FACT SHEET 6: ALTERNATIVE APPROACHES

There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy - *Hamlet*

ISSUE #1: THE QUESTION IS THE ANSWER.

- The range of interventions defined as sex therapies can be broad or narrow. Framing the question as 'What *are* sexual therapies?' suggests a range within which drug and other medical treatments have a limited place.

ISSUE #2: NON-MEDICAL INTERVENTIONS HAVE ZERO ADVERSE SIDE EFFECTS AND PROVIDE EDUCATION AND SKILLS — LIFELONG BENEFITS.

ISSUE #3: ALTERNATIVE TREATMENTS CAN BE PSYCHOLOGICAL, EDUCATIONAL, PSYCHOPHYSICAL, OR SPIRITUAL (AND GO BY MANY DIFFERENT NAMES).[i]

- **Psychological Approaches**
  - Couples counseling, Sex Therapy, Relationship-focused therapies
  - Cognitive-behavioural interventions for individuals or couples (including mindfulness training, sexual skills trainings, body image work, and communication skills training).
- **Psychophysical Approaches**
  - Use of vaginal dilators
  - Pelvic floor muscle training
  - Physical bodywork practices
- **Humanistic Sex Therapy and Spiritual Approaches** (including groupwork, workshops, sex coaching, pastoral counseling, tantra and yoga)
- **Community-based Approaches**
  - Comprehensive sexuality education (including STI, HIV/AIDS)
  - Healthy relationship education (including sexual diversity, sexual consent)
- **Self-directed Approaches**
  - Books about sexuality, relationships, the body
  - Educational use of erotica
  - On-line sex education, e.g. http://mybeautifulsexlife.com/

ISSUE #4: WHAT ABOUT PREVENTION?

- **Sex Education in the U.S. is Inadequate or Nonexistent.**
  - Only 13 states require that sex education be medically accurate.[ii] Of the 22 states and DC that require sex education, 11 stress an abstinence model that favors shame over pleasure.[iii] This requirement produces inhibitions and conflicts that may lead to sexual dysfunction.[iv]
  - Women and girls are uninformed about female genital anatomy and diversity, contributing to shame and sexual dysfunction.[v,vi]

- **Research on the Prevention of Sexual Dysfunction is Limited.**
    - Preventing sexual dysfunction requires "sexuality education that actively affirms sexual pleasure" and understanding "good enough sexuality."[vii]
    - Clinicians know that failures of communication, intimacy and sexual knowledge produce and maintain sexual dysfunctions,[viii] but who is researching the prevention of sexual problems and dysfunctions?

- **Direct-To-Consumer Advertising Offers (Mis)information that Exacerbates Sexual Distress.**
    - In DTC ads, real and expected life conditions and experiences (e.g., lubrication changes post-menopause, reduced sexual drive following childbirth) are turned into problems requiring expert intervention.[ix,x]
    - DTC ads promise lifelong youthful sexual function through use of pharmaceuticals.[xi] This "fountain of youth" approach creates personal and relational distress and anxiety.[xii,xiii]

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[i] Partial list

[ii] Guttmacher Institute (2014). State policies in brief: Sex and HIV education. Retrieved from http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf

[iii] DeFur, K. (2012). Getting to the good stuff: Adopting a pleasure framework for sexuality education. *American Journal of Sexuality Education,* 7, 146-159.

[iv] Stayton, W.R. (2007). Sexual value systems and sexual health. In Tepper & Owens, (Eds.). *Sexual health: Moral and cultural foundations: V III* (pp. 79-96). Praeger.

[v] Wade, L.D., Kramer, E.C. & Brown, J. (2005) The incidental orgasm: The presence of clitoral knowledge and the absence of orgasm for women. *Women & Health*, 42: 117-138.

[vi] Graham, C. A., Sanders, S. A., Milhausen, R. R., & McBride, K. R. (2004). Turning on and turning off: A focus group study of the factors that affect women's sexual arousal. *Arch Sex Behav, 33*, 527–538.

[vii] Metz, M.E., & McCarthy, B.W. (2007). The "Good-Enough Sex" model for couple sexual satisfaction. *Sexual and Relationship Therapy, 22*(3), 351-362.

[viii] Pertot, S. (2005) *Perfectly Normal: Living and loving with low libido*. Rodale Press.

[ix] Chananie, R. A. (2005). Psychopharmaceutical advertising strategies: Empowerment in a pill? *Sociological Spectrum, 25*(5), 487-518.

[x] Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *Amer Sociol Rev, 68*: 161-194.

[xi] Baglia, J. (2005) *The Viagra Ad Venture: Masculinity, Media, and the Performance of Sexual Health.* Peter Lang International Academic Publishers

[xii] Joyce, K., & Mamo, L. (2006). Graying the cyborg: New directions in feminist analyses of aging, science, and technology. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 99-122). New York, NY: Routledge.

[xiii] Marshall, B. L. (2012). Medicalization and the refashioning of age-related limits on sexuality. *Journal of Sex Research, 49*(4), 337-343.