Johnson." (1968, May). *Playboy*, 67-82, 194-202.

"Playboy interview: Masters and Johnson." (1979, Nov.). *Playboy*, 87-122.

Preciado, P. B. & Benderson, B. (2013). *Testo junkie: sex, drugs, and biopolitics in the pharmacopornographic era*. The Feminist Press at CUNY.

"Psychiatry good for audition." (1971, Mar 4). *The Daily Courier.* https://books.google.ca/books?id=IqhMAAAAIBAJ&pg=PA23&article_id=6921,4767190&redir_esc=y#v=onepage&q&f=false

Reinhold, R. (1970, Apr 27). 80% success claimed for sex therapy. *The New York Times.* https://www.nytimes.com/1970/04/27/archives/80-success-claimed-for-sex-therapy-help-for-failure-in-sex-is.html

Rensberger, B. (1972, Oct 29). Clinics for sex therapy proliferate over nation. *The New York Times.* https://www.nytimes.com/1972/10/29/archives/clinics-for-sex-therapy-proliferate-over-nation-sex-therapy-clinics.html?searchResultPosition=7

Reuben, D. R. (1969). *Everything you always wanted to know about sex, but were afraid to ask*. D. McKay Co.

Rosner, R. I. (2014). The "splendid isolation" of Aaron T. Beck. *Isis, 105*(4), 734–758.

Rubin, G. S. (1984). Thinking sex: notes for a radical theory of the politics of sexuality. In

Pleasure and Danger: Exploring Female Sexuality, ed. Carole S. Vance (Boston: Routledge and Kegan Paul), 267–319

Rutherford, A. (2017). Surveying rape: feminist social science and the ontological politics of sexual assault. *History of the Human Sciences, 30(4), 100-123.*

Rutherford, A., & Pettit, M. (2015). Feminism and/in/as psychology: the public sciences of sex and gender. *History of Psychology*, *18*(3), 223–237. https://doi.org/10.1037/a0039533

Sarbin, T. R. (1986). *Narrative psychology: the storied nature of human conduct*. Praeger.

Saxon, W. (1995, Aug 19). Dr Helen Singer Kaplan, 66, dies; Pioneer in sex therapy field. *The New York Times.* https://www.nytimes.com/1995/08/19/obituaries/dr-helen-kaplan-66-dies-pioneer-in-sex-therapy-field.html

Schaffauser, T. & Agustín, L. [Translator]. (2020, Nov 12). Sexworkers' [sic] long history as political experts. *The Naked Anthropologist.* https://www.lauraagustin.com/sexworkers-long-history-as-political-experts-english-translation-thierry-schaffauser

Schiff, B. (2017). *A new narrative for psychology.* Oxford University Press.

Schumacher, S. S. (1971). The Reproductive Biology Research Foundation treatment approach to sexual inadequacy. *Professional Psychology*, *2*(4), 363–365. https://doi.org/10.1037/h0021402.

Segraves, R. T., & Schoeberg, H. W. [Eds.]. (1985). *Diagnosis and treatment of erectile disturbances: a guide for clinicians.* Plenum Medical Book Company.

Semans, J. H. (1956). Premature ejaculation: a new approach. *Southern Medical Journal*, *49*(4), 353–357. https://doi.org/10.1097/00007611-195604000-00008

"Sex clinic suit dismissed, but action could be refiled". (1971, Jul 7). *The New York Times.*

https://www.nytimes.com/1971/07/07/archives/sex-clinic-suit-dismissed-but-action-could-be-refiled.html?searchResultPosition=27

"Sex researchers are sued by ex-patient for $750,000". (1970, Aug 26). *The New York Times.* https://www.nytimes.com/1970/08/26/archives/sex-researchers-are-sued-by-expatient-for-750000.html?searchResultPosition=7

"Sex workers are experts at sexual consent". (2016, Aug 19). *Femifesto.* http://www.femifesto.ca/sex-workers-are-experts-at-sexual-consent/

Shay, A. (1970, May 25). Behaviour: repairing the conjugal bed. *Time.* *https://time.com/2976273/masters-of-sex-time-cover/*

Sheridan, K., Coates, T. J., Chesney, M. A., Beck, G., & Morokoff, P. J. (1989). Health psychology and AIDS. *Health Psychology*, *8*(6), 761–765. https://doi.org/10.1037/0278-6133.8.6.761

Shilts, R. (1987). *And the band played on: politics, people, and the AIDS epidemic*. St. Martin's Press.

Silva, J. M. (2013). *Coming up short: working-class adulthood in an age of uncertainty*. Oxford University Press.

Slotnik, D. E. (2019, May 24). June Dobbs Butts, sex therapist who preached frankness, dies at 90. *The New York Times*. https://www.nytimes.com/2019/05/24/obituaries/june-dobbs-butts-dies.html?searchResultPosition=5

Smith, T. W. (1992). Attitudes towards sexual permissiveness: trends, correlates, and behavioral connections. In Rossi, A. S. [Ed]. *Sexuality across the life course.* University of Chicago Press.

Sobel, D. (1980, Nov 4). Sex therapy: as popularity grows, critics question whether it works. *The*

New York Times. https://www.nytimes.com/1980/11/04/archives/sex-therapy-as-popularity-grows-critics-question-whether-it-works.html

Soloski, A. (2023, Apr 24). In 'Fatal Attraction', Lizzy Caplan makes a mess. *The New York Times.* https://www.nytimes.com/2023/04/24/arts/television/lizzy-caplan-fatal-attraction.html?searchResultPosition=1

Sperber, D. (1985). Anthropology and psychology: towards an epidemiology of representations. *Man (London), 20*(1), 73–89. https://doi.org/10.2307/2802222

Spurgas, A. K. (2020). *Diagnosing desire: biopolitics and femininity into the twenty-first century*. The Ohio State University Press.

Star, D. & Bushnell, C. [Writers] & Anders, A. [Director]. (2000, Jul 23). Drama queens (S3.E7). [TV series episode]. In *Sex and the City.* HBO Entertainment.

Star, D. & Kahn, J. [Writers] & Chulay, J. B. [Director]. (1999, May 17). Dead men don't shut up (S7.E34). [TV series episode]. In *Melrose Place.* Fox.

Steinhauer, J. (1998, Jun 23). Viagra's other side effect: upsets in many a marriage. *The New York Times.* https://www.nytimes.com/1998/06/23/science/viagra-s-other-side-effect-upsets-in-many-a-marriage.html

"Suits are dropped in sex studies case". (1972, Feb 29). *The New York Times.* https://www.nytimes.com/1972/02/29/archives/suits-are-dropped-in-sex-studies-case.html?searchResultPosition=34

Swirsky, J. (1991, Oct 27). Sex therapists start looking at desire. *The New York Times.* https://www.nytimes.com/1991/10/27/nyregion/sex-therapists-start-looking-at-desire.html?searchResultPosition=103

Szasz, T. (1980). *Sex by prescription*. Anchor Press/Doubleday.

Teo, T. (2017). From psychological science to the psychological humanities: Building a general theory of subjectivity. *Review of General Psychology, 21*(4), 281-291. https://doi.org/10.1037/gpr0000132

Teo, T. (2018). Homo neoliberalus: From personality to forms of subjectivity. *Theory & Psychology, 28*(5), 581-599. https://doi.org/10.1177/0959354318794899

Tiefer, L. (2000). Sexology and the pharmaceutical industry: the threat of co-optation. *The Journal of Sex Research*, *37*(3), 273–283. https://doi.org/10.1080/00224490009552048

Tiefer, L. (2004). *Sex is not a natural act and other essays* (2nd ed.). Westview Press.

Timmermans, E., Coenen, L., & Van den Bulck, J. (2019). The Bridget Jones effect: the relationship between exposure to romantic media contents and fear of being single among emerging adults. *Psychology of Popular Media Culture*, *8*(2), 159–169. https://doi.org/10.1037/ppm0000175

Todes, D. P. (1997). Pavlov's physiology factory. *Isis*, *88*(2), 205-246.

Toscano, M. E. & Maynard, E. (2014). Understanding the link: "homosexuality," gender identity, and the DSM. *Journal of LGBT Issues in Counseling*, *8*(3), 248–263. https://doi.org/10.1080/15538605.2014.897296

Udry, J. R. (1993). The politics of sex research. *The Journal of Sex Research*, *30*(2), 103–110. https://doi.org/10.1080/00224499309551688

Vincinguerra, T. (1999, Mar 21). Word for word/A sex manual, then and now; everything you ever wanted to know about changing with the times. *The New York Times.* https://www.nytimes.com/1999/03/21/weekinreview/word-for-word-sex-manual-then-now-everything-you-ever-wanted-know-about-changing.html?searchResultPosition=1

Wagner, G. & Green, R. (1981). *Impotence: physiological, psychological, and surgical*

diagnosis and treatment. Plenum Press.

Wallace, D. H., & Barbach, L. G. (1974). Preorgasmic group treatment. *Journal of Sex & Marital Therapy, 1*(2), 146–154. https://doi.org/10.1080/00926237408405282.

Weeks, J. (2010). *Sexuality* (3rd ed.). Routledge.

Weinstein, D. (2013). *The pathological family: postwar America and the rise of family therapy*. Cornell University Press.

Wells, S. (2010). *Our Bodies, Ourselves and the work of writing*. Stanford University Press.

Whooley, O. (2010). Diagnostic ambivalence: psychiatric workarounds and the Diagnostic and Statistical Manual of Mental Disorders. *Sociology of Health & Illness, 32*(3), 452-469.

Wilkes, P. (1970, Dec.). Sex and the married couple. *The Atlantic.*

"William Hartman, 78, influenced sex research". (1997, Oct. 13). *The New York Times.* https://www.nytimes.com/1997/10/13/us/william-hartman-78-influenced-sex-research.html?searchResultPosition=3

"William H. Masters, expert on sex, dies". (2001, Feb 19). *The New York Times.* https://www.nytimes.com/2001/02/19/us/william-h-masters-expert-on-sex-dies.html?searchResultPosition=1

Winokur, G. (1979). Homosexuality in perspective. *Archives of Neurology (Chicago), 36*(9), 600–600. https://doi.org/10.1001/archneur.1979.00500450094029

Wolfe, L. (1978). The question of surrogates in sex therapy. In LoPiccolo, J. & LoPiccolo, L. [Eds]. *Handbook of Sex Therapy.* Plenum Press. 491-497.

Wood, J. T. (2002). A critical response to John Gray's Mars and Venus portrayals of men and women. *Southern Communication Journal, 67*(2), 201–210. https://doi.org/10.1080/10417940209373229

Young, R. M. [Director]. (1979). *Rich kids.* [Film]. United Artists.

Zilbergeld, B. (1975). Group treatment of sexual dysfunction in men without partners. *Journal of Sex & Marital Therapy*, *1*(3), 204–214. https://doi.org/10.1080/00926237508405290

Zimmerman, T. S., Holm, K. E., & Starrels, M. E. (2001). A feminist analysis of self-help bestsellers for improving relationships: A decade review. *Journal of Marital and Family Therapy*, *27*(2), 165–175. https://doi.org/10.1111/j.1752-0606.2001.tb01154.x