



Universidad de Oviedo

# **Queering Sexology: A Critical Approach to the Construction of Mandatory Sexual Desire.**

By Ana Belén Amil

Submitted to Central European University – Department of Gender Studies

In partial fulfilment for the ERASMUS MUNDUS MA in Women's and Gender Studies  
(GEMMA)

Main supervisor: Hadley Z. Renkin

Second reader: María Emilia Durán Almarza

Budapest

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Approval signed by the main supervisor



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RUTGERS

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## ACKNOWLEDGEMENTS

There is no such thing as a private endeavour, and this statement has never held more true than in the case of this thesis. My writing of this work would have been impossible without the support of humans and non-humans alike.

To start with the non-human contribution, I would like to thank sweet Peach, who has always been there to lick my feet and ask me for carrot snacks in times of crisis. Her furry love was essential for my surviving this process.

The list of human contributors is more extensive. First of all, my being here would not have been possible without the generous financial support of the Erasmus Mundus grant for GEMMA third-world country students. I want to thank the University of Granada, the University of Oviedo and Central European University staff for making me feel at home and cared for, tens of thousands kilometres away from my city.

Thanks Hadley, for being the most committed supervisor I have ever had the pleasure to work with, and to Liamar for your useful feedback and support. My appreciation to Francisca, that always had trust in me.

I consider myself very lucky to have had the greatest possible companionship during my long days at the library. The community of buddies of the third floor were family to me: Oli, Mari, Bea, Arrate, Didem, Danielle ... thank you for being there day after day.

Thanks Maru, my *porteña* friend, for the shared ice-creams and lunches, the laughter and the complicity. The adventure continues.

Lots of people have given me emotional, practical and academic support during this time in Budapest, from different parts of Europe and from across the Ocean. My beloved friends Zari and Vane, that give meaning to my life; Anna, Liis, Amela, Jolly, Jesi, Nori, Rodrigo, Kailey, Kuku, Alice, Sihame, Hanna, Paula ... you all contributed to this thesis being possible.

Special thanks to Rob that proofread this endless work with patience and great care.

Mom and Dad, thanks for supporting me in following my dreams for a better future. I cannot think of a better way of honouring your trust in me than being happy.

And last but definitely not least, this thesis is dedicated to my beloved husband.

Thank you for loving me in a way that makes me feel free.

Thank you for joining me in the challenge of making theory, practice.

## ABSTRACT

Based on a Foucauldian and Queer Theory framework, this thesis performs Critical Discourse Analysis (CDA) on seven sex self-help American manuals from the twenty-first century that give advice to heterosexual married couples on how to enhance sexual desire. It aims to show how these manuals constitute a technology of the self that (re)produce normative understandings of sexuality. Embedded in neoliberal modes of governmentality, the books use several legitimation strategies to persuade the readers, who are mainly female, into undergoing tremendous amounts of self-discipline and self-surveillance in order to make themselves and their partners enjoy sexuality, which is considered to be the privileged path to health, self-knowledge and realisation, and marital stability and happiness. The normal and healthy life is portrayed, first and foremost, as sexual; there is an almost complete rejection of life that does not include the active pursuit of sexual pleasure. Secondly, it is coupled, as marriage is seen as a place of love and intimacy where the need for self-fulfilment can be truly achieved. And thirdly, that marriage should be monogamous; monogamy is the only legitimate sexual and emotional economy, and it is associated with psychological maturity and responsibility towards the family. In addition, the sexuality that the manuals encourage is strictly framed within the limits of “appropriate” heterosexual practices, promoting a “packaged sex” consisting of a highly surveilled sexual script that aligns with a middle-class consumer culture. The authors build a hierarchy of sexual respectability that grants social recognition to some people and complicates the access to full citizenship for those who can or do not wish to conform to normative sexuality. This thesis intends to theoretically explore other alternatives for the practice of sex therapy, that step out of the regimes of the normal.

## DECLARATION OF ORIGINAL CONTENT

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.): 32,145 words

Entire manuscript: 36,175 words

Signed \_\_\_\_\_

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“It is imperative to understand our sexual identities as the traumatic effects of a violent biopolitical system of sex, gender, sexuality and race and to work out new myths that will allow us to interpret its psychopolitical harm and give us the courage needed for collective transformation”.

**Beatriz Preciado**, *Testo Yunkie*.

“We don’t know much about sexual desire, and we’re not very good at enhancing it in most people (...) so when I get couples who come in and they don’t want to have sex with each other, I always hope that the relationship is horrible, because *that* I know how to fix”.

**Dr Marty Klein**, acclaimed American sex therapist.

# INTRODUCTION

## Topic and background

---

In this thesis, I will perform Critical Discourse Analysis (CDA) on seven North American sex self-help books from the twenty-first century, written by mental health professionals, that instruct long-term heterosexual couples<sup>1</sup> on how to enhance their sexual desire within their relationship. I aim to show how these manuals, by the promotion of a quest for sexual pleasure, reinforce normative discourses on sexuality that reproduce social inequalities. My theoretical framework is based on Foucault's theorizations on biopower and sexuality, together with his more recent concept of governmentality. I will follow Rose on his claim that the *psy* disciplines have been central in the construction of "governable subjects", since they allow the exertion of "political, moral, and even personal authority" in complete alignment with the neoliberal conception of a free, autonomous subject that exercises personal choices (1999a, p. viii). Their claims of truth are not built upon some discretionary power, but upon the production of supposedly scientific, neutral knowledge about the "real nature of humans as psychological subjects" (Rose, 1999a, p. viii).

This research builds on the assertion that this allegedly objective sexological discourse has been historically structured by mandatory sexuality, normative coupledness and mononormativity until the present, and I will use queer theory's conceptual tools to critically unpack those meanings and offer an alternative framework for sex therapy. There is a lack of acknowledgement, within the sexological discourse, of the constructed nature of their concepts and diagnostic labels. Sexology treats sexuality—and for the specific case of my research, sexual desire—as an

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<sup>1</sup> I use long-term heterosexual relationship and marriage interchangeably, following what authors of sex self-help manuals do.

essential, ahistorical component of human existence that has an unquestioned importance for both physical and mental health. Contemporary magazines, newspapers and academic sexology journals are overloaded with articles on the benefits of regular sexual activity (such as cardiovascular improvement, immune-system boost, painkilling properties) and the detrimental effects of abstinence (Gupta, 2011, p. 130).

My research follows queer heterosexuality studies' call for further academic growth: "theorizing antinormative heteroeroticism and thinking about the means to change the phallocratic and heterosexist orders is potentially the most exciting current development in gender studies" (O'Rourke, 2005, p. 112). It also intends to contribute to studies on compulsory sexuality: "it is my hope that [my] article leads others to identify additional existing scholarship that provides future evidence from compulsory sexuality" (Gupta, 2015, p. 140). But mainly, it derives from five years of receiving heterosexual couples in my practice as a sex therapist complaining about mismatched sexual desires, and my inability to help in any relevant way, despite being highly trained and using the latest empirically-based techniques that clinical sexology had to offer. This absolute failure at providing the solutions expected from me drove me to critically engage with the discipline's underlying assumptions.

## **Theoretical framework**

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This research is based on queer theory as defined by its "resistance to the regimes of the normal" (Warner, 1993, p. xxvi). Doing queer research implies "positioning oneself within conceptual frameworks that highlight the instability of taken-for-granted meanings and resulting power relations" (Browne & Nash, 2010, p. 5). Social institutions such as science—and specifically for this thesis, sex therapy—perpetuate the sexual and gender hegemonic ordering, insofar they

reproduce normative understandings of sexuality that guide and organize social interaction (Browne & Nash, 2010, p. 5). This thesis aims to challenge the privilege, legitimacy and social recognition that a very specific kind of heterosexuality—monogamous, long-term, within the confines of a strictly defined set of “respectable” sex practices—has been granted (Elia, 2003, p. 67). This privilege comes at the expense of marginalizing and pathologizing other emotional and sexual lifestyles (Elia, 2003, p. 75) and, as I will show, comes at great cost for heterosexuals themselves. Normativity does not regulate exclusively the domain of sexuality; notions of race, nation, class and religion all intersect to construct the “heteronormative individual” (Jakobsen, 2012, p. 39). The analysis of the interaction between heterosexuality and middle-class consumer culture will take place in Chapter Two.

The emergence of the norm is historically connected to the modern invention of sexuality and sexual subjectivity; these categories appeared at the same moment and were reciprocally engaged in the consolidation of a new form of governance: *biopower* (Stephens, 2010, p. 264). Foucault coined this concept to depict technologies of power that aimed at the “subjugation of the bodies and the control of the population” (1998, p. 140). From the eighteenth century onwards, life became a political object and the norm as statistical average emerge. Normality was not only a descriptive concept but it was quickly transformed into a tool to draw value judgements: statistical norms and moral ideals became one and the same thing (Jakobsen, 2012, p. 39; Stephens, 2010, p. 264). Subjects are compared and measured against this standard, judged and corrected accordingly, but most importantly, biopower operates by self-subjugation. Scientific knowledge produces a normative regime which individuals desire to be part of, therefore they willingly control and discipline themselves to conform to those norms (Pylypa, 1998, p. 21-22).

According to Foucault, sexuality was the anchoring point of the deployment of this political technology of life. It gave rise to endless, continuous and careful observations and controls, to medical and psychological scrutiny—in short, to micro-power technologies working at the body—but also to statistical measurements and interventions at the level of the population (1998, p. 146). Sexuality was the privileged means of accessing “the life of the body and the life of the species” (1998, p. 146). For that reason, in the nineteenth century, sexuality was looked for in the smallest aspects of individual experiences, to the point of becoming “the stamp of individuality”—a key to both its examination and mastery (1998, p. 146).

In the West, the truth about sexuality is discursively produced; Foucault called *Scientia sexualis* the Western civilization's scientific approach to the study of sex during the eighteenth and nineteenth centuries. Sexuality has been created as a place where people are expected to dig into in order to find and extract the truth about themselves (Foucault, 1998), through the use of power/knowledge procedures that have their historical roots in confessional technologies. This is supposed to be a project of self-liberation but Foucault understands it as a form of discipline and subjection to power. Psychiatry, and then psychology, were two of the many centres that produced discourses on sex, that defined sexuality as a domain always at risk of becoming (or already being) pathological and in need of therapeutic corrections, a source of meanings to interpret, a general and diffuse focus of causality (Foucault, 1978, p. 68). Psychotherapy provides people with a symbolic space to construct their individual identity, an identity defined by the discovery of deep needs and desires that need to be categorized and controlled in order to achieve liberation; and it is by this therapeutic call for freedom and emancipation that the subject becomes more disciplined and self-regulated (Illouz, 2008, p. 3).

Foucault mentions the Malthusian couple as one of the four figures around which this mechanism of power-knowledge deployed itself. This couple became object of economic, political and medical socialization (Foucault, 1978, p. 105) insomuch it was a target of birth control. The institution of marriage has been a central focus for the biopolitical management of life for two reasons: on one hand, its capacity for biologically reproducing the population; on the other, its key role in the reproduction of society's cultural and moral values (Cadwallader & Riggs, 2012).

There is political value in making the norm visible and questioning its claim to universality, since its privilege is to remain unmarked and unproblematic. This is why this thesis analyses the role of the normative in sex self-help manuals, in their diagnosis and treatment suggestions. Three concepts are of great use for this critical analysis: *compulsory sexuality*, *mononormativity* and *compulsory coupledness*. Although it is possible to separate them theoretically, and even come across real-life practices where only one or two of them is at work with the exclusion of the other(s), the three of them are tightly intertwined and feed on each other.

The term *mononormativity* was coined to refer to the power system that “privileges monogamous relationships in both the social world and scientific discourses” (Bauer, 2014, p. 116). Sexually and emotional exclusivity is depicted as the natural way of experiencing coupledness, thus creating a hierarchy where any intimate economy that does not comply with this normative regime is devaluated and rejected, considered psychologically immature, morally inferior, and in need of therapeutic elucidation and intervention (Bauer, 2014, p. 117).

According to Wilkinson, *Compulsory coupledness* points to the pervasive assumption that all people desire or should desire to be involved in dyadic, romantic bond (2012, p. 130). Being in a romantic couple is believed to be “fundamental to our happiness, well-being and sense of place in the world” (2012, p. 133). Being single is still a social stigma unless it is perceived as a short-term status (2012, p. 137), thus living without romantic love comes at great cost. The hostility to singleness is not exclusive to heteronormative environments; the ideological force of romanticized couple culture can be found at work in homonormative and queer spaces as well (2012, p. 138). Compulsory coupledness also reveals how people are supposed to prioritize their romantic bonds about all other kinds of emotional attachment they have built, such as friendships (2012, p. 142).

The concept of *compulsory sexuality* describes “the assumption that all people are sexual” and “the social norms and practices that both marginalize various forms of nonsexuality, such as a lack of sexual desire or behaviour, and compel people to experience themselves as desiring subjects, take up sexual identities, and engage in sexual activity” (Gupta, 2015, p. 132). The concept builds on Adrienne Rich’s *compulsory heterosexuality* (1980), Butler’s *heterosexual matrix* (1990) and Warner’s *heteronormativity* (1993) (Gupta, 2015, p. 133). The fact that sexual desire is compulsory means that there is no alternative for a person other than being a desiring subject (Wilkinson, 2012, p. 137); therefore, compulsory sexuality has been defined as a system of social control. It plays a key role in romantic relationships; according to sexual experts, sexual desire and activity are essential components not only of a normal individual but also of a healthy marriage. Compulsory sexuality, mononormativity and compulsory coupledness come together in the assumption that this sexual desire needs to find its satisfaction within the limits of a romantic, monogamous bond, which is the “ultimate source of fulfilment and true happiness” (Wilkinson, 2012, p. 135, 138) and expression of psychological maturity. That is why the common loss of

eroticism over time in the couple calls for intense *sex work* to restore desire (Duncombe & Marsden, 1996, p. 235).

Critical heterosexuality studies scholars have discussed the issue of *sex work* within the heterosexual couple considering the growing popularity of the diagnostic of Female Sexual Dysfunction and the treatments aimed at its improvement. Cacchioni (2007) and Duncombe and Marsden (1996) use this concept to refer to the effort devoted to altering one's "mental and physical sexual responses" to conform to hegemonic heterosexual scripts. This kind of work is usually encouraged by sex experts and requires a continued monitoring of both the self and the partner (Cacchioni, 2007, p. 307). In my primary sources, most authors present their books as gender blind, and clarify that they use male and female examples irrespectively, and readers are completely free to change the masculine pronouns to feminine and vice-versa if it better adjusts their life; the meaning will not be altered. This claim to gender neutrality is—to say the least—naïve; the unequal distribution of power among genders that is institutionalized in society almost guarantees that most sex work will be performed by women. The fact that women are almost the exclusive consumers of self-help books targeting relationship issues (Simmons, 1993; Zimmerman, Holm, & Haddock, 2001) shows that they are the ones that take up the commitment to the "rationalization, enhancement and mastery of sexual pleasure" within the couple (Cacchioni, 2007, p. 301) as another form of unpaid reproductive labour.

This sex work would be unthinkable without the existence of a modern subject as proposed by Foucault, when he describes a shift on the mechanisms of power from direct enforcement to working indirectly by having people incorporate the "disciplinary gaze" (1977, p. 202). This "docile subject" that is willing to undertake the task of its own surveillance is a perfect fit for neoliberal modes of governmentality. Neoliberalism as a "political rationality" (W. Brown, 2005,



p. 38) promotes the figure of a free, autonomous, self-managed individual. It is a form of production of certain subjectivities, in the Foucaudian sense. Each individual bears the responsibility of governing themselves in order to “maximize their human capital”, fulfil their individual hopes and dreams within discourses of happiness (Rose, 1998, p. 155). There is a persistent demand for subjects to develop themselves as authentic individuals through disciplinarian techniques of self-management, enhancement and improvement (N. Rose, 1999a, p. xxiv). As shown by self-help manuals, an active sexual life is considered essential in the pursuit of a healthy and self-fulfilling life and marriage. This focus on sex as the route to self-knowledge, authenticity and happiness, far from liberatory, is itself an operation of modern neoliberal governance.

## Methodology

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- PRIMARY SOURCES AND SELECTION CRITERIA

I chose to analyse American contemporary sex self-help manuals because they are produced for mass consumption and have a very broad distribution, so it is reasonable to deduce that they can have strong influence on people’s sexual behaviour and attitudes. They are one of the main vehicles through which the sexological discourse reaches the public, thus they can provide clues on what professionals consider acceptable ways of sexual expression and standards of expected conduct<sup>2</sup>, as they advise readers on what constitutes a healthy and normal married heterosexuality, and what the consequences of not complying with it could be.

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<sup>2</sup> These reasons were inspired by the work of Weinberg, Swensson, & Hammersmith (1983) and Tyler (2008).

This is the complete list of primary sources that will be object of analysis in this thesis:

1. Laura Mintz, PhD. *A tired woman's guide to passionate sex. Reclaim your desire and reignite your relationship*. Adams Media: Avon, MA. 2009
2. Laurie Watson, LMFT<sup>3</sup>, LPC<sup>4</sup> and Certified Sex Therapist. *Wanting sex again. How to rediscover your desire and heal a sexless marriage*. Berkley Books: New York. 2012.
3. Michele Weiner Davis, MSW<sup>5</sup>. *The sex starved marriage*. Simon and Schuster: New York. 2003
4. Patricia Love, Dr and Jo Robinson. *Hot Monogamy. Essential steps to more passionate, intimate lovemaking*. Penguin: New York. 2012.
5. David Schnarch, PhD. *Passionate marriage: love, sex and intimacy in emotionally committed relationships*. WW Norton: New York.
6. Barry MacCarthy, PhD and Emily MacCarthy, *Rekindling desire*. Bruner-Routledge: New York. 2015.
7. Kathryn Hall, PhD. *Reclaiming your sexual self. How to bring desire back to your life*. Wiley: New Jersey. 2004.

This selection of sources fits the following criteria:

- They are written by accredited professionals of the psychological, psychiatric and/or sexological field. This will ensure that these manuals' contents are accurate representations of the officially instituted and socially recognized form of scientific sexological discourse<sup>6</sup>.

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<sup>3</sup> Licensed Marriage and Family Therapist.

<sup>4</sup> Licensed Professional Counsellor.

<sup>5</sup> Master of Social Work.

<sup>6</sup> This criterion is borrowed from Tyler's research on sex self-help books (2008, p. 364).

- As I am interested in the most recent developments in the discipline, the manuals are written, or reedited, from the year 2000 onwards. The newest literature will provide an image of what experts consider to be the current clinical challenges in the discipline.
- They specifically address the issue of low/lack of sexual desire in long-term couples, and their intended reader is either a couple or a person that is coupled.
- Since the USA is the country with the most developed self-help industry, and where this industry has major impact<sup>7</sup>, my manuals are of American production.
- All of them are secular, as opposed to religious, a criterion that will provide a more homogenous sample. To incorporate a religious variable is beyond the possibilities of this thesis, for reasons of length and complexity.
- They all have a printed version and are on sale on Amazon, to ensure better scope of reach. Unfortunately, I do not have access to the sales figures for these books, but I have indirect data to argue for their influence:
  - *The sex-starved marriage* was edited four times: in 2003, twice in 2004, and again in 2011 in its Kindle Edition. In 2004 it was translated to Spanish by Marcela de Narvaez and published in Bogota, Colombia, by the publishing house Grupo Editorial Norma.
  - *Reclaiming your sexual self* was edited in 2004 and received a prize for best self-help sexuality book by the Society for Sex Therapy and Research in the same year. It is still in print.
  - *Passionate marriage: love, sex and intimacy in emotionally committed relationships* was edited nine times: in 1997, twice in 1998, 2008, twice in 2009, 2011 and twice in 2012, including an audiobook version by Soundstrue in 2003.

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<sup>7</sup> By 2000, the industry was making 2.48 billion dollars of profit per year.

- *Hot Monogamy* was first published by three different publishing houses in 1994, also including an audiobook version, and once again in 2012.
- *Rekindling desire* has seven editions: 2003 (two editions), 2013 (two editions), 2014 (two editions) and 2015. It was also published in London.
- *A tired women's guide to passionate sex* was object of research as bibliotherapy for women with low sexual desire, and the positive results published in 2012 in the *Journal of Counselling Psychology* (Mintz, Balzer, Zhao, & Bush, 2012).

Half of these authors appear as recommended bibliography from sex therapists to patients in a survey conducted among 52 members of the Society for Sex Therapy and Research (USA) in the year 2002 (Kingsberg, Althof, & Leiblum, 2002): Love and Robinson, Schnarch (who also appears as recommended bibliography for professionals) and Weiner-Davis (although this last author is recommended for books other than the one I am analysing). Schnarch's book is also highly recommended among therapists in Australia (Tyler, 2008).

This list is exhaustive; there are no more books in the market that fit the criteria, except for more books of the same authors. Interestingly, although it was easy to find books addressed exclusively to women (who are generally considered the ones with low sexual desire), I was only able to find two books addressed to men: *The Sex-Starved Husband's Guide: Get unstuck, win her heart back and reignite your sex life* (Pastor Borkosky, 2016), that I did not include because of its religious content, and *The lonely and frustrated husband: a guide for emotional survival* (Quinn, 2015) that only came in Kindle Version and did not contain any references to the professional qualifications of the author.

## ▪ CRITICAL DISCOURSE ANALYSIS

To answer my research questions, I will draw on CDA mainly from a Foucauldian perspective, and also on some of Fairclough's (1995), Van Dijk's (2001), Van Leeuwen's (2008), and Lazar's (2005) contributions to CDA. I will follow Jäger and Maier in their encouraging researchers to adapt and mix methodological tools within the field of CDA as it fits their research purpose, always with a clear understanding of the theory that underlies methodology (2015, p. 135).

CDA aims to “identify the knowledges contained in discourses”, and the way “these knowledges are connected to power relations in power/knowledge complexes” (Jäger & Maier, 2015, p. 110). Fairclough defines it as an “analytical framework for studying language in its relation to power and ideology” (1995, p. 1). Although different types of knowledge can be object to analysis, Foucault put a special emphasis on scientific knowledge and its production of “regimes of truth”. CDA intends to uncover the evaluations contained in discourses, their contradictions, and the mechanisms by which they construct their claims to truth (Jäger & Maier, 2015, p. 119)

Foucault defines discourse as a group of statements that come from the same formation system and rules; it is possible then to speak about the clinical discourse, economic discourse, psychiatric discourse (Castro, 2004). Power is not outside of discourse, it functions through discourse, it is embodied and enacted by it: “discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (Foucault, 1998, p. 100).

Discourses determine how a given society interprets reality and organises practices; they institutionalize and sets the boundaries for what will be “sayable and seeable”, while at the same

time obscuring other knowledges (Jäger & Maier, 2015, p. 117). Discourses are also places of resistance that aim to subvert or challenge power strategies. CDA is a way of contesting power, but it is not outside of it neither outside of discourse. It is not a matter of seeking an absolute, objective truth but of “detaching the power of truth from the forms of hegemony, social, economic, and cultural, within which it operates at the present time” (Foucault, in Rabinow, 2010, p. 75).

Discourses not only construct objects but also subjectivities; Foucault’s concept of subject both emphasizes subjects as “creators of discourse, and at the same time being created by and subjected to discourse” (Jäger & Maier, 2015, p. 112); in Fairclough’s words: “discourse makes people as well as people make discourse” (1995, p. 39). Foucauldian discourse theory challenges the existence of an autonomous subject but it does not deny an active subject that is involved in the realisation of power in practice and in resisting it to some extent (Jäger & Maier, 2015, p. 118). In other words, the readers of the manuals I will analyse are not completely deprived of agency. Similarly, De Certeau (1996) stresses how the entire society is not condemned to passivity or reduced to the grid of surveillance that Foucault describes in *Discipline and punish*; people have procedures (even tiny, everyday procedures) to play around disciplinary mechanisms and change them, “ways of doing” that counteract the socio-political order. Consumers do something different with what is offered to them; they use the products for different purposes, subvert them, they “metaphorize the dominant order” by making it function in other directions (De Certeau, 1996, p. 38).

Van Dijk, one of the main references in CDA, focuses on the “role of discourse in both the (re)production and challenge of dominance” (1993, p. 249). CDA is interested in detecting which structures and strategies of a text promote social injustice and inequality by “naturalizing”

the social order (1993, p. 254). This goal fits my research since I intend to detect how sex self-help manuals contribute to the reproduction of normative ideas of sexuality that lead to social inequality. An important tension emerges between Van Dijk's and Foucault's different conceptualization of power and dominance. Van Dijk understands dominance as the "exercise of social power (...) that results in social inequality" (1993, 249-250). He pays more attention to top-down relations of dominance, and asserts that power is mostly exercised by "persuasion, dissimulation or manipulation", with the intention of modifying people's attitudes for one's benefit (1993, p. 254). It is undeniable that there is an unequal distribution of power in society, and some voices are heard more than others since members of political and economic elites have greater financial resources and privileged access to the media (Jäger & Maier, 2015, p. 118), the editorial market, among many others. Nevertheless, none of them alone has full control over discourse. I want to distance myself from this "manipulative mind" conceptualization of the exercise of power, not because I do not believe that it might be at work in some cases, but because I do not think it is the most productive tool for the analysis of my primary sources. I do not consider that the authors of the manuals exert dominance (in the Foucauldian sense) over social representations. Dominance, according to Foucault, implies relations of power that instead of being mobile and giving room for the people involved to change them, they are blocked and frozen, and do not allow any exercise of freedom. For Foucault, power is not a system of dominance that controls everything, nor is an exclusive property of an individual or group (Castro, 2004, p. 151). Power does not work only in a top-down coercive or repressive manner; it works in different directions, and—most importantly—also in a productive fashion (Dreyfus & Rabinow, 1983, p. 185; Foucault, 1998, p. 90). It is exercised through daily practices that appear "natural" and "acceptable", and even if actors have intentionality, the overall effect of discourses escape their initial intentions (Dreyfus & Rabinow, 1983, p. 187).

I will also draw on Lazar's work that adds a gender perspective to CDA. She points out how power works within discourse to maintain a "hierarchically gendered social order" that favours men at the expense of women's systematic marginalization (Lazar, 2005, p. 1, 5). I will expand this critique to incorporate how these discourses not only systematically disadvantage women but also individuals with nonconforming forms of sexual expression—or the complete lack of sexual expression. CDA is a useful tool for deconstructing the process through which heterosexuality is left "unmarked" (Kulick, 2014, p. 6). In that sense, this thesis is based on queer theory approaches, as it "interrogates heterosexuality by dismissing its claims to naturalness" (Kulick, 2014, p. 6).

Following Harding (1986), Lazar questions the concept of "scientific neutrality" for it obscures the social and historical conditions in the production of knowledge (2005, p. 6). Any discursive event is always generated in relation to a heritage of sociocultural practices (Fairclough, 1995, p. 10), and for that reason, CDA demands an adequate historization of the data, an analysis of the historical context of its production (Fairclough, 1995, p. 19); in Foucault's words, an "archaeology of knowledge" is needed. My CDA will be synchronic—an analysis of what is being said in a specific time and place—and it will of course include a diachronic dimension to reconstruct the genesis, transformations and continuities of current regulatory discourses on married sexual life (Jäger & Maier, 2015, p. 121). Texts should never be analysed independently from institutional and discourse practices of which they are part of (Fairclough, 1995, p. 9); in the case of my research, the manuals are embedded in the wider practice of sexology and sex therapy as social sciences, and it is in this relationship that they acquire their meaning.



## Historical overview. Married manuals and heterosexual anxieties

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Although currently naturalized as a common-sense assumption, the notion of satisfactory sexuality as a fundamental pillar of heterosexual marital happiness is a relatively new phenomenon that can be traced back to marital manuals from the turn of the twentieth century. Over the course of the decades, the notion of sex as a set of techniques to be mastered, as the privileged route to self-knowledge and fulfilment, the call to assume responsibility for one's and one's partner's sexual pleasure, and the negative consequences of lack of marital sex were slowly incorporated to the literature.

Fifteen-century England witnessed, together with the birth of the printing press, the appearance of the first domestic conduct books with instructions on social norms, including issues of marriage and family. They were religious in nature, and educated the readers on the legal aspects of marriage, husband's and wife's expected behaviour, and the administration of the home (child rearing, servants, etc.) (Gordon & Bernstein, 1970, pp. 665–666). It was not until the nineteenth century that marriage manuals emerged as a specific, secular form of literature. They were a “collection of sermons” strongly grounded on the Christian ideal behaviour, predominantly addressed at middle-class audience (Gordon & Bernstein, 1970, p. 666). Advice on mate choice was frequently discussed in American manuals, and selection criteria was provided. The spiritual qualifications of the potential partner were paramount, since religion was considered an important component of marital adjustment (Gordon & Bernstein, 1970, p. 667). Love, on the other hand, was seen as a calm emotion, more a by-product of marriage than a prerequisite, and it was hardly mentioned (Gordon & Bernstein, 1970, p. 668).

These manuals considered sex to be dangerous, with potential dangerous results for both men's and women's health, but unfortunately necessary for the reproduction of the species (Gordon & Bernstein, 1970, p. 617). Most frequently, medical experts focused in its negative health consequences, like the theories linking masturbation to insanity and death (Foucault, 1998; Gupta, 2011, pp. 104–105). Marriage was considered as a safe channel for keeping sex between proper boundaries; only occasional indulgence to the pleasures of the flesh was suggested—most of the literature advised sexual intercourse no more than once a week (Laipson, 1996, p. 507). Until the 1850's, limiting sexual activity was the dominant cultural ideal. Women were expected to pace men's sexual urges, to be the upholders of sexual restraint—though somewhat contradictory with women's legal obligation to sexually submit to their husbands (Simmons, 1993, p. 20).

Katz proposes that this discourse began to shift during the period of 1860-1892, when heterosexuality made its first appearance in the American scene, and eroticism became a commodity for the arising consumer culture (1990, p. 71). Doctors and scientists began to pathologize the absence of sexual pleasure in women, and by the 1880's, the idea of a “normal love” with a healthy and necessary amount of libido had been installed. The psychological and medical discourse has begun to increasingly consider sexuality not only as natural and healthy but also as a core element of the maintenance of heterosexual relationships (Oosterhuis, 2000, p. 284). Gordon & Bernstein quote 1882 Henry Guernsey's *Plain talks on avoided subjects* marital manual: “the sexual relationship is among the most important uses of married life; it vivifies the affection for each other, as nothing else in the world can, and is a powerful reminder of their mutual obligation to each other and to the community in which they live” (1970, p. 672). This perspective was not yet the most pervasive one, but closer to the end of the century, it grew sharper.

After 1900, marital advice literature explicitly promoted sexual expression. Sex was portrayed as a natural part of existence and a source of “radiant energy” and creativity that would expand to other realms of life (Simmons, 1993, p. 21). Not only the wife had the right to sexual pleasure, but it was the husband’s duty to educate himself and provide it to her. Sexual foreplay came into the scene of the sexual life of the married couple as a critical element for female satisfaction (Laipson, 1996, p. 508). The constructed norm was that healthy couple relationships should be sexual, and the absence of sexual activity was considered both an index of underlying problems and a potential cause of marriage failure.

These changes were intertwined with larger political, social and economic transformations of the time. Melosh points to a relationship between twentieth century constructions of gender and the changes in the workings of capitalism (1993, p. 6). The transition from the nineteenth century emphasis on wage work to a twentieth century burgeoning consumer economy brought about the topic of self-fulfilment to the sociocultural arena. By the 1910’s, young-middle class women were attending higher education, employed in the labour market, and participating in political activism; the struggle for female suffrage became an international movement (Coontz, 2005, p. 197). The idea of an emancipated womanhood started to reach the public discourse. Margaret Sanger opened in 1916 the first American public birth control clinic (Coontz, 2005, p. 197) and promoted the first female-controlled contraceptive method—the diaphragm— (Cott, 1994, p. 79). America was going through their so-called first sexual revolution, and the image of the flapper as a young, beautiful, free, and sexually vital woman was popularized (Simmons, 1993, p. 17). This brought about an increasingly critical perspective on the old, Victorian sexual order, that was portrayed as a “historical aberration that violated fundamental human nature” (Simmons, 1993, p. 21) and considered “repressive and hypocritical” (Cott, 1994, p. 80). By the

1920's, a new cultural apparatus was built around the idea of sex as a form of vitality and the expression of personality (Cott, 1994, p. 80).

Women's participation in the arts, entertainment, sports, professional and civic world raised cultural anxiety about them potentially escaping men's control. As independent beings with erotic drives apart from reproduction, they could build relationships with each other that would threaten the existing social order (Cott, 1994, p. 81; Simmons, 1993, p. 34). In addition, rising divorce rates and decline in birth rates raised debates on the "modern woman"; the marital sex manuals of the time must be understood in a context where there was a widespread belief that in Western society, the traditional marriage was endangered. This fear was fuelled, according to Bulloch, by the changing status of women that demanded more egalitarian marriages (Neuhaus, 2000, p. 460).

Following these changes, academics, scientists and writers developed a modern sexual ideology to guide sexual behaviour. In the UK, Marie Stopes 1918 *Married Love: A New Contribution to the Solution of Sex Difficulties* was an absolute bestseller that positioned her as the most influential adviser on sexual matters (Geppert, 1998, pp. 395–396). Stopes advocated for female right to sexual pleasure in the marriage, just like Havelock Ellis and the Dutch gynaecologist Theodore Hendrik van de Velde, and pointed out that sex was something to be worked on if it were to become enjoyable (Geppert, 1998, p. 400). In America, the book *Companionate Marriage* (1927) by Lindsey was considered a major text in modelling the modern marriage (Simmons, 1993, p. 22). It proposed that young people should be friends, and maybe even lovers, before marrying (Cott, 1994, p. 80). Sexual and emotional comradeship were thought as the new basis of the relationship (Simmons, 1993, p. 24). This companionate marriage was portrayed as a marriage

of equals, not of domination, therefore there was no rationale for women to escape it (Cott, 1994, p. 81).

Sexual satisfaction was made the core element of marriage, the principal measure of marital harmony and a means towards maintaining the wider social order. Divorce was blamed fundamentally on sexual dissatisfaction (Laipson, 1996, p. 509). Denying sexual urges, experts said, made marriage more unstable; the hope was to save the institution of marriage by sexualizing it. Women would enjoy married sex if men learned how to inspire their wives' passion; husbands were made responsible for any sexual dissatisfaction within marriage. Women's sexuality was latent, and should be awakened by a skilful husband. The wife, on the other hand, was supposed to enjoy sexual intercourse as a duty to her husband, children, and herself (Laipson, 1996, pp. 510-511); she had to, according to Dr Helena Wright's book *The sex factor in marriage* (1931), "decide with all her strength that she wants her body to feel all the sensations of sex with the greatest possible vividness" (Neuhaus, 2000, p. 457). Detailed advice for the husband on clitoral stimulation was given as female orgasm was considered the central piece of successful intercourse (Neuhaus, 2000, p. 457). This discourse on pleasure was a call to men and women's responsibility as sexual actors.

American marital sex manuals flourished after World War II and reached a wider public than ever. Like beginning-of-the-century literature, they posed great importance on the quality of sex life for marriage stability, and reacted against what they perceived as the deterioration of the marital institution and the "plague" that divorce represented to the Nation (Neuhaus, 2000, p. 462). Nevertheless, they differed from their earlier counterparts in two important aspects for the purposes of this thesis. One, that their intended audience shifted from men to women, who were previously widely ignored as potential readers (Neuhaus, 2000, p. 464). Another key gender

reversal was that there was a major shift in the burden of the achievement of sexual pleasure in marriage. Husbands were no longer responsible for their wives' satisfaction and orgasm; now it was her responsibility if she failed in obtaining pleasure from intercourse. Manuals published after the 1950's revealed great anxiety about American manhood, its strength and vitality—and lack thereof—in the context of the Cold War (Neuhaus, 2000, p. 469). Masculinity and men's self-esteem were now considered fragile, in need of tact and consideration. Male performance anxiety, self-consciousness about the size of his penis, and even a potential heart attack from vigorous sexual activity all became matters of concern (Neuhaus, 2000, p. 468). The wife was held responsible for both her and his satisfaction, and if these responsibilities were not taken seriously, that would drive the husband towards the arms of a mistress. Infidelity was seen as the obvious consequence of an unresponsive wife (Neuhaus, 2000, p. 467). The manuals did not put much emphasis on female orgasm as a key element of intercourse anymore; they started blaming the woman and her overly romanticized ideas of sex on her frigidity (Neuhaus, 2000, p. 462-463). This emphasis on women's responsibility, according to Neuhaus, was an attempt to reassert the "women's place" in society (basically, at home) hoping for a quick return to social order after the II World War, when white, middle-class women had again demonstrated their independence as wage earners (2000, p. 470).

Weinber, Swensson & Hammersmith have identified three models of sexuality in the marital manuals between 1950-1973. The first model, one of romanticized marriage, promoted good quality of sex as a way of bringing wife and husband closer, and the woman was encouraged to be sexually responsive to satisfy her husband (1983, p. 316). But from the 70s onwards, a portion of sex manuals started deinstitutionalising female sexuality. The Humanistic Model of sexuality took sex away from the marital context—though not from a loving partnership—and portrayed it as a basic human quality, fun to be explored. Books like Alex Comfort's *The joy of sex* were a

case in point. Another set of manuals, that the authors frame in the Autonomy Model, were feminist in kind, written by women for women, and more prevalent in the second half of the 70's. Their particularity is that sexuality was not presented as interactive or dyadic experience, but one of private endeavour. They provided step-by-step guides on how to achieve orgasm with non-coital techniques, and emphasized women's responsibility towards their own pleasure (Weinberg et al., 1983, p. 317-318). They promised that sexual improvement would also have a positive impact in other realms of women's lives, since sexuality was seen as an aspect of the totality of life experience. Julia Heiman's *Becoming Orgasmic* (1976) is a representative example of this kind of literature.

In 1977, Silverstein and White published *The joy of gay sex: and intimate guide for gay men to the pleasures of a gay lifestyle*, and Sisley and Harris, *The joy of lesbian sex*, inaugurating sex self-help market aimed at homosexual readers. Both included criticism towards monogamy and a rejection of the heterosexual marriage model but they completely aligned with compulsory sexuality; *The joy of gay sex* described "cruising" with ambivalence (Melody & Peterson, 1999, p. 185). The book was a success, and followed by *The new joy of gay sex* (Silverstein & Pelicano, 1992) which now included the issue of AIDS. For lesbians, the next release was *Lesbian Sex* (Loulán, 1984), and as opposed to its earlier counterpart, it condemned casual sex openly, and posed lack of sexual desire as a problem that might affect lesbians (Melody & Peterson, 1999, p. 205).

The 1970s witnessed a major breakthrough in sexology that will be central for this thesis: the creation of the diagnostic category of inhibited sexual desire (ISD) (Irvine, 2005). ISD was conceptualized in 1977 by sex-therapists Leif and Kaplan, as a consequence of the increasing prevalence of complaints in their clinical practice about low libido. ISD was incorporated in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980

and since then it constitutes the basis for sex therapy's understanding of sexual desire and its treatment. Lack of sexual desire can only be interpreted as a condition that needs healing; there is no place in the sexological discourse for low sexual desire to stand as it is (Gupta, 2015, p. 137). Sexology created a disorder that by the end of the 1980s had become "endemic", constituting half of all diagnosis (Irvine, 2005, p. 177). In 1986, Williams published *Man, Woman and Sexual Desire: Self-help for Men and Women with Deficient or Incompatible Sexual Drives or Interests* followed two years later by *Rekindling Desire: Bringing Your Sexual Relationship Back to Life*, inaugurating American self-help books specifically aimed at enhancing sexual desire in the couple.

In the late 80's and early 90's, a "sexual counterrevolution" took place during the Reagan and Bush presidencies. Sexual abstinence was promoted as the best policy to fight AIDS, and sex manuals reflected these changes by limiting good sex back to the marital realm. Gone were the days of group sex, swinging, and experimentation; Dr Ruth, one of the most famous sex advisors of those decades, suggests readers to avoid offending their families and religion in her 1983 book *Good Sex* (Melody & Peterson, 1999, p. 209). Compulsory coupledness and mononormativity had settled in. This trend strengthened in 1986 *Dr Ruth's guide for married lovers*, and 1992 *Dr Ruth's guide to safer sex: exciting, sensible directions for the 90's*, where she openly advocates for monogamy and abstinence as the only reliable measures for truly safe sex (Melody & Peterson, 1999, p. 218). Of course, Dr Ruth was not the only voice in the self-help genre, but her conservative tone left a blueprint on which subsequent self-help for couples will build upon.

Following the 1998 release of Viagra, there was an explosion in the circulation of self-help literature aimed at the stable heterosexual couple (Tyler, 2008b, p. 363), providing sexual advice on how to keep the passion alive or reignite it if lost. Authors are licensed experts in mental



health as well as journalists or even porn-stars. Those manuals embedded in the *psy* disciplines (N. Rose, 1999a, p. vii) support the idea that heterosexual monogamous marriage can and should provide lifelong sexual satisfaction, and if that is not the case then intense sex work should be undertaken, or the relationship will face an inevitable end. Sex self-manuals assert that reconciling the secure, durable couple relationship with the tumultuous emotion of passion is possible. In Kipnis' words, they invite the reader "to perform enough psychical retooling to reshape the anarchy of desire to the confines of the marriage bed" (2003, p. 66).

The manuals I am focusing on in this study are also part of a wider 150-year tradition of self-help in North American culture. Although I cannot afford an in-depth review, I do wish to situate my primary sources in their broader context. Authors agree on Franklin's eighteenth-century *Autobiography* as the beginning of the self-help genre (Effing, 2009, p. 128)). The origins of self-help are linked to United States' Protestant Christianity tradition that emphasizes "hard work, self-examination and discipline" as the moral grounds of the Nation; it is also related to the idea of the self-made man, the expression of the American Dream, that suggests that anyone can be successful in achieving their goals if they make the necessary efforts (Effing, 2009, p. 127). After World War II, self-help market expanded enormously, and these puritan conceptions about life and work coexisted with the emergence of the "mind-power" discourse—also known as New Thought (Effing, 2009, pp. 130–131)—that focused on positive thinking for the achievement of prosperity, equated with the possession of material goods in the burgeoning consumer culture of the time. Psychologically-based self-help literature—of the kind of my primary sources—emerged in the 60's, and proclaimed to be based on scientific research and knowledge (Effing, 2009, p. 133). As Illouz points out, suffering is the central engine of this kind of self-help genre, its reason for existence and what keeps it functioning (Illouz, 2008, p. 243). It constructs a "sick" self that needs repair and enhancement, and proposes itself as the

means for that correction (2008, p. 173). Hence the paradox of self-help literature: in order to heal, it must generate a narrative structure in which suffering actually defines the “modern performance of the self” (Illouz, 2008, p. 239). Effing points out that self-improvement literature offers two very different roads to success: the path of absolute effortlessness, and the path of effort, where continuous, never-ending work on the self is advised (2009, p. 138). My primary sources definitively belong to the second one.

## Literature review

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Critical work on self-help manuals is abundant in Western academia; I will explore the literature from the past two decades that has analysed self-help books on heterosexual relationships and/or sexual life. Jackson and Scott posit that, from the nineteenth century onwards, sexuality has been increasingly object of “rational management” (1997, p. 551), and got caught in the discourse of “health promotion and lifestyle choices” (1997, p. 557). Sex is described as “natural”, yet endless suggestions are given on how work on it and properly exercise it (1997, p. 561). The authors assert that sexuality is described as gendered following the traditional scripts (women’s search for love and men’s search for sexual release) (1997, p. 567), and considered “best exercised within the monogamous couple” (1997, p. 565).

Zimmerman, Holm and Haddock (2001) worked with the ten top-selling manuals for heterosexual relationship advise from 1988 to 1998 in the United States. They were interested in how these books portray gender relations since according to them, not only self-help industry is highly influential on, and a valuable indicator of current cultural expectations and ideals, but is also a widely used resource in psychotherapy (2001, p. 122). They found the four best-selling books to be “the most disempowering” for women (2001, p. 130) and contrary to feminist

values, that the authors defined female autonomy and assertiveness, “non-traditional life and career choices” (2001, p. 124), and primarily, “financial independence” (2001, p. 130). The authors’ understanding of feminism can be criticised for it has made prescriptive the Western, liberal assumption that all women should strive for personal autonomy and freedom from oppression (Mahmood, 2001, p. 206). Nevertheless, their finding that all the advice and instructions were directed at women., therefore reproducing a gendered division of labour in which the emotional maintenance of the relationship is considered a female responsibility (2001, p. 130) is of relevance for my thesis.

In a widely cited article, Potts analyses, with a feminist and poststructuralist framework, John Gray’s 1995 *Mars and Venus in the Bedroom: A Guide to Lasting Romance and Passion* (1998). She states that Gray builds a hierarchy where coupled sex is considered the best expression of sexuality compared to other sexual activities, such as masturbation (1998, p. 156). According to Potts, the manual portrays sexual activity as “compulsory”, as the inevitable road to health, personal fulfilment and relational happiness by which the person becomes whole<sup>8</sup> (1998, p. 156). Women are encouraged to be sexually available to their male partners, even to consent to unwanted sexual activity for the sake of the relationship (1998, p. 161), since men are biologically programmed with a strong sexual urge that needs (sometimes urgent) satisfaction. Women are “wired” differently, and their arousal is not automatic but dependent on love and affection (1998, p. 158, 168).

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<sup>8</sup> This notion is not new; Oosterhuis pointed out how Krafft-Ebbing, in his late nineteenth-century writings, was already promoting the idea that the sexual urge played a constructive role in personal and social life and satisfying this urge was crucial in the development of personality and affective relations, thus anticipating the increasing sexualisation of marriage at the turn of the twentieth century (2000, p. 283-284).

These evolutionary gendered accounts of sexuality are also present in Tarzia's findings<sup>9</sup> (2015). She performs a comparative analysis between early marriage manuals from the beginning of the twentieth century and contemporary sex advice, and finds striking similarities in their essentialist depictions of male and female sexuality (2015, pp. 368–369). She hypothesizes that this “returning” to old gender stereotypes of women as passive and men as active—with a strong imprint of Darwinian theory of evolution—might be a backlash against the great progress women have made in the political, social and economic realm in the last century (2015, p. 389).

Gupta and Cacchioni examined seventeen American sex self-help manuals from 2000 onward (2013, p. 445) and their findings are consistent with previous literature. Sexuality is portrayed as an essential component of both self-fulfilment and a romantic couple's happiness (an issue that will be central to this thesis), and as playing a key role in the pursuit of a healthy body, a feature that the authors named “healthicization of sex” (2013, p. 442, 446). This “sex for health” discourse goes hand in hand with the promotion of intense and continuous “sex work” that is inscribed in the neoliberal narrative of individual responsibility toward self-care and self-realisation (Gupta & Cacchioni, 2013, p. 452).

From a radical feminist perspective, Tyler performed an analysis of five highly recommended sex self-help books, written by accredited mental health professionals (2008b, p. 364). Her rationale for this condition is that she wanted to avoid her results being “dismissed” as not accurately representing the “official” sexological discourse (2008, p. 364). Her conclusions, nevertheless, resemble previous and later literature on the topic: the manuals reproduce an essentialist view of sexuality as a biological male need that women are encouraged to “service”

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<sup>9</sup> I will fully explore Tarzia's article in Chapter One.

in order to maintain the relationship, and Tyler reveals the strategies the authors use to convince women of the importance of this task, such as inducing guilt (2008, p. 369, 371).

Other authors have focused in sex self-help literature and other sources of advice that are not concerned with long-term relationships but rather casual sex (Farvid & Braun, 2013) and polyamory (Petrella, 2007). Farvid and Braun wanted to explore, from a Foucauldian and poststructuralist perspective, whether these materials constituted a site of counterdiscourses that posed a challenge to mononormativity (2013, p. 361, 363). They concluded that casual sex is constructed as an extremely regulated practice; it is also caught up in ‘expert’ discourses on “how to” do it appropriately, and considered an easy substitute for satisfying a supposedly biological sexual need until the “real thing” comes along (this is, the romantic, long-term relationship) (2013, p. 373). Petrella was on a similar quest with three self-help books on polyamory: are they resisting normalization in some way, do they hold any “subversive potential”? (2007, p. 151). The author found how these manuals, under the claim of “liberating” sexuality from the “repressions” of monogamous regimes, construct new hierarchies within the polyamory economy (2007, p. 161). There is a call for the search of one’s “authentic self” through the exercise of polyamory, and a depiction of an ideal subject as an “autonomous creature, psychologically self-contained and emotionally independent” (2007, p. 157).

Following this literature, I find a gap for academic contribution: further analysis on contemporary sex self-help books written by accredited professionals with a special focus on sexual desire. This interest stems from two sources: the intense criticism that the increasing medicalization of women’s sexual problems have received from feminist scholars (Hartley & Tiefer, 2003) and the lack of clinical success that sex therapists are acknowledging to have when attempting to enhance sexual desire in clients (G. R. Weeks, Hertlein, & Gambescia, 2009).

## Chapter outline

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In Chapter One, I am going to trace back in the history of sexology the emergence of *compulsory sexuality* by revising the diagnosis of frigidity, particularly in women in the nineteenth century, and how this concept has been reshaped by all versions of the DSM from the 3<sup>rd</sup> edition onwards (1980). The analysed self-help manuals build on this problematization of lack of sexual desire, and I will explore what their explanations on sexual desire's working mechanisms are. These books feed themselves from evolutionary psychology and neuroendocrinological understandings of sexuality, reproducing the traditional gender division of character and labour, while at the same time they try to harmonize those understandings with emotional, cognitive and relational factors affecting desire. I will show how the proposed aetiologies for low sexual desire are completely privatised, they do not address any wider structural factors, something that sets the tone for the treatment indications that I will explore in the following chapter.

In Chapter Two, I will frame the suggestions that the manuals give to readers to enhance sexual desire under the concept of *sex work*, as a highly gendered technology of the self, linked to neoliberal governmentality. I will connect the expert discourses on the management of the sexual conduct of the population to the emergence of eighteen-century biopower. I will explore how the burden of this sex work not only falls on the shoulders of women, but also reproduces and privileges a very specific model of sexuality (middle-class, monogamous, and within the limits of “appropriate” sexual practices), while pushing all others out of the *charmed circle* of social respectability (Rubin, 1984).

In Chapter Three, I will do a close reading of the discursive strategies the authors use to build legitimation, how they persuade readers on the vital importance of working on enhancing desire.

I will trace the use of specific rhetorical strategies, and the naturalizing effects of the experts' appealing to "the norm" and the "true self" when arguing for the importance of an active sexuality, monogamy and marriage for good health, wellbeing and happiness. I will also argue for the detrimental effect that these discourses have on the achievement of full citizenship recognition for those who cannot or do not wish to conform to those normative standards of sexual conduct.

## CHAPTER ONE

### DEFINITIONS OF DESIRE

In this chapter, I will argue for a historization of the construction of low sexual desire as a problem (and even a pathology) that requires therapeutic intervention. I expect this exploration to contribute to my broader goal of combining a close textual analysis of the manuals (“vertical axis”) with a wider historical and socio-political contextualization (“horizontal axis”). Twenty-first century self-help manuals talk about lack of sexual desire as if its problematic nature was self-evident. Nevertheless, I will use a historical approach to show how lack of sexual desire, specifically in women, was not considered dysfunctional but rather a constitutive part of their nature until the nineteenth century, when the diagnosis of frigidity started to be applied to them. I will mark this point in history as the emergence of a *compulsory sexuality* discourse in the West, that describes two fundamental and unquestioned assumptions of the sexological discipline: all normal and healthy subjects are by definition sexual subjects, and those people who do not experience sexual feelings suffer from a “moral, medical or psychological disorder” (Gupta, 2015).

The concept of frigidity, far from being buried, is still relevant to understand current diagnostic categories on sexual desire; its apparent disappearance is a reclothing in the scientific terminology of ISD by the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, with some relevant reconfigurations, specially on its effects<sup>10</sup>. The DSM up to its current version (DSM-V) and the sexological discipline in general are saturated

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<sup>10</sup> The DSM incorporation of the diagnosis of female frigidity as ISD has a connection with the pharmacological industry that was unheard before, as exposed by the frantic search of the *Pink Viagra* that has been so extensively criticised by feminist sexologists (Hartley & Tiefer, 2003). The treatments have changed and the enhancement of sexual skills and performance (Attwood & Smith, 2013) that is expected from patients with this diagnosis has reached unprecedented levels and does not resemble what was expected from them in the nineteenth century.



with normative assumptions on what constitutes a healthy, desiring human being (Flore, 2014, p. 69).

The DSM nosology is of central relevance to this thesis since contemporary sex self-help manuals echo the DSM construction of ISD while also offering their own understanding of the causes, working mechanisms and effects of sexual desire. The manuals, I will argue, give nineteenth-century evolutionary explanations of sexuality in the more modern vocabulary of the brain and the hormones, while trying to reconcile these explanations with psychological and relational factors as a way of legitimizing the need of psychotherapeutic intervention. Nevertheless, both biological and psychological-relational accounts reproduce the most traditional gender roles of a sexually male pursuer with a straight-forward sexuality, and a complex woman with a fragile desire. Female sexual desire is romanticized by the experts and tightly linked to emotional intimacy, both as its prerequisite and its by-product. The manual's proposed aetiologies for low sexual desire are completely privatised. Structural factors (social, economic and political) are almost entirely erased from the picture, and even if mentioned, they are never targeted in the treatment section of the manuals. Of course, I am not the first one to denounce that the privatization of aetiologies and medicalization of distressful experiences very well fits with the neoliberal turn in mental health care (Hacking, 2013; Thangadurai & Jacob, 2014). The definition of aetiology in exclusively medical, psychological and relational factors shape the suggested treatment in individual terms, promoting a very specific kind of work that the (female) patient should undertake and will be discussed in Chapter Two.

## The many phases/faces of frigidity

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“To indulge a gothic metaphor, frigidity may be less a demon to be slain, than an unburied corpse trailing about the streets of discourse”.

(Cryle & Moore, 2011, p. 9)

Since sexuality is discursively regulated (Foucault, 1998, p. 18), it is of great interest to explore the emergence of diagnostic labels within the medical discipline, for they indicate what experts judge as appropriate and inappropriate sexual practices and identities, and instruct people on the proper way to conduct their sexual lives (Irvine, 2005, p. 164). According to Cryle and Moore, the idea of “construction” or “invention” does not mean attaching “inventive agency” to sexologists as if they had produced concepts for manipulative purposes (2011, p. 16). Rather, it is aimed at questioning the category of sexual desire as a natural, ahistorical phenomenon like the self-help manuals portray. The following genealogy of frigidity aims to show the contingency of its emergence and how it became a powerful discursive object (2011, p. 10). As it refers to a lack, a deficiency, frigidity does not exist separated from its discursive construction. Across history, the “minimal recurrent element” in the conceptualizations of frigidity is that the person does not respond sexually to the expectations of a partner (2011, p. 20).

After the 1960s, the concept of frigidity was heavily criticised by feminist theory for promoting gender inequality, and quickly dismissed as an embarrassing, absurd “sexological fiction” originated in a “premodern” stage of the development of sexology, where “phallocentrically biased models” of sexuality were at work (Cryle & Moore, 2011, p. 8). This should not lead us to the mistaken belief that frigidity has no longer any diagnostic or discursive relevance (2011, p. 3); I intent to show that it is still very much alive, though disguised in more modern scientific costumes.

For centuries, female frigidity and impotence were not considered serious disorders, whereas *frigiditas* in men was of great concern since his impossibility to achieve intercourse prevented the completion of marriage vows, which was a cause for the legal dissolution of marriage (Cryle & Moore, 2011, p. 4). In the seventeenth and eighteenth centuries, the idea of a naturally cooler female continued to dominate medical discourse (2011, p. 5); female desire was not considered sexual but only a yearning for having children and building a family (Moore, 2009, p. 186). The innate absence of heat in a woman could only be balanced “by the infusion of heat from a man” (Cryle & Moore, 2011, p. 5); it is possible to still find this conception in several of my twenty-first century self-help manuals: “a low-libido woman could really use a guy who’s an expert seducer (...) male seduction is the way the couple can share testosterone” (Watson, 2012, p. 133-134); “women in long-term relationships responded to sexual drive targeted at them from their beloved (...) Terry started to get in touch with his inner caveman and told and showed Sarah how much she turned him on” (Watson, 2012, p. 64).

Female relative coolness was considered part of the natural gender differences in temperament, thus not regarded as pathological. The female sexual morbid state that required clinical treatment was nymphomania or ‘furor uterinus’, a display of excessive heat that reversed the gendered order (Cryle & Moore, 2011, p. 5). Women’s disproportionate passion was interpreted as more threatening and deviant than men’s (Moore, 2009, p. 188).

In the middle of the nineteenth century a major shift occurred. Detailed examination of female genitalia during intercourse made experts consider that the female body was not only passively receiving the male’s but rather had its own natural potency. Once the scientific discourse asserted female sexual potency as the norm, it pathologized the absence of pleasure during intercourse, and women started to be target of medical intervention for impotence (Cryle &

Moore, 2011, pp. 5). Vaginismus was the primary female sexual pathology for it constituted a sexual obstacle to marriage, and it formed the basis for the nascent discipline of gynaecology (2011, p. 6). It was a highly disputed issue whether female frigidity had physical or “moral” causes (2011, p. 5), and the list of possible aetiologies was innumerable: “lack of adequate friction, childbirth injuries, male premature ejaculation, *coitus interruptus*, and fear of pregnancy” among others (Angel, 2010). The tension between the “moral” (today, psychological) and medical causes, and the endless unspecific possible aetiologies are still possible to find in contemporary self-help manuals.

It was in the 1910s that books on female frigidity started to be published and the topic entered public discourse. Otto Adler and many of his colleagues including Havelock Ellis were worried about the high prevalence of frigidity in the Western world (Cryle & Moore, 2011, p. 6), a concern that is still reflected nowadays in my primary sources. As I have explored in the introduction, the fulfilment of sexual desire, from the end of the nineteenth century onwards, was understood as necessary for mental health, personal happiness, social harmony, and a key element for keeping marriages together in face of the perceived instability of the institution. The presence of female frigidity in the marriage was thought as a threat to its continuation. This raised an epidemiological alarm that made and still makes lack of sexual desire a problem that requires therapeutic intervention, which finds its basis in the normative assumption that every woman has a potential for sexual pleasure that must be realised (Cryle & Moore, 2011, pp. 6–7). The sexual was discursively and practically constructed in the nineteenth century from the “delineation of its absences, its failures” (Moore, 2009, p. 181); it was made “ever-present, undeniable, obligatory: a fact, a thing, an imperative” (Moore, 2009, p. 189). Late nineteenth and early twentieth-century understandings of frigidity nurtured a conception of the sexual as inevitable even if sometimes concealed (Moore, 2009, p. 188). It is possible to locate here the

origin of the *compulsory sexuality* discourse, the idea of sexuality as a “necessary attribute of the human condition” (Flore, 2014, p. 53) that is still pervasive in the present days. Sexology depends on this assumption of an inborn sexual desire that can be elusive but yet discoverable, and asexuality is read as a disorder that demands both explanation and medical intervention (Flore, 2014, p. 52).

Over the centuries, the meaning of frigidity has varied greatly; it referred to “women’s natural lack of desire, their unnatural failure to experience a normal desire, their failure to become aroused, failure to reach orgasm, or failure to reach vaginal orgasm” (Angel, 2012). From the thirteenth century to the first half of the twentieth, frigidity slowly became a more intricate, challenging and pressing category, before disappearing relatively quickly during the latter part of the twentieth century (Cryle & Moore, 2011, pp. 7). However, during the late twentieth and early twenty-first centuries psychiatry has created diagnosis for women that have pathologically low levels of desire (Cryle & Moore, 2011, p. 8), and that is going to be the topic of the next section.

### **Low sexual desire in the Diagnostic and Statistical Manual of Mental Disorders (DSM)**

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The DSM is the most representative voice of the Western contemporary psychiatric discourse, and although American in its origins, it has a global and universalizing reach. As such, it offers a “hermeneutics of the self” that creates an “intelligible life”, a tool for “self-epistemology” (Flore, 2014, p. 56). A review on the history of DSM categories on sexual desire disorders is of major importance for this thesis, since the DSM nosology has an impact that goes far beyond the individual psychological or psychiatric consultation. Recognized as the official, authoritative view on diagnosis, it has set the boundaries for mental health terminology even in popular

culture, and the tone for what is considered normal mental functioning. The DSM has been extensively criticized for playing a major role in erasing social and political variables in the experience of mental suffering (Hacking, 2013; B. Lewis, 2006; Tiefer, 2001). Even if some of the authors of the analysed self-help books explicitly claim to oppose the medicalized view of sexual desire, they are still in debt with DSM's construction of sexual dysfunctions.

As opposed to DSM-III, DSM-I (1952) and DSM-II (1968) did not include a separate section for the diagnosis of sexual dysfunctions. The DSM-III is widely seen as having marked a categorical shift from a psychoanalytic to a biological psychiatry<sup>11</sup>. It contained a detailed categorization of sexual problems, primarily based on the work of William Masters and Virginia Johnson, who outlined a four-stage Human Sexual Response Cycle (HSRC) (excitement, plateau, orgasm, and resolution) and three female sexual disorders: dyspareunia, vaginismus, and orgasmic dysfunction. In 1977, as described in the introduction of this thesis, sex therapists Kaplan and Leif created the diagnosis of ISD. To do so, Kaplan modified Masters & Johnson's HSRC into a three-stage model, adding desire and getting rid of resolution (since the last one lacked any clinical relevance). This was the model to be incorporated in the 1980 DSM-III (Angel, 2010). The manual included a separate category of Psychosexual Disorders: gender identity disorders, paraphilias, and psychosexual dysfunctions. The latter comprised (for women) Inhibited Sexual Desire and Inhibited Sexual Excitement, among others, and that is how ISD formally enters the contemporary psychiatric discourse. The DSM-III-R (1987) and

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<sup>11</sup> DSM-I and DSM-II were heavily influenced by the psychoanalysis then dominant in the United States. But with DSM-III there was a big change, with several causes. First, in addition to the increasing dissatisfaction with psychodynamic psychiatry, there was a major restriction of funding: less research support from the National Institute of Mental Health (NIMH), and reduced monetary contributions from the federal government and insurance providers during the 1970s, based in part upon the perception that psychodynamic psychiatry's lack of coherence in classification promoted low-quality research and superfluous expenses in healthcare (Hacking, 2013; Kawa & Giordano, 2012). Then, the approval in 1974 of lithium, an effective drug for treating maniac depression, boosted the pharmaceutical industry. Operational behavioural criteria were necessary to identify who would benefit from lithium (Hacking, 2013, p. 213).

DSM-IV (1995) kept the same categories with a slight change of names (Brotto, 2010, p. 2). Many feminist scholars interpret ISD/HSDD as a “reformulation<sup>12</sup> of historical diagnoses of frigidity, implying withholding unresponsiveness” (Irvine, 2005, p. 182).

Until the DSM-IV-R, the diagnosis for hypoactive sexual desire disorder (HSDD) was gender neutral. This received many criticisms from feminist sexologists; it was said that the diagnosis was built according to a male model of sexual functioning that relies on the presence of spontaneous sexual desire. Women, apparently, have a different sexual response: they lack this spontaneous desire when they are in long-term committed relationships, so their normal sexual functioning was pathologized only because it did not fit the male standard. The DSM-V (2013) echoed these concerns and split HSDD in two: male HSDD, and female disorder of sexual interest/arousal (IsHak & Tobia, 2013, p. 3). The main difference is that in addition to absent or decreased sexual interest, and erotic thoughts or fantasies, lack of receptivity is incorporated as a criterion for female diagnosis. This change in DSM-V diagnostic labels was based on Basson's new, non-linear model of women's sexual desire<sup>13</sup>. She asserted that even if women might experience spontaneous sexual desire at the beginning of a new relationship or during ovulation (2001, p. 397), women in long-term monogamous relationships, unlike men, do not longer feel spontaneous sexual desire for their partners. Female desire does not precede arousal but rather follows it, and it results from the woman's conscious decision of being open to sexual stimuli (2001, p. 396). Basson has defined this receptivity as “willingness to proceed [with sexual activity] despite absence of sexual desire at that instant” (2002, p. 294). Although the woman may not feel spontaneous sexual desire, she is nevertheless motivated to get involved in sex as

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<sup>12</sup> For a short description of what I consider to be the differences in meaning, application and practice between the diagnosis of frigidity and ISD/HSDD, please refer back to footnote 10.

<sup>13</sup> Basson's model had such good reception as the “right” interpretation of female sexual functioning because it was gender specific and attended to previous feminist critiques. The fact that Basson proposed a model to understand women's sexuality as different from men's seemed to correct a bias in Master and Johnson's HSRC, so it was welcomed by the feminist voices in sexology.

she is confident she will obtain non-sexual benefits from such activity, like “increased emotional closeness, bonding, commitment, tolerance of each other’s imperfections, and expectation of increased well-being of the partner” (2001, p. 397). If the sexual encounter has a positive emotional and physical outcome, intimacy is strengthened and the cycle gets reinforced (2001, p. 397). Most authors of my primary sources follow this model and explain it to their female readers. Hall provides an illustrative example:

Sexual desire is not something that you feel only prior to sex (...) What prompts sexual desire and what results in sexual arousal are often the same when we are young or when we are in a new relationship (...) However, this model does not work well as our relationships mature. After the novelty or the illicit nature of sexual activity wears off, sexual arousal is not so easily generated (...) It is then we require more explicit sexual stimulation, often involving actual physical contact to get excited (...) A good relationship often provides the motivation to be sexual, because we are already feeling close to our partner. We may then initiate or respond to intimate touches that are likely to arouse us. Desire leads us to sexual arousal, which in turn increases our sexual desire. This is what I refer to as the desire-arousal feedback loop (2004, p. 15).

Just like Basson, the authors do not consider lack of spontaneous desire as pathological: “lack of out-of-the-blue sexual urges didn’t necessarily signify a problem” (Weiner-Davis, 2004, p. 12), what is problematic is the lack of receptive desire, which kicks the woman out of this naturalized “feedback loop”.

This model has been criticised for perpetuating the myth of the “sleeping beauty”, this is, a woman whose sexual desire needs to be “awakened” by a skilful man (read: husband) as described in the 1900’s marital manuals (Tyler, 2008a, p. 44). According to Tyler (2008a), Basson explains that women, when lacking subjective sexual desire, continue to engage in sex to “placate a needy (and increasingly irritable) partner”. Rather than critically approaching such incentive, Basson suggests that it only “superficially appear(s) unhealthy” as:

When the experience proves rewarding for the woman such that part way through she herself starts to feel—that she too, would not wish to stop—it becomes unclear whether the original reasons (to placate=do one’s duty) are truly unhealthy (Tyler, 2008a, p. 45).



Basson does not answer the controversial question of what happens before a woman feels she “would not wish to stop” (Tyler, 2008a, pp. 45-46). If receptivity is the new criterion for healthy women’s sexual response, as my self-help manuals show, it is hard to imagine how women could say “no” to unwanted sexual activities without being pathologized (Tyler, 2008a, p. 46).

### **Lack of sexual desire in my primary sources**

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All DSM versions from the III onwards have legitimated lack of sexual desire as a clinical disorder worth of attention and treatment. The DSM enforces sexuality as a “positive and necessary requirement of the human condition” (Flore, 2014, p. 70). As asexuality studies show, the exercise of sexuality is a “normative expectation for achieving personhood” (Milks, 2014, p. 223), and as it will become apparent in my primary sources, there is a pressure from sex therapy toward clients to fully explore their sexual options risking not knowing themselves completely otherwise, thus lacking a core part of their humanity (Milks, 2014, p. 224). This is clearly reflected in the self-help manuals: “female bodies are built for sex. We are the love machines!” (Watson, 2012, p. 5); “women are sexual and erotic beings” (Hall, 2004, p. 112). Being human and being sexual are one and the same thing<sup>14</sup>.

With different emphasis, all of my primary sources try to distance themselves from what they call a “medicalized view” of sexual desire, and the authors insist that the reader does not have a

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<sup>14</sup> According to Oosterhuis, the modernization of sexuality was characterised by the nineteenth-century linking of sexuality with privacy and intimacy, and the constitution of sexual desire as the clue to the inner self (2000, p. 233). The topic of sexuality as a privileged route for accessing the “true self” and Foucault’s accounts on *scientia sexualis* will be fully explore in the section “Compulsory Sexuality and the Truth of the Self” in Chapter Three.

disease but rather “a problem”, “an imbalance” in their lives. They equate “medicalization” to “biologization”, “physiologization” of the causes of lack of desire and its treatment, and they consider this to be “simplistic” as it does not take into consideration “the whole person”:

It is important to remember that low sexual desire is not a disease in and of itself, just as falling out of love with your partner or losing interest in your work is not considered a disease (Hall, 2004, p. 21).

Your sex drive is part of your life, and not just something that occurs in your clitoris and vagina. This book does not take a genital approach to sex. It takes a whole-person approach, of which your genitals are just one part (Mintz, 2009, p. 6).

What these manuals do not acknowledge is that the fact that lack of sexual desire can be thought as a “problem” requiring professional intervention (even in the shape of self-help literature) already constitutes medicalization, even though it might not include the prescription of drugs (Conrad, 2007, p. 3). Opposing pharmacotherapy is not the same as opposing medicalization. By defining low/absent sexual desire as a problem, these manuals are echoing the DSM discourse; changing the word “dysfunction” for “problem” or “life imbalance” does not imply stepping out of the medical realm; in fact, it can be interpreted as extending the limits of the areas of life that are susceptible to therapeutic intervention.

All authors open their chapters with prevalence studies, a tool used in epidemiology to reflect the proportion of a disease that affects a particular population. Epidemiology as a discipline is at the very core of *biopolitics*, the management of the health of the population, as I will explore in Chapter Three. Although the authors recognize that some “peaks and valleys” in sexual desire are part of “the human condition” (Love & Robinson, 2012, p. 71), a low-sex marriage is “not normal” (McCarthy & McCarthy, 2003, p. 9). Experts quote national surveys and agree that “one out of every three couples struggle with problems associated with low sexual desire. One study found that 20 percent of married couples have sex fewer than ten times a year!” (Weiner-

Davis, 2004, p. 4). Of course, elucidating the parameters of this “epidemic” is not an easy task for the authors because they inherit from the DSM a conceptual and practical problem of definition: the “decisive question” of how little is too little desire (Irvine, 2005, p. 171). Some authors make up their own rationale: in a no-sex marriage, sex occurs less than ten times a year, while a low-sex marriage means being sexual less than every other week (i.e., less than 25 times a year) (McCarthy & McCarthy, 2003, p. 5). Others consider that how much sex is good enough is far less quantifiable: “the optimal amount of sexual interest is what works for each woman in her own unique situation (...) Trust yourself. You will know it” (Hall, 2004, p. 11). The problem is that woman cannot decide that zero is the optimal amount; otherwise there would be no reason for these self-help books. Weiner-Davis agrees that a sex-starved marriage is not about numbers: “even if you’re OK with sex, if your spouse is miserable [about the sexual frequency] and you want to stay married, you’ve got a problem. You don’t need to know much more than that. So throw away your surveys” (Weiner-Davis, 2004, p. 26). This quote shows how the concept of HSDD is inexorably relational: depending on their partner’s sexual expectations, individuals can be pathologized or not in their levels of desire (Irvine, 2005, p. 172).

Authors also give information on gender-specific prevalence: “research studies (...) find that 1 in 3 women and 1 in 7 men report inhibited sexual desire (McCarthy & McCarthy, 2003, p. 5). This means that in a heterosexual marriage it is the husband the one that usually pushes sex (McCarthy & McCarthy, 2003, p. 20), and if we combine this with the compulsory sexuality discourse, it implies that the burden of the treatment will fall on the shoulders of women. How do authors rationalise this gender difference in the prevalence of desire problems? Their description of sexual desire’s working mechanisms gives a (very complicated) answer to this question.

## Desire working mechanisms

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The manuals put some emphasis on the brain when explaining sexual desire working mechanisms: “suffice it to say, you are different from your spouse. You’re even wired differently. Your brains work differently” (Weiner-Davis, 2004, p. 114). Technological developments in both neurochemistry and computer sciences came together to build this “cyborgian” understanding of sexuality and desire (Irvine, 2005, p. 169). But it is hormones the ones that play a crucial role: “prioritizing the relationship, with time spent together doing new things, actually releases the hormone dopamine, creating exciting feelings similar to when we fall in love. Making love stimulates the release of the brain chemical oxytocin, which generates feelings of bonding” (Watson, 2012, p. 210). The male sex hormones, particularly testosterone, are said to have a key function on producing men and women’s sexual desire (Mintz, 2009, p. 16; Love & Robinson, 2012, p. 75): “when you have sufficient testosterone in your bloodstream to do the work it’s supposed to do, most people feel vibrant, sexy, have sexual thoughts throughout the day, and find themselves fantasizing from time to time” (Weiner-Davis, 2004, p. 42-43). Testosterone becomes thus associated to youth, strength, sexual desire, vigour and vital energy (Preciado, 2008, p. 127).

## EVOLUTIONARY ACCOUNTS

Tarzia (2015, p. 369) argues that there are no big differences when it comes to the biological determinism present in the early twenty-century marriage manuals I described in the introduction—when Darwinist theory of evolution became the dominant paradigm—and contemporary self-help books. This becomes apparent in the following examples of my primary sources (emphasis added):

- “Sexual intimacy is a key force in *mate selection* driving us beyond ourselves” (Watson, 2012, p. 154).
- “Allowing ourselves sexual love touches the *most primitive parts of our being* that crave affection, stroking, tenderness and excitement” (Watson, 2012, p. 165).
- “[The] initial stage of attraction is an *evolutionary strategy* designed to keep two people focused on each other as they begin the hard work of creating a relationship and *starting a family*” (Love & Robinson, 2012, p. 13).

Tyler agrees with Tarzia’s diagnosis. Most of the sex self-help books she analysed make use of biological determinism to explain the way sexuality functions, by asserting that heterosexuality is biologically driven, “natural and inevitable” (Tyler, 2008b, p. 365). This description mostly applies to men, whereas women are depicted as lacking this drive, or having a weaker one that is quickly affected by contextual factors. Despite women’s great political advances in the last century, the two genders are portrayed as biologically different, with a differential set of capacities. Evolutionary psychologists assert that different selection pressures ultimately led to gender differences: males had to violently compete for sexual access to females (Tarzia, 2015, p. 375), thus aggressive and promiscuous qualities were selected since they ensured more chances for breeding and passing on genes (Tarzia, 2015, p. 382). Women, on the other hand, devoted all their energy to motherhood, therefore attributes such as nurturance and interpersonal skills were favoured (Tarzia, 2015, p. 373). These essentialist discourses have dangerous political implications, since what is read as innate is understood to be unchangeable, which leaves no room for renegotiation and reproduces the unequal gendered distribution of power in society.

In her research on contemporary self-help books, Tarzia found the insistence on the Darwinian model of the oversexed male and the “coy female” (2015, p. 384). In my primary sources, I

found the same narrative: male sexual desire is described as straightforward, quickly aroused whereas female desire is slow and dependable on love and intimacy:

- “Men’s desire is constant, through tiredness, through arguments, through baby screams, through indigestion, through middle age, and through rain and sleet because of the huge amount of testosterone” (Watson, 2012, p. 5).
- “The scientifically valid concept is that female sexual response is more variable, flexible, and complex than is male sexual response. Male response is more predictable and stereotyped” (McCarthy & McCarthy, 2003, p. 71).
- “Sexual desire in women is complex and requires our thoughts, our emotions, and our bodies to work in sync” (Hall, 2004, p. 19).
- “Women's sexual moods fluctuate more as a result of external sources than do men's” (Mintz, 2009, pp. 22–23).

For that reason, the man has to seduce and stimulate the woman to have sexual intercourse (Tarzia, 2015, p. 379). Tarzia found that the concept of courtship as a receipt for better sexual understanding between men and women is pervasive (2015, p. 382), as if couples were going to achieve a happy sexuality if they get closer to their “natural inclinations”. This is evident in my primary sources (emphasis added):

Men who are dating spend money, time, and energy trying to create an experience that will make women swoon and then fall into bed. It’s nearly formulaic, an *instinctive part of the hunt*. Even women who never read romance novels or watch so-called chick flicks long for and enjoy the game of seduction (Watson, 2012, pp. 132–133).

Sexual desire [in women] needs to be inspired, it needs to be elicited, and sometimes it needs a little coaxing (Hall, 2004, p. 114).

## PSYCHOLOGICAL AND RELATIONAL ACCOUNTS

Although they have a strong presence, biological explanations are not hegemonic; they coexist with “multidimensional models” that include psychological, emotional, cognitive and relational factors in explaining how desire works (Irvine, 2005, p. 171). Authors emphasise its voluntary component: “even for your more highly sexed spouse, once the intense infatuation characteristic of early relationships wears off (and it always does), desire is really a decision” (Weiner-Davis, 2004, p. 13); “sexual expression is learned. You definitely have to work on it in order to keep the feelings alive” (Hall, 2004, p. 77). This makes complete sense if one considers that the experts want to promote psychotherapeutic change. If they put too much emphasis on the role of hormones in eliciting sexual desire, an injection of testosterone would be the right approach and no self-help book—nor therapists—would be required. By highlighting the role of flexibility (Watson, 2012, p. 60), sexual variation and novelty (Weiner-Davis, 2004, p. 103), playfulness, creativity (McCarthy & McCarthy, 2003, p. 189), fantasies (Hall, 2004, p. 111), memories and imagination (Watson, 2012, p. 110), and external stimuli (movies, TV, novels, people on the street, sexy pictures, erotic videos, songs) (McCarthy & McCarthy, 2003, p. 99) in fostering desire, the authors lay the foundations for the extensive amount of work that the reader will have to undertake in order to “nurture desire”. The specificities of this endless work will be addressed in the next chapter.

According to the experts, it is not technique alone, or even primarily, that serves to fuel desire (McCarthy & McCarthy, 2003, p. 149). The key is emotional intimacy. This central component of sexual desire is absolutely gendered in the manuals; experts cannot emphasise enough how women, in order to feel sexual, need to be “connected to their spouses” (Mintz, 2009, p. 122;

Watson, 2012, p. 7), “emotionally close” (McCarthy & McCarthy, 2003, p. 76) by “communicating feelings” (McCarthy & McCarthy, 2003, p. 25). Authors try to distance themselves from an exclusively biological account of (female) sexuality:

We need to move beyond a simple “drive” model of sex, where sexual desire is assumed to be a natural and automatic reaction to deprivation, much in the same way that hunger and thirst are viewed. A simple drive model in no way encompasses the emotional complexity of sexual relationships. If we assume instead that sexual desire is not automatic but must be elicited, then we can stop blaming women and concentrate instead on what will produce passion (Hall, 2004, p. 13).

All authors’ understanding of the extremely delicate working mechanisms of female desire can be summarized in this quote from Hall:

Our sexual activity has to be consistent with our personal values and beliefs in order for us to feel desire. We also have to be motivated to engage in sex, which usually means that we have to believe that there is something in it for us (pleasure, pregnancy, and intimacy are some strong incentives). And we have to feel some beginning sexual sensations or at least have faith that our bodies will respond. We have to find our partner desirable, and our relationship has to be supportive enough so that we can feel comfortable having sexual feelings. In order to act on our sexual desire, we have to have the confidence to initiate and respond to sexual overtures. Communication within the relationship has to be clear enough so that sexual invitations, once sent, are received and correctly perceived (2004, p. 19).

Given these conditions, one may conclude that “it is almost a miracle that sex occurs at all” (Hall, 2004, p. 19), at least for married women. Apparently there is no such thing as a female sexuality devoid of romantic feelings; this precondition for desire is never mentioned in the case of men, which brings us back to the idea of an uncomplicated, straightforward male that experiences “sexual hunger” under any circumstances—a man that is closer to biology, we might say—, and a female desire that is fragile and romanticized. Weiner-Davis explains it this way: “any form of physical contact— touching, kissing, petting, making love, having quickies— makes your husband feel closer to you. And once a man feels close to his wife (...) he’s more motivated to meet your need to talk and spend quality time together (...) Men need to feel good about their sexual relationships in order to be invested in satisfying their wives emotionally”



(2004, p. 55-56). The message is that if women want to receive affection and emotional caring from a man, they should trade it for sex.

## **Reasons for malfunctioning**

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Until now, I have explored what the experts say about the working mechanisms of desire, what its requirements are for proper functioning, especially for women. I will now explore the reasons the authors provide for its decline. My purpose is to show how, despite the authors' assertion about basing their claims in scientific, rigorous knowledge, lack of sexual desire is portrayed as a problem with one of the most unspecific, imprecise and widest aetiologies. It is thought to be everywhere, all the time, and affected by potentially everything; at the same time, it is easy to kill, "fragile" (Watson, 2012, p. 208). The potential for desire and pleasure is understood as natural for both men and women but several factors can block (inhibit) it (McCarthy & McCarthy, 2003, p. 35). The authors adhere to the block model of sexual dysfunction, this is, sexual desire is a pre-given, natural progression of a flowing force that can get interrupted by external factors.

There are common patterns across authors in their description of aetiology. The causes of low desire are mainly individual (psychological or physiological) or interactional (derived from relationship dynamics); almost no political or social factors are mentioned. Only one author acknowledges an economic, social influence on sexual desire, something that is structural to (heterosexual) marriage and even capitalism:

North Americans now work harder and longer than at any other time in our history. Working twelve hours a day does not lend itself to long hours of romance at night. Women continue to carry the burden of household and child-care responsibilities. This can lead to buried resentments and anger (...) you've been up since six in the morning packing lunches for

school, making breakfast, throwing in a wash, and getting to work on time” (Hall, 2004, p. 124).

Hall also acknowledges the excessive emotional work that women do in marriage:

Marriage is more stressful for women than it is for men, or at least it is stressful in a different way. Following a divorce, women speak about a burden being lifted, that burden being their almost constant preoccupation with what their husbands were thinking, feeling, and wanting from them (2004, p. 49).

Watson warns us about some pernicious cultural messages and their possible effect on female sexual desire.

Feeling sexy is damn hard because our culture despises real women’s bodies (...) Good girls are modest and chaste. This programming has become ingrained in our subconscious” (2012, p. 4).

Nevertheless, these brief and potentially productive comments have no follow up in the treatment section of the books, that—as I will explore in the next chapter—are devoted to provide individual strategies to enhance sexual desire without questioning any of the sociocultural or political institutions women are embedded in. As a result, these manuals work to support the neoliberal privatization of suffering, readdressing it to the psychological realm. As an illustrative example, referring to the uneven share of the housework load, Watson affirms: “this is a battle that has to be fought and has to be won in order for the sexy mama to remerge” (2012, p. 97), but always by individual women against their husbands in the privacy of the home.

Mintz gives a perfect example on how the causes of low sexual desire are depoliticised in these manuals. She brings up “being too tired” as a reason for lacking sexual desire:

Women who feel too tired for sex are generally in their late twenties through early sixties and balancing demands between work, children, and perhaps aging parents. Married women with children who work outside the home seem to be the most likely to report feeling too tired for sex. Still, many women who don't work outside the home also feel too wiped out for sex (2009, p. 20).

But she conceptualizes this reason as a “lifestyle issue” (2009, p. 19), rendering the utterly political and economic significance of women unpaid care labour invisible.

The proposed causes for low sexual desire are incredibly extensive, but I want to offer a quick overview of them to strengthen my argument about the privatization of aetiology. The first group of causes can be called medical, and include, as expected, insufficient amounts of testosterone in the bloodstream, together with childbirth, breastfeeding (that produces prolactin), menopause, male menopause, chronic diseases (hypo/hypertiriodism, diabetes, STDs), chronic pain, hysterectomy and oophorectomy, disabilities, insomnia, stress (due to cortisol secretion), drug and alcohol abuse, and side effects of innumerable medications (antidepressants, birth control pills, blood pressure medication), among many others.

The next set of causes are psychological and are as broad as to cover everything from too rigid early toilet training (Watson, 2012, p. 65) to self-punishment over unprocessed guilt (Watson, 2012, p. 57), past trauma or sexual abuse, grief, inadequate family in childhood that was unable to meet emotional needs, fear of revealing your “true self” (Hall, 2004, p. 46)—this is, fear of intimacy—, maternal nature that leads a woman to focus only on children to the exclusion of her husband, sexual dysfunction, low self-esteem, low sexual self-esteem, inhibitions, shame, anxiety about pending daily tasks, “ghosts” of family past and relationships, depression, doubts about deserving good things in life ... and the list continues. For men, a cause of lack of desire might be the idea that penetration is like putting their private parts into a giant trap (Watson, 2012, p. 241).

Two of the proposed causes for lack of sexual desire are particularly interesting for the purposes of this thesis. One of them is male homosexuality (nothing is said about female homosexuality): “in cases where the husband’s orientation is homosexual, trying to convert him to heterosexuality for the sake of the marriage or children is self-defeating (...) Trying to pretend about a desire that is nonexistent is in no one’s interest” (McCarthy & McCarthy, 2003, p. 62). This is very revealing of the author’s understanding of sexual orientation as a “major life commitment” (McCarthy & McCarthy, 2003, p. 61) since the entire book is about provoking a desire that is not existent—though a heterosexual, married one—; apparently, there are some desires that are improvable and some desires that are thought to be unchangeable. As long as you are heterosexual, the general opinion among sex experts is that desire towards any person of the other sex can be worked around/enhanced/provoked with therapeutic help: “if you were once sexually attracted to your partner, there is a good chance that your sexual relationship can be rekindled” (Hall, 2004, p. 64). “If (...) you have lost your attraction to your husband (...) try individual or couple’s therapy” (Mintz, 2009, p. 41).

The other cause is paraphilia, such as “fetishism, cross-dressing, masturbating to pornography, going to massage parlors or prostitutes, and telephone or online sex” (McCarthy & McCarthy, 2003, p. 61). This is linked to the expansion of the psychiatric domain of the perversions in the nineteenth century, that co-opted all forms of sexual pleasure that fell out of the realm of the Malthusian reproductive couple (Foucault, 1998, p. 118). The problem with this “variant pattern of sexual arousal”, according to contemporary manuals, is that this desire does not serve the purpose of bonding the couple together, it exceeds the limits of the marriage institution: “most men, and many women, use fantasies as a bridge to desire and arousal, a healthy form of erotic stimulation. However, variant fantasies serve as a wall to block out the partner” (McCarthy &

McCarthy, 2003, p. 61). This distinction between appropriate and inappropriate sexual practices/healthy and unhealthy desires will be fully addressed in Chapter Three.

A third and last set of possible causes for lack of sexual desire is relational, and once again, the list is endless. Hall summarizes the idea clearly:

All the interactions from the time we wake up to the time we go to sleep can either enhance or inhibit our sexual feelings and our readiness or willingness to have sex. Sexual desire gets turned off by unresolved arguments, criticism, sharp words, impatience, and other emotionally disconnecting or hurtful behaviour (2004, pp. 113–114).

Absolutely everything that happens between the couple can have a negative impact on sexual desire, from an imperfect balance between togetherness and autonomy (Watson, 2012, p. 35), to arguments about money, about sexual technique, about lack of sexual activity, bad timing in sexual advances or bad manners—a husband that bumps his wife with an erection when she is at the stove (Love & Robinson, 2012, p. 49; Watson, 2012, p. 3)—, a husband that always stands up for his family rather than for his wife when there is a family conflict (Weiner-Davis, 2004, p. 88), an affair, the aftermath of an affair, and of course, lack of romance and intimacy.

These three sets of proposed causes show how authors portray sexual desire as both incredibly fragile and ever-present at the same time, susceptible of being affected by every tiny detail of existence, as long as this detail belongs to the private realm of the individual and or the couple.

## Conclusion

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This chapter aimed at arguing how low/absent sexual desire, far from being a universal, ahistorical problem, has been considered pathological—at least in women—for no more than 150 years in the West. This understanding of a normal ever-present sexual desire invades contemporary self-help literature even when the authors claim to oppose a “medicalized view” of sexuality (read, the DSM). Their understanding of sexuality is not only embedded in evolutionary discourses on the difference between genders that perpetuate traditional male and female roles, but is also extremely apolitical even when they try to “contextualize” sexual desire by looking beyond deep psychological problems or hormonal imbalances. On a closer look, it becomes apparent that their definition of context is quite limited: “an individual’s life circumstances, the quality of the marriage and/or sexual relationship” (Hall, 2004, p. 4), and does not include any structural factors outside the realm of the private home. The consequences of such definition of sexual desire will be fully addressed in the next chapter: extensive work towards sexual self-improvement directed by the logics of neoliberal governmentality.

## CHAPTER TWO

### SEX WORK AND NEOLIBERAL GOVERNMENTALITY

In this chapter, I will draw in Foucault's analysis of neoliberal governmentality (Foucault, 1991, 2008) to explore how the self-help manuals portray the work on sexual desire in marriage as a core component of a responsible citizen, as part of the active, never-ending pursuit of personal fulfilment in post-industrialized nations (Rose & Miller, 1992, pp. 200–201).

Foucault explores governance as technologies of the self that “permit the individual to effect by their own means or with the help of others a number of operations on their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain happiness, purity, wisdom, perfection or immortality” (1988, p. 18). I argue, together with Rimke (2000, p. 62), that self-help techniques can be read as an apparatus of governance, in which *psy* experts construct the definition of the “normal” and the “healthy”, and guide individuals to the proper paths of self-management to accomplish it. But in Rose's words, “what began as a social norm ends as a personal desire” (1999b, p. 88); in this new modality of regulating populations, as opposed to a constant inspection from a centralized power, individuals are addressed on the assumption that they want to be healthy, and they will voluntarily and freely pursue the ways of living that promote their well-being (Rose, 1999b, p. 87). People, under neoliberal regimes, relate to their self-care through the exercise of choice in a health market that includes a plurality of options in services and goods, and by this same mechanism, they become bound to a continuous self-scrutiny in the process of shaping their lives according to the psychological norms of health and happiness (Rose, 1999a, p. 231). Since neoliberalism requires subjects to take responsibility for their own self-care, such experience

feels authentic and freely chosen to them, as opposed to imposed by a form of top-down governance (Evans & Riley, 2014, p. 6).

Management of the population through the administration of their sexual conduct is not a twenty-first-century phenomenon; Foucault argued how in the eighteenth century, the emergence of the population as an economic and political concern was one of the “great innovations in the techniques of power” (1998, p. 25), and how sex was at the heart of it, since it provided privileged access both to the individual body and the body of the species (1998, 146). That led to an explosion of disciplines such as medicine and psychiatry that captured the pleasures of the couple under rational, scientific discourses on sex (Foucault, 1998, p. 41). It is difficult not to fall into the trap of overemphasizing the disciplining effects of the sexual science. Medicine is usually considered an overpowering institution that forces its diagnosis and treatments on patients, depicted as helpless victims whose only option is to conform (Oosterhuis, 2000, p. 11). But, as Oosterhuis asserts, “individual meanings [do not] automatically and only follow medical thinking” (2000, p. 12). He pointed to the dialogical nature of Krafft-Ebbing’s work by showing how in the late-nineteenth-century psychiatry, stories of individual patients began to influence the production of medical knowledge. I do not have enough data to replicate Oosterhuis’ findings, but I can highlight a couple of factors that suggest that there is a more complicated power relationship going on in the case of my research than a top-down imposition of psychotherapeutic authority. First, as described in Chapter One, both Kaplan and Lief declared to have developed their diagnostic category of ISD due to the increasing complaints from patients they had been receiving in their offices; Basson stated that she was also pushed to think of a new model for women’s sexual desire due to the incredible number of married women that came to her office to solve their lack of (spontaneous) desire. The authors of my self-help books are not just inventing the problem; while they are key factors in its production and reproduction,



they are at the same time echoing a public concern for the topic. People go to them asking to be heard in their suffering and assisted in overcoming what they perceive to be an obstacle in their lives. And most importantly, the diagnosis and proposed self-help techniques are not imposed on people; they are effective because people take this on as part of themselves, of their self-realisation, and put these mechanisms into play—better expressed in the term *incorporation* (in-corporealization), or embodiment of power<sup>15</sup> (Blencowe, 2012, p. 1).

I will demonstrate how, through the pages of the self-help manuals, “power penetrates and controls everyday pleasure”—in the way of refusal and disapproval, but also “incitement and intensification” (Foucault, 1998, p.11). I will use Rubin’s *charmed circle* (1984) to show how authors construct the limits of appropriate heterosexual practices, while reproducing gender stereotypes that compel women to do all of the emotional and *sex work* to maintain the couple (Cacchioni, 2007). Traditionally, women's bodies have been privileged targets of the call for self-scrutiny and practices aimed at normalization (Pylypa, 1998, p. 21, 24) and these self-help books align with that tradition. *Psy* experts specify the desirable way of conducting one’s marital sexuality under the parameters of what is rational and true, and above all, normal (Rose, 1999b, pp. 74-75). The invention of the norm has become the keystone of the biopolitical mode of governance, and synonym of “socially worthy, statistically average, scientifically healthy and personally desirable” (Rose, 1999b, p. 76). Technologies of the self are the privileged means of achieving this supposedly “natural” normality, and this naturalizing rhetoric makes the sexual expert’s discourse more powerful in its effects.

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<sup>15</sup> “In the seventeenth and eighteenth centuries, (...) a real and effective “incorporation” of power was necessary, in the sense that power had to be able to gain access to the bodies of individuals, to their acts, attitudes, and modes of everyday behaviour” (Foucault, 2000, p. 126).

## Neoliberal governmentality and its subject

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The idea of a society dominated by a centralized state power is very limiting for understanding the way we are governed today (Barry, Osborne, & Rose, 1996, p. 38). In the nineteenth-century liberalism, the advent of the expert figure of the scientist—whose authority is based on a claim to neutral knowledge and efficacy—gave an answer to the seeming opposition between “the need to govern in the interests of morality and order, and the need to restrict government in the interests of liberty and economy” (Barry et al., 1996, p. 39). Government thus relied on institutions such as the school, the family, the neuropsychiatric hospital, the prison, that created subjects that would not need the govern of an external power, but would govern, master and care for themselves (Barry et al., 1996, p. 45).

These “new rationalities of government” had at its centre the ethical *a priori* of the “active citizenship” (Barry, Osborne and Rose, p. 235). With the progressive dismantling of the Keynesian Welfare State in the United States, citizenship started to be considered as a product of individual acts and values; the state has transferred many of its previous responsibilities to the private realm of marriage and the family (Berlant, 1997, p. 5; Cossman, 2007, p. 10). The new subject of government is an active citizen empowered as a consumer that aspires to self-fulfilment and seeks to “enterprise themselves” through the exercise of choice in a free market of goods and services (Barry et al., 1996, p. 57). It is an individual committed to self-care in respect of their bodies, their minds, their behaviour and that of the members of their own families (Rose, 1999a, p. 228). Psychotherapy—including self-help books—harmonizes with new political rationales for the government of conduct; it is predominantly distributed to individuals in a market of expertise directed by competition and consumer demand (Rose, 1999a, p. 231). As Weiner-Davis recommends her readers: “you need to be an informed

consumer and do your research before you go to your doctor” (2004, p. 66). Consumerism has a special role in neoliberal biopolitics, for it became as a means for people to “create themselves as authentic individuals” (Evans & Riley, 2014, p. 9).

Sexuality has come to play a key role in self-fulfilment and self-knowledge, as well as in the management of health. The first step of a healthy citizenship, according to self-help texts, is to realize that the only one responsible for your sexuality is yourself: “ultimately *you* have to be the one to take the primary responsibility for setting your sex drive on course”; “if you’re not feeling turned on, it’s your responsibility to figure out what might feel more exciting” (Weiner-Davis, 2004, p. 27, 102). An ethical citizen is one who engages in the “project” of cultivating and mastering the self (Cossman, 2007, p. 13, 106). Weiner-Davis instructs her readers: “it’s important to approach your “home-improvement” project with an experimental eye” (2004, p. 91) and tells them about her patient Ginny: “she jokingly referred to her new resolve to restore her passion as Project Desire” (2004, p. 103).

Sex experts convey the message that heterosexual marriage takes work (Cossman, 2007, p. 112), and for it to succeed, spouses must engage in self-discipline with responsibility (Josephson, 2016, p. 168):

It’s unfortunate, but there aren’t enough therapists who understand that marriages, even the best of marriages, involve hard work and have incredible ups and downs. People who understand this about relationships and are willing to do what it takes to work through the rough spots and weather the storm benefit greatly. Most people who stick it out through the hard times are very, very happy they did (Weiner-Davis, 2004, p. 78).

The analysed self-help manuals show how citizens are expected to engage in self-discipline, to monitor everything—bodies, minds and souls—to its tinnier detail, which reminds us of the

“thorough, meticulous and constant” confessional technologies put to work to extract the truth of sex (Foucault, 1998, p. 59, 65):

I (...) began to routinely ask self-avowed low-desire clients to pay more attention to their flickering sparks. As people became more aware of the subtle ways their minds and bodies signaled desire, their self-concept changed; they began to feel sexy again (Weiner-Davis, 2004, p. 30)

Some other suggestions include “doing a little detective work” (Weiner-Davis, 2004, p. 94), “be aware and vigilant” (McCarthy & McCarthy, 2003, p. 49, 208); in short, exhaustive self-scrutiny as part of this neoliberal regime of self-governance. This work is endless:

You have to continually discover and rediscover new ways to keep your sexual energy alive. You must consciously work at understanding and keeping up with the changes in your body, your marriage, and the day-to-day demands of your life so that you can keep on reinventing your intimate relationship when it grows stale. It doesn’t just happen. You have to make it happen (Weiner-Davis, 2004, p. 13).

The underlying assumption is that people have the power to change (Cossman, 2007, p. 70), that it is an individual decision they can and should make:

Make a commitment to change your life (...) Do it for you. Do it for your marriage. Do it for your children (...) You’re not good for anyone if you’re unhappy with yourself (...) I suggest that you read my book *Change Your Life and Everyone in It* for a more complete program for change (Weiner-Davis, 2004, p. 72).

The self-help books use a pedagogic vocabulary to construct a self-managed individual able to discipline themselves: “task” (Hall, 2004, p. 131; McCarthy & McCarthy, 2003, p. 48), “exercise”, “lessons learned”, “teaching”, “practice”, “excellent job”, “fail-try again”, “keep track of your progress” (Hall, 2004, p. 112, 129, 131, 136), “motivation, focus” (McCarthy & McCarthy, 2003, p. 6), “go back to school”, “study your body”, “educate yourself” (Weiner-Davis, 2004, p. 186). The desirable and desiring coupled heterosexual subject should be

committed, responsible (McCarthy & McCarthy, 2003, p. 19; Weiner-Davis, 2004, p. 27), rational, productive and congruent (McCarthy & McCarthy, 2003, p. 136). For the provided expert strategies to work, readers must be “serious” about their engagement, proactive and perseverant (Hall, 2004, p. 98, 111). Perseverance is paramount, since just like a garden, sexuality needs “consistent attention, planning, and tending” (McCarthy & McCarthy, 2003, p. 175). As opposed to “wait around hoping something will inspire you” (Hall, 2004, p. 142), an “active participation” is demanded, the person must “face and confront” the problem (Weiner-Davis, 2004, p. 51).

To adequately take on the job of enhancing sexual desire, couples require a “work schedule and special techniques and equipment” (L. S. Lewis & Brissett, 1967, p. 9). The limits between work and leisure are completely blurred: authors advocate for scheduled sex as a solution for problems of sexual desire. This labour is class-based; as Cacchionni argues, having access to a market of sexual improvement—from therapeutic advice in the form of individual consultations to the purchase of sex toys—is largely an option reserved for the middle class (2015, p. 81). For example, all authors suggest hiring a baby-sitter to gain some alone time for the couple (Hall, 2004, p. 103; Weiner-Davis, 2004, p. 80). In this literature, it becomes apparent that the “personal exploration and enhancement of one’s sex life” is undistinguishable from the purchase of goods and services (Attwood & Smith, 2013, p. 327). When Mintz encourages readers to stretch sexual boundaries, most of her suggestions include consuming: play with toys, attend sex classes, play a sexy board game, buy lubricant, buy things to make the bedroom alluring, watch erotica, a weekend getaway, wear new, silky, or sexy clothes, and read books. Some others—like trying new sexual positions and make sex a spiritual experience—could be done without money, though she recommends buying books and instructional DVDs both on Kamasutra and Tantric sex. Her last suggestion, to have sex outside the bedroom (on a rug in

front of the fireplace or in a bathtub) (2009, p. 184) does not imply any economic cost, but she clearly has a middle-class family home in mind. Some other examples:

Lisa and Alex were creative about their Saturday nights together. One date planned by Lisa was a home-cooked gourmet dinner followed by poetry reading (Mintz, 2009, pp. 140–141).

You need to be creative to avoid sexual boredom. Try a new location, rent a hotel room, buy new lingerie (...) (Weiner-Davis, 2004, p. 168).

In the twenty-first-century, according to these manuals, the exercise of a proper sexuality requires the consumption of certain therapeutic services and commercial goods (Attwood & Smith, 2013, p. 332). In this consumer-oriented model of sexuality, women in particular are supposed to spend money to achieve a sexual subjectivity that is celebrated as empowering, but comes at the cost of greater self-surveillance, obscuring structural (class) inequalities and reproducing old gender stereotypes (Evans & Riley, 2014, p. xi).

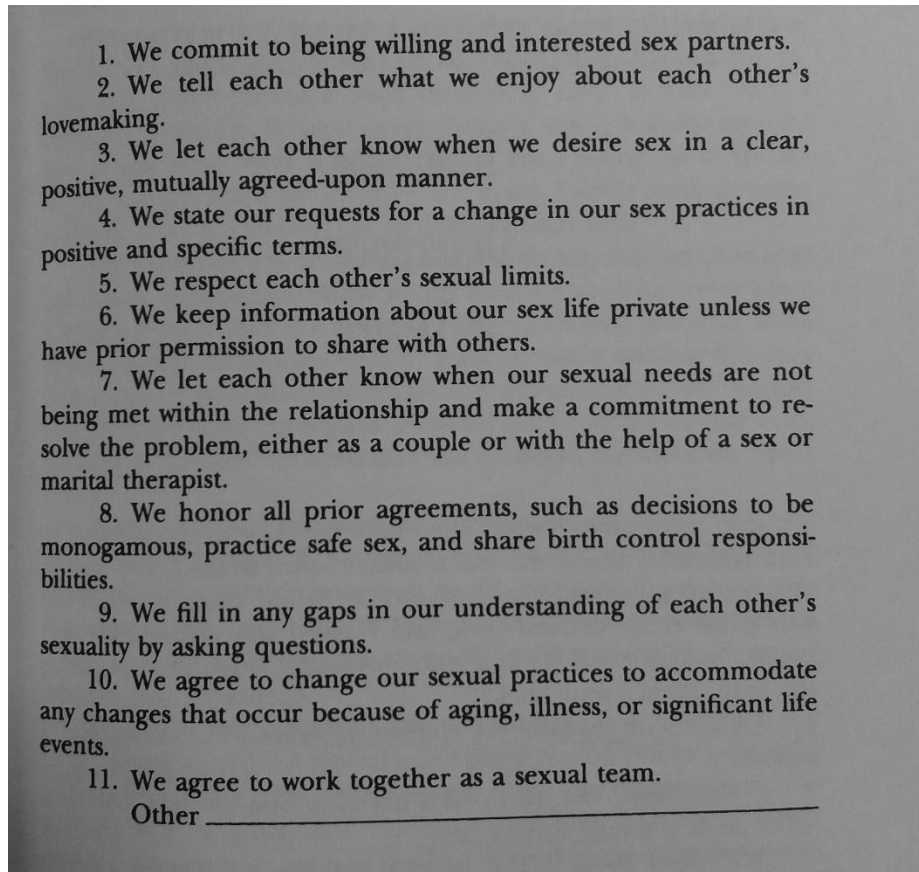
The manuals say they promote creativity and exploration, but their suggestions are embedded in a disciplinarian regime that is almost absurd. Couples are advised to reach an agreement on who is going to initiate sex and how sex is going to be initiated (Watson, 2012). Other recommendations:

Make expectations explicit about what sex will be like and which acts are going to happen on any given day. Couples need to communicate whether they are going to have a sensual time of massage and luxurious lovemaking, a romantic and interactive interlude, an acting out of erotic fantasies, a utilitarian quickie, a fast and furious tumble, mutual masturbation, or sixty-nine (Watson, 2012, p. 23).

The 20/ 20 solution—twenty minutes of foreplay, twenty minutes of sexual touch—often translates to bountiful desire and orgasm (Watson, 2012, p. 28).

Borrowing Dean's words, "far from a night of hedonism", readers should expect a "disciplined evening of following the rules"; the experts allow "no contingency, no negotiation, no

imagination, no serendipity, no adventure, no inventiveness, and no versatility” (Dean, 2009, p. 195). One of the manuals even provides a template for a sexual contract (Love & Robinson, 2012, p. 65), that evidences how authors consider the couple as two free individuals that enter a contractual relationship on equal terms and work collaboratively towards a rational goal.

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1. We commit to being willing and interested sex partners.
  2. We tell each other what we enjoy about each other's lovemaking.
  3. We let each other know when we desire sex in a clear, positive, mutually agreed-upon manner.
  4. We state our requests for a change in our sex practices in positive and specific terms.
  5. We respect each other's sexual limits.
  6. We keep information about our sex life private unless we have prior permission to share with others.
  7. We let each other know when our sexual needs are not being met within the relationship and make a commitment to resolve the problem, either as a couple or with the help of a sex or marital therapist.
  8. We honor all prior agreements, such as decisions to be monogamous, practice safe sex, and share birth control responsibilities.
  9. We fill in any gaps in our understanding of each other's sexuality by asking questions.
  10. We agree to change our sexual practices to accommodate any changes that occur because of aging, illness, or significant life events.
  11. We agree to work together as a sexual team.
- Other \_\_\_\_\_

**Figure 1.** Love & Robinson's sexual contract.

To be successful in the achievement of self-improvement, not only it is necessary to follow these detailed sexual instructions. People should also follow a healthy diet, exercise routine, and look their best (Cossman, 2007, p. 98):

When it comes to feeling vibrant and sexual, nothing takes the place of being in good health. Take care of your body by eating healthfully, taking vitamins and antioxidants as needed, exercising (aerobic exercise tones muscles and increases blood flow to your entire body, and that includes your sex organs), getting enough sleep, drinking water, and caring for yourself psychologically and spiritually (Weiner-Davis, 2004, pp. 66–67).

As this quote reflects, it has become an ethical imperative for every citizen to maintain their health for themselves and for the good of society (N. Rose, 1999, p. 228), to maximize their “vital forces and potentialities” (Rose, 2007, p. 23). Negative outcomes are predicted for those who will not conform to this goal (Rose, 2007, p. 25):

Sexual potential is not about merely reaching your threshold: it’s about going far above it! Sexual potential is a life-long pursuit to become fully human, connected with self-transcendence and spirituality (...) Unfulfilled potentials create routine patterns of insipid sex (Schnarch, 2009).

The association between sex and health—or *healthicization of sex* (Gupta, 2011, p. 129)—dates back to the emergence of biopower and its techniques for maximizing life and, at least in its origins, the vigour of the ruling classes. The bourgeoisie created a “technology of sex” to nurture, care and conserve its body in its differential value (Foucault, 1998, p. 123). Within this framework it is possible to interpret some of the manuals’ suggestions to readers. A whole battery of medical tests is recommended for the person with low desire (Weiner-Davis, 2004, p. 67); sexual desire is considered so important that authors advise switching to another contraceptive device if pills are affecting it, changing the diet and doing more exercise to reduce the intake of blood pressure medicine (Hall, 2004, p. 31, 32) and starting psychotherapy as an alternative to antidepressants (Hall, 2004, p. 32; Mintz, 2009, p. 47). Experts even recommend adding more foods rich in omega-3 fatty acids to the diet and squirting vitamin E oil in one’s vagina to enhance sexual functioning (Mintz, 2009, p. 48).

The emerging “sex for health” discourse fits within this broader health promotion paradigm (Gupta, 2011, p. 127). Self-help manuals build a strong association between sex and vitality (McCarthy & McCarthy, 2003, p. 4), and emotional and physical well-being (Hall, 2004, p. 37; McCarthy & McCarthy, 2003, p. 110). Sex is the “elixir of life” and “fountain of youth” (Hall, 2004, p. 169); to enhance sexual desire is to “breathe life back into a relationship” (Weiner-



Davis, 2004, p. 2), a “full, bodily resurrection” (Watson, 2012, p. 297). Factors that reduce sexual desire are called “poisons” (McCarthy & McCarthy, 2003, p. 44), and lost desire is considered an “epidemic” (Mintz, 2009, p. 15). Sexual problems are also portrayed as a contagious disease that can “infect” the rest of the aspects of the couple’s bond (Hall, 2004, p. 146) against which the couple should get “inoculated” (McCarthy & McCarthy, 2003, p. 66). To “prevent relapse”, a “preventative approach” must be taken. The metaphor of war is also used; the couple should behave as an “an intimate team fighting against the common enemy of inhibited sexual desire” (McCarthy & McCarthy, 2003, p. 168). The biopolitical discourse is evident in these quotes: citizens must defend the body from the germs, stay clean, and defend the nation-body from invaders. It becomes evident how the care of the self is perceived to be the responsible citizen's contribution to the maintenance of a healthy society.

A key feature of the technologies of the self in contemporary therapeutic discourses is that they are primarily meant to mobilize the female subject. Scholars analysing the contemporary sexualisation of culture have pointed to the work that middle-class, heterosexual women are encouraged to do to build up their sexual capital: beauty, charm, style, fertility, sexual skilfulness, among many others (Cacchioni, 2016, p. 85). Self-help manuals on sex and relationships, although presenting themselves as gender neutral, are mostly read by and thus addressed to women (Gauntlett, 2008; Wilson & Cash, 2000). In the next section, I will show how they play a key role in reproducing unequal gender roles by reinforcing the female obligation to work for the care of her well-being and that of her spouse and offspring (N. S. Rose, 2007, p. 24).

## Female sex work

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As explored in the introduction of this thesis, marriage manuals of the 1900s were primarily addressed to men on how to skilfully awaken wives to the pleasures of sex. This trend dramatically changed in the 50's, putting women at the centre of the marital pursuit of sexual satisfaction. Cacchioni developed the concept of unpaid *sex work* to conceptualize this “unacknowledged effort and continuing monitoring that women are expected to devote to managing theirs and their partners’ sexual desires and activities” (Cacchioni, 2007, p. 301). It has parallels with the concept of emotional work (Hochschild, 1983) that is also naturalized as part of the heterosexual division of labour.

This female labour, this ethics of self-sacrifice is rationalized in the name of love and caring and includes getting involved in unwanted sexual activity (Cacchioni, 2007):

At some point in the program you may feel some resistance to meeting your partner’s needs (...) I remember one woman said to me, “I don’t want to have sex unless I want to. It may be my partner’s genuine need, but it’s *my* body”. People who have been happily married for many years will tell you that their relationship would not have survived if they had not been willing to focus on their partner’s needs a significant portion of the time. This is maturity. This is love (Love & Robinson, 2012, p. 16).

One of the biggest mistakes I see less highly sexed spouses make is to assume that if they’re not in the mood to be sexual, there’s nothing they can or should do to please their spouses (...) there’s nothing wrong with just “taking care of” your spouse. If you decide to give the gift of being sexual even though your heart isn’t completely in it, it’s important not to be resentful, or it really isn’t a gift at all (...) you should show some enthusiasm (Weiner-Davis, 2004, p. 105).

There is a long tradition in feminist thought—in particular, second wave feminism—that has conceptualized romantic love as a powerful instrument for the maintenance of the hegemonic social order and its key institutions: the family and the heterosexual monogamous marriage (Jackson, 1999, pp. 95–96). Firestone has considered it central for women’s oppression

(Jackson, 1999, pp. 98). Although this thesis is not based in this kind of understanding of power as a straightforward domination of one group over the other, as commented in the introduction, I still want to highlight how the rhetoric of love has not lost its currency when it comes to ensuring women's compliance with unpaid labour within marriage.

Acquiescing to undesired sexual activity is not the only work women are supposed to undertake. To please their male partners sexually, women should alter their response to normative sexual practices, or to endure those they find unpleasant, rather than to redefine them or the expectations placed on them (Cacchionni, 2016, p. 90):

Loving our partner can mean stretching through uncomfortable moments to grow sexually so that we can incorporate a wider range of acts (Watson, 2012, p. 76).

In the section *The taste of love. Seven ways to sweeten a blowjob*, Watson recommends:

1. Use lots of saliva to dilute the taste. 2. Stroke him with your hands to further dissipate any leaking semen. 3. Try a commercial product carried in adult specialty stores to add flavor and make it easier for you to maintain a lot of saliva. There are many such products, and one that seems a favorite tastes like Doublemint gum. 4. Hold an Altoid or other strong breath mint in your mouth to salivate more and so that the smell overpowers your own nose. Some men can feel some of the menthol, which they enjoy. 5. Rinse first with mouthwash: we can smell our own mouth bacteria after a bit of time as it mixes on the skin. 6. Drink wine before, during, and after. 7. Request that he refrain from eating strong-smelling foods like asparagus or onions for a couple days beforehand (2012, pp. 79–80).

Sometimes, medication might be required to perform heterosexuality:

While Sigrid was able to overcome her sexual aversion [to her husband's penis] with psychotherapy and behavioral instruction, many women with aversions need deeper analysis and sometimes medication (Watson, 2012, p. 177)

Here, her recommendation for a patient to overcome resistance and embarrassment to her partner giving her oral sex:

I asked Renée to try a test. She was to sniff her underwear every time she urinated in order to notice how her smell changed throughout the month (Watson, 2012, p. 85).

But sex work is not only about physical techniques; it also involves a shift in “mind attitude”: “reclaiming passion starts with the belief that you need to reclaim it and that you want to reclaim it” (Mintz, 2009, p. 71). This clearly shows the manual’s imperative of pleasure: the woman is supposed to engage in hard work to make herself enjoy sex. They must erase these negative thoughts:

I'm too tired for sex. I'm too busy for sex. I have no interest in sex. I don't care if I ever have sex again. I don't enjoy sex anymore. Sex is one more chore on my to-do list. Sex is something I do for my husband. I would much rather read or watch television than have sex. Sex takes too much energy at the end of a long day. All the hours I have in bed I need for sleeping (Mintz, 2009, pp. 76–77).

And replace them this personal Mantra, and repeat it to herself four times a day:

Sex revitalizes me! I'm never too busy for sex! I love sex! I'm going to have great sex! I am passionate! Sex is my reward! Sex is what I do for me! I'd rather have sex than anything else! Sex is my end of the day treat! Sex helps me sleep soundly! (Mintz, 2009, p. 77).

Sex is of such utmost importance that women should reassess their life priorities to invest time, money and energy in their sexual lives. The authors tell readers what their priorities should be:

Take out a piece of paper (...) Then, write “My Life Priorities” at the top. Because of your focus on regaining your sex drive, write “Have a good sex life” on your list. Then, write the following other two items: “Have a good marriage” and “Take care of myself.” Bluntly, if you are not willing to put these items on your list of life priorities, you might as well put this book down (Mintz, 2009, pp. 125–126).

Within the neoliberal rhetoric of personal choice and empowerment, structural socio-economic conditions and public responsibility are erased from the picture; occasionally, the difficult circumstances faced by an individual are brought into the self-help narratives but only to show how obstacles can be overcome if the person has enough initiative and determination (Cossman, 2007, p. 99). Authors do not question why the current economic system forces people to have

two jobs in order to make ends meet; women should anyhow pursue a “vibrant sexuality” in addition to that:

(...) Lana, a woman in her fifties who, despite a full-time job as a school teacher and a part-time job as a manicurist, has a very satisfying sex life (Mintz, 2009, p. 167).

This woman is described as empowered by her sexuality, her coping strategies are celebrated, while there is no acknowledgement of the precarious labour conditions she is facing. Women are still encouraged to “see sex everywhere” and to “tune in with their fantasies”. These instructions show the enormous amount of self-scrutiny and self-discipline that women, as compared to men, are expected to engage in on a daily basis.

As you listen to a romantic song on the radio, put yourself into the lover’s role. When Rod Stewart sings “Tonight’s the night...” see yourself in a sexy negligee reclining on the bed as your lover approaches (Watson, 2012, p. 113).

Take a five-minute “sex break” in your mind once daily. Stop what you are doing and recall a peak sexual encounter from your past (Mintz, 2009, p. 75).

When walking, she purposefully notices her nipples rubbing on her shirt and focuses on the positive feeling. When swimming, she attends to the feeling of the water swirling around her vagina. You may want to give this a try the next time you exercise (Mintz, 2009, pp. 134–135).

Being too tired for sex is not an option, and the causes of that exhaustion are not analysed. The amount of times these self-help manuals use the expression “push yourself” is outstanding:

Push yourself on a more regular basis to ignore your little inner voice that says, “Oh, no, not now, I’m too tired,” or “Again? We just made love two nights ago,” or “I’ve got a million things to do” (Weiner-Davis, 2004, p. 99).

The manuals also encourage female readers to address lack of sexual desire because being a good wife means to care about your spouse’s emotional needs, and saying “no” to a sexual advance is to tell the husband “you are not lovable/you are not a priority in my life/you’re not sexually desirable/you are not a good lover/you are too needy” (Hall, 2004, pp. 72–73). Refusing

sexual activity leaves men “confused and cheated”, “rejected, suspicious, hurt, resentful, and unloved”, and “deeply depressed about the void in their marriages” (Weiner-Davis, 2004, p. 8); “little corrodes a man’s feeling of confidence and sense of virility more than his wife’s continual rejections” (Weiner-Davis, 2004, p. 57). It is the wife’s duty to protect their husband sense of masculinity, a rhetoric that, as we have seen, has its origins in post WWII marital manuals.

These manuals also work as guilt-inducers to promote change: “How can anyone not want to change, or at least lessen the impact of, behaviour that he knows is causing his beloved spouse great unhappiness?” (Weiner-Davis, 2004, p. 64). Emotional blackmailing is also suggested as a strategy. Weiner-Davis supports this man’s tactic to talk her wife into having more sex:

And so he said, “Do you want the kids to grow up not seeing any affection? Don’t you think it would be better if they saw us hugging and kissing and loving each other?” That planted the necessary seed (2004, p. 153).

All of this is based on gender stereotypes of women’s greater empathy toward suffering, and promotes the idea that men should explode it to get sex in return:

Most women are caretakers, and they’ll be more likely to want to protect and care for you if you show your softer side (Weiner-Davis, 2004, p. 150).

In line with the evolutionary explanations of the differences between sexes addressed in Chapter One, the self-help manuals suggest readers to educate their husbands about women’s slower arousal due to “a differing endocrinology and sympathetic nervous structure” (Cryle & Moore, 2011, p. 8):

Tell your husband that you are a slow cooker. Explain to him how women, especially tired women, need a lot of foreplay (...) Keep telling him. (Mintz, 2009, p. 172).

Gender stereotypes are also reproduced when authors explain what women should not do when they have a new-born child:

Busy with their new responsibilities, women believe that their husbands are independent and therefore should just take care of themselves. Women stop paying attention. They stop nurturing and stop being affectionate to the men they love. They quit packing box lunches (...) (Weiner-Davis, 2004, p. 80).

Authors insist that, in order to combat exhaustion and enhance sexual desire, women should ask husbands for “help” with the household chores (Mintz, 2009, p. 147), thus reproducing the idea that those are female responsibilities and the husband’s role is to give assistance. Experts also comment on the women’s appearance in a way that reproduces beauty ideals and polices compliance to (gendered) beauty practices:

She was bright and robust, with pale Scandinavian eyes. Her body was a luscious pear, with rounded hips and delicate upper limbs. Her ruddy cheeks on the winter days told me how cold it was outside. Wearing comfortable, flowing knit clothing, she seemed to me a Nordic queen (Watson, 2012, p. 167).

[Her hair] was grayer [than his husband’s] and didn’t wear any makeup to conceal the dark circles under her eyes (Watson, 2012, p. 277).

These examples show how *sex work* involves an outstanding amount of self-discipline, for women are pushed to surveil and change their looks, diet, general health, thoughts and feelings in order to better serve their partner’s sexual desires, in a way that is time, money and energy consuming and reproduces unequal division of labour.

### **Appropriate heterosexual acts**

I have explored how the experts’ promotion of working on enhancing sexual desire can be interpreted within the neoliberal mode of governmentality, it is middle-class biased and puts the

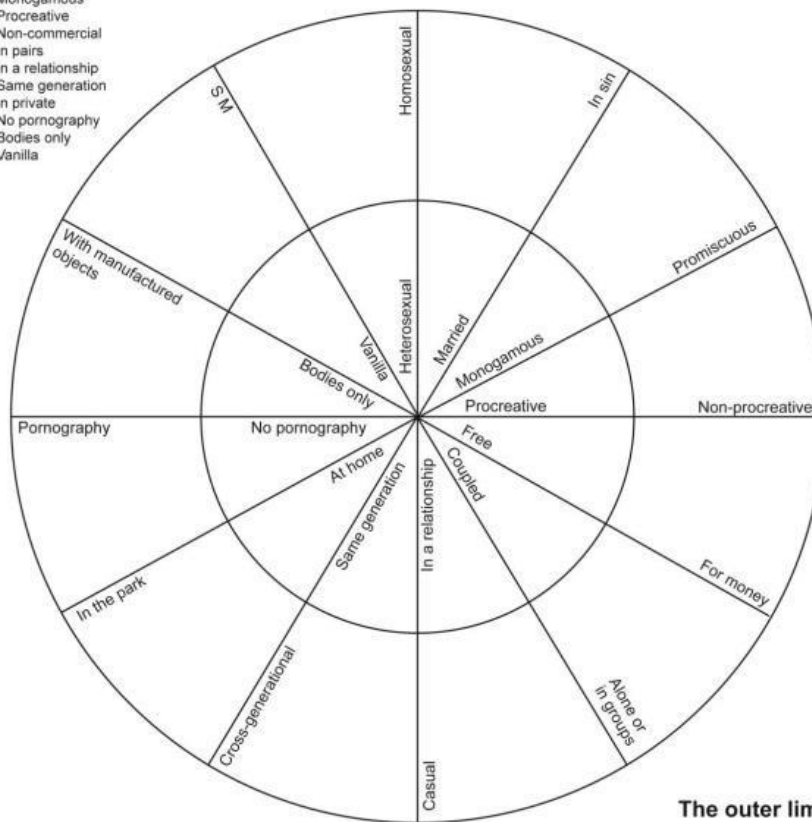
burden of the labour on women. In this section, I will argue that this work that the authors encourage (re)produces what are considered to be the appropriate (hetero)sexual practices. Experts suggest readers to “do whatever it takes to fuel your desire so that you want and welcome sexuality into your marriage” (Weiner-Davis, 2004, p. 27). I am going to prove that this “whatever it takes”, very far from the promotion of an anarchic sexual hedonism, implies a strictly defined set of practices contained within the normative boundaries of “correct” heterosex.

According to Rubin, modern Western societies assess sex acts according to a hierarchical system of value that she named *the charmed circle* (1984, p. 11, 13). Reproductive heterosexual marriage leads the erotic pyramid, followed by unmarried monogamous heterosexual couples, and below, other heterosexuals. People that stand high in this hierarchy are granted material benefits and also “certified mental health, respectability, legality, social mobility, [and] institutional support” (Rubin, 1984, p. 11, 12).



**The charmed circle:  
Good, Normal, Natural,  
Blessed Sexuality**

Heterosexual  
Married  
Monogamous  
Procreative  
Non-commercial  
In pairs  
In a relationship  
Same generation  
In private  
No pornography  
Bodies only  
Vanilla



**The outer limits:  
Bad, Abnormal,  
Unnatural, Damned  
Sexuality**

Homosexual  
Unmarried  
Promiscuous  
Commercial  
Alone or in groups  
Casual  
Cross-generational  
In public  
Pornography  
With manufactured objects  
Sadomasochistic

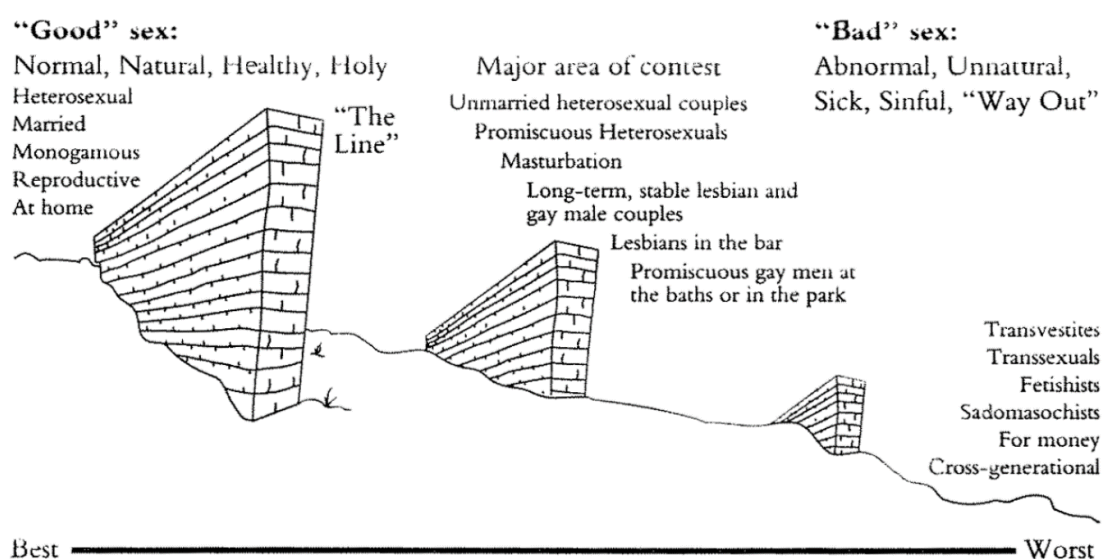
**Figure 2.** Rubin's *charmed circle* of normal sexuality (1984, p. 13)

According to Rubin, as a result of the sex conflicts of the 70s, stable, long-term lesbian and gay male couples are moving closer to respectability (1984, p. 15). Masturbation still carries some of its nineteenth-century stigma; it is considered “an inferior substitute for partnered encounters” (1984, pp. 11–12). This is clearly the case for male masturbation in the analysed self-help manuals:

Not to say that masturbation in itself is immature or that it can't be a lifelong practice. But sexual intimacy is a key force in mate selection driving us beyond ourselves (Watson, 2012, p. 154).

Craig kept it a secret that he masturbated daily (...) Craig's masturbation was a compulsive activity that took place when [his wife] was available (...) Craig valued marital sex and agreed to masturbate only when Beth was not available (McCarthy & McCarthy, 2003, p. 143-144).

Promiscuous homosexuals are in the “major area of contest” just above the lowest groups in the pyramid (1984, p. 12). I would make a modification in this area to incorporate asexuals (in all of its variants) as another group that falls outside full social respectability. The most demonized groups are “transsexuals, transvestites, fetishists, sadomasochists, sex workers, and the worst of all, those whose eroticism transgresses generational boundaries” (1984, p. 12).



**Figure 3.** The sex hierarchy: the struggle over where to draw the line (Rubin, 1984, p. 14).

The division between good and bad sex appears represent the difference between “sexual order and chaos”; there is terror of something “unspeakable” and “scary” crossing this erotic “demilitarized zone”, and disintegrating the safety barrier (Rubin, 1984, p. 14). Popular culture considers erotic variety as a danger to everything, from children, health, to national security.

According to Dean, public sex (erotic contact outside the home) seems to evoke a fear of “indiscriminate fucking in the streets” and the resulting collapse of civilization (2009, p. 184); this anxiety is palpable in the manuals:

Variety doesn't mean that a woman has to do something illegal or, to her mind, immoral. Having sex in the car parked on lovers' lane may seem like taking an unnecessary risk of exposure. But perhaps the same car parked in her own garage would feel safe enough, while still novel and thus exciting. Risk comes from openly sharing what you think about sex, sharing your private fantasies rather than being about near-public exhibitionism (Watson, 2012, p. 24).

Controlling the boundaries of appropriate sexual practices, McCarthy and McCarthy strongly advise against including a 3rd party in a sexual encounter: “if you decide to play out fantasies, we suggest these guidelines: Only involve the two of you, (...)” (2003, p. 160). When they recommend light bondage, they clarify it should be with “loosely tied ropes” (2003, p. 100, 151).

The therapist suggested that they continue to use erotic scenarios with a dominance theme, but to broaden them, not deepen them or make them extreme. (McCarthy & McCarthy, 2003, p. 193).

Similarly, Watson wants the husband to protect “woman's modesty”:

Directions should be positive and specific. Lights on and blankets off grant the most accurate access for a man to learn a woman's anatomy, though it can challenge a woman's modesty (2012, p. 26).

Anal intercourse is not discussed; when it is, it appears as “anal stimulation” (McCarthy & McCarthy, 2003, p. 25) or discouraged due to the risk of HIV-AIDS (Love & Robinson, 2012, p. 168). This association between anal sex and HIV-AIDS raises two questions. First, why authors are so concerned about HIV in a supposedly monogamous couple. And secondly, it evidences the experts' assumption that it is the husband's penis the one to anally penetrate the wife, since if it were the wife to anally penetrate her husband with a dildo, the risk of transmission would be non-existent.

Based on the analysed self-help manuals, there are changes in the line of the acceptable: sex toys, porn, and masturbation are admitted as long as they are channelled for couple purposes and heterosexuality is continually reassured and guaranteed by the experts:

Some women find gay male porn arousing. Movies featuring gay male sex may not be the best choice for a date night with your husband. Most heterosexual men don't report arousal to gay-male porn, although they do report arousal to heterosexual erotica and to lesbian love scenes (Mintz, 2009, p. 190).

Even if they identify themselves as totally heterosexual, some women like being turned on by films of lesbian sex (Watson, 2012, pp. 116–117).

Masturbation is most welcomed if perceived as serving couple's purposes, and exclusively in women:

Although some people feel uncomfortable with the idea of self-stimulation, it's important that you push yourself through your discomfort for the purpose of educating yourself. Once you have more information about what it takes for your body to feel excitement and pleasure, you can begin to have more productive conversations about sex with your spouse (Weiner-Davis, 2004, p. 168).

Authors promote the use of porn and toys so women can be readily available for quick sexual intercourse:

Annie says, "Sometimes when we have to have a quickie, I watch a few scenes from a Candida Royalle movie [porn for women], while Bill brushes his teeth and files his fingernails so he can better touch me" (Mintz, 2009, p. 207).

Use a vibrator to help resolve differences in your and your husband's expectations over frequency. Quickies become more fun and more, so to speak, participatory for you (Watson, 2010, p. 67)

Any other sexual practice that does not serve these purposes is read as posing a threat to the stable social order and values. Some desires are produced as dangerous, out of limits; there is a rejection of certain groups of erotic behaviour or "peripheral sexualities" (Foucault, 1998, p. 40). The boundaries of heterosex are highly policed, very much contained within the limits of

traditional gender roles, generating a promotion of “packaged sex” (Herdt, 2009, p. 17), a very specific sexual script that is aligned with the middle-class consumer culture. In Duggan’s words: “The democratic diversity of proliferating forms of sexual dissidence is rejected in favor of the naturalized variation of a fixed minority arrayed around a state-endorsed heterosexual primacy and prestige” (2012, p. 65).

## Conclusions

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In *Testo Yonqui*, Preciado points out the produced nature of sexual desire: it would not exist without the technical, pharmaceutical and mediatic supports capable of materializing it (Preciado, 2008, p. 46). She refers to these supports—porn, testosterone, dildos, self-help books, sex therapists, etc.—as “disciplinarian exoskeletons”, “politic orthopaedics”, that take the shape of architectures external to the body and can be read as *dispositifs* of production of subjectivity (Preciado, 2008, p. 63). In this chapter, I aimed at exploring the mechanisms of production of such subjectivity, by showing how the manuals construct a (sexual) responsible citizen that conducts her sexual marital life in accordance to the neoliberal principles of self-regulation as a middle-class consumer in a market of free choice. The masterstroke of this literature is that it exploits the empowerment rhetoric to pass off the endless female sex work and meticulous self-management of the body and its desires as a step towards self-knowledge and self-realisation, fostering the reproduction of old gender stereotypes about women’s responsibility towards the care of the self and others.

In an apparent search for maximizing marital sexual desire, the manuals not only reproduce unequal gendered division of labour, but also get caught in what Foucault calls “the interplay of incitement and elision” (1998, p. 56). Similar to Charcot’s public presentations at the Salpêtrière,

that would elicit hysterical crisis only to interrupt them abruptly when they became too manifestly sexual, self-help manuals fuel desire and at the same time ensure it will not escape the limits of the home—or in the most adventurous scenarios, the garage. This highly regulated framework of appropriate sexual practices, reproduces middle-class heterosexual monogamous privilege, while kicking peripheral sexualities out of the *charmed circle*. The consequences of this hierarchization will be further explored in the next chapter.

## CHAPTER THREE

### SEXUAL, COUPLED AND MONOGAMOUS

The purpose of this chapter is to critically analyse the structural assumptions on which sex self-help manuals rely on for their legitimation. These manuals depend on the reproduction of the normativization of particular emotional and sexual economies to be able to construct low sexual desire in marriage as an obstacle to overcome. Following Foucault, “a normalizing society is the historical outcome of a technology of power centred on life” (1998, p. 144). This power over life or *biopower* emerged in the seventeenth century in two poles of development: anatomo-politics, focused on the discipline and optimization of the human body, and biopolitics, centred on the species body and regulatory controls of the population (births, mortality, morbidity, life expectancy, longevity) (Foucault, 1998, p. 139). Sexuality, as a “historical fiction”, arose as a central component in a strategy that successfully linked both the individual and the population into the normative practices of biopower (Dreyfus & Rabinow, 1983, p. 178). Foucault originally connected the emergence of biopolitics with the expansion of the state, but in the eighteenth and nineteenth centuries, this management of life was not carried by the state, but was rather present at every level of the social body, tied to the nascent human and life sciences, and clinical medicine, which provided the necessary technologies and experts for regulatory purposes (Rose, 2007, pp. 53–54; Foucault, 1998, p. 141).

The problem with the norm—and with the self-help literature that supports it—is that it is inescapable. Embracing normativity is a requisite for achieving full citizenship, for the norm is presented as scientific, neutral knowledge derived from the study of populations (Rohrer, 2014, p. 8). The labels of “natural”, “healthy” and “normal” blur the historical processes through

which those categories were produced, and disguise how biopolitics work to classify and regulate populations (Rohrer, 2014, p. 10).

It is necessary to do a close reading of the self-help books because normative assumptions lie beneath the surface as unquestioned truths of the human nature, health and psychological development. The “insidiousness of normalcy” is that it appears natural, “common sense” (Rohrer, 2014, p. 8). Of course, normalcy comes with a cost at several levels; in the previous chapter, I explored the enormous amount of (gendered) self-discipline it entails; in this chapter I will expand on its segregation and social hierarchization effects. In Warner’s words, “embracing [the] standard merely throws shame on those who stand further down the ladder of respectability” (2000, p. 60).

According to Van Leewuen, legitimation is “discursively constructed, in order to explain why social practices exist and why they take the forms they do” (2008, p. 125). He provides CDA tools to explore the experts’ rhetorical means to persuade readers that enhancing sexual desire should be—to borrow Foucault’s words—the noisiest of their preoccupations (1998, p. 158). The authors make use of four major strategies of legitimation (authority, moral evaluation, theoretical rationalization and mythopoesis or story-telling). I will show that these rhetorical strategies, and particularly the manuals’ literary narrative form, are connected with the eighteenth-century-bourgeois autobiographies (Oosterhuis, 2000, p. 218). The centre of these biopolitical narratives were sexual self-discovery and realization; the truth of the self, its naturalness, was revealed to the writer and the reader, and that is what provides these narratives with legitimacy and a feeling of authenticity.



## The narrative structure

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The manuals start by hooking their readers with a brief “confessional narrative” of individual suffering for them to identify with (Van Leeuwen, 2008, p. 14), in what Laqueur called “humanitarian narrative” (Oosterhuis, 2000, p. 227). This story can be an extract of a patient’s case or the own therapist’s life:

After the birth of my second child, I had no sexual desire for quite some time. I was tired, stressed out, and felt pulled in several different directions at the same time (Hall, 2004, p. 1).

Then this story is generalized, transformed into a “problem” and translated into expert language for its analysis and interpretation. The solution is distilled in form of instructions, and finally success (a “happy ending”) is predicted, as long as the expert suggestions are followed (Van Leeuwen, 2008, pp. 14–15):

With time for myself, and time with my body to myself, I was able to be a sexual woman once again (Hall, 2004, p. 2).

Van Leeuwen calls this kind of discursive practice a “secular sermon”, typical from advice columns on problems of health, beauty, child rearing and sexuality (2008, pp. 16). It is a great example of how political power in liberal democracies is not about dominating individuals by the threat of punishment (Foucault, 1998, p. 136). Instead, Miller asserts, the emergence of expert authority creates a distance between the state and the governed population, both by the production of scientific knowledge, and the providing of suggestions and advice on how to manage the tinniest details of existence (Petrella, 2007, p. 164).

This use of story-telling or *mythopoiesis* (Van Leeuwen, 2008, p. 118) is a legitimation building strategy of great rhetorical power. Oosterhuis pointed out, through his study of Krafft-Ebing's work, how the merging of the medical case history and the modern autobiographical genre in

the nineteenth century gave both the writer and the reader the impression that a deep truth of the self was being revealed (2000, p. 223). This is because the narrative patterns used in autobiographical accounts are borrowed from other already familiar genres like tragedy, melodrama, and the romantic saga (2000, p. 220). The stories in the manuals present sexuality as something that is completely entangled with the individual's past experiences and overloaded with personal meanings, "burdened with significance" (2000, p. 215), and they are immediately loaded with the expectation of authenticity, sincerity, and the revelation of the real nature of the inner self (2000, p. 179, 218).

This overemphasis on self-scrutiny of an inner self as a source of true knowledge leads us to the following legitimization strategy: *expert authority* (Van Leeuwen, 2008, p. 125). Self-help authors set themselves as legitimate authority in sexual matters not only by their professional credentials and practice—"Barry is a PhD clinical psychologist, and certified sex and marital therapist (...) Barry has treated over 2,500 couples who have sexual problems and dysfunctions (McCarthy & McCarthy, 2003, p. 10)—but also by their life experience:

We have been married 36 years and see sexuality as a vital, integral part of our marital bond (McCarthy & McCarthy, 2003, p. 10).

Now, like many psychologists, I help clients deal with a problem that I overcame myself (Mintz, 2009, p. 3).

This book is the product of that journey [her personal experience] and the resultant success I have had helping my clients to reclaim their sexual selves (Hall, 2004, p. 3).

Using mythopoiesis and the authority derived from their knowledge of the natural norms of sexual behaviour, both as mental health professionals and as married sexual beings with personal experience in suffering, the writers authorise themselves to make *predictions*, a form of theoretical rationalization based on expertise (Van Leeuwen, 2008, p. 129). This strategy pulls together both narrative and scientific structures.

The most recurrent prediction in these manuals is about the consequences of lack of sexual desire in the couple: affairs, unhappiness, and divorce. It is supposed to reaffirm the reader's concern for the problem, and ensure sustained reading and homework compliance. "Women and men in sexless relationships are prone to leave the relationship or to stay in the relationship but seek sex elsewhere" (Mintz, 2009, p. 62) summarizes the opinion of all authors. I will expand on each consequence in the following sections.

### **Compulsory sexuality and the true self**

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"I can tell you without a shadow of a doubt that a marriage void of sexuality and intimacy is a marriage doomed to fail".

(Weiner Davis, 2004, p. 5)

"There is nothing to discover in sex or in sexual identity; there is no *inside*. The truth about sex is not a disclosure, it is *sexdesign*".

(Preciado, 2008, p. 35)

Hall, in *Reclaiming your sexual self*, states that it is important to take care of low sexual desire because the anger and the fights revolving sexual issues can "wreak havoc in even the best of relationships" (2004, p. 10). No relationship can withstand sexual interruptions; it is nonsense to "reinforce and justify" the opposite. McCarthy & McCarthy agree: "inhibited sexual desire and a no-sex or low-sex marriage pose a major threat to marital satisfaction and viability" (2003, p. 199).

*Compulsory sexuality* assumption that "normal, healthy romantic relationships" must be sexually active (Gupta, 2015, p. 140) is constantly reinforced in these manuals; affectional attraction

without sexual attraction in a marriage is not tolerated, it is thought as a formula for “disaster”. There is a rejection of a marriage lifestyle that does not involve sex; couples should not be “living more like roommates than lovers” (Watson, 2012, p. 259), nor just “two people sharing the chores and hassles of daily life with an occasional good laugh and conversation” (Mintz, 2009, p. 105) in a “pattern of platonic companionship” (Watson, 2012, p. 317). Sexual desire is considered “the fruit and fuel for a happy marriage” (Watson, 2012, p. 347), “the glue that holds marriage together” (Mintz, 2009, p. 62), that “nurtures and energizes” the marital bond. Whoever believes that sex is not that important are justifying themselves: “while some couples will say that they don't have sex but are still happy together, they are often not facing their problem directly or are in denial about the toll that lack of sex is taking on their relationship” (Mintz, 2009, p. 65). In short, sex is considered critical for marital health, “a powerful tie that binds”, that “defines the relationship as different from all others” (Weiner-Davis, 2004, p. 8).

Only two books out of seven briefly acknowledge the tiny possibility that a no-sex marriage could be satisfying: “although no-sex or low-sex marriages can function satisfactorily, these are the minority. Some couples maintain a respectful, trusting bond and are good parents even though sexuality is dysfunctional or absent” (McCarthy & McCarthy, 2003, p. 14). Weiner-Davis proposes this as a last resource: “if you decide to focus on other aspects of your marriage and your life rather than continuing to work overtime on your sexual relationship (...) you are making a conscious choice to accept your life exactly as it is. That can be an extremely admirable choice. Don't let anyone tell you otherwise” (2004, p. 172).

As explored in the introduction of this thesis, the idea that a satisfying sexual life is paramount to marriage stability is quite new in historical terms, evidenced by the shift observed from the

nineteenth to the twentieth century marriage manuals. This trend continued to reinforce with the decades. With the advent of the no-fault divorce law in the 70's in the United States, marriage has evolved from a life-long commitment to an increasingly voluntary status expected to bring happiness and emotional fulfilment of the people involved; people can now freely enter and exit it whenever it does not longer satisfy intimacy goals (Cossman, 2007, p. 71). This makes marriage a much more fragile institution: how to guarantee its stability, when the law no longer compels it?

Sexuality is not only perceived as vital to marriage, but also as the fundamental means of accessing a “true self” (Foucault, 1998, p. 69). The Western *Scientia Sexualis*, with its exhaustive articulation of desires, fused sexuality and character, and what one does erotically supposedly holds the key to the very essence of personal identity (Dreyfus & Rabinow, 1983, p. 171; Foucault, 1998, p. 43). Sexuality has become the “modern form of self-intelligibility” (Berlant, 1997, p. 17; Foucault, 1998, p. 155). This idea permeates twentieth century self-help literature. Sexuality is an “integral aspect” of personality, it is about finding your “own voice” and “being your own person” (McCarthy & McCarthy, 2003, p. 7, p. 69, p. 114). Self-help manuals present themselves not as a tool to impose conformity but as a component of a “profoundly emancipatory project of learning to be a self” (N. Rose, 1999, p. 242).

The nineteenth-century sexual science promoted the concept of a deep, omnipresent, and all-signifying sexuality that permeated everything it came in touch with. The idea of a pervasive sexuality that is influenced by and influences each and every aspect of personal life is dominant in the contemporary sex self-help manuals. There is a tight link between sexuality and non-sexual areas of your life, to your whole self:

With her walled-off sexuality, Suzie had lost the energy and power to make things in her life go her way. But as so often happens, sex therapy means learning to grow as a whole person.

The unexpected thing about changing our sex lives is that we end up changing our lives in many ways. (Watson, 2012, pp. 121-122).

Therefore, in addition to preventing the marriage from falling apart, sexual disinterest should be “listened to” because it is “the canary in the coal mine, the early warning signal that there is a problem” with the person’s sense of self (not being enough of a “true self”) and self-image (“there’s something wrong with me, I’m old, I’m unattractive, I’m not in control”) (Hall, 2004, p. 39, 65, 70).

According to McCarthy and McCarthy, the reader deserves to feel good about their body and themselves as a sexual person (2003, p. 7). To regain sexual desire is to be happy, in control, normal, well-adjusted, attractive, young at heart and enjoying life, vibrant and active (Hall, 2004, p. 71, 121). But people do not only deserve to enjoy sexuality, they must enjoy it; it is a moral obligation and a debt to the self and to the other. McCarthy & McCarthy suggest couples to repeat to themselves as a mantra: “we are good people and a good couple that deserves to enjoy sexuality” (2003, p. 31). They insist that “you owe it to yourself and to the marriage” (2003, p. 47), you “have to realise” that you deserve it (2003, p. 83), “learn to value” it (2003, p. 85) as an “inherent right” (2003, p. 93). Enjoying sex appears as a biopolitical mandate: because you are a healthy person, you must truly be yourself, express yourself at your full natural potential. You must be the person you deserve to be.

Authors agree that it is important for the reader to “recognize and understand that you are working to reclaim your sexual passion for yourself and not simply to placate or silence your unhappy partner” (Hall, 2004, p. 69). The imperative to be true to oneself is pervasive: “women should understand that they have sexual needs besides pleasing their partners and be true to their conditions for desire” (Hall, 2004, p. 155). Authors build a hierarchy between obligatory

and mutually satisfying sex (Hall, 2004, p. 90), between intercourse to “service the partner” vs “to give and receive pleasure” (McCarthy & McCarthy, 2003, p. 59). The first one, also called “mercy fuck” (Schnarch, 2009) is “depressing and passion-defeating” (Hall, 2004, p. 135); the second one will produce a life change (Hall, 2004, p. 90). Sacrificing for sex (having obligatory sex only to please the partner) drains sexual desire and has “serious negative consequences for the relationship” (Hall, 2004, p. 83-84). Weiner-Davis agrees: “a steady diet of joyless, obligatory sex eventually results in marital disaster” (2004, p. 27). It is evident that the honest and open expression of a deep, true self is considered a “supreme value”; this self is defined more for “what it feels rather than what it does” (Rose, 1999a, p. 219), and therefore the woman should get involved in sexual contact if she has “real desire” (Hall, 2004, p. 84). But in sharp contrast, it becomes apparent in the manuals that sex with desire is not only recommended for your own personal enjoyment or for staying “true to yourself”. Having sex with no desire will not leave the husband satisfied (Hall, 2004, p. 77). Weiner-Davis tells us the case of a man that doesn’t want his wife to “just submit”, but “make our lovemaking especially good (instead of “very plain vanilla”)” after he has “patiently waited a long time for her to be ready” (2004, p. 63). Another husband complains: “I don’t want her just to have sex because I want to—I want her to want to do it too” (Watson, 2012, p. 17).

There is a constant discursive tension that the authors struggle to solve with little success between the recommendation of not getting involved in sexual activity only out of duty and the purpose of avoiding marriage failure when you have no desire to have sex. They “solve” it by explaining that it is healthy to have sex for the partner and go for the ride from time to time provided that there is a “comfortable flow of touching and communication” (McCarthy & McCarthy, 2003, p. 125). Weiner-Davis calls this behaviour “the gift of love” and it is about “real giving” (2004, p. 168): “good marriages are built in this kind of caring” (2004, p. 169). Mintz agrees: “any sex is better than no sex at all, for you and for your marriage” (2009, p.

209). This shows the thin line that the woman is supposed to navigate while managing the couple's sexuality, and the detailed self-monitoring that she should undergo to make sure that she gets involved in just the right amount of obligatory sex, and not more. Of course, lack of sexual desire would not be a problem if sexuality was not considered fundamental to marital health and happiness, as it is not the case for any other activities that the couple may share. No other realm of marriage life is given such an enormous weight to define its fate like sexuality.

### **Affairs and mononormativity**

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In *The sex-starved marriage*, Weiner-Davis poses this question: “why should I care about sexual desire in my marriage”? and she replies with a prediction:

I've been a marriage therapist for a very long time, and I can tell you without hesitation that if you continue to look at the differences in your levels of sexual desire as your spouse's problem rather than as a couple's problem, you are courting disaster. Unless your spouse is superhuman with morals made of steel, s/ he may not be willing to resist the temptation of having an extramarital affair (...) Infidelity is not something you want to experience. Having an unfaithful spouse is right up there on the short list of life's worst experiences. It's incredibly painful (2004, p. 10).

The authors also use mythopoiesis to warn the reader about the consequences of not conforming to social practices, about the costs of not conducting their lives according to the norm (Van Leeuwen, 2008, p. 118). They bring in clinical cases and patient's testimonies as *cautionary tales*; the protagonists of these stories do not follow the desirable course of action so they are lead to unhappy endings. Watson tells us about a female patient that “began to see that her sexual disconnect from Enrico increased his vulnerability to and likelihood of affairs” (2012, p. 225), and Weiner-Davis shares these thoughts of a “sex-starved” wife:

I've just celebrated four years of marriage, and I am starved for some good old-fashioned get-funky SEX. I know you're going to say talk to him. I have. It doesn't work. So I sit and plot how I will go out and have an affair just to have sex, and I will (2004, p. 61).



The message is clear: either you have sex with your spouse (and as we have seen in the previous section, with desire to do so) or your partner will cheat on you, and s/he will be right, because it is unreasonable not to want to have sex and at the same time wanting to be married to someone who does (Schnarch, 2009, p. 1289). Watson points out a *quid-pro-quo*, apparently obvious agreement that people make when entering marriage: “fidelity’s promise is a double-edged sword (...) the vow to be faithful deeply commits us also to vibrant sexuality with our spouse” (2012, p. 170). There is a complete blindness, throughout the books, of other possible sexual arrangements besides monogamy. Mintz takes for granted that the reader would not consider any alternatives:

He advocated an honest discussion among this couple (and those like them) of their options, pointing out that one is for the couple to agree that the husband can seek sex elsewhere, if he does so in a way that doesn't cause his wife embarrassment. Certainly, this isn't the option you want or you wouldn't be reading this book” (2009, p. 62).

This quote is an excellent example of what CDA call *discursive limits* (Jäger & Maier, 2015, p. 121). Through the rhetorical strategy of the assumption (taking for granted that she knows what the reader wants), Mintz narrows down the discursive limits and thus avoids getting involved in the discussion of an open marriage. Clearly, if the authors acknowledged that there are other valid options for experiencing coupledness apart from sexual exclusivity, desire discrepancy as a problem in marriage would lose all significance—and so would the self-help manuals. Monogamy is one of the main conditions that creates gridlock when two people with different levels of desire for coupled sex depend entirely on one another for their satisfaction. None of the authors suggest their readers to reconsider the monogamous arrangement as a possible solution for the impasse; they choose the path, as we have seen in Chapter Two, of taking on a huge amount of labour to sustain monogamy by enhancing desire—or creating it from scratch. The idea of an open marriage is only mentioned in one of the books: “Teri is a sixty-three-year-old woman in an open marriage. She is one of the few people I have known over the years for

which this arrangement works” (Mintz, 2009, p. 194). Mintz does not suggest the readers that maybe they can be one of those people.

This privilege, in Western cultures, of sexual exclusivity with the loved one as an “intrinsically superior characteristic of relationships” (Heckert, 2010, p. 258) has been conceptualized as *mononormativity* by non-monogamy studies scholars (Frank & DeLamater, 2010, p. 9). Married monogamy is created as the prototype of a mature, healthy romantic bond. The authors of the manuals resort to different arguments to persuade readers to comply with a monogamous relationship.

#### ▪ STDS AND PHYSICAL HEALTH

Authors use the threat of AIDS as an argument for monogamy: “AIDS makes hot monogamy increasingly attractive” (Schnarch, 2009), “as HIV spreads throughout the population, love affairs now can have life-threatening consequences” (Love & Robinson, 2012, p. 13). This argument is completely embedded in biopolitics, as the authors persuade readers on the importance of adhering to a specific sexual lifestyle to preserve a healthy body and family from contagious diseases via the exercise of self-care. The experts rationalize their uneasiness about non-monogamous sexuality in terms of disease and contamination, and insist on a “safe access” to pleasure. In addition, there is also a *healthicization* of monogamy, understood to increase longevity, fertility, produce higher levels of oestrogen, better heart health, bone mass, less hot flashes, lower depression, and higher testosterone in men (Love & Robinson, 2012, p. 14).

- EMOTIONAL CARE

Self-care is not only medical. For the experts, avoiding an affair is also about emotional care of the self, the partner and the marriage. Hall warns women that having an affair will leave them feeling worse than before (2004, p. 164). McCarthy and McCarthy agree: affairs usually end badly, and are easier to get into than out of (2003, p. 39). The guilt, apparently, distances women both from their partners and from their “true sense of selves” (Hall, 2004, p. 164), and “poisons sexual desire” (McCarthy & McCarthy, 2003, p. 39); “nothing devastates a marriage like infidelity (...) Betrayed partners talk about being rocked to the depths of their soul with confusion, disorientation, and sometimes near-suicidal despair”; “the wound strikes at the most vulnerable part of your relationship— your shared bodies and genitals” (Watson, 2012, pp. 316-317).

The emotional benefits of monogamy, on the other hand, are “incommensurable”: an unparalleled support system of shared history, commitment, a peace reservoir, and deep comfort (Love & Robinson, 2012, p. 14). “Intimate love requires protecting. Thus when we fall in love, we quit having sex with others, we renounce all potential partners. We take vows of commitment” (Watson, 2012, p. 43); “knowing one all-important person probably involves not tasting lots of others” (Schnarch, 2009).

- LACK OF NECESSITY

Of course, “getting in touch with your own sexuality”—which is the main goal of the techniques revised in Chapter Two—can carry some undesirable side effects, such as feeling tempted to have an affair. But Hall is clear about this: three is a crowd (2004, p. 163). The limits of monogamy should always be strictly surveilled. As Grossman mentioned about the Sex Reform in the Weimar Republic: “if marriage were to be made more attractive to women through more

satisfying sexual relationships, sex itself could not be so free and attractive that women would be further discouraged from marriage and motherhood” (1983, p. 158). Authors use *moral tales* to illustrate the right path to follow, in which protagonists are recompensed for behaving in a socially legitimate way (Van Leeuwen, 2008, p. 117). Hall calls her readers to be like her patient Mindy, who instead of having an affair with her boss, brought her “new sense of sensuality” back to her relationship with her husband (2004, p. 164). Mintz tells us about a friend: “Amy pointed to a rather attractive man in the room and whispered in my ear about all the things she was fantasizing doing with him. (...) Amy explained that this makes [professional] meetings less boring, and builds up sexual energy that she takes home to her husband at night” (2009, p. 73).

According to McCarthy and McCarthy, an affair is unnecessary: “creative, erotic sex can be maintained in a marriage—you do not need an affair” (2003, p. 189)—provided, of course, that you are willing to do the necessary work—. Monogamy is said to give you time and space to develop expertise on how to experience maximum pleasure with one person, in what Love & Robinson call “the sexual dance” (2012, p. 15).

#### ▪ PSYCHOLOGICAL MATURITY

In this and the following sections, it will become apparent how mononormativity, compulsory coupledness and compulsory sexuality are highly intertwined and the authors build arguments for one based on the legitimacy of the other. They seem to be unconceivable independently. *Compulsory coupledness* is the assumption that everybody wants to be part of a dyadic, stable romantic relationship, and that is the best way to live; also, that people should prioritize romantic relationships above all others (Wilkinson, 2012, p. 130). The following quote illustrates this. Watson calms female readers that might be afraid of enjoying sex more with a vibrator than

with their husbands: “It’s unlikely because nothing feels quite so wonderful as a gentle lover’s touch” (2012, p. 67).

As also observed by Farvid and Braun in their analysis of experts’ suggestions for casual sex (2013), all the authors of the self-help books I analysed construct a dichotomous ethical hierarchy that privileges long-term couple monogamy as the only acceptable erotic economy and condemn all others. Opposing the ethical monogamy, the necessary evil twin emerges: promiscuity, affairs, commercial sex, solitary masturbation with online pornography, and even serial monogamy. This opposition is accomplished by another tool for legitimation that Van Leewuen calls *moral evaluation* (2008, p. 109). Sometimes it is simply asserted by words such as “good” and “bad,” but in most cases, as in these manuals, it is linked to discourses of moral value that remain implicit, only suggested by the use of adjectives such as “healthy,” “normal,” “natural,” “useful”. It is not easy to detect them since there is no systematic CDA tools we can use for that; we must use our “commonsense cultural knowledge” and tools from historical discourse research (Van Leewuen, 2008, pp. 110). Foucault showed us how biopolitics, through the statistical knowledge about the population, constructed a vocabulary that tied health to normalcy and naturalness; the statistical norms acquired an evaluative tone. "Good" and "bad" turned into "healthy", "normal" and "natural", and their relationship with supposedly neutral scientific knowledge gave them rhetorical strength.

In close relation to moral evaluation, Fairclough highlights the role of lexicon or *lexicalization* in the construction of meaning (1995, p. 34). The authors of these manuals select a chain of positive-value charged words to associate with the target concept (in this case, long-term monogamous coupledness), and a chain of negative-valued words they link to other sexual behaviours. Long-term monogamy is romanticized and associated with love and intimacy: “both Mom and Dad say that sex is a gift for people who love and respect each other” (Watson, 2012,

p. 152), and above all, psychological maturity: “creating passion and intimacy in a long-term relationship is not an endeavour for the immature or faint of heart” (Love & Robinson, 2012, p. 15). It is even considered to be more civilized in evolutionary terms: sex “is at its most human” when it combines emotional intimacy with eroticism (McCarthy & McCarthy, 2003, pp. 106-107).

Other forms of sexual relationship are considered a “cheap” alternative, a “quick fix” (Love & Robinson, 2012, p. 15); dangerous, both physically and emotionally, unfulfilling, and “ethically irresponsible” (Dean, 2009, p. 176). McCarthy and McCarthy define them as unstable, short-lived, precarious and “fragile” (2003, p. 30). The sexual intensity brought by “jumping from one affair to the other” needs to be replaced by a more sophisticated, consciously created, more fulfilling form of passion and intimacy, by “a potent, intimate sexuality that is fuelled by love and emotional maturity, not by youth, newness, or physical beauty” (Love & Robinson, 2012, p. 9, 15). Stable coupledness “brings out the best of each person” (McCarthy & McCarthy, 2003, p. 105). Mandatory coupledness and mandatory sexuality are not separate entities, as this quote shows: “even if Mom is single, her eroticism gives her energy that helps her with all the parenting tasks. We feel her excitement about a future partnership” (Watson, 2012, pp. 151-152).

Authors make use of two other legitimization strategies to show the benefits of long-term coupledness. One of them is *role model authority* (Van Leeuwen, 2008, p.120). The mere fact that these role models (media celebrities usually portrayed as “normal” women) pursue certain behaviours or beliefs is enough source of legitimization (Van Leeuwen, 2008, p. 107). For example, to persuade readers about the benefits of committed coupledness, Hall points out that “even the women in HBO’s hit series *Sex and the City* are looking for lasting love while they enjoy or struggle through one affair after another” (2004, p. 39). The *authority of conformity* to build legitimacy is also a pervasive strategy (Van Leeuwen, 2008, p. 122); authors legitimise

compulsory coupledness by showing that it is everybody's goal, thus natural, part of our species identity: "men and women alike want the security, safety, and comfort of a committed love relationship (...)" (Love & Robinson, 2012, pp. 5–6). It is important to highlight the exclusionary potential of these strategies towards the readers that cannot or do not wish to conform to the norm.

### **Marriage, divorce and compulsory coupledness**

Hall's book opens with a cautionary tale, the story of a patient for whom sex was the last of her priorities in her busy life but she realised that something had to change because her husband threatened to leave her (Hall, 2004, p. 9). For a married female reader, this functions as a threat: either you have more sex or your husband will abandon you. Olivia's case serves the same cautionary function: the author tells us that she lost three relationships due to her lack of sexual desire (Hall, 2004, p. 173). Weiner-Davis tells the story of Alice, whose loving husband, after twenty-four years of sexless marriage, decides to divorce due to his wife's neglect (2004, p. 66).

The price of a bad sex relationship is high: marriages without (good) sex, readers are told, are at risk of divorce and therefore, citizenship failure. Weiner-Davis is clear about this: divorce destroys families for ever (2004, p. 169) and it should be avoided:

If your marriage is part of what is making you unhappy, unless there is domestic violence or serious problems such as chronic substance abuse, learning relationships skills is the answer, not leaving (2004, p. 79).

Marriage is apparently so important to keep that authors advocate for tolerating various kinds of what might be considered abusive behaviour: a husband calling his wife a "frigid bitch"

(McCarthy & McCarthy, 2003, p. 64), another one forcing fellatio on her after heavy drinking during their wedding reception (McCarthy & McCarthy, 2003, p. 43), another one smashing a beloved object of hers against the dashboard when she told him that she was not having orgasms (Love & Robinson, 2012, p. 42). Watson is somewhat more flexible: “sometimes, personal healing can only come through ending the partnership or marriage” (2012, p. 7), but this constitutes an isolated exception in the literature.

What are the reasons that the authors offer for having to work so hard, and endure so many obstacles, to keep a marriage? Children are a reason for readers to conform to the mononormative ideal of family. Divorce, as the likely outcome of an affair, is described as a “painful legacy” for the kids (Love & Robinson, 2012, p. 7). Watson explains how the tension and anger as an effect of the lack of sexual desire might affect the children (2012, p. 2); Mintz agrees: “a marriage that is suffering is also going to produce children that are less happy and emotionally well-adjusted (...) if you have children, reviving your sex life is also going to benefit their well-being” (2009, p. 66). Readers should manage their sexuality to best serve the functions of family life: “healthy intimacy between Mom and Dad is an important gift to give your children” (Watson, 2012, p. 92). Since in therapeutic discourses the family represents the “root metaphor” for understanding pathology, and childhood is considered the anchor of identity (Illouz, 2008, p. 105-106), parents—and particularly mothers—are held responsible for their children’s psychological well-being:

Distracted, “get-it-over-with” sex is no mother’s wish for her daughter’s prospective sex life. And because a child particularly identifies with the same-sex parent, low libido may become a female legacy if a daughter senses that Mom doesn’t enjoy being the object of Dad’s desire (Watson, 2012, pp. 92-93).

This connects back to the Foucauldian accounts of how the medicalization of women's body in the nineteenth century (with the appearance of the character of the "frigid wife", among others)



was carried out in the name of mothers' responsibility toward the health of their children, the preservation of the family institution and the protection of society (Foucault, 1998, p. 110, p. 146-147). The family cell was a privileged point of interventions of biopower along two primary dimensions: “the husband-wife axis and the parents-children axis” (Foucault, 1998, p. 108). The bourgeois family was the “most active site of sexuality”, and not only was it instructed in the detailed monitoring of its “slightest traces”, but also got actively involved in opening itself entirely to endless professional support and examination from doctors, educators and psychiatrists (Foucault, 1998, pp. 109, 111). Rose also addresses the importance of marriage for the biopolitical management of life when he talks about “technologies of *responsibilization*” (1999b, p. 74). Married adults became responsible for each other and for creating a “purified, domestic space” to morally educate their children, a responsibility based on their own desire to care for their health and well-being.

But children are not the only reason to stay married; following the *compulsory coupledness* mandate, authors claim that it is in the reader's best interest to do so since “a satisfying, stable marriage fulfils needs for intimacy and security better than any other human relationship” (McCarthy & McCarthy, 2003, p. 136). “I believe in the magic of marriage”, asserts Weiner-Davis, “I know how fulfilling a caring, committed relationship can be” (2004, p. 172) so “it is of utmost importance that you find a therapist who believes in the sanctity of marriage” (2004, p. 78). In these quotes, it is possible to see how sex therapy operates as a tool of social control and reproduction of heteronormative practices, specifically married monogamy, as the ideal form of sexual citizenship. A sexually satisfying marriage is the best thing a person can strive for.

“Enforcing the white hegemonic heterosexual marriage family as the most desirable form of citizenship not only creates bad policy, this kind of sexual regulation also crushes democracy

and democratic equality and inclusion” (Josephson, 2016, p. 156). It produces a division of people into first class citizens, and sexual deviants and strangers (Josephson, 2016, p. 72) with all the political implications of that (unequal distribution of benefits and the inclusion/exclusion of political and civic life). But why are these manuals so obsessed with keeping marriages together and advertising their advantages? Every society faces the challenge of how to reproduce its “human capital” to ensure its continuation (Josephson, 2016, p. 172). The hegemonic white heteronormative family has been the traditional solution to this problem (Josephson, 2016, p. 172). Although these self-help manuals do not constitute public policy, nor can be suspected of having any direct economic or political interest or link with the neoliberal state agenda, they are part of the cultural machinery that enforces conformity to the heteronormative ideal of family, assuring its reproduction and justification. Normativity, far from being static, is continually reinvented through cultural and political practices like these (Josephson, 2016, p. 156). These manuals are a sign of resurgence and proliferation of marriage politics.

Despite its instability, marriage is still a key social institution that gives access to a variety of public and private rights related to citizenship (Cossman, 2007, p. 78). It is the main tool by which states regulate the intimate lives of their citizens (Dean, 2009, p. 197), provide “validation, legitimacy and recognition” to a specific kind of bond and stigmatize others (Warner, 2000, p. 99), in a “discriminatory distribution of rights and benefits” (Cadwallader & Riggs, 2012).

## Conclusions

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In this chapter, I showed how twenty-first-century sex self-help manuals, using several legitimization strategies, constitute a powerful element in a biopolitical machinery that is continuously bombarding us with statistic norms and inciting us to compare ourselves with the

“mass of other bodies” (Warner, 1999, p. 53-54). I analysed how the narrative structure of these manuals, particularly their use of mythopoiesis, is linked to the (auto)biographical tradition of confessional writing of the eighteenth-century invention of the self, that would merge with the medical case history genre to generate clinical material in psychiatry treatises on pervert sexuality. These narratives derive their rhetorical strength, in the first place, from their "translation" into scientific categorization by the experts, and on the other, from the impression that when reading this material, one is having access to the true, unique individual essence of the confessor—that, as we have seen, is hidden in their sexuality. Every legitimization strategy used is linked to the reproduction and incorporation of normativity: the use of moral and cautionary tales, moral evaluation and lexicalization, expert authority, authority of conformity, and prediction, they all encourage readers to stay married, stay monogamous, and be sexual.

Dean believes that married monogamy as the only possible alternative reduces erotic diversity and relational possibilities (2009, p. 204). I do not wish to follow him in the liberatory potential he sees in casual sex as a kind of contact that is “politically desirable” in democracy for it can disrupt class hierarchies (2009, p. 187). The idea that a particular kind of sex is the privileged way of escaping power or subverting the system sounds simplistic to me. I do nevertheless agree with Dean that there can be a value in the unexpected, the unknown, the unpredictable, both at a social and individual level, for it can lead to surprising and beneficial exchanges between people (2009, p. 187-188). Under the rhetoric of safety and comfort, physical health, psychological maturity and “family values”, sex self-help manuals collaborate with the normalization of erotic and affective lives, and discourage readers from undertaking any “relational experiments” (Dean, 2009, p. 197). Manuals depict promiscuity as a sign of a hopefully transitory emotional underdevelopment and immaturity (Wilkinson, 2010, p. 245), thus establishing a “complex regime of disciplinary control” (Klesse, 2010, p. 110) by claiming

authority to know the right way people should conduct their lives. Making use of a biopolitical discourse, the authors portray marital monogamous heterosexual as the archetype of normality, both consistent with nature and health.

These self-help manuals portray low sexual desire as a failure at performing adequate heterosexual married monogamy. Fortunately, prescriptive discourses attempting to regulate sexual behaviour unintentionally create discursive room for subversion and resistance (Petrella, 2007, p. 152). It is my intention to further explore those possibilities in the conclusion of this thesis.

# CONCLUSIONS

## Summary

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In Chapter One, I proposed to track the appearance of compulsory sexuality back to the nineteenth century. This was the time of the explosion of diagnostic categories in sexology in what Foucault called the *perverse implantation*, when normal sexual development was identified and deviations were categorized as mental illnesses (Foucault, 1998, p. 36). By using both the diagnosis of frigidity and the first marital manuals as historical tools, I showed how the contemporary self-help manual's definition of sexual desire and its working mechanisms reproduces gender stereotypes that are more than 150 years old, now dressed in a new clothing that blends the understanding of a unique psychological subjectivity with the vocabulary of neuroendocrinology and evolutionary psychology. The portrayed image is of a male sexual pursuer filled with testosterone, and a coy female that needs love, intimacy and uncountable relational prerequisites to feel sexual desire. Sexual desire is depicted as incredibly fragile—yet at the same time as a natural, unstoppable powerful force—potentially affected by every tiny aspect of life, provided that these aspects are medical, psychological or relational in nature. Almost no social, cultural or institutional factors are considered to affect sexual desire, thus privatizing individual motivation and discipline.

The privatization of the proposed aetiology of low sexual desire led me to Chapter Two, in which I analysed the enormous amount of self-discipline in which women—who are the main readers of self-help books—have to engage in to increase their levels of sexual desire. I connected this work with the concept of neoliberal governmentality (Foucault, 2008), which promotes the idea of an autonomous, responsible citizen for whom health, happiness and well-being have been made a moral imperative, and must govern themselves in order to realise

themselves at their full potential. Women's sex work is continuous and endless, and pervades every single moment of her day; they are urged to "see sex everywhere" and to acquiesce to unwanted sexual contact in the name of love. Although the books advise women to do whatever it takes to increase their sexual desire, the borders of respectable heterosexual practices are (re)constructed and highly policed; it is possible to trace in the manuals a rejection of sexual activities such as BDSM, anal sex, threesomes/orgies, public sex, (certain uses of) masturbation, and heterosexual men's consumption of gay porn.

This analysis of the manuals' custody of normativity was amplified in Chapter Three, which shows the strategies of legitimation that the authors use to persuade the readers of the vital importance of sexual desire in their marriages. Using the concept of biopolitics, I showed how the *psy* experts hierarchize married monogamy as the normal, healthy and psychologically mature way of living, based on alleged neutral scientific knowledge, thus pushing any other sexual and emotional economy down the ladder of social respectability. This has a detrimental effect for the access to full citizenship of those people that cannot or do not wish to conform to mononormativity or mandatory sexuality, and therefore negatively contributes to the making of a democratic society. By using several rhetorical strategies that build up a biopolitical narrative, the experts try to push women towards sex work not only based on arguments of health and well-being, but under the threat of affairs and divorce, which are portrayed as failures that should be avoided at all costs.

To summarize, I aimed to show how these contemporary American self-help manuals constitute a tool of neoliberal governmentality that produces a type of female subjectivity willing to embrace and comply with a normative understanding of sexual behaviour as part of its individual project of self-care and self-fulfilment.

## Queering sexology –the move beyond normalcy

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“Queerness is essentially about the rejection of a here and now and an insistence on potentiality or concrete possibility for another world”.

(Muñoz, 2009, p. 1)

Sex self-help manuals for couples promote a certain type of heterosexual relationship—monogamous within the boundaries of “vanilla sex”—as the healthiest, most adequate and valuable lifestyle that provides “social currency and status”, even if many individuals—including heterosexuals—do not fit into such narrow category (Elia, 2003, p. 62). The manuals show how biopower feeds itself from the (re)production of a normative order and its regimes of truth about what constitutes natural and healthy sexual behaviour. Is it possible to subvert sexology—and its clinical application, sex therapy—to be something else other than an institution for sustaining the sexual and social order? I will use Queer Theory to explore this possibility.

Following Warner, I argue for the desirability of a queer planet that resists the “regimes of the normal”, understood as sites of violence (1993, p. xxvi). I associate this violence to Chasin’s allusion to the “sanctions” that people—specially women—receive for not wanting sex with their (male) partners (2013, p. 416), sanctions for which the sexological discourse should be held accountable. These sanctions come in the shape of time, money and energy consuming *sex work*, pathologization, and ultimately a future of loneliness and/or betrayal. Sex therapy is an agent of the reproduction of a hegemonic regime that distributes social privilege (symbolic and material) according to who falls in and out of its normative criteria.

I connect this idea of a queer planet with Chasin's proposal of a world "where being sexual is no longer mandated as a prerequisite of normalcy or intimacy and where nonsexual relationships are recognized and valued" (2013, p. 416). My intention is to challenge sex therapy's rejection of coupledness without sexual interaction. When Mintz determines that a couple cannot and should not be just "two people sharing the chores and hassles of daily life with an occasional good laugh and conversation" (2009, p. 105), I want to ask why. Why is sex therapy blocking people's possibilities of rethinking romantic intimacies—or any type of intimacy, for that matter—, of imagining and negotiating pluralistic ways of living and being together, of flexibly shaping and reshaping intimacy. The self-help manuals are using sexual desire (and activity) as a marker of the strict boundaries of what can and cannot be considered the correct way of being a couple, or even more, of which kind of interaction deserves that label and which cannot claim it, because without sex, a couple is "just two people".

To take my critical analysis on mandatory sexuality further, I incorporate the thoughts of Cacchioni, one of the few authors that approaches sex therapy with a Queer Theory lens. Following Burrill, Cacchioni understands queer as a position, not an identity; as anything that is "at odds with the normal, the legitimate, the dominant", whichever shape it might take (2015, p. 97). She wonders, just like me, if there is a way to refuse heteronormative female *sex work* (2015, p. 96), and she proposes two alternatives to "queer" the heteronormative script: to change the value placed on sexual activity—this is, to challenge mandatory sexuality—and/or to reject coupledness completely (2015, p. 96, p. 104). The first option is about prioritizing types of sexual activities that are thought as subsidiary by normative standards ("foreplay", non-goal oriented masturbation) or deprioritizing sex altogether, without necessarily identifying as asexual. This implies challenging the over-privilege of sexuality as a route for self-fulfilment (the idea of a "true self" that is only accessible through sexuality) and the fallacy of misplaced scale, in Rubin's



words, that burdens sexual acts with an excess of signification (Jackson, 1999b, p. 4). None of the analysed self-help manuals propose any of these options as legitimate ones.

Of course, these options come with limitations. Material factors can undermine the freedom of choice that women might have to make radical changes in their relationships and lives. I agree with Cacchioni (2015) and Elia (2003) on that “queering heterosexual scripts” and “refusing sex work” might be only a privilege of the middle class, since bearing the costs of a divorce without a job or any financial resources can be unattainable for many women. In Preciado’s words, we can say that it is a “political luxury” (2008, p. 51). I am also aware that “heterosexuality as an institution regulates much more than merely our erotic lives” (Jackson, 1999a, p. 178), thus resisting the discourse of sex self-help means to challenge a little portion of what maintains heterosexuality; making some “queer” additions to sexual practices cannot be regarded as a “radical subversion” of the sexual order (Jackson, 1999b, p. 171).

It comes as no surprise that asexuality raises scepticism among sex therapists, since it destabilizes the coherence of the sexological understanding of sexuality, in which the presence of desire is the norm, and its lack should be addressed therapeutically (Cacchioni, 2015, p. 103). Sex therapy relies on the unquestioned premise that we should make people (more) sexual, because sexual is better. The (good) life is sexual by definition, and experiencing a liberated sexuality is supposed to bring fulfilment and “make one valuable as a reproductive citizen” (Flore, 2014, p. 69). In the context of modern biopower, then, to refuse mandatory sexuality symbolizes the individual’s rejection of their “societal responsibilities of reproduction” (Flore, 2014, p. 69) (and of life itself, one might say). I do not want to romanticize asexuality as the privileged means to resist the system: in other respects, many self-identified asexuals have normative lives totally aligned with capitalism, state regulation, gender, race and/or class-based hierarchies (Milks,

2014, p. 233). I nevertheless think asexuality as a helpful concept to oppose mandatory sexuality within (heterosexual) couples: if asexual's lack of desire can be considered legitimate, maybe there is a way to make anybody's lack of desire acceptable (Chasin, 2013, p. 416).

I want to make another contribution to Cacchioni's queering heterosexuality: the deconstruction of mononormativity via the tools provided by non-monogamies studies. If monogamy was not considered the privileged, unquestionable way of managing sexual activity within a long-term couple, differences in sexual desire would not be a gridlock. It is the rule of necessarily having to rely on one single partner for the rest of your life for the satisfaction of your desire of coupled sex that creates the problem. The analysed self-help manuals make no suggestions about discussing other sexual arrangements; far from that, they naturalize the association between romantic love and monogamy leaving no discursive room for alternatives.

Non-monogamies could be a useful resource for those couples that want to sustain a long-term partnership in the context of sexual disinterest; non-monogamies studies open the possibility of imagining different ways of conducting intimate relationships: not necessarily sexually or emotionally monogamous, not necessarily sexual, not necessarily sharing a home, and not necessarily dyadic (Scherrer, 2010, p. 158). Non-monogamies contest promiscuity discourses of "underdevelopment, immaturity and worthlessness" (Wilkinson, 2010, p. 245) and their establishment of a disciplinary regime that feeds itself from gender and sexual stereotypes. In that sense, I want to join Wilkinson in her proposal that the exercise of non-monogamies could not only be a personal choice but a political act with the potential to undermine structural power relations (2010, p. 243).

Once again, I do not intend to romanticize non-monogamies, especially since the market has the ability to quickly water down any potentially subversive practice into a commodified version for consumption. Today's self-help books on polyamory<sup>16</sup> are completely caught up in the narrative of self-improvement, discovering your "true authentic sexuality", and the idolatry of choice and free will, in absolute alliance with the neoliberal agenda. Non-monogamy is not instantly transgressive, and there is no reason to think that the key to "liberation" is contained in the exercise or the refusal of (any particular kinds of) sexuality.

### **Final remarks**

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By privatizing both the aetiology and the treatment of low sexual desire, self-help manuals are depolitizing the issue, obscuring the constructed nature of the diagnosis and making it unsusceptible to political contestation. They persuade individuals into endless self-improvement, appropriating neoliberal conceptions of subjectivity that promote a good citizen that is hyper-responsible in their self-care for maximizing their health and well-being, in complete alignment with the biopolitical management of populations. Following Warner, I also see a problem with isolation and privatization of sexual experience (2000, p. 7). They prevent people that fall out of the *charmed circle* from making common cause. Chasin, for example, advocates for group formats to promote discussions on the expectations and pressures that compel people, especially women, to undergo sex work to increase their levels of sexual desire (2013, p. 416). Sex therapist Marny Hall (2002, p. 168) proposes that instead of (unsuccessfully) trying to enhance the patient's libido, she would "simply discuss with clients the politics of sex"; explore with them the origins of what we consider the "truths" of human sexuality. In my opinion, we might better help clients if we admit that we do not know what is best for them, if

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<sup>16</sup> See Petrella, 2007, *Ethical Sluts and Closet Polyamorists: Dissident Eroticism, Abject Subjects and the Normative Cycle in Self-Help Books on Free Love*.

we are willing to throw all our normative knowledge about the proper, healthy and mature way of living a life out the window, and invite them to join us in this deconstructive process.

It is difficult to think about a queer embrace of non-conformity as a mode of resistance to the normal without resorting to the suspiciously neoliberal concept of sexual autonomy<sup>17</sup> (Winnubst, 2012, p. 79). The “allure of autonomy”, Brown asserts, “stems from the desire for freedom” (2012), and the idea that there might be a right (sexual) path to break free from the networks of power and be liberated, once and for all. Unfortunately, the transformative potential of queer can be perfectly become a commodity to be consumed in the pursuit of an identity built on neoliberal techniques of the self<sup>18</sup>. Queer politics and theory run the risk, in McCluskey words, of “looking like a bedfellow of neoliberalism” (2016, p. 117). Is it possible to refuse to conform to normative templates in our affective and sexual lives without falling back on the neoliberal myth of an autonomous, self-determined subject, that masks the inevitable dependency of human life (McCluskey, 2016, p. 115)? I do not have an answer to that. Maybe the autonomous subject is, at least for now, the only (imperfect) tool we have to grant ourselves the right to say “no” to unwanted sexual activity under the heteronormative regime.

As a psychologist and sex therapist myself, it is my hope that this thesis will contribute to the radical rethinking of our professional practice to better align it with the promotion of the principles of democracy and social justice and away from the reproduction of oppression and privilege in society.

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<sup>17</sup> See Michael Warner, *The trouble with normal*, p. 1, p. 17.

<sup>18</sup> This is what Brown observed in gay life in the big metropolis of the Global North (G. Brown, 2012).

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