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How The Female Orgasm Was Turned Into a Trademark

Welcome back everybody! You know me as your host Ricky Swain. This is your weekly *What Now?* Podcast. As you may *well* know, airing on Fridays from 3 to 4 pm on your very own FM College Radio. Tell your friends, your girlfriend, husband, mom, barber, or that weird neighbor down the hall, we don't care, everybody is welcome here. I just want to say: Whether you're running errands, studying, or kicking it back and relaxing, thank you for tuning in!

This week on *What Now?* we have a *very* special guest here with me, my good friend: Isabella Ramsey. How are you doing doing this afternoon Bella?

I'm doing just fine Rick, thanks for having me!

Of course of course! So why don't you tell our wonderful listeners a little bit about yourself. Who is Ms. Isabella Ramsey?

Well, I'm from Boston, Mass, got my bachelors in psychology from UC-Chicago in 2015 and now I'm here at the U, finishing up my last year to get my masters in women's studies.

Well lucky you huh? So Bella, before we were on air, you were talking to me about your grad thesis. Women's sexual medicine… *Intriguing*! Are we talking Viagra here? Are we talking sex toys? Introduce us. What's going on?

Okay Ricky, for everybody to understand what we're going to be talking about I need to give you some background first.

Sweet! I'm *so* ready for this, what do we need to know?

Let's start in 1990. It was a time when the female sexual response cycle was still based on a publication from the 1960s made by Masters and Johnson (Carey and Rayburn), which is an American research team that made groundbreaking studies in the field of sexuality. However as time went on, outdated understanding of the female sexual response was beginning to gain interest from several organizations.

Who are these organizations?

I am referring to the American Medical Association and several pharmaceutical companies. But bare with me here. In 1992 "the International Classification of Disease (ICD) defined Sexual Dysfunctions as various ways in which an individual is unable to participate in a sexual relationship as he or she would wish"(Latif and Diamond). The 1992 definition included nine categories for the diagnostic of sexual dysfunction (Latif and Diamond). This permitted Gynecologists and Urologists to approach their patients' sexual problems with a different understanding.

Fast forward two years, the Diagnostics and Statistical Manual (DSM) condensed the definition of Sexual Dysfunction to four categories: Hypoactive sexual desire disorder, arousal disorder, orgasmic disorder, and sexual aversion disorder (Latif and Diamond).

Later in 2000 the American Foundation of Urological Disease (AFUD) published a list of the detailed categories and subcategories for Female Sexual Dysfunction (FSD) that stemmed from the four categories published in the DSM (Carey et al.). And the AFUD comprehensive diagnostic categories for FSD are the ones in use today.

That was a lot to swallow.

I get that. The timeline can be tough to keep up with. Let me sum it up for you. 1992, ICD defined sexual dysfunction. 1994, DSM condensed the definition to four categories. And lastly in 2000 AFUD published the list we use today which includes the extended seven categories.

Thanks, I needed that. What I'm wondering now though is what did you tell me this for? How does it tie into sexual medicine?

Ricky, if somebody is sick, what are they gonna do?

Try to get treated.

Right! So if I was a doctor and told you that you might have a disease, but we really don't understand it yet, and we don't know how to treat it. How would you feel?

Um… Worried, scared, freaked out...

Then I said that approximately 43% of people with similar body functions as you also have that disease.

I'd probably get frustrated at that point.

Good! Hold that thought.

Yes ma'am.

This scenario right here, is in part what's happening in the field of women's sexual health.

The female sexual experience and sexuality is very important. I mean, it *is* the pleasure peak for half the population. But until recently, little research has focused on it (Carey and Rayburn). The newly emerged interest and rise of research in the field of Female Sexual Dysfunction has opened the eyes of medical professionals and the public to the female sexuality and experience, making the subject more of a physiological than a psychological problem.

I'm not following. Isn't this good?

That's what you would think. But this shift of thought also created the opportunity for pharmaceutical companies and businessmen to establish an industry that profits and takes advantage of female bodies and their functions, with little to no benefit yet to be proven for the patients involved. Still undergoing extensive research, FSD is morphed into a dysfunction of many forms by

pharmaceutical companies, in order to fit the symptoms treated by the drugs they're trying to promote.

So what you're saying here is that drug companies are using women to make money, but women are not getting anything out of it?

In simple words, yes. Let me explain this thought process though.

Enlighten us, I'm all ears.

In the 1990s sex was not a topic of social conversation, nor were the struggles that individuals experienced during their sexual endeavours; Whatever difficulties you had, were your own personal problems. Hence the reliance on psychological reasons causing sexual struggles (Carey and Rayburn). However, when the ICD came out with a diagnosable sexual dysfunction that is of biological characteristics, the American Medical Association tried to bring that knowledge into the public, slowly introducing patients to the new dysfunction that was not easy to detect. The tricky part is that anything gone wrong in a person's sexual experience can be mistaken with a dysfunction.

And this is because the definition was not really clear to the average person, right?

Right! In the 2001 the department of education noticed ineffective teachings of sex and reproductive anatomy in middle and high schools, so it implemented new courses that caused the talk about sexual health to increase ("History").

And this shift is important because?

Because originally, in its first edition in 1952, the DSM considered all female functions and dysfunctions mental problems. It even classified orgasm as a form of hysteria (Canner).

Yikes!

And the diagnostic criteria for it was not even clear, it had a large overlap with other disorders. It was not until the third edition of the DSM in 1980 that a shift from psychoanalytic to biological

psychiatry could be seen, and then was made official in the fourth edition of the manual, which came in 1994 (Angel). The radical change in ideology of the female sexual experience provoked a notion suggesting that the inability of some woman to reach orgasm was not a mental disorder, but rather is a result of a mostly biological condition. (Canner, Latif and Diamond).

Okay I'm sensing powermove vibes. This change in ideology is good, women are not crazy to have, or not have orgasms. It's completely normal. Do I have this right?

Yes, of course this is good. Orgasm is normal and part of sex for both genders. But the implication that some women's inability to reach orgasm is a dysfunction, pulled some strings that ended up doing some damage.

How so?

The absence of orgasm in the female sexual cycle, which 43% of women reported, set up the perfect excuse for the female Viagra -also called Pink Viagra- race to be born in the late 1990s and early 2000s ("FDA" and Canner).

THERE'S A VIAGRA FOR WOMEN????

No, no no, not yet anyway.

In 1998 Viagra was FDA approved for use for male erectile function disorders. Assuming both genders' sex drive functioned in similar ways, the pill was said to also work for women. However, it was soon discovered that Viagra's effectiveness in women did not even surpass that of a sugar pill, not to mention its unknown side effects on the female body (Canner).

Oh...

The pharmaceutical industry noticed the lack of drug therapy for females and expanded the research for a treatment for FSD, specifically orgasmic disorder. In 2001 at least 12 drug companies were working on it (Canner) Taking a step back for a moment, the situation doesn't look bad right?

Nope, not at all. They discovered a new disease and they're trying to treat it. The situation actually looks pretty good if you ask me.

Well, this is where it is about to get juicy. See the thing is: Everybody is after the money.

Of course they are! They're about to mess it up aren't they? Ooooh give me the deets girl, what did they do?

For you to conduct research, you need subjects and that is when the entire controversy started. The projected high profit of the creation of a successful treatment left no company out of the race. Women were paid to have proposed drugs tested on them, not fully aware of the side effects that it could result in (Canner).

Hold up! Are we talking like Aspirin drugs or cocaine drugs?

Ricky, it wasn't just the pills, it was everything researchers could think of. Anything that might, probably, maybe, possibly give women an orgasm. I'm talking stuff as serious as spinal implants and designer vaginal surgeries.

WHAT! No way! That's insane!

The race to treat FSD got so competitive that a surgical device that is implanted into the spine was created. It sends a current through the body to improve sexual satisfaction in women. And it was tested on actual subjects; actual people; actual women. The downside is that although Orgasmatrone--Sorry the implant was called Orgasmatrone?

I know! Ridiculous, right?

HA! Sounds like some kind of sex toy made in 2008. Sorry, tangent thought, go on...

This implant worked in 6 out of 11 patients, but it distressed the nervous system in an unignorable manner. With risks such as cerebrospinal fluid leak, epidural hemorrhage, shock and even paralysis, and no known benefit, the device was luckily shut down in its early stages (Carr).

Jeez…Glad somebody noticed... See Bella , what I'm not getting is how was a project that poses such threats to women's bodies, like this, was even allowed to be tested on real people?

One reason and one reason only my friend: Money.

All these pharmaceutical companies want to increase their profit. Pfizer, one of the largest pharmaceutical companies with headquarters in NYC, made around 1.5 billion dollars off of Viagra sales as reported in 2001. That's over the course of 3 years since it was introduced in 1998 (Moynihan).

1.5 billion! That must've made Pfizer filthy rich!

Exactly! So imagine such a market for women, whatever company is the first to create a drug that works will be just as rich, if not more. That's why so many of them have been trying to get something to work. None have succeeded, but there are some notable few that got pretty far. And let me tell you, they put *a lot* of effort into this.

Okay what other treatments have they tried? I'm ready to hear this.

Vivus, a company based in Mountain View, California, investigated Alista, a cream to treat FSD. The company dedicated so much development to improve their product, but it didn't go anywhere. Even after proposing its use with placebo pills, the cream could not live up to expectations. Alista did not even make it to an FDA hearing, because it did not receive positive feedback from users. So after eight years-

EIGHT YEARS!

Yes, that much time. After eight years of research for Alista, the project was neglected. Now, the company is testing a testosterone spray, but nothing has been heard about it yet (Canner).

So you're telling me this spray is supposed to help women who can't orgasm have an orgasm?

I mean they're trying.

Yeah, “okay”.

You’d be surprised on how far companies are willing to go to find this treatment, Rick.

Procter & Gamble (P&G) a very successful pharmaceutical company based in Cincinnati, Ohio, was probably the company that went the farthest in the race. Intrinsa, a testosterone patch that delivers low doses of testosterone through the patient’s skin, was the company’s new trophy drug. P&G launched a million dollar campaign advertising Intrinsa before its FDA approval. *Before* it went through. That means P&G literally paid millions advertising the patch before it was given that green stamp. Then come December of 2004, the drug received a unanimous ‘no’ from the FDA panel, after a 10 hour hearing (Ashline and Canner).

The hearing took 10 hours! Did they get a snack break at least?

Hmmm… Good question, I wonder that too sometimes. Also, how good were the snacks? Were they cheap or full course meals, you know? Were they apples or cookies-

-Okay, okay, tangent thought warning: Would you rather eat only cookies or only apples for the rest of your life?

Although I love cookies, too much sugar makes me sick, so probably apples.

Boooooo! I’d take cookies over apples any day! But if apples are your thing, *I guess* I’ll understand. Anyhow back to the Intrinsa hearing. P&G spent a million dollar on the Intrinsa campaign before it even got approved, so they must’ve been pretty confident that the patch worked. Why did the FDA reject it?

The reasons behind the FDA’s rejection were based on the fact that the drug was tested on women who had their ovaries removed and were using estrogen during the trials. See, the company’s researchers assumed because testosterone has an active effect in male sex drive, that it probably does in women too. But what P&G did not mention was that testosterone use affected breast cancer, and that the side effects of long term estrogen use are unclear (Canner).

So the company was not disclosing the full info in its preposition.

Correct. Till this day, not a single hormonal or drug treatment for FSD is available for label use (Ashline and Canner).

Okay, let me get this straight. So all these companies are introducing different treatments and such. But how does a cream and an implant treat the same thing? Why are these measures taken to such extremes?

The thing is FSD is a relatively new dysfunction so it is not fully understood. Therefore, it is not easily detected or diagnosed. The most common way patients get tested for it is through either a survey or a pelvic exam. See, the survey is a personal measure and poses no discomfort but the pelvic exam is very controversial.

Pelvic exam? From what I know, your gyno checks everything down there and makes sure everything is where it's supposed to be, right?

That's good, you have the jist of it down. Often times a pelvic exam has to be administered in order to get a better examination of the patient's condition. It is very controversial because it poses high levels of discomfort and anxiety because it's a major invasion of the patient's privacy (Siegal). Along with that, the only drug treatments available, if FSD is diagnosed, are all off-label. (Ashline et al.).

And I'm guessing it's illegal for doctors to prescribe off-label drugs.

You guessed right. They can tell you about them, but they cannot give you a recommendation. And the thing is many clinicians don't even realize that there are non- pharmaceutical options available (Carey, Rayburn, and Canner).

WAIT! Wait, what?

What?

What do you mean by non-pharmaceutical options?

Okay, hold your breath for this one. FSD is not purely biological. There is so much more that goes into the female sexual response than just the physical stimulation.

I thought that's what we were talking about though, that it *is* a physical not a mental thing.

That's what the studies from the 90s are saying, but more recent research shows that female sexual response is a mixture of both (Moynihan). A woman's body is affected not only by her own biology but by how her brain is dealing with different life stressors and events. Think about it: When you get butterflies in your stomach because you're happy, or when you get goosebumps because you're scared, all these bodily responses are a result of how your brain analyzes things.

And the same thing is applied to the female sex drive?

Yes! Exactly.

So if this new research is saying that FSD can be caused by both physiological and psychological factors, why aren't doctors explaining that to their patients?

Let me ask you this: How do you think the researchers pass on this new information to the rest of the medical community?

I don't know. Conferences?

Yes. Do you know who funds these conferences though?

Who?

Pharmaceutical companies.

Okay and?

You're not getting it are you?

Getting what?

Pharmaceutical companies want to make money, how do they do it?

They sell drugs.

For what?

To treat diseases.

How do you know if you have a disease?

The doctor tells you.

Where does the doctor get his information?

At the conferences, held by the researchers.

Who do the researchers work for?

The pharmaceutical companies.

Ahaaa! It's a full circle!!

Yes Ricky, yes it is. Australian researcher and health journalist Ray Moynihan said it better than anyone: "If drug companies were involved in defining disease, they are going to make it as broad as possible." Why is that? So it fits the symptoms of as many patients as possible so they can make profit by selling them drugs.

Money. Is. Evil.

Indeed it is.

Well this is depressing for the women involved in those studies then huh? Was there anything working *for* women at that time?

Actually yes and this campaign is stronger now than ever. It's called A New View Campaign founded by NYU psychology professor Leonore Tiefer in 2001. She actually led the counter debate at the Intrinsa hearing and New View ended up winning (Canner).

Go Leonore!

I know right!

I'm a fan of Leonore. We need more people like her in this world!

Alright Bella, we're running out of time here, any last thoughts before we close up?

Moral of the story Ricky: Drug companies saw a chance to make more money and they took it, which is understandable. But, to take advantage of women's bodies for a cause that is initially intended to better their lives, and then hiding behind the "we are trying to help you" excuse, is unacceptable.

Well said! I'm sure our naive minds appreciate you educating us about the controversy behind FSD, so thank you for joining us today.

Thanks for letting me.

Good things, good things! As for you, our dear listeners, if you have ever wondered about anything sex related, and could not find your answer on Google, we have a special treat for you. In honor of sexual awareness week, I am going to be joined by a sex therapist after the break, and we are going to be answering any questions you have. Don't worry, the caller IDs are anonymous, so please: Give us a call, ask a question, and hopefully you get an answer you like. Don't be shy, share your thoughts with us and let us hear your voice.

Bella feel free to stick around, we would love to have you on our semi professional sex psychology panel, it'll be a good time.

This is *What Now?* airing Fridays from 3 to 4 pm on your local FM College Radio. This is Isabella Ramsey, I'm your host Ricky Swain. Thank you for tuning in people, and I promise we'll be reunited in a few minutes. Now *here's* commercial!

When getting *all* those groceries, are you a *one trip* kind of pers....

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