FACT SHEET 4: WHAT'S SEXUALLY "NORMAL"?

Sexual experience, symptoms and reporting are shaped by pharmaceutical marketing

ISSUE #1: EXPERTS CANNOT DEFINE "NORMAL" FEMALE SEXUALITY; CONSEQUENTLY, "ABNORMAL" LABELS RELY ON SOCIAL NORMS RATHER THAN MEDICAL OR SCIENTIFIC STANDARDS.

- No scientific evidence identifies "normal" levels of sexual desire, arousal or orgasm. The claim of "normal" is rhetorical, not scientific. The DSM has repeatedly changed the language for women's sexual problems, reflecting this confusion.[i] The search for a universal sexual response is fruitless.

- "Normal" standards are strongly influenced by consumer culture. The young, erotically displayed female body is used widely in all forms of popular culture from music videos to milk advertisements.[ii] Many women assume that if they are not keenly interested in sex, easily aroused, quick to lubricate, and readily orgasmic that something is wrong with them.[iii]

- Diagnoses and labels of what is sexually "normal" are dynamic and changing. Oral-genital sex, masturbation, homosexuality and premarital sex were all once considered medical disorders requiring treatment.[iv] Years ago, women were diagnosed if they wanted sex "too much"; now they're told to seek treatment if they don't want sex "enough." Couples will inevitably have discrepancies regarding sexual frequency or script - that doesn't make one a nymphomaniac and the other one "suffering" from low sexual desire. Some experts recommend that low desire disorder be reconceptualized as a "difference in desire" within a couple.[v]

- Sexual distress can be part of a couple's or individual's response to a complex and contradictory social or interpersonal environment, and is an "adaptive response" not a sign of pathology.[vi]

ISSUE #2: FSD SYMPTOM EXPERIENCE AND PREVALENCE ARE INFLUENCED BY MEDIA, INCLUDING PHARMACEUTICAL INDUSTRY CHECKLISTS, QUESTIONNAIRES, AND ADVERTISEMENTS

- The oft-quoted statistic that "43% of women have a sexual dysfunction" is a false takeaway from a 1994 sociology study that asked women a set of yes/no questions about sexual issues but did not inquire about distress.[vii] The author now describes the widespread use of this statistic to indicate "sexual dysfunction" as a "misrepresentation."[viii] Yet *eventhescore.org* and other 2014 sources continue to cite this statistic without correction.

- The pharmaceutical industry misrepresents low sexual drive as disease.[ix] It uses sophisticated marketing tools, including symptom check lists and self-diagnosis tools to shape women's symptom language and to educate women to demand medical diagnoses in-line with a drug company's objectives.[x]

ISSUE #3: "WORRIED WELL" INDIVIDUALS LOSE JOIE DE VIVRE IN OVERDIAGNOSIS AND OVERTREATMENT EPIDEMIC

- An epidemic of overtesting, overdiagnosis and overtreatment caused in part by ubiquitous disease and drug marketing is creating a society of "worried well" individuals who never feel fully healthy.[xi]
- Numerous recent books such as *Saving Normal* and *The Last Well Person* explore the self-consciousness in an over-medicalized environment.[xii]

Prepared for FDA meeting on Female Sexual Dysfunction,
White Oak, MD, October 27-28, 2014,
by New View Campaign (newviewcampaign.org)

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[xii] SELLING SICKNESS bibliograhy, 2013, http://sellingsickness.com/wp-content/uploads/2012/07/BOOKTIVISM.pdf