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What I'm keen to chase is what it was like to be you looking at this field, how did you perceive the thinking of other people in the field, what were the key events that caused things to change, when did you begin to notice things changing. Can we begin with how you came to be in the field?

The field being sexology generally. Well that's a typically non-straight line story. I got my undergraduate degree in physiological psychology - I liked playing with brains. This was in the 60s, before the women's movement. In retrospect I should have either gone to medical school or been a sociologist but I ended in psychology. I was told you couldn't make a living in history.

Well I was told the same thing and that's why I went into medicine.

So I started out in learning theory, I ran rats in mazes and I thought learning theory was extremely fascinating and I still believe in learning theory. I don't actually know how I started getting interested in physiological psychology but there were three guys in the psych department at Berkeley in physiological psychology, one of them was interested in sort of naturalistic physiology, circadian rhythms, things like that, Herb Zucker. Arnie Lightman was much more cut open the brain, implants, chemical or electrical stimulation. I was fascinated with his stuff but I didn't enjoy playing with electricity and chemistry. I didn't mind surgery but I didn't like the machines that much. The third was Frank Beech who was extremely famous in comparative psychology as a hormones and behaviour guy.

Frank didn't teach undergraduates but I got an undergraduate prize in 1965 and I remember a day very well when three of us who had gotten prizes were having this party and toasts were being made and this voice came from the back of the room sounding intoxicated, which it turned out he often was, and it said "get these people to tell us what they're gonna do with themselves". I later found out that was Frank Beech who was terribly well known but not to undergraduates and it turned out he was actually very caring about students which I came to appreciate later. He really did want to know what people were going to do with their lives.

When I got into graduate school, Frank never hired women – this is a part of the story that's really quite strange and painful in some ways. He never had girls working in the lab, paid for by him you know. I didn't have any money I came from the underclass, so I earned money doing teaching assistant things and working in a learning theory lab. But as I did I gradually got more interested in this hormones thing, I can't really tell you why. I guess watching animals mate has an intrinsic interest to it. So there I was for years watching animals mate and Frank was an excellent teacher of writing so my writing got better and better, but when I got my PhD in 1969 he wouldn't recommend me for any jobs because he believed that women didn't work – you know they dropped out, they got married and had babies and I thought the same thing.

This was before we all got enlightened. I didn't know there was such a thing as sexism I thought he was right in general about women and it was a perfectly principled position for him to take. I said he was wrong about me because my mother had told me I had to work all my life, babies or no babies. But anyway, he wouldn't help me get a job. That was ok, because I didn't expect him to. It was only later I got really angry.

I got a job teaching physiological psychology at Colorado State University, where I had a lab with rats, hamsters, and mice. I learned all about running a lab, I had graduate students, I taught from 69 to 72. Then my life changed in 1972 when the women's movement hit Colorado. I was dimly aware that there was a women's movement earlier on but it didn't get to Colorado till 72. I was the only woman in a department of 27 people from 69 to 72. In 1972 they hired another woman, Pamela Pearson, a lesbian, the first lesbian I'd ever met. She came from Chicago and she brought the women's movement and we came terrific friends and she gave me all the stuff to read.

Just what did she bring and what did she give you to read?

There wasn't much at that time, there were little handouts – this was before Xeroxing. She brought articles, and there was a thing called Notes from the First Year I remember - all about what is the matter with you ladies, get angry, the world is going to hell here. There was nothing about how there used to be a women's movement earlier in the century, all that came later. It was just at the beginning - it was about open your eyes fat head and look around. And I opened my eyes and I saw it - my god I'm the only woman in this department, no wonder I'm depressed. And I thought no we don't teach anything about women, no wonder I'm depressed. I got angry, and I stayed angry for about 10 years.

Pam was a clinical psychologist, but not particularly interested in sexuality as a subject. But the other thing that was happening around 72 was the sexual revolution and students were beginning to be interested in sexuality so somebody in the social work department which was a division of sociology at Colorado State convened a meeting, which I remember very well, to develop a group to team teach human sexuality. I remember that room, and I remember the group, and the guy co-ordinating it was a sexist – a word I was just learning. I could see he was leering at the thought of teaching human sexuality and I thought fuck him, you know I'm not gonna let him teach this subject so I decided to pre-empt him and teach my own course in human sexuality. I would prevent this guy from using this course as an opportunity to go to bed with undergraduates or something equally sinister – I have no idea if he would, but that was the tenure of the times, to be suspicious, to be angry.

So I teamed up with a clinical psychologist in the psych department, a woman named Joyce Moore, who I didn't know very well. I didn't know anything about abnormal psychology or normal people – I didn't know anything about people. I

knew a huge amount about the hypothalamus. We were widely over-subscribed, so we had to limit it to something like 40, and we got 40 graduating seniors as they had the highest priority. Joyce turned out to be a terrible teacher because as a clinician she would say something and then she would wait for a response and the idea of talking without stopping was not part of her repertoire. I on the other hand turned out to have complete comfort talking in front of large groups. I turned out to have a lot of fun teaching human sexuality.

So that was the beginning of being interested in human sexuality as a subject. I knew then I knew nothing - not that Joyce knew a whole lot more. But I sort of bumbled along and I taught it again and then I finally earned a sabbatical in 1975/76 when I decided I had to use my sabbatical to learn something about human sexuality because it was clear that first of all this was fun to teach, and that there was a huge request for it. I was sick and tired of teaching introductory psychology, where you had to teach big courses with high credit hour production. So I contacted Frank with whom I had stayed in close touch. He over these years had gotten enlightened and he in fact had had women now working for him and he was even paying them so by the middle to late 70s, he was actually getting quite enlightened. And Frank had a great integrity, he would say I'm sorry I never realised, look I was from Kansas, look how I was raised. I wanted to go back to New York, my family was there, and he said, I know a psychiatrist at Bellevue in New York, Arthur Zitrin, you could do a sabbatical with him.

I said great and I arranged to work with Arthur who was running a human sexuality clinic which in retrospect was a patchwork thing, a little transsexuals, a little rape, a little dysfunction, a little this, a little that. Arthur was a psychoanalyst, who was a wonderful guy, he's still one of my very best friends. He and Frank had known each other since working at the museum for natural history before World War 2.

I spent a year in New York doing three things, which really are the things that I do now. One was hanging out and trying to absorb this new stuff - psychiatry, and arguing with Arthur all the time because I was in my angry period and I was arguing with everyone and nobody knew anything and everyone was wrong. Then the other thing I was doing was this. Frank was about to have his 65th birthday in the Spring and a festschrift was being organised. He was very close to his students, he knew everybody and so we were all very like a family and so everybody wanted to give him a great party and a Festschrift. I volunteered to give a talk on the new feminism and so I was reading like a maniac as I not only had to read about human sexuality and abnormal psychology, which I knew nothing about, I had to read all this new feminist stuff on which there were books coming out. A book called 'Another Voice', for instance, which was the first social science collection in feminism. It was all so primitive - it just said, now what if we looked at this from the woman's point of view, how would it look differently - fill in the blank, work, family, children, furniture, flowers, you name it. It was of course a revolutionary question, which I of course had never asked

myself. So I was reading all this and working on this talk, arguing with Arthur and going to case conferences which I saw and still see as drama.

Anyway I delivered this paper at Frank's Festschrift and he and a lot of people got really angry. I remember he was wearing a red corduroy smoking jacket sitting in a place of honour. Everybody else's paper was totally down the line. One other of his students, like me, had become a clinical psychologist after having started out with rats but everybody else had started with rats and stayed with rats. Started with hormones and stayed with hormones. And they were talking about how Frank's ideas, which were fabulous, had illuminated the way for them. I came on and I went on about patriarchy or something like that and I talked about the male model of research and the male model of sex. I didn't even state it as strongly as I felt it but even so apparently it was incendiary.

Frank with his pre war, post war McCarthy context said: "What are you trying to do? Are you trying to destroy science? Don't you believe in science at all?" I of course didn't know what I was trying to do. I didn't have any sort of broad perspective. I was just barely putting one foot in front of the other. In retrospect, I realize that I was in this angry phase and I was furious at him for his lack of support and so my covert motive in doing this was to make him angry, and the fact that it made him angry made me really happy. It was a very complicated experience. At any rate, a couple of weeks later, I got a letter from him, typical Frank, saying: "I don't know why I was so angry. Actually, I'm really proud of you. I don't know where these ideas are going to go. If you're right, they'll survive. If you aren't right, they won't survive". That was his attitude always, that quality would endure, and he didn't really care much about content, he just felt that people should do their best.

That was very helpful. I got letters from other people at the party saying: "You are completely over the top here. Don't write this up for the Festschrift. You're going to destroy your career, you're insulting Frank and what the hell is the matter with you anyway". I saved all those letters, I save everything, bad and good. But Frank gave me permission to write the thing so I wrote that chapter and it is in the Festschrift. I look back on that and I'm not sure I've said anything more than that to this day other than many examples and elaborations. It really was just the fundamental insight that all these ideas are the product of a position and let's just consider that there might be other positions. As a psychologist, you don't actually learn that. That's what sociologists learn, but I never took a sociology course and I'm not sure I knew the field existed. It was really something figuring it out on my own. So I go back to Colorado after this momentous year and I can't live there any more. It's too boring.

Even with the skiing?

I never liked skiing. I'm a theatre person. I'm not an outdoor person. I liked owning a house but I'm an apartment person, a New York rat. So Arthur Zitrin tried to get me a job at Bellevue, but he couldn't.

Now in 1970, Masters and Johnson had written their clinical book and as was reported in Time Magazine and other places, all sort of crazy little sex therapy clinics opened up in basements, bath tubs, garages, and medical schools. And they had opened one at Downstate medical centre in Brooklyn, in the psychiatry department, run by an old tyrannical psychoanalyst. I never realized there was no academic freedom in medical schools. I can tell you, that was a revelation. I thought it was just like universities only you talked about people and bodies instead of other academic issues - I had a lot to learn.

Anyway I got this invitation out of the blue, from Robert Dickies, chairman of psychiatry at Downstate, saying "We need an administrator for a clinic and somebody who can do research. You can do research, and I'm sure you can do anything else". I must have had an interview, but I don't remember it. I was still in the angry phase and I remember looking at Dickies and thinking, well, you're typical white male, I can figure you out. You want me to make you famous by doing research and putting your name on it. Well, that turned out exactly to be true. But I thought well, that's OK, in exchange for which I'll get a job in New York and I can come back and then we'll see what happens.

Anyway I wanted to get out of academia because I had discovered that the person who teaches human sexuality is like a magnet for every 18 year old's troubles I was getting older. I was thirty or and I got so bored listening to these yammering 18 year olds "am I normal", this and that. I thought I'll be forty and still listening to this. I had to get out of academia if I was going to teach human sexuality. So that was a motivation to go into the health world. I'd had a really good time in Bellevue, made some excellent friends I still have to this day, and I thought well research, I don't know what he wants, but whatever it is I can do it. So I took this job, I moved back to New York.

I met some great people at Downstate and I learned to do sex therapy. Remember, this is still the person who has never taken a course in abnormal psychology. I learned through the apprentice model - Masters and Johnson, dual gender. I never did do any research. He just wanted research, but he didn't know what he wanted. So basically, I was there for four years, and I learned to do sex therapy and did a lot of it. I wrote a skinny little book, called "Human Sexuality: Feelings and Functions". Looking back on that book, which was incredibly ignorant, in fact there's not much that's wrong in it except it was terribly traditional. It's biopsychosocial - it just says everything is complicated.

But I was beginning to travel and to meet people and to get invited to join organizations and so on. I was busy doing that and I went to feminist things like nobody's business. I went to seminars, and lectures and I read like a maniac. I'd gone to college and graduate school and I knew nothing. And to this day, I still feel I'm playing catch-up in understanding feminist scholarship.

However, Dickies and I really didn't get along. I didn't like being bossed around by a man, or by anybody, and I still couldn't get it through my head that academia and health were different. I kept saying, you can't tell me what to do, I'm a professional, I'm an intellectual. So when I got invited to do some other research in 81, breast self examination research, under the aegis of a woman oncologist, a really excellent researcher named Ann Carter, I moved and did a lot of that although I remember much about that. All I remember about those years was reading all of this feminist history and thinking Holy Christ, where has all this stuff been.

So now we get to 1983, which really is the beginning of this story, when I was hired by Arnold Melman from the urology department at Beth Israel medical centre. His psychologist – that's the way they talk about these things – had gone on maternity leave. This was 1983 and Arnold had gone into human sexuality. He wasn't like four-square into it but he was moving into it as a speciality area. Looking back 1982 was the beginning of the urology move into sexuality because of technological developments. They were losing kidney stones to (???) and they were losing BPH to pharmaceuticals. They had lost a lot of surgical things and they needed a new area.

Around this point time, how did the sexological world break down - was 50% of it being done in bath tubs and basements by sex therapists and the other 50% by urologists or what?

No, at this point in time, I would say 90% was being done by psychiatrists, psychologists, social workers, and a little by obgyns. Masters was an obgyn. But again sexology what was it - we're just looking at sexual dysfunction. There was trans-sexuals and rape was a growing area.

Let's take the International Academy of Sex Research. I think I joined that when I was still in Colorado as an animal researcher. This had been founded in 1974 by Richard Green, now English but New York originally, a psychiatrist who worked with John Money. Money and Green had published things on transgender. Richard was, and is, very entrepreneurial and very energetic and he had started this organization in 74. There had been other sex organizations but they hadn't involved medicine. They had been social science - Quod Est was the society for the scientific study of sex. This was the oldest and I think it started in 67. The failure of Quod Est to be important and thrive is the story of why America is so screwed up. There is no money for sex research, there are no chairs of sex research, and there are no departments of sexuality studies. So the people who belonged to Quod Est were few and far between, and came from here and there. There were a few physicians but mostly it was and is sex educators and social scientists.

Richard was involved with Quod Est but he wanted to start something that would reflect his narcissistic impressions of the field, so he started this thing that you had to be elected to. Of the initial people most were physicians. It was going to

be interdisciplinary, which meant animal studies and people studies. This came from Frank Beech's mammalian model that said that animal work is directly related to human work, because of evolution, brain structure, hormonal function and prenatal organization.

There were a lot of Europeans, particularly Germans. German sexology is very strong. Sexology was originally born in Germany and when everything was burned in 1933, Magnus Hirschfeldt and all of these people scattered to the four corners of the earth. After that there nothing except American animal research for years. Anyway, when the Academy got together, there had been a revival of German sex research, some psychoanalytic, some very empirical. The Academy has met every year alternating between Europe and the US. These were the premier people in sexology, the leading theorists, the leading empirical researchers. But there were no urologists in the academy. You had to have a certain number of peer reviewed publications in human sexuality to be elected to the Academy and urologists can't do research. Or at least they didn't at the time. So moving into the 1980s, urology wasn't even on the map. If you thought about sex research, no urologist came to mind.

So when I got hired to do this, I didn't have a high opinion of urology. I was curious. I had met a couple of urologists at Downstate and they struck me as people who were really good if you had bladder cancer, but they weren't into a psychosomatic model. They didn't care about mental function, or development. They were very mechanistic, organ oriented. So when I went to work for Arnold, it was clear to me that he was interested in sexual function but I couldn't really say that he was interested in sexuality. Now 20 years later, I would say the same thing today of every urologist I have met. Most of them are interested in dollars but some of them are interested in sexual function. Some are even interested in making patients happy. But are they interested in sexuality – no! They are not intellectuals. They like to know how things work but they are not intellectuals.

Now in the early 1980s the news was beginning to pay attention to sex. We'd had the 70s and a lot of talk about sex and rape and cohabitation, exciting new things. As noise began to be heard from the urological direction about new treatments, the media was very interested. The media never realized that new treatments and function never meant anything about sexuality, and they still don't. It's very strange.

With Arnold, my job was to do a psychosocial interview with every patient who came complaining of a sexual problem. I think secretly I had two functions, one was to separate out the psychotics and the other was to separate out the litigious patients. I think that was really what I was there for because the interventions that Arnold had at the time basically were implants and experiments, like yohimbine or something like that. He didn't have much to offer. By 84/85 he was beginning to have intracavernosal injections and implants and then

experiments like stop smoking, change your anti-hypertensive, try this drug off label that might be useful. The chances of people being really happy with those weren't great. I think he knew that he had to give people something and also make sure that if they were unhappy they wouldn't either blow the place up or sue, and that's really what I was there for, as insurance.

Also to do research. This is what physicians seem to see psychologists as good for - low paid clinical scut work, insurance and research. But what they want you to do research on is what they are interested in, using their quick and dirty methods, publishing quantities of statistically analysed data. I have dozens and dozens of papers like that, but I'm not really a numbers person. I don't feel secure about statistics. I don't know where they come from. They're not fun. So, as with Bob Dickies, I could not satisfy Arnold.

But I worked with Arnold for 13 years, 5 years at Beth Israel, half time, while secretly I went to NYU and got a post doctoral degree in clinical psychology. I also did an internship at Bellevue, a full time internship, while I was working for Arnold. Anyway by the time I had done four years at NYU including this full year internship I really knew what I was doing as a physician, more or less. Then Arnold got the opportunity to become chairman at Montefiore in the Bronx and invited me to come. I said I would come if I could come full time, because I had just finished this internship and wanted a full time job again. So I went to work for him full time. This was 1988.

By this stage you had written In Search of The Perfect Penis?

So here I am these five years in Beth Israel while I'm also full time going to school and having a life. I began reading feminism and attending feminist seminars – I should mention one seminar in particular which I attended for 13 years and have now revived. This was a seminar at the New York Institute for the humanities, a kind of a think tank loosely affiliated with NYU downtown. There was a seminar that had been started by a literature person named Ann Snitel, called Sex, Gender and Consumer Culture, and it basically was about social construction. It started in 1981 and I joined it in 1982 and I was completely religiously devoted to that seminar. I didn't understand a thing that I heard for years but it was like theatre to me, it was like watching Arthur interview patients, listening to these people give papers on the history of love letters in ancient Egypt or turn of the century postcards in Paris.

They thought this was about sex, and I knew they were on to something but I didn't know what because it wasn't about sex as far as I was concerned. They weren't talking about mating behaviour, there were no bodies in their papers – but they were very smart and could put words together well. So I went in this seminar and after a few years I figured out that it was about sex, that you had to understand Barcelona and postcards and history and ideas in order to understand sex. That even if what you were interested in was the skin of the

penis it didn't matter, it had a context – everything had a context. It was so much fun to figure that out because of course then I got to read lots more things.

I was the only psychologist in this seminar. I was the only empirically trained person in this seminar. There was no scientist there, nobody who had done experiments. They thought I was strange. You know we would say who are you and what's your background and after months they began to realise that I had done research with rats and a lot of them thought I was the enemy and that was really interesting because nobody had ever thought I was the enemy before. I had always felt so powerless as an academic, thinking that I had power enough to make somebody think I was the enemy was riveting.

These were generally gay and lesbian scholars who were beginning to have an analysis of oppression that saw sexologists as oppressors and I thought that was totally fascinating. But unfortunately some of the people they identified as oppressors like Richard Green who had written a book called *sissy boys* and something or other, I knew that he wasn't an oppressor. I knew that he endlessly went to court on behalf of lesbian mothers whose children were taken – so it was a great challenge to me both emotionally, with all my allegiances, and intellectually to try to figure out what was right and what was wrong about all the different things I was hearing about sex. That seminar was absolutely essential.

Ann couldn't do it anymore after 1993; she got involved in post-soviet feminist stuff in Eastern Europe. Other people tried to take over the seminar but couldn't do it and it died. But I would see the people around me in New York from time to time, it was half straight women half lesbians and half gay men - there was never a straight man in this seminar. People were invited and I did bring guests and they never stayed, sex therapists like me weren't interested and that was a terribly important point. I brought a number of colleagues over the years and they would say what does this have to do with sex and I would say you have to wait a while – you'll get it. But they never did.

I was really longing for this community of scholars because I'm not in a university and I'm such a good seminar person but I never was in any unless I could find them. So anyway I started this thing up again, and after about a year's planning our first meeting was scheduled for November 2001. In November 2001 we're all traumatised having been in New York and everybody is so glad to be together, so maybe that's way it continued. So the seminar now meets and we're back to where we were and we're reading *Lolita* in Tehran, and postcards at the turn of the century and it's very helpful to me to hear what these people think about what's going on.

Anyway, I think I gave *In Pursuit of the Perfect Penis* to the seminar. I certainly discussed it with my new seminar friends as we were working our way through the 80s. So 'In pursuit of the perfect penis' had to do the seminar, at the invitation of Michael Kemil who edited that special issue of the *American*

Behavioural Scientist a journal I never would have heard of otherwise. I wrote it also out of deep frustration at what I was being asked to do by Arnold at Beth Israel and how limited and boring it was. I was filled with all these stories of all these patients and how I thought that they were being taken for a ride. They were being promised something that wasn't being delivered in the urology department and men's sexual dysfunction clinic. They came in complaining almost entirely of erection problems. Most of them came with their wives or sexual partners and what did they get? They got a work up where the equipment didn't work a lot of the time, Rigiscan, nocturnal tumescence, monitoring stuff – and they were so weirded out by this. They would have to spend a night overnight in a lab with their penis hooked up and they would watch erotic videos. This was in the 80s so none of them had ever seen an erotic video before, and many of them were quite religious - Beth Israel is an orthodox Jewish hospital.

Arnold just regarded the whole thing as a mechanical exercise – it's just a penis, we just want to see if your penis works. And they didn't understand what it was all about. But doctors are used to dealing with people who don't understand what's going on, and that didn't seem to bother the doctors, but a lot of things about this bothered me. Not the least of which was the patients left not in any better shape than when they'd come in. Except for the fact that they'd talked to me, because 99% of these patients would say to me I've never talked to anybody about sex before. I would say tell me anything I've heard it all before and I'm very good at taking a history and doing an interview, and I have heard it all before a thousand times. I always thought that was beneficial but what does one consultation do for a person, it can loosen them up a little but probably without any lasting benefit. So my frustration at this situation also led me to write this article about people who had been taken to the cleaners.

Now, did Arnold ever read that paper? I don't know to this day. It's on my CV. At my end of year report I always wrote down what I had read, what I had written, where I had been, what I had done. I would go to sexology meetings, and give papers at those meetings. I don't think he noticed or it didn't register with him that there could be a whole subversive narrative, a whole other layer that I might be working on.

Ok. Whatever about him not registering the article, what was the impact of the article itself?

At the time or even later, it's hard to say. Viagra has changed the whole landscape. You might know better than I, because I'm an outlier here, I'm not in academia. It is possible that everybody and their mother assigns this in their course, I have no idea. I have gotten several requests to reprint it. Its in several readers. My book Sex is not a Natural Act, which had it in it, came out in 95 and continues to sell and has a new edition coming out in 2004. But I don't know if it's the content or just everybody liked the title. I still don't think I have as good an analysis as these literature, and sociology people do. I'm totally auto-didactic on this and I don't necessarily do the best analysis.

Some people say to me it was ahead of its time, and that's clearly true. I re-read it and I'm astonished that there's nothing new that I would add except that Viagra proves that everything I've said previously is still true and even more so.

So while Arnold was dealing with implants, injections, and meds, were there any prospects of anything else? Any hint that the pharmaceutical companies had things in the pipeline – you see 10-12 years before this they'd conclusively nailed down the fact that ejaculation in men and orgasm in women could be manipulated. 30 or 40 years ago German pharmaceutical companies had shelved a whole load of drugs worried that they increased sexual drive. So the industry has known a good deal about things that could be done up to this, but there was no hint from where you were actually sitting at this point in time that industry might come in on this?

No, but again you know you're dealing with an extremely innocent person here. One of the reasons I've been effective I think in the last few years as a speaker is that I tell the saga of my emergence from innocence, that the audience can identify with because they also had no idea what was going on. I didn't know any of this, I don't know any of this. You tell me these things about the Germans is news to me.

Hanna Steinberg was a woman working in London in the 50s on rats and physiological psychology. She's also the first person in the world to have been called a psychopharmacologist and she was working on a few of these compounds in rats during the 50s.

You know, I continued going to these animal meetings, and I swear to you nobody ever talked about human drugs. Nobody really even talked about drugs. First of all there was years and years, where it was all electrical, then there was chemical stimulation and then there was the whole narrative of synaptic transmitters and so on, which is still where it's at. If you go to the animal meetings, they're not dealing with compounds, they're dealing with transmitters or now with genes, and the molecular level.

You didn't have any kind of exposure to the efforts to convert homosexuals using apomorphine.

No, it was not part of this discussion, Bancroft in his book Deviant Sexual Behaviour talks about his part in that but that was not part of the discourse at the International Academy of Sexual Research or sexology. I think that was all in psychiatry. I don't know how widespread it was, when I went to Arthur Zitrin's clinic there was nothing about conversions in the 70s. Then we had all these transsexuals and the whole idea was to find the true transsexual, the person who would do well with surgery versus a person who wouldn't and there was endless elaboration on that theme. Then there was dysfunction, and then stuff about rape and trauma. Those were the themes.

Was the idea of applying the Masters and Johnson model to women in addition to men an issue at that time?

Yes, from day one. Masters and Johnsons in their 1966 Physiology book and their 1970s Disorders book were scrupulously gender even handed. The application of the model emphasising relaxation and systematic desensitisation and cognitive reframing was there for both female orgasm, and desire problems as well as for erection and ejaculation problems, all of that was the same. Now there were a few gender idiosyncratic things such as orgasm training for women, the role of masturbation - it was presumed that every man knew how to masturbate, and it was assumed that most women needed to be taught. So there were a few additional things but the idea, the format, the methodology of sex therapy, the general frame, the socialisation into homework assignments, all that was identical, totally identical.

Desire problems were not much talked about. We used a term desire discrepancy, which I still use. Last night I was going on to this couple, don't tell me you want it and he doesn't, and you're right and he's wrong or whatever, let's just talk about the fact that you have a discrepancy just like you might have a discrepancy in the kind of food you like or where you want a vacation. Let's just deal with it on that level. That's how I started working with this in the 70s and I still work with it now. So for loss of desire, you take the history but that's not how you work with it, you work with the system. But that of course has changed in recent years, post-Viagra and with the urologists, who were never interested in the system and only saw the patient as an individual and diagnosed individuals and therefore if there was a problem with desire somebody had to have a desire dysfunction.

So we're in the mid to late 80s and still no interest from pharmaceutical companies?

I don't see anything, I go a couple of times to the AUA to give papers on following up on men with implants. It turns out that men with implants don't do so well. They have erections but they're nervous. They have nightmares about exploding penises and things but nobody's interested in that. They're only interested in is it hard, does it work, or does it break, or does it extrude through whatever - that kind of surgical issue.

But at the AUA I see for first time a medical meeting with the exhibit area, and I'm totally knocked out. But I don't remember thinking drug companies. I remember the device companies in particular, with all the new implants, and I always thought that was fascinating. I don't remember anyone talking about a pill. If there were a pill, would it change the world - it just was not on my radar screen.

So, now we get to the Sparke's paper in 1980, impotence is not always psychogenic. This was in the New England Journal. He's still around, he e-mails all the time on these listserves. He's an endocrinologist and he was saying no matter what you say testosterone is really the thing. And then, Taylor Seagram

who has become a psychiatrist and real crossover guy in terms of drug research in sex, who runs a sex therapy clinic in Cleveland, wrote a very interesting paper showing that people who go to urologists frequently either have organic problems or believe they have and won't hear anything else. Whereas people who come to a sex therapy clinic, which was in psychiatry from the 70s after Masters and Johnson, they all were amenable. His thought was you cannot talk people into or out of things, which I think has turned out to be true. Then you know the famous story of the injection was 83.

You weren't there?

No I wasn't there. I heard about it but as I say you know I started working with Beth Israel in 83 and in 84 I think Arnold started experimenting with intracavernosal injections. They had these cocktails - everybody put a little phentolamine, a little papaverine in, a little of all sorts of things. It really wasn't until this that the urologists began to feel empowered.

Arnold joined the International Academy of Sex Research, in fact I sponsored him. He also joined the society for sex therapy and research, which was a much smaller group that started in 82. But he really only joined it because he thought it would lead to referrals which it didn't. He came once to a meeting of the international academy and thought it was boring and never came back. I think he might still be a member but he's never come to a meeting again. There was a period of time in the late 80s before there were any pills on the horizon, where there was a feeling that an interdisciplinary team of urology and psychology or obgyn and psychology was going to be the way to go. But these doctors weren't interested in sexuality and since the meetings were always about sexuality and the complications of this, they didn't come back because they were bored and they didn't have the background. They ended up wanting referrals and not getting referrals. So if you looked at the history of the membership of these organisations, you would see urologists joining but they weren't really there in spirit.

Now the Crane, Goldstein and Tajada paper in 1989 marks the advent of Irwin Goldstein.

This is the one that says psychology really hasn't had anything to offer although the references are completely worthless for that assertion. But there begins to be a sense that they're moving as fast as they can and they're gonna to bypass and pay no attention to anything that psychology has to say. They're talking about the basic research really on nitric-oxide and that it's gonna revolutionise things. Tahada is a basic scientist, and Crane is a urologist who was Goldstein's mentor.

Then in 1992, two things happen. One is the nitric oxide paper comes out featured on the front page of the New York Times leading to millions of phone calls. Arnold got lots of phone calls saying give me some nitric oxide. People didn't get that this wasn't in usable form. The other thing was that in 1992 there

was a consensus conference held by the federal government, by NIH, on impotence.

This was the first consensus development conference and to this day the only one that's ever been held on a sexual topic. Consensus development conferences started in 77 I found out and they were on everything. But they held one on impotence and that was a revelation to me. Arthur Zitrin my friend, the psychiatrist, was on the writing the report panel. Arnold Melman, my boss, was on the design the meeting panel. The way the consensus development conference works is its a 2 ½ day public meeting in Bethesda and the writing the report panel sits on the stage taking copious notes, all supposedly and they certainly were at that time not involved in any way shape or form in the issue under hand. They were knowledgeable people like Arthur who was a knowledgeable sexuality person but he wasn't specialising in impotence or anything. And the people who gave testimony, who presented papers, were people like Goldstein or Arnold who are working on the field every day and have points of view. Their points of view however don't agree with each other. Some of them say hormones are terribly important, others say that hormones are not important. So the presenters give their best shot and the writing panel writes a report that's independent.

I was invited to give a talk on a topic that didn't exist - cultural variations in impotence. I said there's no data, but I want to give a talk about partners because women were not in this picture at all. I think having once raised that they couldn't very well say no, so I got to give a talk on partners. It had no impact on the report or anything but at least it got into the books.

It was quite an interesting meeting. There were some psychologists who spoke but as always turned out to be the case, and this is a terribly important point, the psychologists were deferential. It's a fatal problem. The urologists are never deferential. The psychologists are always deferential. They come in and say we're so grateful to have been invited first of all, second of all, we're so grateful that the urologists are getting involved in this field and have so much to contribute. Urologists never say any of this. They never say they're grateful to be invited. They never say anyone else has ever contributed anything.

The psychologists were saying look there's so many psychological factors that are contributing to this that you need to look at in addition to the blood flow blah blah. Why did they have to mention blood flow? The urologists never come in and say in addition to the blood flow, you have to know about whatever, they just say the blood flow is so important. I felt embarrassed and angry at my colleagues for being deferential. I felt they gave away the game. They were insufficiently aggressive in this and that has never been repaired. They continue to be grateful for the crumbs that they're given. I cannot understand this. They do not see their power at all, they do not see that they are essential to the project, that they understand the subjectivity, that they have licence to speak

about subjectivity and that sex is all about subjectivity. They don't get it. I don't know how this has happened.

Anyway, the other big problem with this watershed moment was that there were very many more urologists. Never mind that the few miserable psychologists were deferential, there were like 3 psychologists to 20 urologists or something like that, because it was organised by urologists and that has continued to be the problem that people like Goldstein and Melman when they talk about erections, they can cite you chapter and verse about 17 brain areas and 14 parts of the spinal cord and all sorts of peripheral neurovascular features or neurological, or vascular elements - they break it down and each subject has a talk and a specialist. Psychologists have never done the same for the many kinds of anxiety there are, and they have never chosen to and never been invited to bring forward the many different kinds of psychological issues that bear on this.

The biomedical framework has completely erased that. It's made it seem that whatever the psychological things are, they just sort of are descending neuro-inhibition and you also have to take into account the following 15 blood vessel neuroendocrine items and so on. It's the clash of the models and you've got a pigmy and a giant clashing. And that was completely apparent in 92. But it's partly because you know the urologists organised the meeting – it came out of NIDDK, the National Institute of Diabetes Digestive and Kidney research, which is where the urologists are.

The report that came out was you know much too physical, much too optimistic that biological interventions were going to make a difference, much too accepting of elementary epidemiological guesses. But the media loved it because the media like to talk about physical sex.

They also want good news – the prospect of breakthroughs.

But they also like clean sex. Sex is good news but what can you talk about sex in the New York Times. You cannot talk about fellatio in the New York Times. Even if there were good news about fellatio nobody would print it. They like to talk about you know the knee bone that is connected to the ankle bone in the New York Times and nitric oxide was so completely a non-obscenity term and they could write about that. Media are very concerned about obscenity.

So just say N.O. takes on a whole different meaning.

True. So 92 was both nitric oxide and this NIH consensus conference and it was at that point that I think the urologists felt that they didn't need us any more. Arnold began to pressure me more and more to do research or to see more patients. We also began to move into managed care, and this had an impact on who I was seeing. And that's another thing. And I have notebooks from my time showing who came for my evaluations. Arnold began signing capitation contracts with HIP, so that the volume of patients went through the ceiling and his private patients went way down - people who came and paid for themselves. I

think that this played a part in how Arnold was thinking about each individual patient and their problems and what he could do with them. So just as urology began to feel more and more that it was in charge of this area, at the same time managed care is coming in with high volumes of patients. These two factors are intimately connected. With less time for each consult, it became a much more mechanistic thing, with much more emphasis on technicians, doing diagnostic mumbo jumbo.

So you see my notes here show that from 89 through to 94 the number of private referrals falls from 44 down to 3, while the number of HIP referrals goes from 102 up to 250.

Then in 93 the American Urological Association newspaper announces that the Board of Directors of the AUA has issued a policy statement that sexual disease is worthy of the same kind of attention as other medical conditions. Now if you go back to the 80s when Arnold first tired me, I think that he still felt embarrassed about specialising in sex, that there was something trivial about sex, compared with bladder cancer from which you could die, or prostate disease or kidney stones, which you know are in the Bible. Sex is in the Bible too but that's beside the point. It wasn't that they were ashamed because sex is dirty, it was more that it was trivial. It wasn't a serious medical problem. What are doctors doing getting involved in this when people are dying? So the statement of the AUA that it's a serious disease entity was a terribly important moment. After that at the AUA when they had lots of sessions on erectile dysfunction people could hold up their head and say you know this is an important disease.

Then all this quality of life research started coming in, which I think is rigged to show that sex is a terribly important element in quality of life. This is one thing psychologists do know from their psychometric training, that you can ask anything and get people to say it's the most important part of life if you set it up that way. So clearly urology was moving in there and finding less and less reason to be accepting of any sort of help.

Then we get the Massachusetts male ageing study in 93/94, which to this day is the only epidemiological data anybody can cite that's of any validity. It's only Massachusetts, and it's one study from that year but the way they started writing about it - they talked about erectile dysfunction and they added together their definitions of minimal moderate and complete, which is what percentage of the time begin erections sufficient to intercourse. They never asked the people – and is it a problem for you. They ask that in Europe, they never asked it in American research. They just assumed that if you can't get an erection 25% of the time that means 25% of the time you're a wreck, miserable, and suicidal.

They started talking about the prevalence and incidence of erectile dysfunction using the broadest possible definition. So that came in 93. Then Caverject was approved in 95 and Arnold had been using this for 10 years as a combo and then

right away we had this transurethral thing which really doesn't work very well and makes the penis burn but what the hell. So that was 96.

Why did Pfizer feel they needed to go the Vatican when Viagra came out?

Because the CEO is Catholic. William Steere. I have this from the Daily News. In fact although gay men were not involved in the trials for Viagra, I was talking to a gay HIV researcher a few weeks ago and he was saying that representatives from Pfizer were talking to the gay community all the time even though he's not an apologist for Pfizer. He says they really were interested in our experiences and they really did warn us about the interactions with nitrates but they didn't make a lot of publicity about it but they came and warned us individually.

Were they actually concerned about gay people dying other than a loss of marketing opportunity?

Well you know warned that taking Viagra together with nitrates could cause fatal hypotensive problems. Loss of revenue yes, but also a PR catastrophe. I think the main thing drug companies worry about is scandal - take Thalidomide. People are worried about taking things and you have to reassure them endlessly.

Now in terms of the clinical trials, which is that people being treated for cardiac problems noticed the effect.

Well I don't know about that. I think this is the legend. Patients saying you know I'm not giving it back to you and getting up stealing it in the middle of the night from the nurses cabinets. I think all of that was exaggerated.

I think they were looking for a sex drug ever since 83, since you know Brindley's demonstration of a paverine injections and I think there is documentation on that. The Pfizer people in England knew that they were supposed to be looking for a sex drug along with everything else so that they were primed.

Fine but what I was leading in to was the idea that the selling has been very heavily that it's for the disease impotence rather than for desire but as the so-called legendary discovery is of people who are having enhanced performance rather than a recovery, surely you're looking at much more of an aphrodisiac than a medical treatment.

I'm not sure, because I think the people with these cardiac problems may have had erectile dysfunction to a certain degree and they tended to be an older population. I think the issue of recreational use and the marketing for recreational use is very real but I don't know that it came in at the beginning. But lets go back again to 97 when the FDA changed the regulations to permit direct to consumer advertising. All of the business news around that time predicted that this would irrevocably change the industry, that the industry would now develop drugs that would be advertised, not just advertise drugs that had been developed.

So I see a set of forces coming together with the sexual revolution from the 70s into the 80s, and then the economic conservatism and the take-over and de-

regulation in the 90s that changed the industry, and made the industry interested in sex. Because I think if there had been no changes in the larger industry I'm not sure we would see what we're seeing even though the market for Viagra might be exactly the same. The mindset of the pharmaceutical industry would have been different. They've completely re-considered themselves and shifted resources into marketing. That had nothing to do per se with sex but I see these two factors coming together.

Ok, but talking to anyone linked to Pfizer they'll talk in a very narrow track way about the disease, but yet from early on you've got articles in Cosmopolitan with women taking Viagra and reporting not that I can now have sex where I could never it before but that it's phenomenal compared to before – this is much more enhancement language, much more aphrodisiac language.

Yes, it's an interesting problem because that's women writing about that. You saw some male journalists speculating about this, specially the smarter or funny ones, not just the science ones. But the women's story is a different story because it was created by women journalists.

I know that, but at this point I'm just trying to get at for instance whether you would see it as a treatment for disease or as an aphrodisiac and I was only using the example of a woman there in order to bring out the aphrodisiac issues.

I'm not talking about FSD, I'm saying this was created by journalists who had to write about Viagra and so everybody looked for an angle and it's like cheap feminism, that if anything is said about men we just say well how does it apply for women, or where is the women's equivalent or can we get it for women. I mean that's been true for 20 years. So I think that was just a lot of giddy journalists who had nothing better to do than take it themselves, give it to their three friends and write about it. But I don't think it went any further than that.

But anything that was written about Viagra was put in a newspaper immediately – and in womens' magazines have become so sex mad and they're desperate, insatiable for material and good news material is particularly good because when you write about women and sex once everybody has learnt to have an orgasm there's not much more good news. The rest of it is all trying to be attractive, stay attractive, feel attractive and the whole idea of enhancement didn't catch on, it still hasn't caught on. Women are not even at the table much less get to the dessert. We're still working from a deficiency model in my estimation.

Do you want to get into the FSD issue? Viagra comes out and..

Then the drug is approved and I think it's the first or the second drug to get through on fast-track - six months from new drug application to the approval. And then there is this huge marketing campaign, big questions about whether to use television ads and the first print ads are very decorous, very much coupled orientated and then Bob Dole comes into the picture. The first phase seems to

be about countering worries about fatalities and the divorces from men who are running off with their secretaries, pilots who are bumping into things coz their vision has changed. 1998 is full of that.

If you want to tell the FSD story, I go back to 97 when Goldstein publishes a paper about rats in the International Journal of Impotence Research saying that he's got a model of female rats where there is exactly the same as the blood flow issues for men - he has hypercholesterolemic New Zealand rabbits, not even involving mating behaviour, nothing about sex in fact, he just shows that there are blood vessels to the clitoris and to the vagina that get clogged, that's all he shows. He then says on the basis of that that there will be identical clinical entities in men and women because the blood flow is the same, because the mechanism is the same.

So is FSD an issue from the time Viagra hits the street , or is there an issue of pink Viagra out there before that?

It's an issue before because as you know better than I, these industries are working on it long before Viagra is released. The two pieces of evidence I know about are the rabbit paper that I mentioned in 97 and then this invitation only meeting, which was held on Cape Cod in 98.

What's Goldstein like? What's his background?

He was an engineer before he went to med school. I think that characterises his outlook. He's not an intellectual, he's a mechanical person, extremely arrogant, an incredibly hard-worker, I think he must be hypomanic, I think he sleeps 4 hours a night. He's a family man, one wife, several kids, very devoted. He's extremely likeable, charismatic in his own way but I think that his arrogance, his hard work are probably the key elements. Arrogance in the sense that he's willing to say anything, he couldn't care less, as evidenced by the fact that he continues to talk about impotence from riding a bicycle despite the fact that nobody else wants to hear anything about that, even though he can produce patients who unquestionably developed some sort of perineal pressure compression as a result of a million hours on a bicycle but there are plenty of other guys spending four million hours on a bicycle who have no erectile problem. But if he believes something is true he'll continue to talk about it. I don't think he is a drug mouthpiece in the sense of being a puppet. Many other people are puppets, but he actually is a true believer. He's messianic.

I don't know what the history of this is. You know when you read biographies of Bill Masters, Bill Masters had a vision of himself creating a whole new field from the time he was in residency if not earlier. He asked people's advice and they said to him you have to create a credible reputation and track record as a gynaecologist in something other than sex first, and then when you're 40 you may open your mouth and say something about sex. So that's what he did. I don't know if Irwin had a vision, or let me put it this way, I don't know how early it was that Irwin had a vision, but it's quite clear that by 97 he has a vision. I was

not aware of him before that time but as you see from the literature he's on the job from 89.

By the mid 90s Irwin clearly saw himself as the father of a new field which would be called sexual medicine, which didn't exist, which he would create, which would be grounded in basic science and which would help people. I think those are the key elements, so he's always had a huge amount of organ bath research and basic molecular pharmacology research going on. He has fellows who are totally devoted to him from all over the world. He gets a huge amount of federal money to do basic research and his messianic thing about sexual medicine has allowed him to proclaim the desperate need and the wonderful possibilities exaggerating both wildly out of proportion. I have no idea what he's like with patients. I've never spoken to anybody who has consulted with him – I've only seen him in his public settings.

So, FSD though is on the map before Viagra actually hits the street.

Well what happens is this, and here's where my friend Ray Rosen comes into the picture. Now Ray Rosen is a psychologist, a physiological psychologist and clinician, like me in that sense, born in South Africa, trained in New York, and lives in New York. He and I sat down for three hours one night in 1998 in Italy, in Verona, in view of the opera house and he told me the history of his involvement and I went back and wrote down as much of it as I could remember.

Ray Rosen is one of the key figures in this story. And he said to me he was approached in 91 or so by somebody from Pfizer, who said we have a drug, and we need a sexual psychometrician. We have a drug being tested and we need to be able to measure the success and that is what psychometricians do. Now Ray has a great mind, speaks very well, is extremely hard working and has published several very influential books on sex therapy. I don't exactly know how they got to him. He told me that he had some scale for measuring something in the field of sleep which is another one of his interests. But at any rate they came to him and they didn't know anything at all and they discussed some amount of money that he could have to develop a scale and field test it and tinker with it. It was a good amount of money, \$100,000 something like that. So over the next couple of years Ray worked to develop what is now called the IIEF, the International Index of Erectile Functioning, a 15 item questionnaire, only two questions of which are generally of any interest – how long does it stay hard and how often does it get hard.

But the story that Ray told me was a very personal story about how much he liked all these people, how caring they were and how different this was than any of his colleagues at the University of Medicine and Dentistry in New Jersey, how much more sincere and caring and whatever than his colleagues in New Jersey or in sexology or in any place else for that matter. He's married to a woman named Linda, they have two sons, and they would call him up and ask how was the kid's exam? Like they cared about the details of his life. And he loved that.

It was so apparent to me that this is such a big part of the story. It also is the case that Ray is hugely ambitious and there he was you know in sexology, which if I didn't say it already five times I'll say it again is under-funded, disrespected, marginalized and he wasn't accomplishing what he wanted, his older brother and his father being physicians. So he also was attracted by the glamour, the money, the visibility, opportunity but I think he was hooked by the personal connection. I wondered if a woman would get that but I also thought it was interesting that he was so vulnerable to that. Anyway, he told me how nice all these people were, and how smart and how caring and how over the course of the years he'd had 42,000 meetings with them and he'd met all the people in marketing as well as the people in research and all the different people in different divisions. Now Ray always talks to the person he's talking to – so to me he said how hard he had worked to make sure that they would respect psychological things. So from Ray's story, which I think is the best one I'm likely to get, psychologists were involved from the early 90s.

Now in 97, Ray and a urologist from Boston named McCully convened a closed meeting in Cape Cod which was the first meeting where I saw FSD discussed. It was a meeting for sex researchers and pharmaceutical industry people to meet to discuss mutual interests, problems in the field. Sexologists would give papers and it would be 100 people, so it would be small enough that everybody could talk, and they could figure out what was gonna happen now that clearly there was gonna be drugs and a whole new ballgame.

I heard about this meeting and I e-mailed Ray and asked him why I hadn't been invited being somebody that was working in urology and he e-mailed me back and said it was only for people who wanted to work with industry. I saved all his correspondence and gave it to Ray Moynihan, who felt that this was the smoking gun, I'm still not sure. I wrote back and I said well I think that's a bad idea. You want people with a wide variety of points of view and if they want to work with us well we can discuss it but it's not just that we want to work with them you know. Again it's this whole idea of the pigmy, the deferential and he said you can come but only if you don't cause trouble.

But you know it costs a lot of money to get to Cape Cod, you have to fly and it didn't work out with my schedule, besides which I actually get very upset in these meetings which take an emotional toll. I get upset in these meetings so as I thought about going to Cape Cod, I thought it would be too hard for me. I thought if I'm not giving a paper I would just have to keep speaking up from the audience. One of the hardest things has been being labelled a crackpot but I can handle that if I have a paper to give and a role but if the only role I have is to speak from the audience it's harder. So that was one opportunity I passed because I thought it would be very hard and even though I talked with people who encouraged me to go, I didn't think I would have any allies at all.

This was so early on in the discussion that my analysis was still seen by all sexologists, which is not true now I'm happy to say, as what is her problem. That either I was a feminist lunatic or I was just a lunatic or I was just negative. I was always bringing negative energy and I do tend to think it's my problem and that there should be a way to do this that isn't so negative but I could never figure out what it was. So, I thought this is really the wrong meeting so I never went to it.

The meeting was published in a supplement of the International Journal of Impotence Research, and they did me the great favour of also including the discussion as well as the papers. So you can hear the sexologists saying that women's sexuality is a little more complicated, and it's not just going to be about blood flow, and everybody else saying yes that's very important and as soon as we get the blood flow part figured out we will get back to you.

That was in the Fall of 97, then Viagra comes out in 98 and they start talking about the pink Viagra. At this point I'm optimistic, and I think it'll blow over. But then in January of 99 I begin hearing that Irwin Goldstein is going to have this meeting in October of 99 called The Female Sexual Function Forum and he's going to try and convene a new organisation and a new journal. At first I think this is stupid, nobody'll go to this. I see an announcement, it cost a lot of money, \$500 for registration – and I think well nobody will go to this. Then as April and May go on, everybody e-mails me and says I'm going, are you going? I think holy shit everyone's gonna go. It was at that point that I changed my whole attitude and I decided this is a calamity, this is watershed moment in the history of the social construction of sex, and that I've got to do something other than write my little papers and speak up from the audience with my little objections, that I have to formulate this in a bigger way.

So I start e-mailing around and I write this thing in Sojourners, a Boston women's newspaper, saying The creation of a new disease, sexual dysfunction - there's this meeting happening and they say it's interdisciplinary but they've invited endocrinologists and blah blah but they have not invited anyone from women's studies, lesbian and gay studies, adolescent sexuality. I made two lists of all they had invited or they hadn't invited. They think this is inter-disciplinary but what they're going to do is erase the last 30 years of feminist scholarship on women's sexuality and we can't take this lying down. I'm gonna go and protest and I'd like to know if some of you would like to come with me. So I issued an open call. I got a lot of e-mails back. I got the Unitarian Universalist headquarters in Boston to give me a room. The day before Irwin's meeting I said anybody who wants to come and help me figure out what kind of protest we should have should please come. A dozen women came. It wasn't a thousand, but it wasn't two. A dozen women came, one of them came from Santa Barbara, Mieka Roe, who has become one of my lieutenant in all of this, she's now a sociology professor, she was a graduate student then.

A journalist came from the Chicago Tribune, and a journalist from the Boston Globe. So it was one of the feminist meetings that I'd been to a million of over the last 30 years where we sat around and they said what shall we do. We decided that we would take the piece I had written in Sojourners and we would make copies of it and we would hand it out at the door and most of them were saying what we wouldn't do - you know assault people. I had registered for the meeting and also registered to give a paper called the Selling of FSD. I had communicated with the person organising the meeting and asked if I could hand literature out - no you can't. Can I put literature on the table - no you can't. We had learned that we had to break rules somehow. We thought if we left things on chairs they'll be taken away, which turned out to be true. So we thought we'll hand things out the door and we'll get together in the future and get our act together.

The woman from the Boston Globe did us the great favour of covering that little meeting in next day's Boston Globe, so made Xeroxes and handed it out at noon, with Xeroxes of the Sojourner thing. The point is we had a little demonstration and I gave my paper which was called the Selling of Female Sexual Dysfunction, in a brief 7 minutes – everybody got 7 minutes - in Irwin's world you can say everything you need to say in 7 minutes. There are never any questions, there were no questions taken from the floor. I did I think put a little fear of God into them, so that there were no questions were asked of any speaker at the meeting which was truly bizarre.

But, my remarks were received very badly, with a great deal of hostility. I can still remember this woman in a suit with a red blouse who stood up at the microphone and she was so angry her voice was shaking – she said you say you're a feminist but you're not a feminist, you don't want to give women a choice. The rhetoric of choice is a big part of this and how the choices are constructed. I've had to understand that and speak to that but that was interesting and that was the first thing that was said.

After this meeting the vote to have a new organisation failed. It was mostly because people stood up and said there are too many organisations we don't need another organisation but Irwin said we must have an organisation, the field cannot go forward without an organisation. People said will you have this meeting again next year and he said yes I will. I think if he'd said no I won't without an organisation they would have voted for it because that's in fact what happened the next year in 2000. There was no change in anything but Irwin said I'm not gonna do it again without an organisation so an organisation was created.

But that gave me kind of a year to get organised, which was very lucky.

So at that stage you convened the working group?

I felt there needed to be an analysis of the FSD thing. But I was busy with everything, my mother was in and out of the hospital, and by this time Arnold and

I had come to a mutual parting of the ways. He had given me an ultimatum - you have to bring in more money and I said there is no way I can bring in more money, everything is with the HMO. I was bringing in \$12 a month from my interviews, from billing private patients, and I was doing some sex therapy but nobody wants to come to the Bronx with their wife to have sex therapy during the day. I said there's no way I can bring in more money. He said yes there is, you can work on some of our drug studies. I said I won't do that. He said you either do that or you don't work here anymore. So I left in 96, and I was starting up a private practice and there were all sorts of things in my private life. And still this analysis was needed.

I wrote something over the course of the year, and decided what I needed was a group to review this analysis, all sorts of different people with different points of view. So over the course of the year I wrote this manifesto in conjunction with two other women. One of them was Marnie Hall, a lesbian therapist, who has a completely different knowledge base than I do, who knows nothing medical and nothing about animals, but knows a lot of clinical stuff, and has this interesting lesbian perspective, which I think is such a good compliment. The other was Carol Tabish, a social psychologist who knows nothing whatsoever about clinical work. She's deeply sceptical in fact, doesn't believe that clinical work can benefit anybody, is very anti-therapy. Irwin accuses me of being an apologist for therapy that's all about money, nothing could be further from the truth. But Carol is a published author, she's never held an academic position, but she's written a number of books. She's an excellent writer and she's fast. I figured I knew most things, Marny would complement the knowledge part of it and Carol would get the writing down and we could produce a draft of a manifesto. And that's what we did. Then I got this group together and Marny who's an extremely generous person offered to have this thing at her house in the Bay area. Carol lives in LA and doesn't like to travel, so I knew we had to have it in California. So we tried to get a bunch of women from the Bay area from women's health activist organisations. We ended up with a very interdisciplinary group - a dozen of us at Marny's house that weekend in the Summer of 2000

There was a historian and I think the rest were clinicians. Quite a few lesbians and a couple of women of colour. So I figured you know we had the bases covered, more or less. I sent everybody a draft of the manifesto, not everybody could come for both days. I'm very good at organising, I've organised many things in my life, and I like to bring people together and see what happens. Plus I'm not that clever myself and when you get women together things really happen. So I said, well the first day we'll work on the manifesto and the second day we'll work on the campaign, that's all I had in mind. I brought this document and a bunch of us sat around the first day, mostly the clinicians, massaging the manifesto. We changed quite a bit, but they liked most of it.

The philosophy of this manifesto was that it was a critique of the DSM. It was a grounding of our interest in women sexuality in the discourse of rights rather than

health. And it was a classification system that was a classification of causes of problems without any assumptions about what was normal. It said that each woman should decide if she has a problem but here are some of the many causes of problems starting with socio-economic or political causes like oppression, education and so on. But medical causes were in there as well, further down the list.

The second day we worked on the campaign and I forced people to volunteer to do things, to give talks, to write things, to contact other people, to get endorsements for the manifesto. I never thought about money, I figured we'd never have any money and I wasn't gonna waste my time raising money. I figured you could spend your whole life raising money, but the point was nothing was gonna cost anything. I had learnt that all you need is a few hundred dollars to Xerox things, you don't really need any more money. I wasn't gonna be able to raise enough money to bring people to places. I was just gonna have to work locally. We have gotten a few dollars here and there - enough to have a website. But most of it fell to me - volunteering people just do so much you know.

That weekend was very exciting and we decided to write a book. One of the people who came turned out to be the editor of a journal, and she said she would fastrack the issue if we could make it an issue of her journal. I thought speed was the most important thing to get something out rather than you know endlessly dealing with publishers. In general I have opted for expediency in order to create the impression of an opposition. Meika got somebody in Santa Barbara to design a website who would charge nothing, who was in graduate school along with her.

Then we decided to have a conference and I decided we'll have it in San Francisco because we had a base there, and I contacted Tom Bodenheimer. Now that was probably the first time I had felt that this campaign could be connected to other discourses about what's going on in medicine, what's going on in the pharmaceutical industry, what's going on in science. I was learning all the time, and reading all the time, and now I was reading about pharmaceutical industry, which I'd never read about before. I had never read the business section of the New York Times before the Summer of 2000. Now I read it every day.

I came across Bodenheimer's paper in New England Journal and he said he'd do something for us as did Marcia Angell. That to me was a very significant change which connected us to these other discourses of resistance and analysis. So, it was a huge amount of work but we had a conference in 2002. Meanwhile I kept going to Irwin's thing - I went in 99, 2000, 2001, 2002 - no I only went three times.

In 2000 as I said because he sort of threw a tantrum this organisation was formed. By then I was the designated crank. I said to everybody please do not

elect me to the board of this organisation. But I was elected nonetheless. I'm sure many people didn't vote for me because I asked them not to – but this has been true all my life, people hold your coat for you - you do it, please somebody needs to do it, you do it. So when I got elected to the board I thought all right, at the very least I'll get some insider info at the most who knows you know maybe I can make a difference.

Well I couldn't make a difference, every single thing I proposed was defeated, everything I voted for went the other way. Things like a sliding scale for exhibits so that there could be you know vibrators and books along with the drugs - no, couldn't be done and that was emblematic that particular vote. We can't do that because if Pfizer has to pay \$20 thousand for their table they're not gonna like it if the dildo table next door has paid \$500. I said but the dildo table cannot pay \$20 thousand, they can't even pay one thousand - sorry, they can leave their literature on the free table outside. There were many things like that - a sliding scale for admission. Lets invite some historians and I tried in good faith to bring them in. I can be very charming, I went to the meetings, I wore the right clothes and I talked the right talk, and I didn't curse anybody, but even so they wouldn't invite a historian or have a sliding scale. So I figured, if I can't have any impact from the inside at least I can say I tried. But it's hard to be told on the one hand that they like you and yet never to win a vote.

What's the issue with the way you've been regarded?

It's been hard to feel that I am unsupported. It's not that I'm regarded as a deviant, I can say deviant and not get upset. Unsupported I get upset. It's people who say they're your friends and then don't stick up for you. It's a very girlish thing. Girls expect their friends to stick up for them. I really do think that's the part that upsets me. These are people I've known for 30 years, and I actually think I'm highly regarded, and they don't think I'm stupid, which would be very hard to take, but I do think the clinicians think I have problems with authority, problems with men. That's possibly true, but that doesn't upset me because as a feminist I think it's correct to have problems with authority and problems with men. I think that's what feminism is about. It doesn't make me have no friends or a miserable life, it makes me take certain positions intellectually. I can separate those out but what I have discovered is that my colleagues, particularly my women colleagues in sexology, who didn't have this feminist history that I had, who came to the seminar once and left or whatever, are enmeshed in a way that makes it difficult. They're enmeshed both because clinically they feel that being deviant or political is a form of psychopathology, it's an acting out of internal problems. When I'm being clinical, I talk about my father and I can say there is some truth to that but it's not the whole story and it's not really relevant.

But they're frightened in a way that I'm not. I have many places in which I feel I can stand with great security. In the Unitarian church that I have belonged to for 20 years, there is a minister who likes to quote Martin Luther King who said that the whole job is to be creatively maladjusted. And I've always thought that I could

do that. It hurts my feelings enormously that I haven't been able to persuade any of my friends in sexology but it hasn't stopped me.

That's why of course I wrote the manifesto with Marni who's never been in sexology, and Carol Travers who could care less, - I couldn't find any allies.

So the allies you have at the moment come from outside the field, where you link with people who've got concerns about the changing face of medicine generally.

Yes, I have tons of allies, whom I've never met - people on the no free lunch lists, many of whom I correspond with all the time, but I've never laid eyes on them. Right before I did this debate last Summer I said I wanna show a slide with a lot of endorsers of my miserable manifesto and I put a request on the no free lunch list and about 15 physicians looked at the manifesto and said use my name. I consider that support.

How did you make contact with Ray Moynihan?

I think what happened was he contacted me. I don't know if he was planning to write something or it was totally casual but I said to him Ray the timing is great, they're doing it at NYU in December, why don't you come and see you're your own eyes what's going on. So I think that's what happened - he came and saw with his own eyes what was going on and then I told him everything I could tell him and gave him everything that I had and then he wrote the BMJ piece. But it was because he had been to that meeting and seen Irwin in action that he felt he could write it from his point of view and not just you know use my say so.

What about the impact of the BMJ piece?

Phenomenal. I mean for me I felt I had a kind of support I never had before. I had an article in the BMJ written by somebody else. Before either I'd written everything or it'd been somebody I'd put up to it. I think my blood pressure went down - so personally it was of inestimable value.

What about the correspondence afterwards?

The correspondence afterwards was a fascinating story of spontaneity and calculation. I put many of those people up to writing something. Every time there would be a couple of things that were pro-FSD I would get some of my contacts to write something critical until finally we provoked something from Pfizer. I'm not sure that I think that's a very important point of this story. To me the important thing was that it kept going on and on, and it was the largest response the BMJ had then gotten. There aren't very many of us on this side but we write. But Ray's article, exclusive of the correspondence which I don't know how many people really care about that one way or the other, got into so many newspapers that it gave a legitimacy to the critique, partly because where it was published.

But this happened to Ray on Wednesday, people are beginning to dismiss the BMJ. This happened to me at the debate, when my opponent the esteemed Graham Jackson the cardiologist, from the Pfizer speakers bureau, who they put up to debate me, started off by saying you know the British used to be Medical Journal and went on about it becoming a political screed that nobody reads anymore. But in the circles that I operate in, you say the BMJ and people respond Holy Christ that's really important. So I don't know materially what difference it's meant, I do think it has frightened some people who are concerned.

Let me give you the other angle – which is of course you are doing more to sell FSD than anyone else.

Well that's an interesting position. I can't think fast enough to deal with that. I guess my first thought is that there is no way to mount a critique that could avoid doing what you are accusing me of having done. I don't feel worried about having contributed to the reification of FSD or the discourse on FSD. Without me there would still have been the Berman's book, and TV show, and Irwin's organisation. So I don't know if I've contributed to the reification of FSD, but I may have contributed to the publicity about it but I think it's gonna be like the publicity about other things that acquire a somewhat shady penumbra where people say FSD and they think maybe ah ha. But we're just at the beginning of it. There's no drug yet, but there's gonna be tremendous publicity when there are drugs. But I think that I have created a position that will be included at that point in time.

The other thing you've been concerned with is that we're not just on about an illness but these companies have the capacity to change the way we experience ourselves.

I'm absolutely convinced that that has already happened. I've thought a great deal about sex over these years as I've sat with thousands of people. I actually was up to 2200 with Arnold. I have my records on all of those people, and while I can no longer remember all the details but I have my notes and I've had a clinical practice since 82 in the State of New York and I have seen hundreds and hundreds of patients at great length - them I all remember. And I know my own sex life, and that of many friends, including friends who are sex workers. I deeply believe that sex is a fluid plastic entity and that its meaning and subjectivity both materially and conceptually is completely alterable.

What you expect can be changed and what you expect deeply influences what you feel and how you feel about whether it was a good thing or not. For me expectations, subjectivity and evaluation are the three components and all of them are completely flexible. I've been lucky in the sense that my own sex life, my own life, has been during the women's movement so that I can know what I expected and experienced about sex before feminism and after, before the sexual revolution and after. I was in Berkeley for heavens sake. I took drugs. I had an adolescence in the 50s, so if I'm gonna be honest about my own life I

know that what you expect changes and what you experience changes in response to what you expect.

And I'm not alone. One of the things I have learned as both a feminist and a clinician is no matter what you say about yourself everybody else is experiencing a lot of it too. So, I am of the belief that what is happening now to people's experience of sexuality is they're becoming much more concerned about the performance, the function of the organs, much more about orgasm, its much more quantified, much more about regularity, consistency, a much more standardised thing, all at a much higher level – the entire floor of expectation has moved up. There have been many changes. Viagrification or whatever you want to call the sexual pharmaceutical input is in the standardised, mechanised, uniform, genital area. I gave a talk in Bloomington last week and I'm always talking about genitalisation when somebody said you mean like Freud and I had never realised the idea that the genital stage, and the genital character might have a whole new life now with pharmaceutical genitalisation.

Anyway, patients come in and say to me you know that they don't feel in their genitalia – they have words they didn't have before. This is one of the great insights of feminism, remember I said that I had this new word sexist. The whole thing is about words and concepts and creating space in your brain for experiences. So they come in and they say things about their genitalia – I say were you thinking about this 5 years ago? No, no I wasn't in touch with my body. I say so sorry to hear you say that phrase because you know this was one of the great phrases of the womens' movement you have to be in touch with your body but we didn't actually mean it that way – that you should be able to say whether the sensitivity of the left or the right side of your labia or your clitoris is optimal or you're feeling a little numb.

I have patients coming in all the time saying they're feeling a little numb. I say so how is that a problem for you? The same thing I used to say to patients for years who would come in and say I have a problem with my erection and I'd say how is that a problem for you and there would be a silence – it was self-evident how it would be a problem. Once you defined the thing in pathological language its self-evident. You don't have to say how it's a problem for you, the language gets you off the hook.

People come in and say you know I think my clitoris is a little numb and I'd say how is this a problem for you – well it shouldn't be that way. I say well suppose I tell you that actually most women have numbness in the clitoris it sort of comes and goes, it 's actually seasonal, and it has to do with temperature variation and lots of factors you're not aware of - and they say really? I say no, I just made it up, but what if I told you that it was a normal thing you shouldn't worry about it. What if I also taught you about psychosomatic reality, which is that if you started thinking your left hand is numb its gonna be numb and then if you start worrying about it it's gonna be even more numb and if I tell you everybody's left hand is

numb in the first two weeks of every month because of the moon, all of a sudden you'll stop noticing it. What if I taught you all of that, would you still worry? Well I have to tell you half of the people say they would still worry and half the people say they wouldn't.

So yes I think we've changed sex irreversibly - it's into this functional, physical, genital, orgasm orientated thing –

Still there's a hint that FSD could the pharmaceutical companies Vietnam – you seem more inclined to think that they're much more effective than the Pentagon and they'll win?

Yes, because I do because there is no such as sex – that's where these ten years of social constructionism comes in. This is where my colleagues agree with you and I disagree with them. They say "Don't worry about it. Women are smarter than this. They'll take the drug and it won't work. Don't worry about it".

I worry about it – I'm inclined to think that pharmaceutical companies can beat the Pentagon any day of the week. But it's become a visible struggle with industry saying openly things aren't going quite as well as we thought they were going to go. We're bogged down and getting guys knocked off.

That's right. But I feel this is a temporary setback because of how I believe sex is completely plastic and that women's sexuality – also this is a special thing about gender that I think that women are just emerging from the cave and don't have defining parameters –

So women want things actually to be defined for them to some extent and industry is even better at making meanings than making pills.

They're defining a satisfaction in a way that there is an audience for. They're defining satisfaction to conform to the product but the fact is that there's an audience that's coming at it from a completely different place that needs that definition as well - it's been made terribly important to be good at sex. We are in this era where people are looking to experts to define these things rather than any one else. We're still completely tongue-tied when it comes to talking about sex - so many factors. So if we go back to the pursuit of the perfect penis and you try to illustrate these factors you know I had in there women as an audience for the medicalisation of erections but it works the same way –men are looking to FSD definitions in order also to know how they're supposed to behave.

I have couples all the time where the man says just tell me what's normal for women. An orgasm every time, every other time, two? It's always about orgasms because they can count that - things that you can count.