

# **NEW VIEW CAMPAIGN**



**CAPSTONE CONFERENCE**  
OCTOBER 6-8, 2016 | BLOOMINGTON, IN

## **LESSONS LEARNED AND STILL LEARNING**

Leonore Tiefer

October 7, 2016

#newviewcapstone

# Thank you for coming; Why are you here?

- Stephanie and I asked ourselves this a lot.  
Q: WHY ARE WE DOING THIS?
- A: WE NEEDED TO HOLD THIS CONFERENCE BEFORE WE COULD END THE CAMPAIGN. Before we wrap it up, the various parts of “it” need to meet and greet - **literally and figuratively!** The manifesto/dsm/theory part and the FCGS/body/arts & crafts part and the Big Pharma/coi/FDA part.



**Literally** -- Meika Loe needs to meet Thea Cacchioni and Barbara Marshall. Marny Hall needs to meet Rachel Liebert and Ginny Braun. Carol Tavis needs to meet Cindy Pearson and Cyndi Graham and Karen Hicks and Rae Larson. Lenore Pomerance needs to meet Kathryn Norsworthy. Brunhild Kring needs to meet Judy Segal and Nicola Gavey.

And on and on.

I can't bear it that these people, all of whom I love and have learned from and leaned on for years, haven't yet shared a hug and a laugh and a glass of wine.

And, **figuratively?**

The parts of the Campaign - the manifesto/dsm/theory part, the fcgs/body/arts&crafts part and the bigpharma/coi/fda part have always been conjoined in my mind, but maybe only there.

# What is this Capstone for?

- Reflect
- Celebrate
- Archive
- Disperse the Spirit of the New View



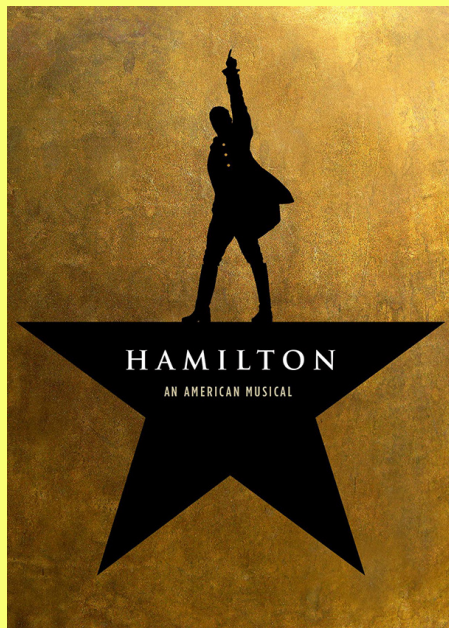
# Reflect on what?

- Feminist scholar activism
  - Goals to challenge myths and master narratives, to increase awareness of positionality, to expand involvement
- The tension btw scholar and activism
  - The seductions and consequences of professional socialization, of being a SOMETHING
  - Personal activism is political activism
- The dangers of self-justification

# Archive?

- Not merely an historical record so our members, events, and processes won't be forgotten, but ***history with a feminist purpose:***
  - To document our demands - their strengths and limits;
  - To document our activities and transformational feminist model for sexology in their context;
  - To record not just what we did, but why and how we did what we did, in our own words;
  - To see ourselves as historical actors, worth writing about, worth remembering;

WHO WILL  
TELL YOUR  
STORY?



The Division of Medical Humanities (Department of Medicine) and  
the Division of Medical Ethics (Department of Population Health) present:

## The Third Annual Lerner Lecture

### **“Liberate Yourself From Your Gynecologist”:**

Historical Perspectives on Barbara Seaman,  
Second-Wave Feminism, and  
Consumer Health Activism, 1969-1977

#### **Kelly O'Donnell, PhD**

Historian of Medicine,  
Women's Health Scholar,  
and Administrator at the Hysterectomy  
Educational Resources and Services  
(HERS) Foundation



**Tuesday, September 20, 2016 ♦ 4:30-5:30pm**

Alumni Hall B ~ NYU School of Medicine, 550 First Avenue

Refreshments to follow

For questions, contact: [stacy.bodziak@nyumc.org](mailto:stacy.bodziak@nyumc.org)

The Lerner Lecture series was established in honor  
of the career of Phillip I. Lerner, MD, a humanistic  
infectious diseases physician who practiced from  
1960-2000. We would like to thank Sam Miller for his  
generous funding of this lecture series.



# Why end the campaign?

- We accomplished an important goal by subjecting “sexual medicine” to feminist critique and linking sexual diagnoses and pharma business practices to larger movements, especially in the flibanserin saga
- But we are trapped by
  - The limits of our 90s thinking - undertheorizing privilege of medicalization
  - Sexual liberation fragmented, confusing
  - Media ignorance, repetition and sensationalism
  - Sexual policy quagmire
- Never a perfect moment to end b/c activism for social change is a relay not a sprint;





*"What in hell is a vaginal orgasm?"*



## (un) common sense



### **Sex for *your* pleasure or *their* profit?**

Sexual fulfillment can't be found in a new pill, patch, cream, spray, or genital surgery. New sexual diagnoses and treatments may do more harm than good, but the medical and drugs industries will continue to pursue big profits in sexuality. What do women need for good sex lives?

- Accurate information
- Good sex partners
- Sexual safety
- Freedom from media pressure
- Health and energy
- Informed and unbiased healthcare
- Sexual and reproductive rights

### **What You Can Do**

- Get your sex information from non-commercial sources.
- Don't believe ads.
- Support public sexuality education for children, teens, and adults.
- Don't substitute pills for sexual comfort and knowledge.
- Be skeptical about new drugs or genital procedures for sexual problems.
- Know about the side effects and drug interactions of any drug you use.
- Encourage consumer health activism through nonprofit groups.
- Advocate reforms for affordable healthcare.
- Realize that too much sexual medicine is about selling products rather than promoting science and health, and be a smart consumer.

For more information, visit  
**[newviewcampaign.org](http://newviewcampaign.org)**

Campaign materials archived at the  
Kinsey Institute, Indiana University

## **NEW VIEW CAMPAIGN**



**[newviewcampaign.org](http://newviewcampaign.org)**

An educational and activist  
campaign about the harms  
of medicalizing sex

2000-2016

# We did articulate a lot and take many actions

## A New View of Women's Sexual Problems

There is no single definition of sexual satisfaction or what is "normal." Sex is interpersonal and changes over time. Sexual dissatisfaction results from:

- Past or current harassment or abuse
- Fatigue or stress because of work, family, money, or health problems
- Worries about pregnancy, pain, STDs, or loss of reputation
- An unsatisfactory relationship, lack of sexual knowledge, insecure feelings (about self or partner), or social pressure
- Unrealistic standards and expectations

In the New View model, sexuality is more like dancing than digestion, more about body experiences in social contexts than universal biological functions.



## The Medical Model distorts women's sexual problems

In the medical model, all women are expected to have "normal" amounts of sex, desire, and orgasms or else they are diagnosed with "female sexual dysfunction" (FSD), "hypoactive sexual desire disorder" (HSDD), "orgasmic dysfunction", or some other pseudo-medical condition.

This mistaken medical model:

- Reduces satisfaction to "proper" genital function
- Minimizes the impacts of relationships (past and present) on sex
- Leads to unnecessary medical tests
- Results in prescribing hormones and drugs of questionable safety
- Ignores sexual individuality and cultural variations
- Neglects a social context that both exaggerates and pathologizes sexuality
- Is promoted by Big Pharma overtly and covertly

## PROJECTS

- Resources
  - New View Manifesto
  - Books, videos, training manual
  - Special issues of journals (*Sexualities*; *Feminism & Psychology*; *Journal of Sex Research*)
  - Continuing education courses
  - Extensive website and listserv
  - Press coverage and publications
  - TV and film documentaries such as *Orgasm, Inc.*
- New View Conferences: 2002, 2005, 2010, 2011, 2016
- "Selling Sickness: People Before Profits" 2013 Conference, Blog and Call for Action [sellingsickness.com](http://sellingsickness.com)
- Female Genital Cosmetic Surgery Activities
  - 2008 NYC Street Protest
  - 2009 Vulvagraphics exhibit
  - 2010 Framing the Vulva conference
  - 2011 Vulvanomics Events, including "Dr. Vajayjay's Privatize those Privates" on YouTube
- FDA testimony (2004, 2010, 2014, 2015)
- Coalitions with health activist groups, sex ed & feminist groups, public health conflict of interest groups
- Capstone Conference, October 6-8, 2016 Bloomington, IN [indiana.edu/~iucweb/newviewcapstone/](http://indiana.edu/~iucweb/newviewcapstone/)



## Maker Plays Up Sexual Disorder, With a Pill in Waiting - NYTimes.com

<http://www.nytimes.com/2010/06/17/busine...>

A vast marketing campaign has set off debate over what constitutes a normal range of sexual desire for women.

Dealing  
with the  
media  
exhausting,  
and often  
became an  
end in itself

Home > Video > CBS Evening News Videos





We tell the STORY OF THE NEW VIEW in posters and artifacts in our TIMELINE Exhibit



We also have a talking timeline - during both Friday and Saturday lunch - a kind of feminist reenactment exercise to raise up many voices

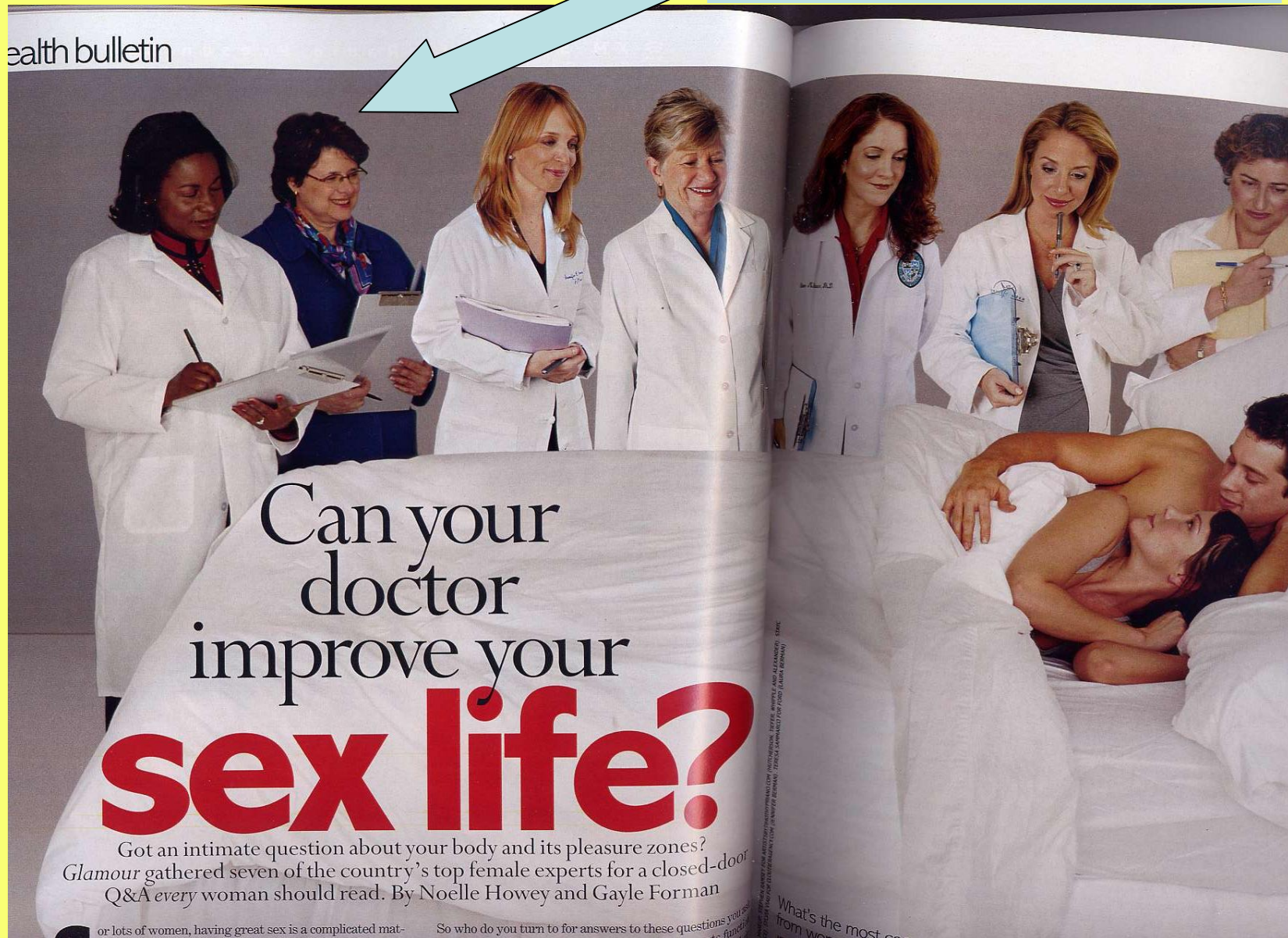


There are many ways to tell a story - the NVC HISTORY posters do the orderly job, so here is my disorderly set of snapshots



*Glamour*, 2004

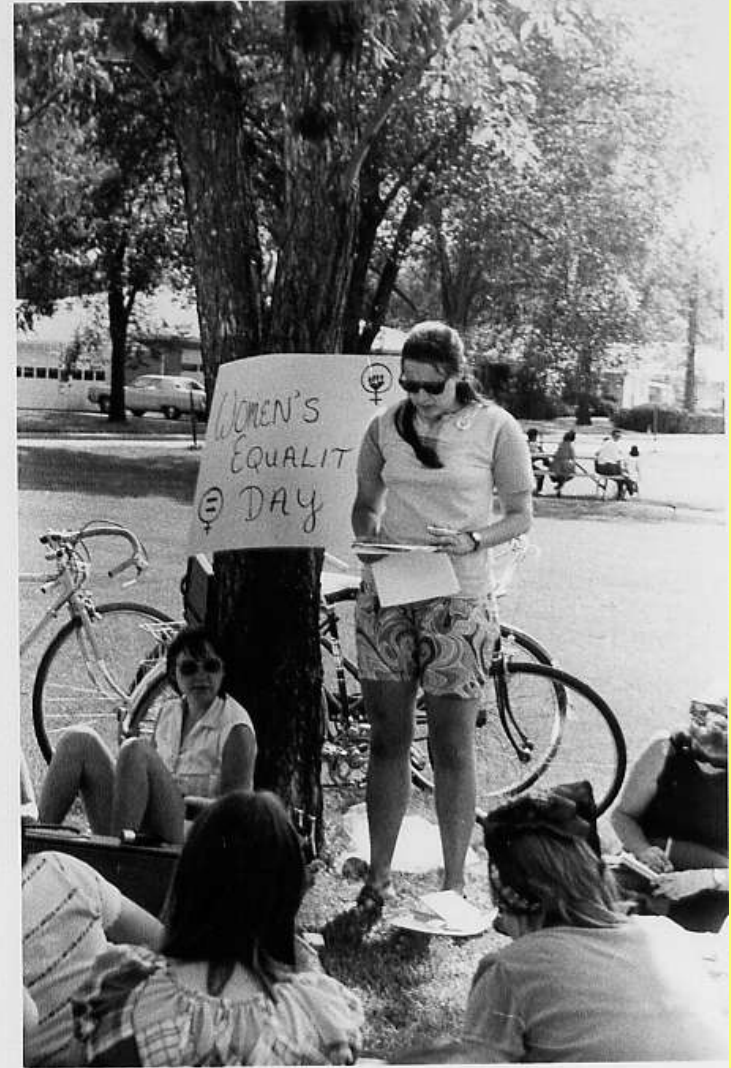
What happened to this woman's white coat?







1970



1973



# RESISTING AUTHORITY



THÉÂTRE-LYRIQUE. — PREMIÈRE REPRÉSENTATION DE *FIDELIO*, OPÉRA DE BEETHOVEN. — 3<sup>e</sup> acte, 3<sup>e</sup> tableau. 1850



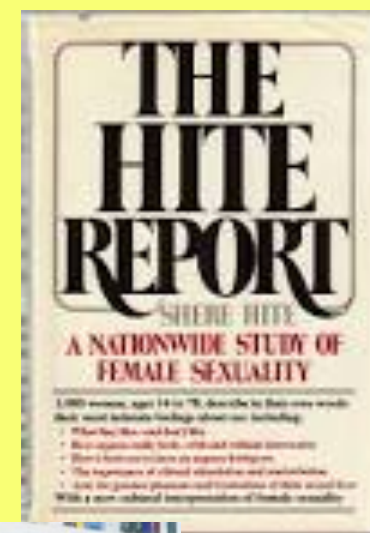
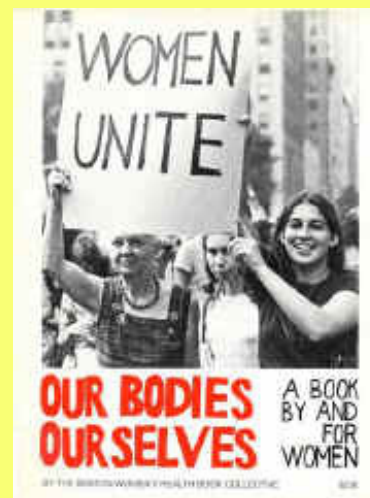
SKEPTICAL;  
OPPOSITIONAL





# 1970s/80s - Feminist ideas about sex were marginalized in sexology

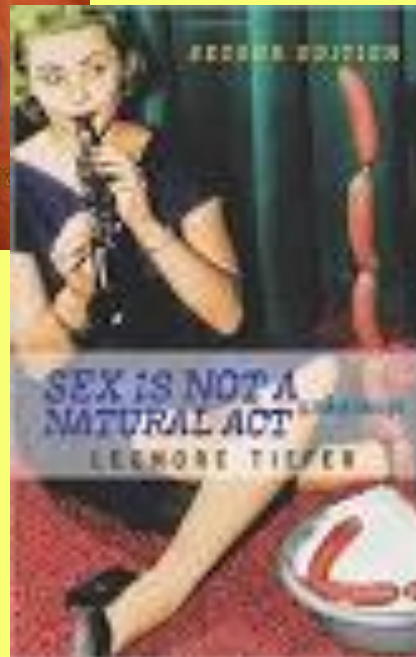
- Sexology ignores discourses of cultural power
- Sexology resists sexual politics, humanities, history in favor of universalized biomedical models
- Sexologists patrol boundaries to exclude and attack alternatives as “not science” - what’s the goal here?





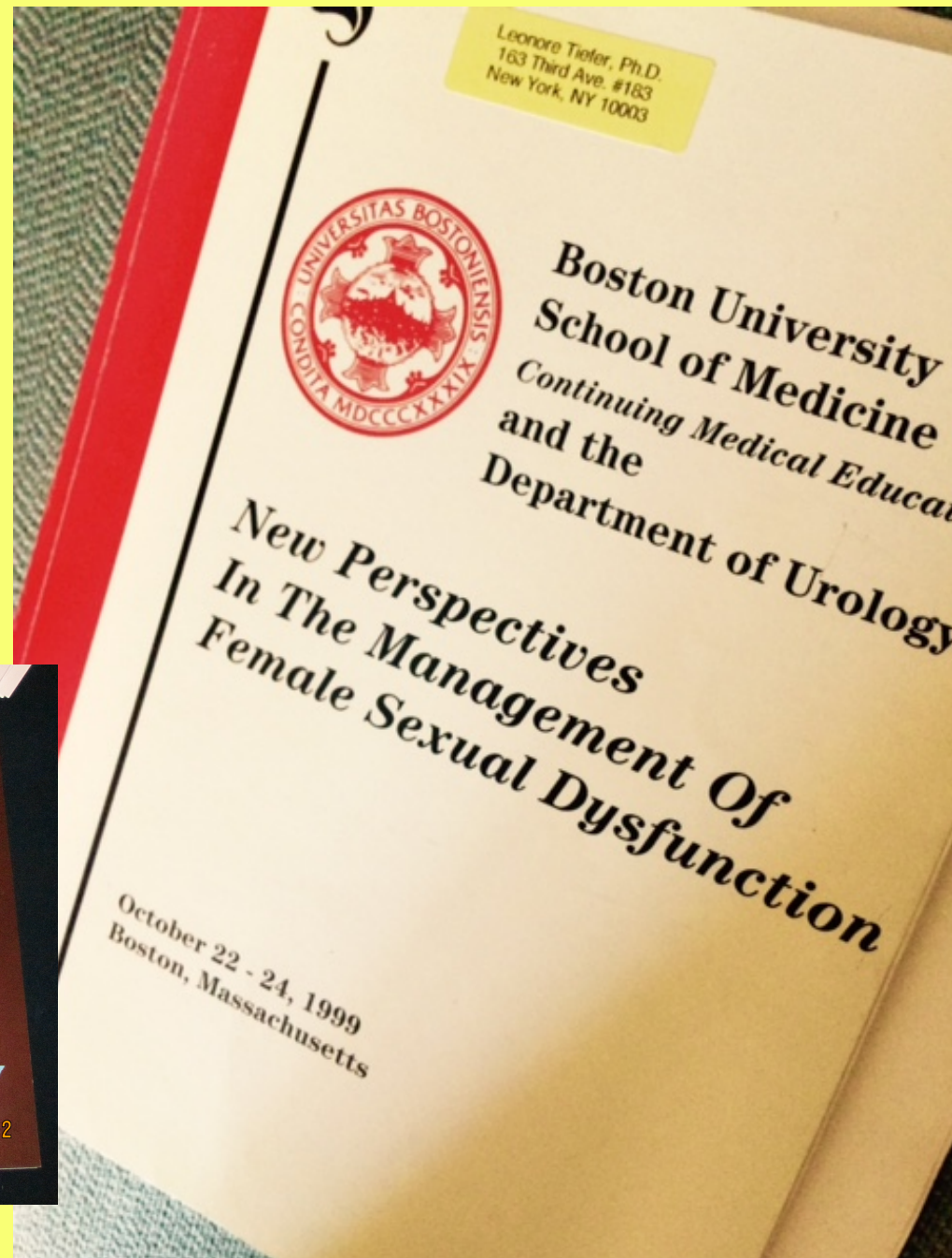
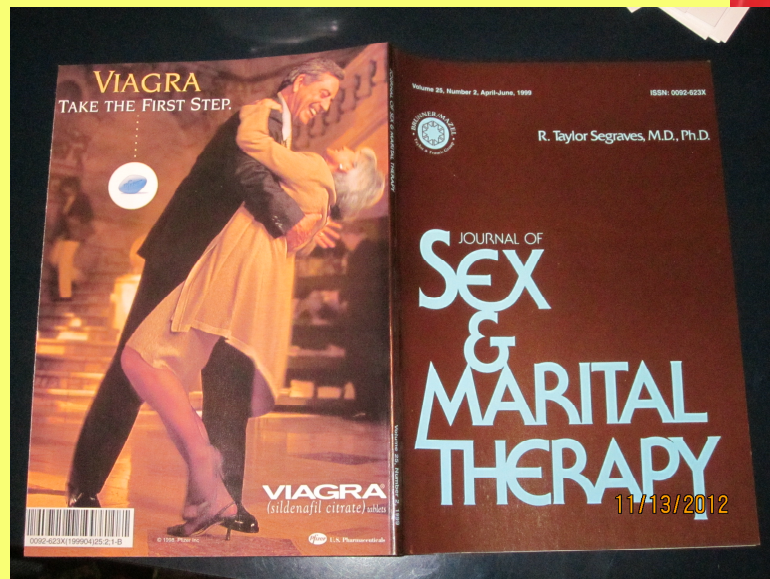
By the 1990s, I had realized that there had been a paradigm mistake, a wrong turn in the sexual metaphor highway.

(Gilbert Ryle, *The Concept of Mind*, 1949; Raymond Williams, *Keywords*, 1976).





# CRYSTALLIZATION



## RISK-TAKING



# NVC: Scholarship and Activism to challenge the medicalization of sex

- We grasp that the power of medicalization is **institutional** and **rhetorical**
- NVC goals: analyze, witness, challenge, transform the literal and the figurative-
  - Symbols, metaphors
  - Experts, methods





# Metaphor: Is sex more like Dancing? or Digestion?

- Learned, from Culture
- Problems? Take lessons, watch others, grow and change
- Expect change w/ new partner or situation
- Assume variety due to social variables
- Optional styles or alternatives (e.g., slow or fast dancing)
- Built-in, from Evolution
- Problems? See Dr., get tests, diagnosis, treat, return to normal
- Assume constancy over lifetime
- Assume all people the same
- Healthy vs. unhealthy function (e.g., slow or fast digestion)



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**Glossary**.....

← *Ballet for Dummies*

*Sex for Dummies* ↓

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*BMJ 2003;326:45-47 ( 4 January )*

## **The making of a disease: female sexual dysfunction**

**Ray Moynihan, *journalist.***

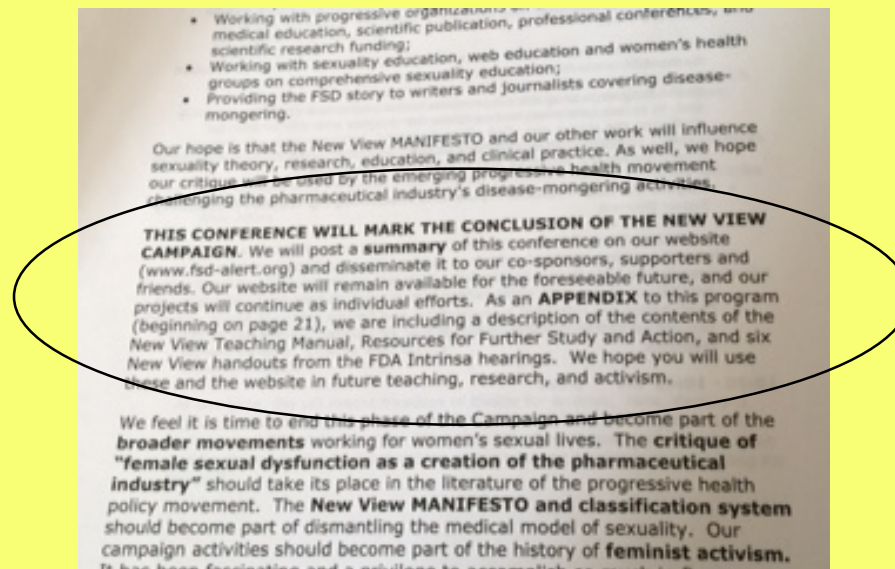
*Is a new disorder being identified to meet unmet needs or to build markets for new medications?*

COURAGE









NOT SMOOTH SAILING #2 Trying to end NVC 2005





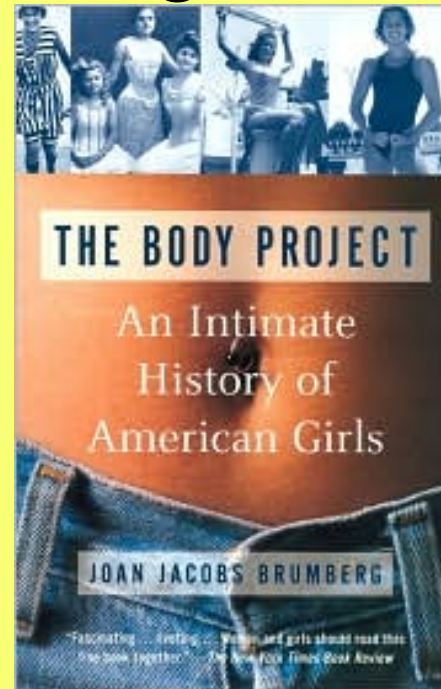
# SERENDIPITY



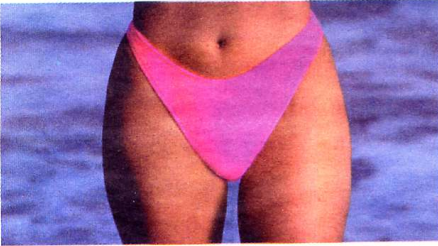
## THE LARGER NARRATIVE: social changes

# Gendered Technologies of the Self

- Body perfection responsibility: gender meets neoliberal self-improvement
- +
- Popular media: image culture (beauty/celebrity) meets enhancement technologies



**Better Sex Starts Here**



If "You've lost that loving feeling", Laser Vaginal Rejuvenation can bring it back by increasing sensation during sex. You'll discover why so many women are saying, "I don't believe how good sex can be!"

For the first time in the Northeast, our board certified gynecologist at the Laser Vaginal Rejuvenation Institute can completely re-sculpt and rejuvenate the vagina with a one and a half hour laser procedure.

**Laser Vaginal Rejuvenation Institute™**  
4 DEARFIELD DRIVE, GREENWICH, CT (203) 329-1200  
Call today for a complimentary consultation or contact us online at [www.lvrdoc.com](http://www.lvrdoc.com)

Cf Carl Elliott, 2003, *Better than Well: American Medicine Meets the American Dream*.



THE LARGER  
NARRATIVE:  
Business  
changes



# Biomarketing<sup>1</sup>

- Shaping a consumerist attitude to health
- Global Branding
- Shaping an early adopter attitude to risk
- Ads provide most of the information to the public
- Expanding product targets (health, wellness, enhancement)
- Personalizing ad outreach via social networking
- Focusing medical product ads away from clinical topics (illness, side effects)

<sup>1</sup>Simon & Kotler (2003) Building Global Biobrands.



**HAVIDOL<sup>®</sup>**  
(avafynetyne HCl)  
20mg tablets and suppositories

**WHEN MORE IS NOT ENOUGH**

HAVIDOL IS THE FIRST AND ONLY TREATMENT FOR DYSPHORIC SOCIAL  
ATTENTION CONSUMPTION DEFICIT ANXIETY DISORDER (DSACDAD)

Use the ZING SELF ASSESSMENT TOOL

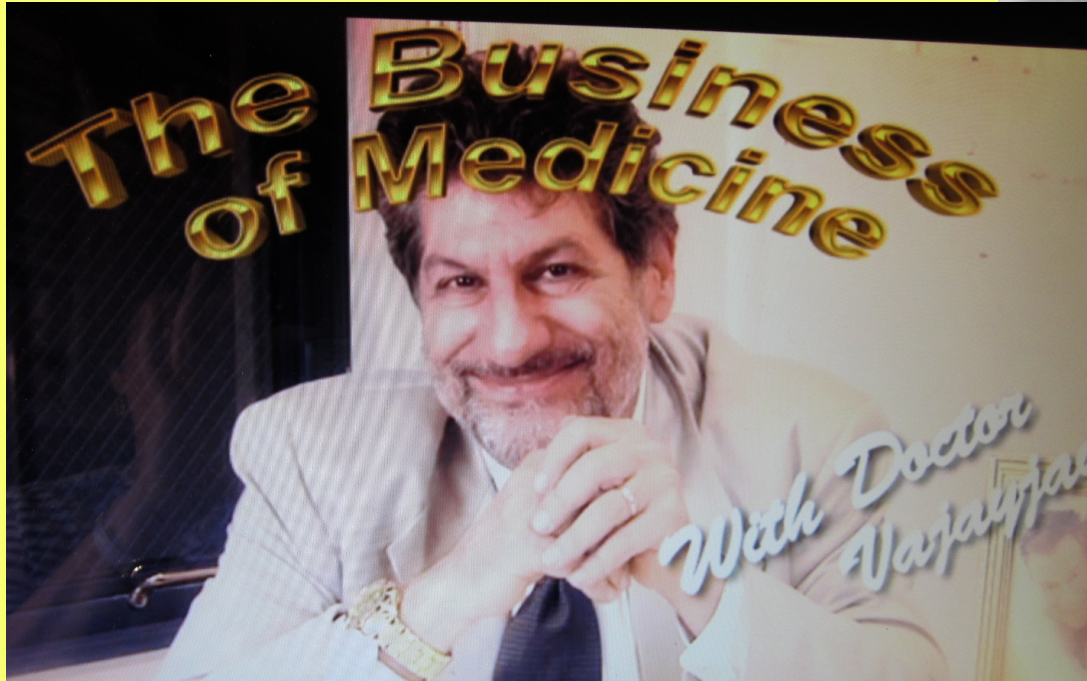


**Take the Quiz**

**New!**  
HAVIDOL  
gift ideas  
in the shop

<http://www.havidol.com>

## STRATEGIES AND SPACES



Intergenerational Activism is best

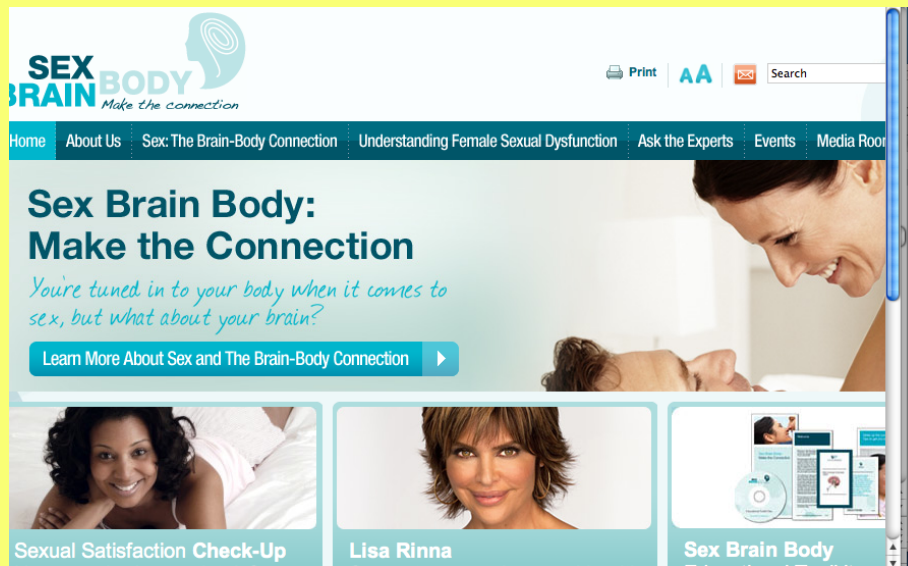





Final story - the female Viagra



# Boehringer-Ingelheim's "pre-launch" marketing ("disease-awareness") to the public - Spring, 2010






Be a Part of History. Act Before October 27<sup>th</sup>.  
[www.womendeserve.org](http://www.womendeserve.org)




**TAKE ACTION FOR WOMEN**

Do you believe that women deserve equal treatment when it comes to sex? So do we!

A biological lack of desire to have sex negatively impacts 1-in-10 American women. Join us and speak out for women who deserve equal treatment for their most common sexual complaint!

-  SIGN A PETITION TO THE FDA
-  SHARE YOUR #WOMENDESERVE SELFIE
-  JOIN THE #WOMENDESERVE COMMUNITY
-  JOIN THE CONVERSATION #WOMENDESERVE

 ©2014 A Project of Even The Score

By 2013, SPROUT PHARMA created **EVENTHESCORE** - Its Twitter project - “do you believe women deserve equal treatment when it comes to sex? So do we!”  
(Equal treatment = equal treatments!)





26-0\*

## WHERE IS THE FEMALE VIAGRA?

JOIN US FOR AN INFORMATIVE, LIVELY PANEL DISCUSSION ABOUT THE LACK OF FDA-APPROVED MEDICAL TREATMENTS FOR FEMALE SEXUAL DYSFUNCTION

TUESDAY, SEPTEMBER 16, 2014

12:00PM — 2:00PM

LUNCH WILL BE PROVIDED

**RUSSELL SENATE OFFICE BUILDING**

ROOM: SR-188

### PANEL MEMBERS

ANITA H. CLAYTON, MD

• Psychiatrist and Expert in Sexual Medicine

JAN ERICKSON

• Director of Government Relations, National Organization for Women

SALLY GREENBERG  
MODERATOR

• Executive Director, National Consumers League

CHERYL IGLESIA, MD

• Professor of Obstetrics, Gynecology, and Urology, Georgetown University School of Medicine

SHERYL KINGSBERG, PhD

• Chief of Division of Behavioral Medicine and Professor, University Hospitals Case Medical Center

SUSAN SCANLAN

• Chair, Even the Score  
• Chair Emeritus, National Council of Women's Organizations

VIAGRA WAS APPROVED BY THE FDA IN 1998. SIXTEEN YEARS LATER, THERE ARE 26 FDA-APPROVED TREATMENTS MARKETED FOR MALE SEXUAL DYSFUNCTION AND ZERO FOR WOMEN'S MOST COMMON SEXUAL COMPLAINT (LOW DESIRE).\*

RSVP BY SEPTEMBER 12

[INFO@EVENTHESCORE.ORG](mailto:INFO@EVENTHESCORE.ORG)

\*FDA.gov

PLEASE FORWARD TO OTHERS WHO WILL BE INTERESTED





2014 - at the  
Food and Drug  
Administration

- Surreal
- Realpolitik



## Katie Couric

The Pink Pill: Viagra for the female brain



**EVEN THE SCORE**  
WOMEN'S SEXUAL HEALTH EQUITY



Katie Couric examines the impacts of Hypoactive Sexual Desire Disorder and the potential first-ever medical treatment.

## Katie Couric

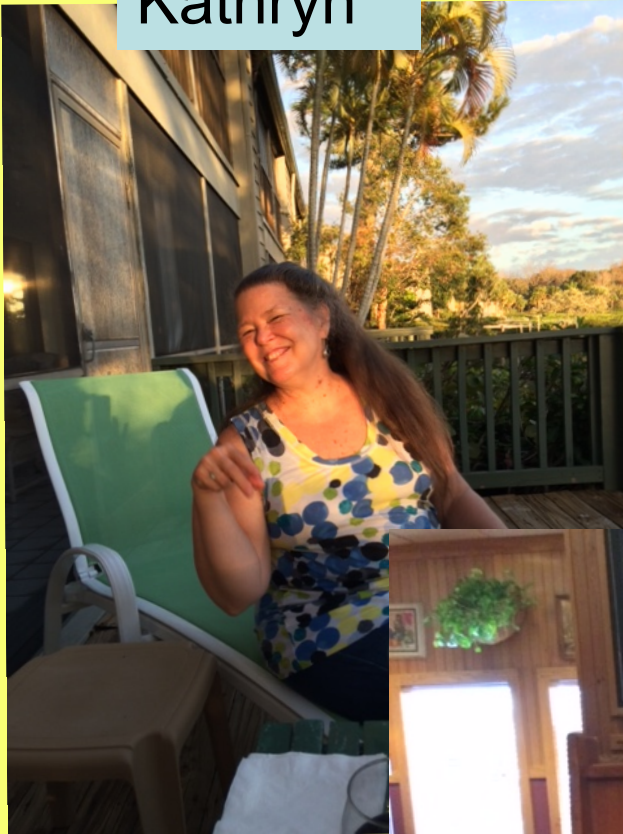
The Pink Pill: Viagra for the female brain



Katie Couric with  
Sprout patient, theme  
is "I want options"



Kathryn



## Companions of the spirit



Rachel

Stephanie







# Maxine's Viagra Supplements



Revives flagging interest  
in what she  
has to  
say



Rekindles a passionate  
drive to  
remember  
birthdays,  
anniversaries, etc.



Stimulates the urge to give  
compliments



Dramatically enhances the most  
basic act of all...



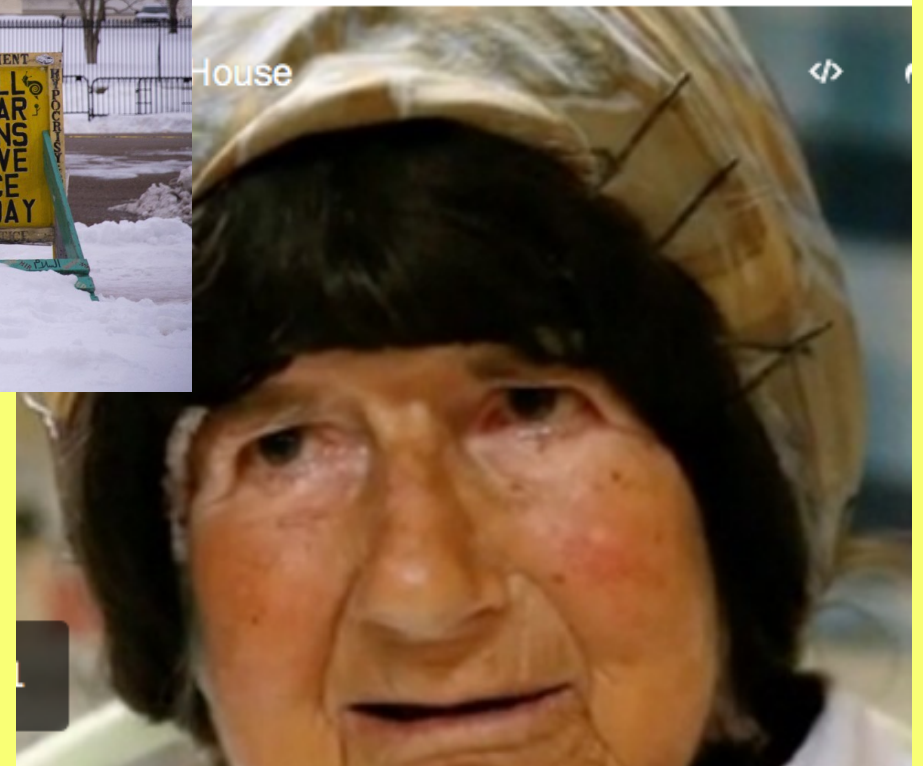
Reawakens a  
pounding, throbbing desire  
to think of her as a  
human being



© 1998 Marian Henley mhenley@comp

.net

Dedicated to Concepcion Piccioto, Connie, 80y/o,  
peace activist, died 1/25/16 after 35 straight years 24/7  
of antinuclear protest outside the White House





# Themes in LT papers from 80s & 90s

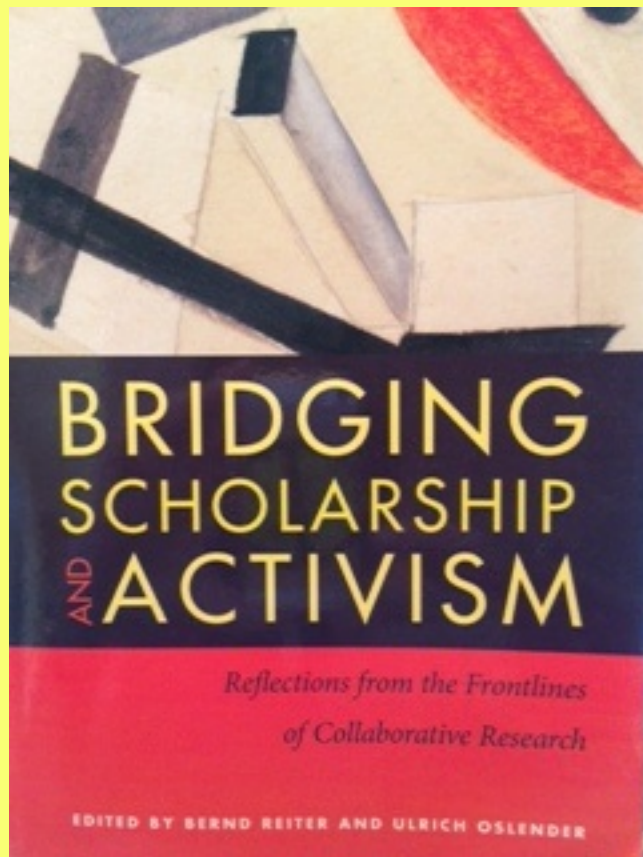
- Gender central to sexuality<sup>1</sup>
- Sexology blind to issues of power<sup>2</sup>
- Revisioning M&J physiol rsch<sup>2</sup>
- Sexology cult of objectivity
- Essentialism bolstered by animal, evol, sociobiol perspec<sup>3</sup>
- DSM sexual norms not feminist<sup>4</sup>

• 1. Psych clin N. Amer , 95

2. JPHS, 91

3. Chrisler & Howard bk, 92

4. W&T, 1988



ABOUT  
Organizers

PARTNERSHIP NETWORK

CALL TO ACTION  
BOOKTIVISM

BLOG

2013 CONFERENCE  
Download Official  
Program

Speakers

Presentations

Good News Exhibit  
Hall



## Call To Action On Selling Sickness

ENDORSE THE STATEMENT

UPLOAD ORGANIZATION LOGO

The Selling Sickness conference of February, 2013 was designed to be part of a global progressive and activist health movement. A CALL TO ACTION statement can help unify professionals, researchers, activists, scholars, caregivers, advocates and all citizens alarmed by disease-mongering.

The statement below was shaped by many contributors and discussed at "Selling Sickness, 2013: People before Profits" in Washington, DC, In February, 2013.

### CALL TO ACTION ON SELLING SICKNESS

Washington, DC

## Latest posts

ANTIDEPRESSANTS AND SCREENINGS. HAVE WE REALLY MADE ANY PROGRESS?  
01 Feb 2016

A TRAGIC REMINDER HOW FRAGILE LIFE IS  
19 Jan 2016

MY NEW YEAR WISH ... RETHINKING MENTAL HEALTH  
31 Dec 2014

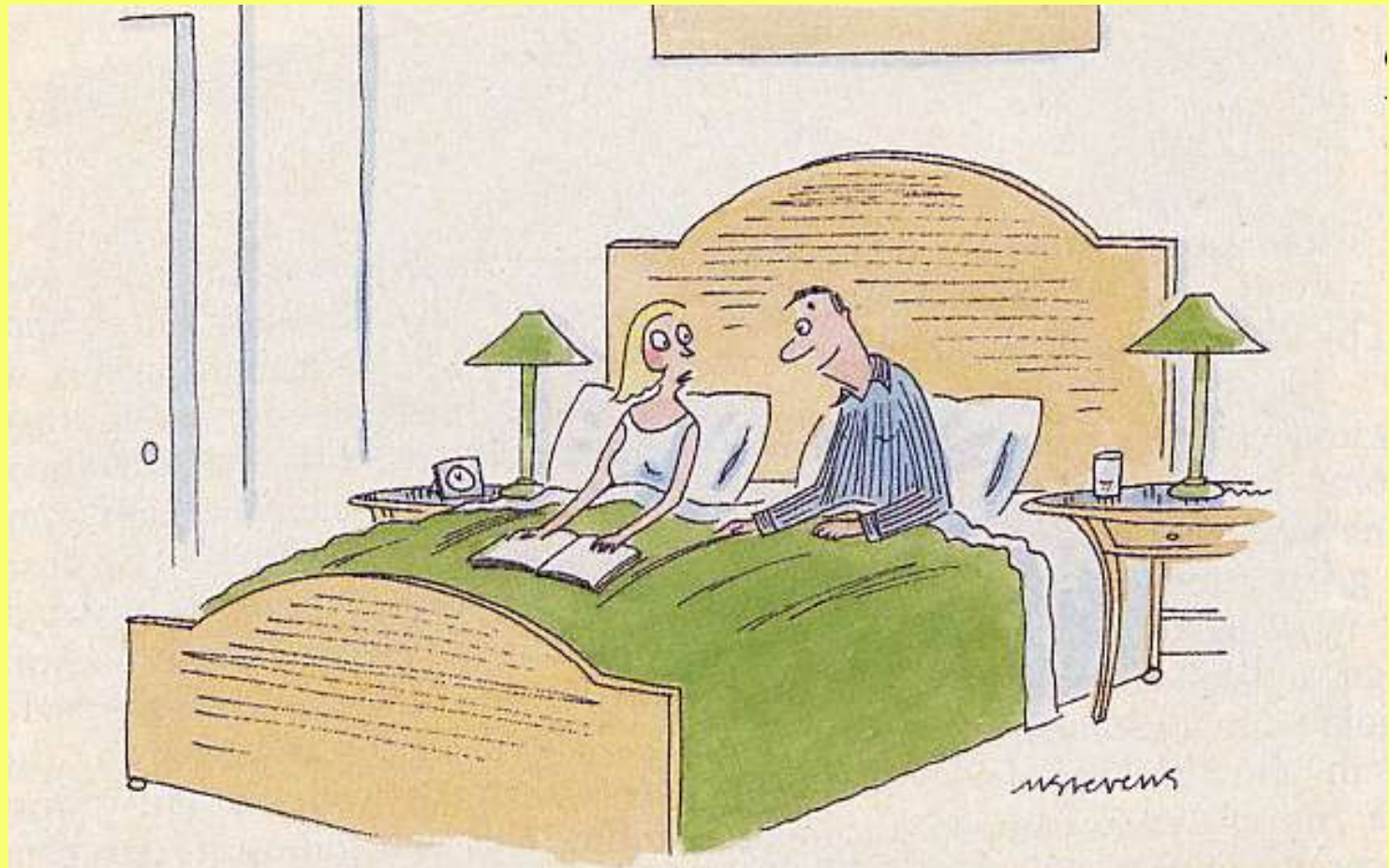
CHRISTMAS CARDS TO WRONGFULLY INCARCERATED SEX OFFENDERS



SIPRESS

*"May I suggest we up your medication, sire."*





**"That's not you talking, is it? That's the pill talking."**