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Diffraction Feminist Sex Therapy

Abstract

The purpose of this article is twofold. Firstly, it seeks to examine how feminist sex therapists have challenged, and articulated feminist alternatives to, conventional approaches to treatment of sexual difficulties. Secondly, it seeks to make a methodological claim and example regarding ways to analytically approach academic literature and claims to knowledge. Drawing on feminist responses to epistemological issues raised in relation to natural as well as social sciences, I seek to develop an analytical approach based on diffraction as an optical metaphor. To that effect, part of my purpose it to exemplify a methodology based on feminist interdisciplinarity by putting it to work in the context of therapeutic inquiry and knowledges. Regarding the case of sex therapies, I claim that feminists have developed convincing critiques of conventional models as well as a promising stance for feminist approaches in sex therapy. Nevertheless, I argue that there are issues concerning the notion of sexual well-being specifically that remain to be addressed by feminist sex therapists in order to properly undo particularly problematic dimensions of the conventional legacy.

Keywords: feminist epistemology; feminist sex therapy; diffraction; situated knowledges

1. Adding Interest to Objectivity

Feminist critiques of scientific practices and knowledges have repeatedly pointed to how political, and in particular androcentric and sexist values influence that which is promoted as scientific knowledge (Keller 1982, Longino 1990). In 1986, feminist philosopher of science Sandra Harding identified the principal question which scientific enterprises raise for feminists: how is it possible, despite the androcentric implications of traditional scientific endeavours, to turn scientific knowledge seeking into a project faithful to feminist interests (Harding 1986)?

Almost simultaneously with Harding's articulation of the science question in feminism, the field of *sex therapy* became a location for feminist intervention and reconstruction. Sex therapy came to being in the United States in the late 60s and early 70s, roughly simultaneously with the radicalization of the U.S. women's movement. As one embodiment of the alleged sexual liberation feminists considered a reorientation and

consolidation of men's control and exploitation of women (cf. Densmore 1973, Coveney, Kay, and Mahony 1984). Following the research and clinical work of gynaecologist William Master and researcher Virginia Johnson (1980), sex therapy developed as an approach to treatment of sexual problems such as difficulties in achieving orgasms, pain associated with (hetero)sexual intercourse, vaginismus, premature ejaculation and erectile difficulties.

Whereas the main concern of sex therapy is treatment of *sexual dysfunctions*, as an interest in medical and scientific inquiry it promotes and develops knowledge about how human sexual functioning is constituted. Moreover, sex therapeutic research seeks to chart the etiology and conceptualize the pathology of the conditions in focus of therapeutic efforts. From feminist perspectives, available articulations of sex therapy, sexual functioning and dysfunctions have been analysed as deeply androcentric and heterosexist. Accordingly, as feminist sex therapist in the mid-80ies began efforts to rework an endeavour apparently at the service of patriarchy into a sex therapy faithful to feminist hopes and interests, sex therapy became the site of efforts to resolve a sex therapy question in feminism (Pernrud 2007).

To that effect feminist sex therapy, as well as feminist epistemology, challenges the androcentric and patriarchal politics of establishment sex therapy and science respectively, and seeks to demonstrate how feminist politics paves way for a better sex therapy. In both cases, concerns are evoked regarding the possibility of claiming a politically saturated 'better' that is not reducible to merely politics. Also both feminist sex therapists and epistemologists seek to retain epistemic privilege for their claims to knowledge, without denying the political nature of these claims. According to feminist science studies scholar Donna Haraway (1991), hopes to remain political and objective at the same time have often been treated as carrying contradiction. Faith in objectivity and epistemic privilege has appeared to call for the detached, disembodied and disinterested approach to knowing that feminists have criticized establishment science for promoting, putting emphasis on the political and historically contingent nature of knowledge construing this as an invitation to relativism.

Haraway insists, however, that knowing is possible neither from the detached nowhere-in-particular nor from the relativist everywhere-at-once, but that it is possible only from somewhere specifically. The fact that knowers are embodied, localized and interested is for Haraway the very condition under which knowledge is at all possible. It should not, accordingly, be considered as something that epistemologists need to work around, or as a reason to claim that hopes for reliable and objective knowledges are misguided (Haraway

1991). Accordingly, political interests can be construed as pertaining to *the somewhere* and belong in this sense to the conditions by which knowledge is possible. With feminist sex therapy literature as my empirical case I will, in one facet of this article, explore and seek to specify more concretely how political interests and positions are consequential for claims to knowledge. At the same time I also propose to undertake an exploration into methodology. That is, in the process of exploring how political notions are consequential for claims to knowledge, I will also address issues regarding what it takes from an analytical approach to remain faithful to the notion of a non-contradictory relation between objectivity, political interests and assumptions.

2. A Diffractive Methodology

Conventionally, epistemology raises questions about how well knowledge represents its subject matter, implying that knowledge is somehow separated from the world it speaks about. In such theories of knowing, political values lead to biased representations (Longino 1990), and political ideologies is at risk of covering the world in a proverbial mist (Hartsock 1997). But once it is acknowledged that knowing takes place *in* the world, as a way to partake with it, it appears problematic to consider politics as something that curtail the access the knowing subject has to the object of knowledge (Haraway 1991, Barad 2003). Furthermore, and even more basically, it appears problematic to consider knowledge, literature and language in terms of representations (Barad 2003).

Instead of a representational analysis of claims to knowledge, I propose, clearly inspired by Haraway, that knowledge should be engaged in a *diffractive* analysis (Haraway 1997). The notion of diffraction is here taken to be a metaphor contesting the equally metaphoric notion of reflection, informing representationalist ways of construing knowledge and language. When light is diffracted it is made to interact with itself; light waves reinforce and cancel each other out into interference patterns, sometimes as spectacularly as rainbows. Clearly, a rainbow cannot be reduced either to the sun or to the rain, but it is a realization of the joint agencies of the sun and the rain. As a metaphor, diffraction speaks to me about how the agencies of different parts of the world are joined together into new parts of the world (cf. Haraway 2003, Haraway 2004).

Knowledge as an interference pattern is not a replication of its subject matter mediated through a knower, but it is a relation, an articulation of things, enacting new things, such as explanations, conceptualizations and theories. In particular I will, throughout the following analysis, consider and seek to demonstrate how a diffractive methodology can contribute to a non-relativist understanding of ways in which political notions are consequential for claims to knowledge. Here, a diffractive analysis of claims to knowledge does not ask how well knowledges describe and explain things, but it seeks to interrogate how words and accounts are made to interact to become descriptions, explanations and theories. Accordingly, claims to knowledge will be analysed as consequential of meaning making agencies; claims to knowledge will be analysed in that they are made of the *work* concepts, pieces of empirical information and political interests and standpoints perform in relation to each other. In order to make these rather general methodological remarks more substantial, I will now turn my attention more closely to the empirical case of this article.

3. Critical Interference

Feminist sex therapy began in discontent with available and established sex therapeutic approaches to sexual problems and well-being. Sexologist Leonore Tiefer, who has published on feminist approaches in and to sex therapy since the early 80s, has repeatedly contended that the basic problem with mainstream sex therapy, and the reason it is in dire need of feminist alternatives, is that it promotes a *medical model* to sexual problems and well-being. Basically, the notion of the medical model, as Tiefer posits it, points to two crucial concepts and their interrelatedness in mainstream sex therapy. The concept of the Human Sexual Response Cycle (HSRC) on the one hand, dating back to 1966, works in mainstream sex therapy as a conceptualization of healthy sexual functioning. The HSRC resulted from laboratory studies conducted by Masters and Johnson, in which they observed many forms of sexual interaction in order to discern what it is that happens to the human body when it is involved in sexual activity. Essentially, Masters and Johnson claimed that the human body responds to sexual stimulation by displaying a pattern of distinct physiological changes, where for instance clitoral engorgement, vaginal lubrication, penile erection and eventually orgasm and ejaculation are manifested in a certain order (Masters and Johnson 1966).

For some people however, this process has a tendency to be interrupted or disturbed. People who do not experience orgasm as a result of sexual stimulation, or who do not display vaginal lubrication or penile erection, in mainstream sex therapy are regarded as physiological manifestations of arousal. They have to contend with *sexual dysfunctions*; conditions that constitute the main target of mainstream sex therapy intervention (Kaplan 1978, Masters and Johnson 1980, American Psychiatric Association 2000). To that effect, mainstream sex therapy relies on a physiological notion of sexual functioning, paired with a portrayal of sexual problems in terms of dysfunctions. Taken together, mainstream notions of sexual functioning and dysfunctions lead mainstream sex therapy to promote an approach to sex and sexuality in which matters of sexual dis/satisfaction are distributed along an axis of health and pathology. In the medical model, according to Tiefer, '[s]ex is no longer a human arena for negotiation, but an arena where there is an objective standard against which performance can be measured' (Tiefer 1988: 17).

As Tiefer along with other feminist sex therapists, such as Doreen Seidler-Feller (1985), Wendy Stock (1988) and Stock and Charles Moser (2001), analyse the mainstream approach in sex therapy, there are largely two issues that render the medical model specifically problematic. Tiefer, in a 1988 article illustrates an initial point when she contends that mainstream preoccupation with physiology and its individualized approach to sexual difficulties forecloses the possibility of a more full appreciation of the wide range of causes behind sexual problems:

The social origins of sexuality problems – rigid sex roles, unrelenting standards of performance, relationships of unequal power, absence of sexuality training or education, sexuality having to fulfil displaced needs for self-esteem and worth in a bureaucratic world, increasing awareness of sex brought about by the commercial exploitation of sexual images, histories of sexual violence – are never treated..
(Tiefer 1988: 17-8)

Whereas mainstream models discuss for example performance anxieties, fear of intimacy and anger as etiological of sexual problems, (Masters and Johnson 1980, Kaplan 1979, Kaplan 1995) feminist sex therapists maintain sexual problems cannot be properly understood without also taking the social and cultural context of sex into account.

A second point of contention in feminist approaches to mainstream sex therapy emerge in accounts of what it means and entails to have sex. The medical model, according to feminist criticism, has reduced sex to a matter of properly and heterosexually behaving genitals. Having pleasurable sex hinges on the ability to engage in (heterosexual) coitus. Such a reductionist way of construing sex has several problematic consequences. It limits that which is viable to consider as sexual difficulties to include only problems with the behavior of genitals, thereby foreclosing the possibilities for clients of sex therapy to raise other issues they might have. However, possibilities are not foreclosed equally, but women in particular are ill served by the medical model's definition of sex, whereas men's experience of sex and sexual problems is well represented (Stock 1988, Tiefer 1988).

In the first instance this critique instantiates a feminist perspective on mainstream sex therapy. Feminism, in feminist sex therapy, is, in Tiefer's words, enunciated as concentrating on 'women's positions, women's voices, women's perspectives and women's problems' (Tiefer 1988: 30). When assuming women's perspectives on sex and sexual problems, different notions than those given room in the mainstream model emerge; women, according to Tiefer, tend to value emotional and communicative dimensions over the genital emphasis apparent in mainstream sex therapy (Tiefer 1988). Moreover, to limit conceptualizations of sex and sexual problems to the physiology of the genitals does, according to Stock, tend to favour men's experiences of sex and sexual problems, as they are prone to view sex as a matter of genital performance much in the same sense as the medical model does (Stock 1988). When women's voices are taken seriously to ground a feminist approach in and to sex therapy, it becomes apparent that the mainstream model constitutes sex therapy from men's perspectives.

Importantly though, feminist critiques of the mainstream approach are not merely declarations of discontent, or critical accounts of a faulty theorization of sex and sexual problems. The criticized version of mainstream sex therapy is in a sense partially productive of feminist alternatives. Firstly, when it is contended that the physiological emphasis in the mainstream model is insufficient and misplaced because it excludes the social and institutional surroundings of sex and sexual problems, more than saying something about the mainstream approach, this claim also points to what is required of a feminist sex therapy; in order to find sex therapy that takes women's voices, perspectives and problems seriously, feminist sex therapists need to replace the physiological focus with an account of how sex and

sexual problems are socially shaped and impinged upon by a patriarchal society. Secondly, as the medical model appears to posit coitus as a measure for sexual functioning, thereby operating from a pre-given norm regarding what sex should be, not only does it exclude other forms of finding sexual satisfaction, but it also denies people the ability to define sexual well-being for themselves. For a feminist sex therapy to overcome this problem, it would accordingly need an account of sexual well-being that does not reduce it to an intractable, and particularly a heterosexist norm, instead allowing people's own experiences agency in determining notions of sexual well-being.

In this vein, feminist sex therapists' critiques of mainstream sex therapy are not simply ways to critically represent mainstream sex therapy. At the same time as mainstream sex therapy is read from a feminist perspective, the criticism this reading yields works to define and ground the position in sex therapy from which the mainstream approach appears problematic. Criticism defines what is needed of a feminist sex therapy at the same time as feminist needs and interests define the sense in which mainstream sex therapy is critically understood. What this suggests is that critical knowledges regarding mainstream sex therapy, more than statements about the mainstream approach, establish a relation in which mainstream and feminist sex therapy are defined and emerge as contending positions. In the establishment of this relation feminist sex therapists' assumption of women's perspectives perform work in demonstrating where the mainstream model falls short. Whereas the mainstream sex therapy perform work by laying claims to feminist alternatives in sex therapy as to how they need to be alternative.

4. Constructive Interference

As suggested above, because of what it excludes from the purview of sex therapy, and because of its portrayal of sex in coital terms, it is the physiological reductionism of the mainstream model that feminist sex therapists have indicated as the principal problem of mainstream sex therapy. To that effect, to overcome the androcentric, heterosexist and expert approach to sex embodied in the mainstream model feminist alternatives have been framed as depending on the possibility of producing a social constructionist theory of sex, sexual satisfaction and sexual problems. A social constructionist theory of sex, appropriate for

feminist sex therapy, has to be able to take into account the consequences of a social and patriarchal context for sex and sexuality, and it has to accommodate a conceptualization of sexual well-being that does not subscribe to preconceived notions of normality and pathology.

In an article originally published in 1987 Tiefer draws on social constructionist research on sexuality to suggest a direction for a more promising approach in sex therapy than previously available (Tiefer 1995). A constructionist approach to sexuality would, it could be suggested from Tiefer's arguments, put the most basic notions of sex research and sex therapy into question as it considers sex to be a locally constructed and historically specific category. Rather than departing from ready made definitions of sex, sexual satisfaction and sexual problems it would depart from an interrogation of what sex means in concrete and local settings, and it would seek to demonstrate how such meanings are contingent upon social and cultural conditions.

Although a social constructionist approach to sex and sexual problems is clearly different from the mainstream theorization, it does not direct attention away from physiology entirely. Rather than abandoning mainstream notions of the physiology of sex and sexual problems entirely, feminist sex therapy incorporates attention to physiology within a social constructionist model. Stock contends in this vein that there is no need to completely relinquish 'efforts to understand sexual function and dysfunction, but that we *must* be fully aware of how the social construction of sexuality shapes our methodology and determines our emphasis' (Stock 1988: 31). Similarly, Seidler-Feller maintains that

[e]xisting professional ways of viewing "sexual dysfunctions" are not inherently inconsistent with a feminist approach but seem naively to ignore the history of Western conflict and compromise alive in each of us. (Seidler-Feller 1985, 126)

At a first glance it would seem from Seidler-Feller's claim that the conventional understanding needs to be supplemented with a feminist perspective. However, feminist sex therapy is not simply an addition to existing models. Feminist sex therapy does not reject that conventional sexual dysfunctions could be considered sexually problematic, or that the notion of human sexual response describes processes that sometimes are set in motion when people have sex. What contestation of the medical model amounts to is the notion that its constituents need to be pried apart from each other and incorporated into a different framework. Feminist

contestation of the medical model calls for different ways of relating concepts of physiology, sex, sexual problems and sexual satisfaction to each other.

In this vein, feminist sex therapeutic theorizations of sexual matters deny the mainstream notion that physiology is the bedrock of sexuality, and begin instead by asking, in Tiefer's words, '[h]ow, from the vast range of physical and mental possibilities, do people come to call certain ones sexual?' (Tiefer 1995: 28). This approach allows for an understanding where physiology still can be made relevant, without committing to the 'assumption that the body dictates action, experience and meaning' (Tiefer 1995: 24). Against this background, social constructionism works as a general theoretical framework allowing for the employment of more specific social scientific notions. That is, within the social constructionist approach to sex it becomes viable to have social scientific concepts performing work to theorize processes in which sex and sexuality are socially constructed, and bodies and experiences become sexualized. In feminist sex therapy then, sex, sexual problems and sexualized physiology are theorized within a framework where concepts, such as 'socialization', 'sex role', and 'patriarchy', drawn from gender and social sciences theory, perform important and explanatory work.

Within this framework, Seidler-Feller, in her 1985 article, enunciates the most prominent feature of feminist sex therapy's distinctive theoretical commitment: 'Female sexual dysfunction may be viewed as a general status protest /.../ and a woman's best defence against a sexual ritual of subordination may be "sexual dysfunction"' (Seidler-Feller 1985: 124). A sexual problem, rather than a pathological condition, is seen as an embodiment of resistance, and as an 'expression of self-ownership and right to privacy' (Seidler-Feller 1985: 125). Supported by theoretical notions of an unjust society, and concepts describing mechanisms by which society and social structure have individual impact, feminist sex therapy commits to an understanding of sexual problems as responses and resistances to injustice. Sexual problems embody one way in which the personal is political (cf. Seidler-Feller 1985, Tiefer 1988). In an article from 1994 feminist sex therapist Marianne Keystone draws on Seidler-Feller's argument and contends:

I really question whether vaginismus is at all abnormal... Some feminists see ... vaginismus as... positive... in that it is better for a woman's vagina to say 'No' when she has not yet felt able to clearly verbalize her feelings, than for the woman to place herself in an unsafe or unequal position. (Keystone 1994: 324)

Later, Keystone in a 1998 article co-authored with Marsha Carolan, settles the slight hint of doubt whether it is reasonable to de-pathologize vaginismus entirely, in favour of viewing sexual difficulties as a healthy way to learn that relational or social conditions are inappropriate for sexual exchange:

feminist sex therapy conceptualizes sexual difficulties as arising from individual or dyadic responses to: feelings of powerlessness or lack of equity in relationships, past or present sexual trauma, compulsory heterosexuality, intransigent gendered beliefs, societal emphasis on genitally based sexuality, and dominant culture biases about sexual behaviour. (Keystone and Carolan 1998: 291)

In contrast to mainstream sex therapy, where sexual dysfunctions are understood as mental disorders and evidence of psychopathology, feminist sex therapy, by de-emphasizing the notion of sexual functioning and framing sexuality and the relational and social context as a system, lends towards emphasizing that sexual problems are social, institutional or relational rather than individual entities. In effect, relational and social issues *are* the primary problems, and individual sexual dissatisfaction is a response to relational and social conditions. This displacement, in comparison to mainstream models, is succinctly summarized by Keystone as she claims that ‘the pathology is within society, not the woman’ (Keystone 1994: 324).

More than a conceptualization of sex and sexual problems feminist sex therapeutic claims to knowledge regarding the social construction of sexual matters could be understood as an account of a knowing relation established through the work performed by social scientific and gender theory notions. It is a relation in which sex and sexual problems and the position of feminist sex therapists as feminist social scientists are delineated in relation to each other. What I propose here is the notion that more than making statements about sex and sexual problems, as objects of knowledge, claims to knowledge is also about what it entails to be a knowing subject. Knowledge is a relation in which objects of knowledge and knowing subjects are determined relationally (cf. Barad 2003, Pernrud 2007).

5. Political Interference

Conceptualizing particularly women's experiences of sexual problems as resulting from social and institutional problems has consequences for how therapeutic intervention is construed in feminist sex therapy. As feminist sex therapists view sexual problems as expressions of patriarchal sexual politics (Seidler-Feller 1985) this is grounds for contending that feminism and feminist activism provide a mode for therapeutic intervention (Tiefer 1996, Tiefer 2001). Contesting the conventional notion that sexual dysfunctions are pathological conditions interfering with a congenital capacity for sexual functioning that sex therapy seeks to restore, feminist sex therapy considers sexual problems as expressions of political resistance and invitations to further feminist activism in the form of therapeutic intervention.

Whereas the social scientific framework employed in feminist sex therapy provides an account of the connections between social and institutional conditions and embodied or individually manifested sexual problems, the notion that therapeutic intervention ultimately seeks to accomplish social and institutional change expresses a more specific contention. In addition to a social scientific account of connections between individuals and their social surroundings, feminist sex therapy also commits to an *evaluation* of these connections regarding where and in what sense they involve problems in need of change. Seidler-Feller, in her 1985 article claims, in connection to the notion that sexual dysfunctions are functional responses to untenable conditions, 'that women have an inalienable right to control over their bodies' (Seidler-Feller 1985: 125), thereby beginning to indicate why it is the social and institutional framework that ultimately is in need of intervention and change rather than individual women. Keystone, in 1994, makes remarks that further suggest the notions paving way for an understanding of sex therapy in terms of political activism:

The term mental disorder for some sexual dysfunctions is worrisome in general and certainly for women in particular. Indeed I suspect that our use of the term sexual dysfunction may sometimes disempower women even further, albeit in the guise of helping them, by labelling their behaviour as dysfunctional. (Keystone 1994: 322)

In both Seidler-Feller's and Keystone's contentions it is suggested that for a sex therapist to locate problems within women, and accordingly seek to change them, this would as such be disempowering for women and counter-productive from a feminist stance. A feminist sex therapy needs instead to affirm women's experiences and perspectives as evidence of healthy expressions of women's relation to social and institutional conditions. Consequential of politically investing women's perspectives into the social scientific framework employed in feminist sex therapy is a commitment to a social, institutional and political ontology of sexual problems, and it furthermore defines what it takes and entail to intervene therapeutically. The politics of women's perspectives establishes claims to knowledge regarding sexual matters and therapy as a relation in which problem and therapists are defined relationally, as matters of sexual politics and political activists.

Here, the notion that therapy consists of an expert seeking to help a patient is de-emphasized. Rather, feminist sex therapy is construed as an endeavour where therapist and client work together in the face of a common enemy. In this vein, Keystone comments to the effect that it is important to work side by side with her clients:

From my own perspective as a therapist... feminism involves, at all times, the notion of safety. It means acting on behalf of women in whatever professional and humanitarian way I can, to ensure that they feel safe within themselves and within their environment to the degree that this is possible for women in today's society.

(Keystone 1994: 321)

Stock, in her 1988 article, argues that being a feminist sex therapist 'requires... energy to maintain an awareness of an egalitarian model of sexuality while existing and working within a culture and social reality antithetical to gender equality' (Stock 1988: 39), thus calling more strongly to mind that client and therapist are involved in a shared struggle.

As the notion that 'sexual dysfunctions reflect sexual politics' (Seidler-Feller 1985: 124) calls for political activism, the objectives of therapeutic intervention in feminist sex therapy too can be considered in political terms. Keystone and Carolan explicate their vision of the promises of a feminist sex therapy:

Feminist sex therapy research would expand our vision of sex beyond genital functioning, number of orgasms achieved, and frequency of intercourse to the ways

in which an individual can become comfortable and empowered in her or his own sexuality and expand this into mutually satisfying equitable sexual relationships.

(Keystone and Carolan 1998: 294)

Lee Handy et al, in an article from 1985, argue in a similar manner when they claim that ‘[a] feminist position would involve promotion of a woman’s right to determine her own style of sexual expression and affirmation of a range or life-styles for meeting her social, emotional and sexual needs’ (Handy et al. 1985: 74). Further Tiefer states, rather succinctly, that ‘the only magic pill for women’s sexuality is broad-spectrum freedom’ (Tiefer 2001: 92). What these remarks begin to suggest is the notion that patriarchy is construed as curtailing especially women’s sexual well-being, and that feminist sex therapy seeks to accomplish change to the effect that women’s opportunities to define and experience sexual satisfaction are liberated. As a conclusion of my analysis of feminist sex therapy I will interrogate this liberationist approach to the objective of therapy further and I will argue that it contains a problematic ambiguity. In order to substantiate and elaborate on this point I will begin by taking the mainstream approach in sex therapy further into account.

Mainstream sex therapy strongly promotes the notion that sexual dysfunctions signal the need to liberate sexual functioning. That is, sexual functioning is understood as a natural process (cf. especially Masters and Johnson 1980) that will unfold by its own power and logic as long as it is not interfered with, inhibited or restrained by external forces. Performance anxieties, being angry with a partner or having been raised with the notion that sex is dirty are examples of what could manifest as sexual dysfunctions and block sexual functioning (Kaplan 1995, Pridal and LoPiccolo 2000, Wincze and Carey 2001). Clearly, the emphasis on the social construction of sex and sexuality in feminist models appears to directly contradict a conception of human sexuality that grants explanatory powers to a process allegedly unfolding naturally. Nevertheless, like mainstream sex therapy, feminist models invoke liberationist notions when construing the purpose and objectives of therapeutic intervention. In an article from 1996 Tiefer remarks on this alleged analogy between conventional sex therapy and the feminist movement:

Sex therapists often think of themselves as social liberators, helping people move beyond restrictions and inhibitions created by the Judeo-Christian [views on sexuality] ... Feminists also view themselves as social liberators, helping people

move beyond restrictions and inhibitions embedded in gender roles and stereotypes and institutionalized in all parts of society. (Tiefer 1996: 53-4)

The recurring use of notions of ‘restrictions’ and ‘inhibitions’ is, I think, significant; although in relation to different kinds of phenomena – gender roles and social institutions – from what conventional sex therapy considers, Tiefer’s claim indicate that feminist sex therapy still approaches sexuality as a dimension of human existence characterized in terms of repression (cf. Foucault 1998). Similar notions occur in Stock and Moser’s chapter from 2001: for feminist sex therapy, an important part of the objective of treatment is to ‘help the client gain freedom from assigned gender roles and recognize roles that are confining, restrictive or oppressive’ (Stock and Moser 2001: 155).

Moreover, it is emphasized that feminist sex therapists strive to ‘actively encourage individuals to express their unique sense of self and self-sexuality’ (Keystone and Carolan 1998: 292). That feminist sex therapy involves the ‘promotion of a woman’s right to determine her own style of sexual expression and affirmation of a range or life-styles for meeting her social, emotional and sexual needs’ (Handy et al. 1985: 74). That is, it could be suggested that the freedom from gender roles feminist sex therapy seeks is a freedom that allows women and men to determine for themselves what they desire sexually, how often, with whom, and what sex and sexuality means to them.

If gender roles and institutionalized patriarchal power relations are construed primarily as inhibiting and repressive, it would seem that feminist sex therapy subscribes to a notion of a (female) sexuality that somehow exists prior to the incursion of patriarchy. Simultaneously though, as both Tiefer and Stock suggest in their 1988 articles, a person’s sexuality is a result of socialization; that women allegedly value emotions and communication over genital contact, while men are more concerned with the latter. This is seen as having an effect on the way women and men are socialized differently in contemporary societies (Stock 1988, Tiefer 1988). The question then, is whether feminist sex therapy seeks to liberate a sexuality that exists prior to or independent from socialization. Or if the result of socialization after all is accepted; even though sexuality is largely a product of patriarchal socialization. The objective of therapeutic intervention is to ensure that women and men are entitled to express and enjoy it to the same extent. Both alternatives appear, I think, problematic. Accepting the effects of socialization would leave feminist sex therapy with a feminism that largely went along with patriarchal definitions of sex and sexuality, merely striving to change how such definitions are

valued and given opportunity to be realized. The notion that people somehow carry with them an authentic sexuality, on the other hand, appears at risk of lending itself to essentialist frameworks.

To me it seems viable to argue that this problem is a result of a liberationist framework inherited from mainstream sex therapy (Pernrud 2007). That is, both feminist and mainstream sex therapy appear premised partially as liberal projects in which power, society and convention are repressive, and the hope for freedom is the hope for an unrepressed sexuality and existence. Here, the notion of sexual functioning provides mainstream sex therapy not only with a resource to conceptualize what it is therapeutic intervention seeks to liberate, but also with an excuse to relinquish responsibility for the objectives of therapeutic intervention. For feminist sex therapy on the other hand, it is uncertain if there is anything that could serve as an analogous resource – neither patriarchy nor notions of sexual essence appear particularly appropriate.

Perhaps, the contention that ‘feminists are typically suspicious of norms because of their historic function in social control’ (Tiefer 1988: 11) has lead feminist sex therapy to a place where it is too eager to refrain from being normative. Everybody’s right to define sexuality in their own terms surely sounds appealing. But once it is acknowledged that one’s ‘own terms’ never are one’s own, things appear in a troublesome light. If feminists refrain from being normative, whose norms will in the end prevail? Should feminist sex therapy instead relinquish liberationist notions, to embark on a constructive effort, within a constructive and responsibly normative framework, what was true all along would become clear: therapeutic intervention is not an innocent endeavour, and there are no excuses for renouncing responsibility. Therapeutic intervention, like any form of political activism, requires taking stand for what is promoted, and assuming responsibility for the politics one practices.

6. Methodological Diffractions

More than an effort to analyse issues raised in feminist sex therapy, this article has been an attempt to suggestively demonstrate a diffractive methodology for interrogating ultimately epistemological questions. I have posed questions about how political assumptions and

notions are consequential for claims to knowledge, and I have sought answers for these questions within a methodological framework in which the presence of politics does not automatically deny knowledges the possibility of claiming epistemic privilege. In this final section I will point more explicitly to what it is that makes a diffractive methodology appropriate for a non-relativist analysis and acknowledgement of the political nature of claims to knowledge.

As a metaphor for knowing, the notion of diffraction suggests that knowledge should be construed as an interference pattern; it is not just an image of an object of knowledge, but it is a testament to the interaction between both 'object' of knowledge and the knowing 'subject'. In this vein I have analysed claims to knowledge in feminist sex therapy not just as accounts of sex and sexual problems, but as accounts of the relations between sexual matters and sex therapists. Moreover, this construal of knowledge suggests, I think, that it takes work, both literally and metaphorically speaking, in order for knowing relations to be possible. Accordingly, claims to knowledge are consequential of the instruments employed in research or the questions interviewees are asked, but also of the work performed by the conceptual, theoretical and politically interested means and techniques employed in the establishment of knowing relations between different parts of the world.

If claims to knowledge are understood as being about the relation between knower and known, partially related to each other through political views, assumptions and materialities, it is of utmost epistemological importance that this relation is taken fully into account (cf. Haraway 1991). Knowledges that do not explain or acknowledge their political content offer only incomplete accounts of their place in the world. Clearly, claims to knowledge in feminist sex therapy are for the most part accountable for the politics they involve. Notions about women's perspectives as a preferable point of departure for understanding sex and sexual problem are explicated and held forth as an important feature of a feminist approach in sex therapy. Also a commitment to women's right to control over their bodies is developed into a mode for delineating sexual problems. Concerning sexual well-being however, I have traced a tendency in feminist sex therapy to displace political commitments unto the clients of therapy. The liberationist framework invoked to that effect creates a point of problematic ambiguity in feminist sex therapy, and leaves notions of sexual well-being incompletely accounted for. The no-norms politics (Tiefer 1988) is political in its own right, and needs to be acknowledged

and accounted for as such. Currently, left unexplored, it is an invitation to essentialism, or to an acceptance of the sexual ramifications of patriarchy, into feminist sex therapy.

In Haraway's reconsiderations of the science question in feminism, she maintained that feminist epistemology needed to find a way 'to have *simultaneously* an account of radical historical contingencies for all knowledge claims ... *and* a no-nonsense commitment to faithful accounts of a "real" world' (Haraway 1991: 187). Within a diffractive understanding of knowledge, I think it is viable to claim that knowledges are political in the sense that they account for a world where politics really exists, and political views and assumptions are among the things that relate parts of the world to each other. Accordingly, knowing relations are established in a historically contingent world through historically contingent means, and claims to knowledge accounting for knowing relations are indeed historically contingent and about a real world.

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