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Book Review: *Big Pharma, Women, and the Labour of Love*

Nayantara Sheoran

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***Big Pharma, Women, and the Labour of Love.* Thea Cacchioni, 2015. University of Toronto Press: Toronto, Buffalo, London. 167 pages (including index) \$26.00 (paperback on Amazon)**

By Nayantara Sheoran Appleton ¹

In August 2015, the United States Food and Drug Administration (USFDA) approved the “pink Viagra” or “female Viagra” with the trade name of Addyi (Flibanserin is the name of the medication). Prior to its approval in 2015, the FDA had denied the pharmaceutical company’s application twice before, because of the concerns raised around issues of safety and efficacy of the drug based on the data collected. One of these denials happened after a FDA hearing in 2010, a hearing at which Thea Cacchioni testified against Flibanserin. Thus, then this book *Big Pharma, Women, and the Labour of Love* by Thea Cacchioni is a joy to read as it allows the reader direct access to a historical moment – a moment that Cacchioni is not only writing about, but also participating in by being involved with the hearings. Her experiences, her depth of knowledge about Female Sexual Dysfunction (FSD) and its mis/classification within the medical establishment, her empirical work with women suffering from sexual pain and her effort to view this critically through the theoretical paradigms of bio-medicalization and heteronormativity makes this an engaging read.

The book, while concerned with issues of pharmaceutical interventions in women’s sexual lives and choices, extends the analysis to work with women who have experienced physical pain, displeasure, and even marginalization because of not being able to participate in heteronormative sexual behavior (penetration followed by orgasm). Here Cacchioni looks at women’s articulations of their sexual problems, how they address them, what factors influence their perceptions and choices, what coping strategies they employ, and above all what this tells us about medicalization of sexual pain, FSD, and heterosexual norms. She concludes, “[...] that despite sophisticated efforts, drug companies and sexual medicine physicians so far have failed in their vision to create a market of pill-popping women diagnosed with Female Sexual Dysfunction (FSD)” (pg. 4). Thus this book creates a new critical mode of analysis that looks beyond the first layer of critique of the marketization of sex under neoliberal regimens, and uncovers the complexities of sexual medicalization by focusing on women who *do* suffer from sexual pain and who desperately seek to live lives beyond this pain and discomfort. However, the cohort of women that made up the research in this book upend any simplistic analysis, and instead of promoting or encouraging pharmaceutical interventions offer transgressive and sometimes subversive solutions to achieving more fulfilling lives – sexual and otherwise. From refusing to be “normal” in terms of hetero sex, to seeking alternative relationships that were based on non-sexual pleasure, these women refused to participate in “sex work.”

The book is divided into six chapters, an introduction, and an epilogue, with each section being a comprehensive analysis and conclusion that the author builds towards. This is particularly helpful, if this book is to be used in upper level undergraduate or graduate classes. The Introductory

¹ Nayantara Sheoran Appleton is a Postdoctoral Research Fellow in the Department of Anthropology and Sociology of Development, The Graduate Institute of International and Development Studies, Switzerland Email: nayantara.sheoran@graduateinstitute.ch

Chapter and Chapter One lay out the author's main argument about the need to look beyond medicalization of women's sexual lives and looking at their socio-economics to truly enhance their sexual and everyday lives. Chapter One, in particular is a through and fascinating read as the author brings into focus the myriad ways corporate, medical, and pharmaceutical interest coalesce to create a market for FSD, as a per-cursor to any launch for a medical intervention. The readers would appreciate the details in which she lays out the academic and professional (profitably so) journeys of Dr. Irwin Goldstein and Dr. Jennifer Berman (and her sister), the leading experts who worked through public media and academic publications to create and promote the idea of FSD and its possible cure being limited to pharmaceutical interventions. Chapter One, also traces the interesting machinations undertaken by various drug developers in trying to figure out the different physiological problems that contribute to FSD and being the first to come up with solutions, i.e. solutions that can be marketed.

While the previous chapters provide cohesive details of the history of medicalization of FSD, Chapter 2 is an interesting unpacking of the various ways in which women's sexual pain is discussed, addressed, and 'treated' by professionals and women themselves. It becomes evident that women who suffer from sexual pain perform a "labour of love" everyday in order to cope, sustain, and/or enjoy their relationships. From medicalized options and techniques of desensitization, to self-help "do-it-yourself" options, the ways of dealing with and treating sexual pain are analyzed here. The author makes the case, that even though these options are available to make sex less painful for her responders, the fact that the way women view themselves or are perceived by their partners as 'unwilling' to participate in heterosexual intercourse, suggests that individual work to participate in normative behavior does nothing to shift the burden and to imagine another normative possibility that is not hinged on hetero sex.

The following two chapters, Chapters 3 and 4, are tied together in that they first provide the theoretical background from which the author approaches hetero sex and then empirically unpack how women who experience sexual pain, view, participate in, resent, and resist at different levels the normative stance of hetero sex. A critique of the heteronormative paradigm(s), these chapters draws from feminist analysis to unpack the complexities of wanting to be pain free and 'normal.' The author, by focusing on the participants of the study, shows the nuanced way women wanted to participate in normative sexual activity, but in that they suffered from sexual pain allowed the women in this study to critically examine the constraining nature of heteronormative sexuality. These women, even though critically aware and sexually conscious of their 'difference,' often wanted to do the *work* that was involved in sustaining romantic relationships, in participating in pain free sex, and above all as a way to not feel excluded by the mainstream (hetero)sexual paradigm. Drawing from one of her participant's responses, Cacchioni writes, "At the heart of this statement [referring to direct quote from participant] is the notion that it is "normal" for women to *pretend* to be interested in sex in order for genuine desire to follow. Performance work is therefore normalized as part of a medical framework for understanding gender and sexuality" (pg. 91). Thus, visits to sex therapists and experts along side working on "improving" sexual experiences, women participate in what the author calls three kinds of sex work: discipline work, performance work, and avoidance work. Work that is never done, and requires constant monitoring in order for the participants to feel 'normal.' What was illuminating was that the women in the study preferred to do the 'sex work' required of them, rather than take a pill. As her participants phrased it, they preferred to "keep it natural." While the author hints at this, I wish I she has developed this a bit more and told the readers why is it that they preferred to keep it natural. The text throughout suggests, that even though the women were participating in sex work, it is because of their

‘othered’ sexual status that they had the tools to critically unpack hetero sex and critique biomedical interventions in the form of pills. I would have enjoyed reading women in the study articulate this position a bit more.

The next chapter is a rapid read of women’s attempt to refuse (hetero)sex work, either by giving up and breaking free of heterosexual relationships and marriages, by queering the normative script, or by prioritizing non-sexual romantic relationships. The final chapter, builds on this previous chapter in outlining the author’s main argument, that women who deal with sexual pain (a kind of FSD) have various coping mechanisms to improve their sexual and personal lives; however, biomedical intervention in the form of a pill is rather low on their list. She posits that it is the market driven rhetoric that situates women as passive recipients waiting for a pill to deal with their sexual ‘shortcomings,’ while a women driven rhetoric (like this research) will highlight the need to imagine an alternative sexual space where ‘normal’ does not necessarily mean heterosexual. As one comes to the end of the book, it is clear to see the connection between normativity and medicalization within the sphere of sexual pain in particular and FSD in general. While many have written about the medicalization of women’s everyday life, the detailed focus drawing on research with women who suffer from sexual pain makes this a valuable contribution.

The book is easy to read and comprehensive in its analysis; however, it does draw on a small sample size and a follow up study could benefit from a larger cohort of women. Further, the book may draw the criticism that it is biased because of the author’s activist leanings; however, as a scholar interested in academic activism, the author has done a thorough job of examining the problem from both sides. Activism does not undermine academic work, but rather enhances it as it forces academics to look at all sides of the conversation before writing about them. Most all sections and chapters in the book address the criticisms that are relevant to the conversation. Additionally, the author has held up the mirror to scholars that limit their critique of medicalization of sexual pleasure by looking at pharma trying to create markets for sexual problems. In working with women who suffer from *real* physical sexual pain, she extends the critical framework. Highly recommended for audiences in medical anthropology, women and gender studies, and medical professionals interested in sexual pain and FSD, and a general public interested in knowing more about pharmaceutical interventions in women’s lives and bodies. On a concluding note, it is important to recognize this book as relevant documenting evidence for a historical moment, a moment when the ‘pink Viagra’ is approved for women’s consumption—whether they want it or not.