The Social Construction of Sexuality: Deconstructing Masters and Johnson

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The Social Construction of Sexuality:
Deconstructing Masters and Johnson

Jason Kennedy Kae-Smith

Grand Valley State University
To Trina Crowe, my best friend, my colleague, my playmate, and my marriage partner.

Thank you for giving me a space where I can constitute and experience all of the selves I aspire to be.
Acknowledgements

While mine is the only name on the cover of this thesis, its contents include the ideas, work, support, and love of many, many people. In addition to the authors I have cited, several others have given from their minds and hearts to help me do the work I am presenting here. As I am about to name some of those people, I now have an idea of what it is like for those recipients on television award shows whose long acceptance speeches are cut off by the music of the orchestra. With this in mind, I will do my best to mention everyone to whom I am grateful before my own orchestra tells me it is time to move on.

Certainly, this thesis would not have been possible without the acceptance, support, and encouragement of the people participating on my committee. From making photocopies, lending books, sharing her knowledges, and continuously presenting numerous options for pursuing this endeavor, Michel Coconis has gone well beyond the obligations of her role as chairperson to help make this process one that has been fun and enlightening as well as challenging. LeAnne Silvey has shared her extensive experience and knowledges that, along with her enthusiasm and reassurances, helped refuel my passionate commitment to this project on more than a few occasions. Additionally, the generosity Bert Montiegel has demonstrated by offering so much—from helpful critiques of my writings to the use of his northern Michigan cottage as a “getaway” place for me to work on this paper—has been no less than inspiring. I am blessed to have had the guidance of such bright and talented people and I thank them all for lending their wonderful selves to the construction of this thesis.

"Thanks" also go to those with whom I triangulated my observations. With a very busy schedule as professor, therapist, and author, John Petras made time to contribute to
this project, just as he has made time for me and my work many times before. And without even having met me, Sharon Preves took pauses from her busy schedule of research and teaching to read my manuscript and offer her helpful observations and suggestions. This paper is much better because of their participation.

I also wish to thank Harlene Anderson and Mary Gergen who were very helpful in pointing me in the direction of resources that were vital to the work I have done. I appreciate their accessibility as well as their interest in this project.

Ever since I first read their book, *Narrative Therapy: The Social Construction of Preferred Realities*, Jill Freedman and Gene Combs have given me invaluable support in determining and becoming the kind of therapist, social worker, and person I aspire to be. As teachers, colleagues, and friends, they have helped me to experience the thrill and contentment of working in ways that are respectful and honoring of persons’ knowledges and lived experience. I am very gracious to both of them.

Trina Crowe has been no less than amazing during the entire process of creating this thesis. She has covered group sessions for me when I was too busy writing, printed, copied, read, and edited my manuscripts, covered my share of the housework on those “I have to have this done by tomorrow” days, and remained my number one cheerleader through it all. How a poststructuralist punk like me ever ended up with such an incredible partner, I will never know, but I do know that I am so very grateful.

Further thanks go to my parents, Gary Smith and Sandra Smith, for long ago teaching me the values of respecting and appreciating those people I encounter as I travel the journeys of life. Throughout this endeavor, they have been constantly encouraging, always expressing their pride in the work that I have done. In addition, I am grateful to
my sister, Amy Sexton, and my brothers, Paul Smith, Kevin Smith, and Timothy Smith as well as their partners and children, for letting me know that they too are very proud of me.

In addition to a wonderful family, I am blessed to have friends so great, I am probably supposed to pay taxes to the government for having them. Thanks to Joanne Polfus and Sara Giachino for regularly checking in on both my, and the paper’s status. They have always made space to have conversations about this project and although they may not realize it, those discussions have always been very helpful.

Also, I realize my privilege in having a space available in which I can publicly defend this thesis at the offices of Grand Valley State University’s School of Social Work. In acknowledgement of this privilege, I am participating in the Australian tradition of “paying the rent.” Dating back more than 160 years, “paying the rent” is a way of financially acknowledging indigenous people’s prior ownership of the land on which an event takes place. For example, each year the organizers of an annual narrative therapy conference in Adelaide, Australia, set aside the same amount of money they pay to rent the premises they use, and then distribute this money back to Australian aborigines. Because my university does not charge me for the space in which my thesis defense takes place, I have set aside the amount of money I might pay to rent a similar facility. This money is being given to the North American Indian Center in Grand Rapids, Michigan, a nonprofit organization representing the Ottawa and Pottawotamie peoples who are indigenous to the area.

Finally, I would like to acknowledge how very much I have learned over the years from many different books and authors, classes and teachers, and seminars and
presenters. However, when I think about where I have learned the most, my thoughts go immediately to the people who come see me for therapy. It is from their stories—sometimes wonderfully happy, sometimes horrifically sad—that I continually "perform" new meanings around the work I do. They are my teachers and their knowledges are vital contributions to the conversations we have together. I am honored they have granted me the opportunity to share in those knowledges.
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Introduction: A Few Words about Words

Unlike academic papers that are written with the use of very “formal” language, I have purposely written this thesis in a conversational, informal manner. The reason for this is that I believe academic language can serve to separate those who know from those who do not know. For example, one of the criticisms I have of many “scientific” texts (including the one I will examine in this paper) is that their authors use language and terminology that most persons do not easily understand. The result is that some people will “get it” while some others will take out their dictionaries and re-read passages several times in an attempt to “get it.” However, most will probably surmise “this is out of my league” and miss experiencing the kind of power that might have come with the knowledges put forth in the text. As a social worker, I am charged with, among other things, providing equal access of resources to all people. Therefore, by writing in a conversational manner, I am doing my best to “walk the walk” and take a step toward doing just that.

I might add that writing in such a relaxed way is a relatively new venture for me. In the past, the bulk of my writings have been very formalistic, at least according to me, many people who have read my writings, and the “formal” level I have set on my word-processing program’s grammar check. In fact, Michel Coconis, the chairperson of my thesis committee, remarked on how “different” my writing has been for this project, noting that previously, even my email messages had subscribed to the rules of “proper” academic writing. No doubt, this new way of communicating my work has been very fun and expansive for me. By turning over this new, breezy leaf, I have experienced myself in a brand new way that has opened space for lots of new possibilities with my writing.
Although I have had the fortunate freedom to write it in an informal manner, the presentation of this paper is still not without restrictions, namely the rules put forth in the American Psychological Association's (APA) Publication Manual (1994). While following the APA's rules is standard practice in social science writing, doing so serves to create and sustain a particular vision of what constitutes sociological knowledge (Richardson, 1990). For example, the APA instructions require me to incorporate publication dates for citations into the text, center my writing around a research question, and identify what "bit" of knowledge I am contributing (as if knowledge were a puzzle made up of several pieces that together show the "real" picture). Whether or not these prescribed writing practices represent me and my ideas of what is and is not important, I am obligated to participate in them because "that's just the way we social scientists do things around here."

While I have presented some criticisms, I must stress that my point here is not to condemn APA writing style. After all, having a standardized system for writing social scientific literature probably helps those involved, both as readers and writers, to communicate and process information more efficiently. I just think it is only fair to share the awareness that by certain conventions informed by particular values have shaped this paper you are now reading. If I were to ignore the APA rules, this paper would not be eligible for publication as a thesis. Consequently, fewer people would read it, limiting the opportunities for any way it might be helpful, and denying the appearance of any new knowledges and/or meanings it might inspire. As Richardson says:

The conventions [of APA writing style] hold tremendous material and symbolic power over social scientists. Using them increases the probability of one's work
being accepted into core social science journals, but they are not prima facie
evidence of greater—or lesser—truth value or significance than social science
writing using other conventions (p. 17).

At the same time, I should acknowledge that I have gotten away (thanks to my thesis
committee) with breaking some of the APA writing rules. In addition to writing in an
informal manner, I have taken liberties in using footnotes, a practice discouraged by the
APA Publication Manual (1994). And while footnotes do not conform to APA
stipulations, I believe that the additional information they contain is an important part of
what makes my thesis “what it is.” Finally, committing one other transgression, I have
written this paper in the first person voice and not the voice of the third person as
prescribed by the APA manual. That is because the first person perspective allows me to
be myself instead of pretending to be an outside, objective observer. In the end, I feel that
by veering somewhat off the path beaten by the standards of social science writing, I have
done what I can do to make my voice heard with as little static as possible.

Why the Social Construction of Sex and Social Work

In order to satisfy an optional requirement for my Master of Social Work (MSW)
degree, I have done research and written this thesis pertaining to the social construction
of human sexuality. The question then becomes "what does the social construction of
human sexuality have to do with social work?" Well, my searches of the Social Work
Abstracts and PsychLit databases have told me that many social workers might answer
that question with "not much." Although the field of social work is devoted to promoting
"the general welfare of society...and the development of people" (National Association
of Social Workers, 1997, p. 16), social constructionism as it relates to persons’ sexual
welfare and development has been largely ignored in the social work literature. The sexual welfare and development issues that social work journals usually address include sexual abuse, sexual orientation, transgenderism, sex education, treatment for sexual offenders, reproduction, birth control, and acquired immune deficiency syndrome (AIDS). I should add that this is true not only of social work journals, but others such as those related to medicine, psychology, sociology, couples therapy, and of course, sexuality. This is not to say that there is no one discussing the social construction of human sexuality, only that they are very few. Throughout this paper, I will discuss and/or cite those articles and books that I have been fortunate to discover.

While this paper could easily fit with most of the social science disciplines, there are reasons it is primarily a contribution to the social work literature. The most obvious of these reasons is simply this: I am a social work student. After completing an undergraduate education in psychology and deciding I wanted to become a sex therapist, I decided to go to graduate school for social work. Although I had other options such as clinical psychology or counseling, I was excited by social work curricula emphasizing the impact of environments and situations on individuals, groups, and communities. As you will read later, the idea that social contexts shape people’s realities has become very important to me. Further, the prospect of a MSW degree fueled my fire because it would allow me more opportunities to work with people while I pursue a doctorate degree. These things along with suggestions and recommendations from some of my undergraduate professors helped point my way to the MSW classes I recently finished and the thesis you are about to read.
Of course, human beings are sexual beings and therefore, sexual matters are human matters. The field of social work is, by definition, concerned with all aspects of people including their sexuality. While the combination of sexuality and social work does not often result in my particular topic, I believe that examining the ways in which sexual realities are socially constructed is right up social work's alley. As I hope to demonstrate, deconstruction, or discovering how certain ideas become "reality" over time, serves to liberate persons from oppressive, scientifically legitimized "truths," truths that leave little or no room for experiences for which they do not account.

Other reasons for this being a social work thesis relate directly to the code of ethics of the National Association of Social Workers (NASW) (1997). For example, section 6.04d reads:

Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability (p. 17).

As you will read, this paper addresses the "domination of, exploitation of, and discrimination against" certain people by showing how the dominance of certain ideas has created and/or supported those conditions.

In another part of the NASW Code of Ethics, section 6.04a states "Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully" (p. 16). I contend that the presentation of this thesis is a form of social action that provides a resource for human development. At
the same time, Gergen (1985) reminds me that all social actions, including this one, bring about consequences. My hope is that this paper will have positive consequences for “basic human needs” by serving as a springboard for new thinking that will guide new practices and create new resources.

At the same time, I am aware that its consequences might be less than desirable. For example, some might perceive my deconstruction of Masters and Johnson’s work as blatant disrespect toward the two people who helped pave the way for me to pursue my passion as a researcher and therapist in the field of human sexuality. To this possibility, all I can say is it is very important to me that this thesis is not perceived as a doctrine of truth but rather an account of my experiences. While I am tempted here to invoke the “don’t believe everything you read” caveat, I’ll instead invite you to believe it was an important possibility for me at the time it was written, believe it for yourself if it fits, but always remember it is but one perspective, one reality in a world of infinite possibilities.

My Situation

As I do with the people who come to see me for therapy, I feel it necessary to situate myself. By this, I mean make public my biases, influences, and assumptions to the best of my ability so that the reader has an idea of “where I was at” when I began this project as well as my state of mind and thinking throughout the entire process. Therefore, this thesis begins with an invitation to join my journey of creating this paper, from beginning to end. Along the way, there will be discussions about the practices of narrative therapy as well as some of the ideas and philosophies by which narrative practices are informed. Selected destinations include overviews of postmodernism, poststructuralism, social constructionism, as well as the work of French philosopher, Michel Foucault. From there,
we will follow the development of my ideas, the downs and up of my methodology and finally, delve into the “meat and potatoes” of the issue—deconstructing Masters' and Johnson's *Human Sexual Response*.

**In the Beginning**

When I first thought about writing a Master’s thesis, I was immersed in both a revelation and revolution. For many years or maybe even a lifetime, I had been a student and life participant in the discourses of positivism, structuralism, modernism, or whatever other labels apply to those theories and methods that claim to discover and proclaim such things as “objective truths” and “reality.” Mind you, the prospect of discovering truths and reality was very appealing to me. After all, these seemed to give me a degree of certainty and predictability that would make my life and the lives of others much easier.

However, as an aspiring social worker and psychotherapist,¹ I found myself having considerable difficulty applying some of the “truths” I had learned to my own life. More specifically, I had endured a long-standing relationship with depression and I was desperate to find out how I could be “fixed.” While therapy and medication helped a little, stopping depression from having its way with me completely seemed, well, completely impossible. For some reason, things that worked for others, things that were “proven” to be effective in valid, reliable research, would only help a little and/or for a little while.

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¹ I don't believe myself to be a psychotherapist, or one who engages in "the treatment of mental and emotional disorders through the use of psychological techniques." First, while I do think that people sometimes have relationships with problems that yield unwanted effects, I do not think that people have "disorders." Second, I do not believe that I "treat" anything; I have conversations, conversations where I ask people questions that invite them to open space for possibilities. At present, I have not settled on a label with which I am happy. However, since "therapist" and "therapy" are terms familiar to most, I have chosen to use them in this paper. Still, they are not adequate descriptions of myself or the work I do.
So for many years, I thought there must be something terribly wrong with me (a conclusion, by the way, of which the depression was in full support). However, I gradually started to figure out that the depression seemed inescapable because I had believed, incorrectly, it was an inseparable part of me. After all, my therapist had diagnosed me with major depression at which point I became a person with a "disorder." He even hypothesized that my depression was at least partially due to my neurochemistry and I probably inherited it genetically, since his assessment of me revealed that my grandparents had some of the same symptoms that I had. Essentially, the problem was me, I was the problem and there was no way to change it. Like someone with a condition such as diabetes, I would have to spend a lifetime monitoring my depression, taking medication, and going to therapy to reduce its symptoms. With this dreaded disorder living inside of me, I would just have to try my best to be happy.

My own training as a social scientist and therapist did not help matters any. An undergraduate education in a strictly quantitative research-oriented psychology program taught me that in order to help a person, I had to identify symptoms, conduct and evaluation, make a diagnosis, and then determine the "best" treatment based on valid and reliable research findings. As McKenzie and Monk (1997) note:

This way of working often presumes that there is some kind of objective truth that can be known about a person or a problem, and once it is discovered, the counselor can be confident in proceeding with the intervention. This helping metaphor encourages the counselor to give the client new knowledge, techniques, and skills to correct her irrational thinking, cognitive distortions, faulty processing, or maladaptive functioning.
Clients are invited into the unknowing position at the beginning of the therapeutic enterprise, and the counselor is encouraged to take up the knowing position, with expert knowledge that can be transmitted to the person impaired by some form of disability or deficit. Success is measured by the degree to which the client accepts the counselor's expert knowledge. This is evidenced in the implementation of specific plans and objectives, the acquisition of and demonstration of new skills, the development of correct and rational thinking, and the application of problem-solving procedures (p. 84).

However, my own lived experience told me that this approach was not only disrespectful of the knowledges individuals have about themselves, it was impossible. For example, regarding the process of diagnosing and treating, I wondered how I could be a better expert on someone else's life than that person. After all, I was coming to the table with a whole set of life experiences, biases, and assumptions that were unique to me. Why should not I respect that others would be bringing theirs with them as well? Why should I not honor their knowledges, which are a result of their lived experience? Furthermore, if the practice of internalizing problems had rendered such horrendous effects on me, why would I work in ways that would inflict the same burden on people who came to see me? For me, there was no "why"; I simply would not. None of this added up for me, though the old notions I had learned about all the things a good therapist "should" do were still trying to convince me otherwise.

When I began looking around for an escape from working with people in the ways I had experienced and been taught, I could not find it right away. Sure, there were lots of
folks getting behind the idea that persons seeking mental health services\(^2\) are much more than their problems and the labels they are given (which sometimes become their biggest problems). Still, I was not around many therapists and social workers who were putting these values into practice. It seemed to me that a great many people in the “helping professions” had forgotten the maxim of “never judging a person until you have walked a mile in her/his shoes” and were making all kinds of judgments about people that they justified with the diplomas hanging on their walls. At the same time, implementations designed to improve the efficiency of mental health services (i.e., managed care) were increasingly supporting the kind of “assess them, diagnose them, treat them, then terminate them” mentality that I was hoping to escape. While I had a precious few professors who were in full support of my getting “outside of the box,” there seemed to be no practices informed by philosophies that matched my ideals. That is, until I learned about a relatively new and exciting way of working with people in a respectful way, a “therapy of literary merit” (White, 1988a) that came from the land “down under.”

\(^2\) Unlike many therapists, I choose not to refer to the people who consult me as “clients” or “consumers.” While it is more respectful and less pathologizing than previous labels (e.g., “patient,” “schizophrenic,” or “borderline”), I see the use of these words as a technique that objectifies people and regards them as things. Additionally, calling someone a “client” or “consumer” suggests a one-way account of therapy where the person consulting is the only one receiving, or “consuming” something from the relationship. In my experience, this account is not at all accurate, as therapists also gain new knowledges and meanings about themselves and their work. For these reasons, identifying human beings as people seems, to me, more respectful.
Two or three things I know, two or three things I know for sure, and one of them is that to go on living I have to tell stories, that stories are the one sure way I know to touch the heart and change the world.

Dorothy Allison (1995)

Narrative Therapy

In the late 1980s, Australian Michael White and New Zealander David Epston blazed new trails by introducing narrative therapy. While a thorough description of their ideas is certainly beyond the scope of this paper, I do want to present a very brief overview.

Predicated upon principles of social constructionism, narrative therapy makes use of a narrative metaphor where individuals look at the various stories that impact and constitute their lives. Much of this work involves the deconstruction of “dominant stories” while paying more attention to and developing “alternative stories” (Freedman & Combs, 1996). In narrative therapy, “dominant stories” are those descriptions of the world that have gained dominance over other descriptions. In other words, they are extremely popular ideas about “reality,” so popular that they often take on the status of “common sense.” On a societal basis, this status is often supported by the findings of “scientific research” that seems to prove such dominant stories are in fact, part of a single, knowable reality. On a local, familial level, dominant stories often achieve the status of “reality” by families’ adherence to certain beliefs about “the way things are,” beliefs that are commonly passed down through generations. In all instances, the real

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3 Gregory Bateson (1979) talks about the “interpretive method” in social science as the way social scientists study processes by which people organize and make sense of the world. He believes it is impossible for anyone to know objective reality since everyone has a particular context full of presuppositions and premises with which they receive events. While these contexts create particular “maps” of the world which can be useful, Bateson is quick to remind us of Korzybski’s maxim “the map is not the territory.” Following this thinking, I, as well as many others, have chosen to refer to theories, methods, and
effects of power put these stories into dominance and keep them there where they then exert their own real effects on people's lives.

However, narrative therapy contends that the dominant ideas people think of as composing "reality" are instead social constructions which are situated in certain social and historical contexts. Therefore, by looking at the way these dominant stories have been socially constructed, it is possible to "deconstruct" them and account for the ideas, actions, and power that created them in the first place and now keep them in a place of dominance. Doing this gives persons the opportunity to see dominant stories not as "reality" but as particular realities that may or may not fit for them and their lives.

On the other hand, alternative stories are those lived experiences for which dominant stories cannot account. That is, they are particular realities people experience, which do not fit with society's most popular descriptions of "reality." Now, what I and many other therapists find is that often times, dominant stories are in support of certain problems in persons' lives while alternative stories do not leave much space for these problems to "do their thing." In other words, if particular problems are having undesired effects on people's lives, these problems are usually supported by particular dominant stories—dominant in a society, local community, specific culture, or an individual experience—that have real effects on persons lives. Kamsler (1992) exemplifies this idea by describing how perpetrators of child sexual abuse author oppressive, dominant stories that influence the stories survivors tell about themselves. These stories are often quite powerful because

philosophies as metaphors in order to remind myself that they are simply ways of organizing realities and not the realities themselves.

*Since oppressive ideas and practices can be seen as social constructions, some therapists contend they can be dissolved through deconstructive conversations. While I agree that such forces are socially constructed, they still effect person's lives in very real ways. For example, over the years socially constructed discourses of racism have contributed to the enslavement and murder of countless human beings. To acknowledge these "real effects," I prefer to identify them as such.*
they are accompanied by threats (e.g., if you don’t do what I tell you or if you tell anyone about this, I’ll kill your parents). Therefore, a survivor is usually under the influence of several prescriptions of how to feel, act, and think, that were actively promoted by the abuser during interactions with her/him. In therapy, deconstructing an experience of abuse invites persons to situate problems in the context in which they were created and then identify possibilities for ways they prefer to feel, act, and think (alternative stories).

Another important aspect of narrative therapy has to do with something I have already touched upon, the externalization of problems. An oft-quoted maxim of narrative therapy is, “The problem is the problem, the person is not the problem.” This is not to say that problems are never attributable to such forces as persons, organizations, or ideas, only that these forces do not construct problems inside of people. Instead, problems are seen as separate from the persons they affect, existing in the spaces between people (Epston, 1993; Tomm, 1989; White, 1988b; White & Epston, 1990). This externalization allows people to view problems as social constructions and not fixed realities within themselves. Externalization also provides a means for deconstruction in narrative therapy, a topic that will be discussed later in this paper.

In conversations with the people who consult them, narrative therapists are interested in working together to identify and develop “unique outcomes,” events that are not accounted for by problems or problematic dominant stories. Persons are then invited to take a stand on both the problems and unique outcomes in their lives and decide whether or not they prefer them. While a person’s preference seems obvious to the therapist, it is important to check this out. Inevitably, sometimes what the therapist sees as a problem is, for the person, not a problem and sometimes what the therapist sees as a unique outcome
is not something the person prefers at all. If they are determined to be good things, unique outcomes can then be further storied in order to “thicken the plot” for a person’s alternative story.

Getting at these unique outcomes and the alternative stories they represent means therapists have to listen carefully for exceptions to problematic, dominant stories. For instance, a man with depression who spends most of his time isolated in his home may incidentally mention that he recently went to dinner with a friend. A narrative therapist might ask questions about this unique behavior such as, “What was involved in taking this stand against the depression?” or “What do you think it says about you as a person that you were able to ignore what the depression wanted you to do?” In my experience, such questions often surprise persons initially because, they have told me, they have never thought about their experiences in this way. Unlike the questions many therapists ask, these types of questions are not asked to gain information in order to make an assessment or diagnosis. Instead, they are intended to provide an opportunity for an individual to re-experience her/his experience in ways that allow for the performance of new meaning. These questions also invite people to give attention to the parts of their experience that support their preferred ways of being and by doing so “thicken” those parts and begin to make them “more real.”

In narrative therapy, documents (such as letters and certificates) are used as ways of maintaining and “spreading the word” about those descriptions of persons’ identities and lives that they prefer (Freedman & Combs, 1996; Freeman, Epston, Lobovits, 1997; White & Epston, 1990). These written or printed records, which evidence the realities of alternative stories, can be very helpful in reminding people of the existence of their
preferred constructions (See Appendix A for an example). In fact, David Epston once conducted an informal survey of people who have worked with him in which he found that on the average they thought a letter was worth 4.5 sessions of good therapy (Freedman & Combs, 1996). By having a document or documents upon which they can reflect, people have the opportunity not only to remember their unique outcomes but also to experience their stories in new ways that may evoke different meanings. Later in this paper, I will talk about a powerful document that a courageous young person named Ryan, and I, created together.

As I have already discussed, narrative therapy is very attentive to the effects of power and the problems those effects create in people's lives. My friend Gene Combs (personal communication, December 4, 1998) points out that attending to issues of power is really "the crux of narrative therapy." For instance, when working with people who come for therapy, it is important to look at the ways dominant discourses, such as racism, sexism, heterosexism, or any of the oppressive "isms," biases, and prejudices have had significant influence on their lives. Often times, people feel relegated to a lifetime of enduring the negative effects of these discourses because they seem to be reality or, "just the way the world is." However, one can always find evidence in people's lives that does not fit with "just the way the world is," knowledges and experiences that, although they might have been vanquished by the power of dominant discourses, are just as real. Much of the time, these phenomena do not even register in awareness and pass by unnoticed because they do not fit with the dominant "life scripts" persons learn to follow. That is, people tend to give no attention to any experiences that do not fit with those scripts. It is those exceptional experiences on which narrative therapists strive to "shine the light" so
they can be further storied into awareness and “reality” (J. Freedman & G. Combs, personal communication, December 4, 1998).

I should also say that when compared to many other psychotherapies, one way narrative therapy often differs is by attending to meaning in all aspects of people’s experience. As Gene Combs says, “There’s a place that encompasses thinking, feeling, and doing, and that’s experiencing. What we do with experience is part of our story. When we further story it (the experience), that then shapes the experience” (personal communication, December 4, 1998). Adding her perspective to this idea, Jill Freedman notes that in everyone’s lives “there’s experience you notice and then there’s experience,” implying that parts of people’s experience exist outside of their awareness. Narrative therapy assumes that many experiences of preferred, alternative stories have gone unnoticed due to the ascendancy of dominant stories in person’s lives, families, communities, and societies (i.e., the micro, mezzo, and macro levels discussed in social work theory). By working with individuals to bring these experiences to light, narrative therapists and the people who consult them can discover and develop evidence of preferred realities. As Harlene Anderson says, it is these types of conversations that can “open up space for possibilities” in person’s lives (personal communication, October 23, 1998).

Postmodernism

Several authors believe narrative therapy fits nicely against a background of postmodernism (for example, Freedman & Combs, 1996; McKenzie & Monk, 1997; Simblet, 1997; Winslade & Cotter, 1997), a philosophical stance whose theories and practices contrast such modernistic ideas as objective, universal “truth” and a singular,
knowable "reality." While there is considerable debate among therapists over what qualifiers define and determine postmodernism as opposed to modernism, Harlene Anderson (1998) offers the following distinctions listed in Table 1:

Table 1

Distinctions between modern and postmodern therapies

<table>
<thead>
<tr>
<th>Modern</th>
<th>Postmodern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective reality</td>
<td>Socially constructed reality</td>
</tr>
<tr>
<td>Knowledge as independent</td>
<td>Knowledge as interdependent</td>
</tr>
<tr>
<td>Expert and non-expert</td>
<td>Shared expertise</td>
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<tr>
<td>Technological and instrumental</td>
<td>Mutually created with multiple possibilities</td>
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<tr>
<td>Private thoughts and assumptions</td>
<td>Public, shared thoughts and assumptions</td>
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<tr>
<td>Sole responsibility</td>
<td>Shared responsibility</td>
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<tr>
<td>Hierarchical structure and process</td>
<td>Mutual and egalitarian structure and process</td>
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Anderson goes on to further distinguish some of the differences between modern and postmodern therapies. For example, while modern therapies perpetuate the notion of overarching, universal narratives and metaphors of human description—predetermined discoverable truths about human nature and individual human behavior—postmodern therapies value a multiplicity of descriptions, explanations, and understandings of the same events and experiences. The assumption here is that narratives and truths about human nature and individual behavior are socially constructed and relational.

Another difference concerns the way postmodern therapies promote mutual and nonhierarchical relationships in which a therapist and the persons consulting her/him join
in a shared inquiry of the issues at hand (problems) and a shared development of the possibilities. The person seeking consultation is the expert on his or her life (content) and a therapist is an expert on dialogic conversation (process). This is different from modernistic therapies, which tend to promote a more dualistic and hierarchical relationship between a therapist and the people who consult her/him. Typically, these relationships view the people seeking consultation as subjects of inquiry and observation, and the therapist as a representative of a dominant social and cultural discourse, a “knower” of the human story and what that story should be.

Poststructuralism

Michael White (1999) points out how the practices of narrative therapy are informed by poststructuralist or nonstructuralist ideas about life and identity. In order to explain this, let me first talk about some of the structuralist understandings with which narrative practices are in contrast.

Having developed over the past four to five hundred years, structuralism and structuralist ideas have become so pervasive in Western culture, it is difficult to think outside of them. One characteristic of structuralist thought is the popular surface/depth contrast, used to describe person’s identities. Essentially, this idea considers expressions and other behaviors to be surface manifestations of certain essences and elements that exist inside people. Invariably, these pieces of identity are together referred to as the “self” in Western culture. The assumption is that every person has one of these “selves” and this “self” is inseparable from her/his identity. In fact, identity is usually thought to be a product of, or synonymous with, the self.
Naturally, thinking in this way brings with it, several implications, especially for those who are in the business of trying to help people deal with problems. As Michael White (1999) notes:

If the actions and the experiences of people’s lives that bring them to counseling/therapy are understood to be expressions that are surface manifestations of deeper “truths”—for example, of certain elements or essences of a self that is to be found at the center of identity — then these expressions require expert interpretation. This requirement leads to the production of theories, to the construction of systems of analyses founded on these theories that can be laid over people’s lives, and to the development of professional techniques of remediation that will fix whatever it is that is amiss at the center of their identity (pp. 57-58).

White goes on to discuss how the idea that there exists such a thing as a “self,” a “self” that makes up the center of a person’s identity, is a relatively recent phenomenon. Apparently, in the history of the world’s cultures, this way of thinking (which is very common to Westerners) is a fairly new and unusual construction. Much more common are, and have been, nonstructuralist or poststructuralist understandings which account for identity as a social and public achievement.

Unlike identities described by structuralist ideas, poststructuralist identities are “negotiated within social institutions and within communities of people” as well as “shaped by historical and cultural forces” (White, 1999, p. 58). Within these structures, it is common for persons to negotiate meanings that engender identity through narrative frames. That is, people attribute meaning to experiences by locating them in sequences that occur across time according to particular themes or plots. By “storying” their
experience into narrative, people construct descriptions of identity that they then organize into modern culture’s identity categories—attributes, needs, traits, etc. Therefore, it is not people’s motives that shape their actions; it is people’s accounts of their motives that are socially derived in narrative negotiations that do so.

Instead of the surface/depth contrast supported by structuralism, poststructuralist practices differentiate between the metaphors of “thick” and “thin” (Geertz, 1973). For example, the structuralist idea that individuals need “experts” to interpret and make sense of their thoughts, feelings, and behaviors, offers very limited possibilities to people and therefore, contributes to “thin” descriptions of their lives. On the other hand, poststructuralist ways of working with people, such as narrative therapy, help people break from thin conclusions about their lives, identities, and relationships. This results in “thick” descriptions of people that take into account such things as the way different contexts help construct different “selves” and the ways different preferred aspects of person’s identities often go unnoticed by them.

For example, many assessment tools are geared toward finding symptoms in people that can then be put together in order to determine such things as problems, strengths, disorders, or needs. These categories (i.e., problems, strengths, disorders, and needs) offer “thin” conclusions because they tell a very one-sided, contextual, and limited story about who the person is. In contrast, poststructuralist interviews are interested in “thick,” rich descriptions of person’s identities that include exceptions to the problems that are affecting their lives and the ways people become different in different contexts. Perhaps most exciting is the way poststructuralist conversations can invite persons to focus on and “story” those parts of their experience they prefer. Doing so presents an opportunity to
generate thick or rich descriptions of their lives that offer more options and possibilities
than they might have ever imagined.

Social Constructionism

Another metaphor used in narrative therapy that I found to be particularly important
is that of social constructionism. Essentially, social constructionism is the proposition
that human realities are socially constructed through the vehicles of language and power.
It is a way of thinking about the world that questions assumed realities by deconstructing
them, or taking a closer look at the ways in which they were created. Burr (1995) notes
that, while there is no single definition of what “social constructionism” means, there are
some basic tenets common to most social constructionist thinkers and writers. Some of
these include (a) a critical stance toward assumed knowledge, (b) historical and cultural
specificity, and (c) the sustainment of knowledge through social practices.

Kenneth Gergen

In recent years, Kenneth Gergen has contributed a great deal to social constructionist
thinking. He contends that persons actively construct the meanings that frame and
organize their perceptions and experience. According to Gergen (1985), the social
constructionist approach is a process of inquiry guided by such trends as symbolic
interactionism, symbolic anthropology, ethnomethodology, literary deconstructionism,
existentialism, phenomenology, and social psychology. Rather than defining what all of
these disciplines are about, the point is that all of them emphasize the individual’s role,
guided by her/his culture, in structuring the reality that affects her/his values and
behavior. For Gergen, social constructionism is about understanding the generation,
transformation, and suppression of what people take to be objective knowledge. He also points out how social constructionist practices explore the literary and rhetorical devices by which meaning is achieved and how such practices expose the ideology and values of that which is taken for granted as “truth.” Later in this paper, I will discuss four common social constructionist assumptions identified by Gergen.

In their seminal text, *The Social Construction of Reality*, Berger and Luckman (1966) propose a four-stage schema through which human beings construct their realities. The first, called typification, is the process through which persons sort their perceptions into types or classes such as gender and religious groups. This is followed by the institutionalization of typifications (e.g., marriage, motherhood, law, etc.) which are then legitimized by such activities as writing and publishing books. The combined processes of typification, institutionalization, and legitimization result in reification. Reification apprehends human activities as if they were something other than human products, such as facts of nature, results of cosmic laws, or manifestations of divine will.

Jill Freedman and Gene Combs (1996) observe that while reification is necessary for efficiency, it can become problematic when people forget that terms and concepts are simply useful social constructions, not external, preexistent realities. For example, my grandparents were people who, not unlike many others of their time, subscribed to what we now call “traditional gender roles.” This meant that my grandmother did “womanly” things like clean the house, care for the children, wash the family’s clothing, and prepare the family’s meals. My grandfather, on the other hand, went to work and earned the family’s income, fixed things around the house, mowed the lawn, and pursued other

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While narrative therapy seems to be predicated upon many of the assumptions of social constructionism, Michael White does not use the phrase social constructionism when referring to his work (J. Freedman,
"manly" activities. Having grown up inside of dominant discourses representing the reification of these gender roles, my grandparents did not see any other options for themselves or if they did, they did not pursue them. For them, the idea that women do certain things and men do certain other things, was simply "the way things are supposed to be."

Today, thanks to many, many feminist voices, we know that women in my grandparents' day were getting the short end of the stick in tall doses. For instance, many did not have economic power because they did not work. Most of those who did work were relegated to "women's work" like nursing, teaching, and secretarial positions where they were often subordinate to males (e.g., male doctors, male administrators, and male supervisors). While in some ways our society has "come a long way baby" regarding the power imbalances between men and women, my experience tells me we still have a long way to go.

For instance, in one of my jobs as a therapist in a domestic violence and sexual abuse/assault agency, I have been a part of many sessions with women whose reified "realities" contend that females are lesser human beings than are males. Unfortunately, those realities gave men in their lives an authority to abuse them and exert enormous control over their lives. For the majority of these women, the idea that such inequality between men and women is a social construction, and not a universal "truth," was never a possibility. This is not surprising given the fact that most were handed this reality of gender inequality by their families where it was also supported by dominant societal discourses. But more than anything, they had experienced the real effects of such a reality time and time again.

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personal communication, June 10, 1999.
However, in our conversations I was always impressed to discover that there were moments in these ladies' lived experience when they acted in ways the “reality” of gender inequality could not even begin to account for. Sometimes it was thinking, “I don’t deserve this,” sometimes it was calling a shelter to ask about services, and sometimes it was even calling the police on the person who was abusing them. In any case, these “unique outcomes” provided evidence of a world where these women were important and had a voice in matters, evidence with which they could begin socially constructing new realities for themselves that they preferred.

The Significance of Language

As I mentioned earlier, social constructionists observe it is through language, combined with power, that persons construct their realities. Such social constructionists include discourse psychologists, who discuss the performative, action-oriented function of language (Edwards & Potter, 1993; Potter & Wetherell, 1995). These authors tend to see accounts as constructed to achieve particular social goals, rather than representing and expressing intra-psychic events. Drawing upon the work of Ludwig Wittgenstein, Gergen (1994) notes that language serves neither as a picture or a map of any reality; rather (following Wittgenstein, 1953), it acquires its meaning from its use within human interchange.

Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live...“[social constructionism] views discourse about the world not as a reflection or map of the world but as an artifact of communal interchange” (Gergen, 1985, p. 266)
While Harre's (1984) work has focused on how language provides people with ways of understanding themselves in the world, postmodern writers such as Harlene Anderson (1990) and Jerome Bruner (1990) assert that individuals not only understand themselves through language, they use language to actively constitute their realities, which are then organized and maintained through narrative. Anderson, who along with the late Harry Goolishian created the collaborative language systems model of therapy, is especially excited by the collaborative nature of language. For her (and myself as well), the notion that the meanings people attribute to things, events, and people in their lives are arrived at "through social dialogue, interchange, and interaction that we socially construct" is a liberating "move away from the notion of individual authorship to the notion of multiple or plural authorship" (Anderson, 1997, p. 41).

An example of what she means by "plural authorship" is this: I think of myself as a talented percussionist. However, this idea of "talented" certainly does not come from me alone. Instead, it is constructed by many forces including other musicians who tell me that they view me as talented (this includes their ideas and experiences that influence their views), musical "experts" who write books and articles saying people who are capable of playing things I am able to play are talented, and our society's agreed upon standards for what constitutes talent. Therefore, it is the interaction, interchange, and dialogue of many different persons, who describe and communicate "what makes a percussionist talented," that contribute to the idea that I am a talented percussionist. This idea of multiauthored realities brings particular attention to the processes of supplementation and joint action.
Supplementation

Supplementation, a concept offered by (guess who?) Kenneth Gergen (1984), describes the way in which the coordination of human utterances and actions gives rise to meaning. Basically, it is the process in which one person responds to, or supplements, the statements or actions of another person. It is through this supplementation process that the potential (Gergen’s emphasis) for meaning between interacting people develops. Take, for example, a conversation between two individuals. While responses can range from one word to an elaborate conversation, each person is simultaneously immersed in a variety of other relationships—past, present, and future—and the various contexts of those relationships influence the supplementations and subsequent meanings developed in a conversation. At the same time, the influence of the supplementation within the conversation has the potential to carry over into other conversations with other persons, a reciprocal process that is constantly expanding. What all of this means is that meanings are never permanently fixed (or should that be, “What all of this means for me at this particular time is that meanings are never permanently fixed?”) Anyway, the idea here is that meanings are perpetually influenced, constructed, and reconstructed over time.

Joint Action

Similar to Gergen’s idea of supplementation is Shotter’s rhetorical-responsive process of joint action. In defining joint action, Shotter (1984) states: “All actions by human beings involved with others in a social group in this fashion are dialogically or responsively linked in some way, both to previous, already executed actions and to anticipated, next possible actions” (pp. 52-53). In other words, whenever persons engage in conversations, they bring lots of meanings to the table, meanings from both their past
and future (anticipated) experiences. Of particular interest to Shotter is the way in which people seem to be able to create and maintain between themselves an extensive background context of lived relations. This shared context enables persons to coordinate their everyday mutual activities spontaneously, a coordination that is facilitated by the process of joint action.

Having discovered these ideas about the constitutive nature of language, I knew that my conversations with the people who consult with me would never be the same. No longer would the questions and answers we exchange in therapy merely be ways of exchanging information, they were now the ways in which I and others were influencing, constructing, and reconstructing meanings, ways in which we were participating in the continual processes of constituting our realities. In addition to conversations, I began to realize the same is true about the language contained in texts. As you will read later, this played an important part in my answering the question, “What the hell should I write my thesis about?” But first, another important part of this whole adventure: ladies and gentlemen, the philosophical stylings of Michel Foucault.

**Foucault and Power**

As with other thinkers I find to be inspiring, I wanted not only to familiarize myself with Michael White’s and David Epston’s ideas, I wanted to know what ideas inspired them. Specifically, I wanted to learn about the thinkers who fueled their passions. One of these thinkers, French philosopher Michel Foucault, really caught my attention and so I began the arduous task of reading and trying to comprehend the things he wrote. While the enterprise of reading Foucault (1980, 1982, 1984a, 1984b) continues to this day, I have come to make meaning of some of his ideas (as well as Michael White’s
interpretations of his ideas), ideas that I find terribly exciting. Particularly, I took interest in the way Foucault thinks about power, especially his notions that (a) power has a constitutive quality, (b) knowledge and power are inseparable, and (c) the ascendency of particular knowledges results in the subjugation of others. These are central to the philosophical underpinnings of narrative therapy and they are ideas to which I have become extremely committed.

**Power is Constitutive**

Common ideas about power include the following: (1) it is oppressive and repressive in its operations and effects, (2) it is something negative, and (3) it is something that limits, disqualifies, denies, and contains. However, Foucault (1980, 1984a) argues that people predominantly experience the positive effects of power, that we are subject to power through normalizing “truths” that shape our lives and relationships. In turn, the operations of power are what construct these “truths.”

When he talks about power being something “positive,” Foucault does not mean in the usual sense of the word (i.e., desirable or advantageous). Instead, he refers to it in the sense that power is constitutive and shaping of people’s lives. In contrast to the theory that power is “negative” and therefore repressive, the idea that power is positive leads us to consider its role in making up people’s lives.

We must cease once and for all to describe the effects of power in negative terms; it “excludes,” it “represses,” it “censors,” it “abstracts,” it “masks,” it “conceals.” In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained from him [sic] belong to this production (Foucault, 1979, p. 194).
Foucault subscribes to the notion that through social constructionism, certain ideas are accorded a truth status and these "truths" construct norms that shape and specify the lives of people. Rather than repressing people, Foucault proposes that power subjugates persons through global and unitary "truths," particularly the "truths" of "objective reality" proposed by modern scientific disciplines. As subjects of this power, people are "judged, condemned, classified, determined in our undertaking, destined to a certain mode of living or dying, as a function of the truth discourses which are the bearers of the specific effects of power (1980, p. 94).

Knowledge and Power are Inseparable

At the same time Foucault considers power to be constitutive, he concludes that power and knowledge are inseparable. In fact, he believes this so strongly, he prefers to place the two terms together as power/knowledge or knowledge/power. When studying the history of systems of thought, Foucault sees that the emergence and success of ideas about labor, language, and life in general depended upon the techniques of power. Concurrently, the expansionist quality of modern power (i.e., power that individuals internalize and force upon themselves as opposed to power that is felt only when one is confronted by physical representations of power such as soldiers or police) depends on the construction and reification of knowledges that propose the "truth." Thus, a domain of power is a domain of knowledge and vice versa.

There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association. We are subjected to the production of truth through power and we cannot exercise power except through the production of truth (Foucault, 1980, p. 93).
By putting power and knowledge together like this, Foucault is not saying that knowledge is only problematic when those in power use it to suit their own needs. Instead, he believes we are all acting within and through a given field of power/knowledge. Although our actions certainly have real effects, Foucault contends that we cannot identify them with special motives. In other words, we are all caught up within a web of knowledge/power and it is not possible to act independently from this. At the same time we are undergoing the effects of power, we are exercising power on others. This is not to say that all people exercise power equally or that some people do not suffer the subjugating effects of power much more than others. It does however, offer a new perspective:

Let us not, therefore, ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask, instead, how things work at the level of ongoing subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviors, etc. In other words... we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc. We should try to grasp subjection in its material instance as a constitution of subjects (1980, p. 97).

Foucault believes that it is the isolation of specific knowledges from the discontinuous knowledges circling around them that gives their discourses the effect of power. He argues that specific knowledges achieve this isolation by developing "objective reality" discourses, discourses that grant them a status of "truth" in modern
science. For Foucault, it is extremely important to trace the history of the knowledges given this "truth" status and investigate their effects and limitations. He states:

The central issue of philosophy and critical thought since the eighteenth century has always been… What is this reason that we use? What are its historical effects? What are its limits and what are its dangers (1984b, p. 249)?

As I will discuss later, this is the premise upon which Michael White bases deconstruction in narrative therapy.

**Power Ascends and Subjugates**

Rather than viewing the techniques of power as forces operating from above to change those below, Foucault posits that these techniques originate at the local level. In fact, he believes that the availability of these techniques enabled the successful growth of unitary and global knowledges (i.e., "truths") from the 17th century on as well as the rise of capitalism (Foucault, 1979). When discussing the techniques of power, Foucault divides them into three categories: techniques of social control and subjugation, techniques for objectifying people and regarding them as "things," and techniques for objectifying people's bodies. The objectives of these techniques include:

1. Organizing and arranging persons in space in ways that allow for greatest efficiency and economy.
2. Registering and classifying persons.
3. Excluding certain groups of persons and ascribing identity to these groups.
4. Isolating persons.
5. Observing and evaluating persons.
In addition, Foucault believes that over the past 400 years, emerging technologies have facilitated the ability of techniques of power to operate at local levels. That is, since the 17th century, conditions have been established that allow for the ongoing evaluation of persons according to particular institutionalized norms. In the culture of psychotherapy and social work, the technologies of this power include the practices of observation, measurement, and evaluation as well as procedures for locating problems at particular sites of identity (e.g., psyches, emotional centers, etc.). By using such technologies, professions such as psychology and social work have done much to insert these new practices of power into popular culture. This has resulted in tremendous advancements in the government of person’s lives, since it is when people begin experiencing these inescapable evaluative conditions in a personal, individual manner that they then become the guardians of themselves.

When describing the way in which individuals have become their own guardians, Foucault uses the metaphor of a Panopticon prison where individual cells circle a central guard station. Because prisoners can never be sure whether or not guards are watching them at any given time, they take it upon themselves to constantly evaluate their own behavior and forge themselves as “docile bodies.” In Foucault’s opinion, evaluation and normalizing judgement have replaced the judiciary, torture, and erasure as the primary mechanisms of social control in our society. Now, instead of evaluating and changing their behavior only within the presence of real consequences (e.g., military ceremonies and spectacles), people modify themselves because they are constantly under what

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6 Michael White (White & Epston, 1990) suggests that anorexia nervosa and bulimia might very well reflect the ultimate achievement of this type of power.
Foucault calls an ever present "gaze." Thus, while power was once most potent at its source, it is now most intense at its point of contact.

Based on his contention that power and knowledge are inseparable, Foucault is very concerned with how the aforementioned techniques of power are required for the expansion of knowledge.

It is both much more and much less than ideology. It is the production of effective instruments for the formation and accumulation of knowledge—methods of observation, techniques of registration, procedures for investigation and research, apparatuses of control. All this means that power, when it is exercised through these subtle mechanisms, cannot but evolve, organize and put into circulation a knowledge, or rather apparatuses of knowledge, which are not ideological constructs (Foucault, 1980, p. 102).

Foucault goes on to describe two types of subjugated knowledges: previously established knowledges and "local" or "indigenous" knowledges. Previously established knowledges are those that have been eliminated or written out of the record by the revision of history that was achieved by the ascendance of global and unitary knowledges or so called "truths." These knowledges, Foucault says, can only be resurrected by careful scholarship that elucidates their struggle for survival and challenges the universal truth claims that have made them invisible. The other knowledges he identifies, local or "regional" knowledges, are those that can only survive at the fringes of society and are accorded very low status. Essentially, these knowledges are seen as insufficient and

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7 It can be argued that men are more often the instruments of the normalizing gaze while women are more often its subject (White & Epston, 1990).
therefore, not acceptable within the "legitimate" domain of formal knowledge and science.

My Experience with Strengths and Empowerment

With all of this talk about power, I should make mention of the strengths perspective, a model endorsed by my MSW program that asks social workers to "mobilize clients' strengths (talents, knowledge, capacities, resources) in the service of achieving their goals and visions" (Saleebey, 1997a, p. 4). As an alternative to working in approaches that focus on deficits, problems, and pathology, Saleebey contends that working in a strengths perspective means "clients will have a better quality of life on their terms" (p. 4). In the field of social work, this perspective is considered an empowerment approach, as it views the people consulting social workers as persons, families, groups, communities with multiple capacities and possibilities, no matter how disadvantaged.

In some ways, the strengths perspective fits with the philosophical stances I have discussed earlier in this paper. For example, within this model, there is an emphasis on having social workers respect persons' own views of their realities and then learn from those views what is most helpful. In addition, "storying" people's lives by focusing on resources and abilities brings about identity descriptions that can be filed into one of modern society's more favorable identity categories, that of "strengths." Still, I should state that there are aspects of the strengths perspective model that I see as problematic. Therefore, my reasoning in discussing it here is mostly to demonstrate knowledge, not advocate for its use. Although the strengths perspective model has some clear advantages...
over other ways of doing social work, it is not a model with which I choose to identify my thinking and practices.
Beginning the Process

So there I was, in the midst of newly revealed knowledge, fresh perspectives that seemed to fit with my values and the kind of social worker I wanted to be. I had begun reading everything I could find about narrative therapy, postmodernism, poststructuralism, social constructionism, and Foucault’s ideas about power and I was applying these ideas to the ways that I was working with people in therapy. Additionally, I began studying with Jill Freedman and Gene Combs, highly regarded authors, therapists, and teachers within the narrative therapy community, at their agency in Evanston, Illinois. As I prepared to begin work on my thesis, I knew that these exciting new ideas would be an important part of it all.

At the same time, I wanted to pursue a project involving another longtime interest, human sexuality. I suspect I am not in a minority when I say I am interested in sex, but perhaps not a majority when I say that for some time now, I have wanted to pursue work as a sex therapist. Having learned a substantial amount about this through reading several books and journals, being a member of the American Association of Sex Educators, Counselors, and Therapists, and having an undergraduate minor in human sexuality, I felt at least minimally prepared to pursue a thesis along these lines.

Great Expectations

From all of this came my grand idea: I wanted to show how human sexuality is socially constructed. That is, I wanted to discover for myself and then reveal to the world how so many individuals, institutions (i.e., political, religious, educational, etc.), communities, and others have, over the span of centuries, played a part in creating
various sexual beliefs, behaviors, and feelings. Perhaps not a simple task, but one that was doable, or so I thought.

When I took a moment to put my enthusiasm on hold and consider the practicality of such an enormous undertaking, my plans quickly began to change. The more I talked with my thesis committee and others, the more the project seemed doable only if I were some kind of sex-researching cat (not just a “cat” as in slang for “jazz musician”) with nine lifetimes available. In short, it was much too much for a thesis and in order to satisfy any part of my original “show the world” intentions, I would have to “scale it down,” “take a piece of it,” or any of the other phrases of advice from both others and myself that told me to draw a limit.

In order to finish my thesis before I got old enough to where my prostate gland turned into a jujube, I began thinking about who or what, based on my experience, had contributed to the social construction of sexuality. Yes, there were guys like Magnus Hershfeld and Havelock Ellis, from the early days of sexology. As well, there were those sexologists who came later, like Sigmund Freud and Alfred Kinsey. However, I was looking for someone with a more direct link to the sexual realities we know today. With this in mind, my answer became obvious: William H. Masters and Virginia Johnson.

Beginning with my first human sexuality course as an undergraduate, I had learned how Master’s and Johnson’s work revolutionized not only the domains of research and clinical sexology, it seemed to have a significant impact on the sexual attitudes of society in general. For example, their human sexual response cycle almost immediately came to serve as the benchmark for physiological sexual processes in humans. Not only did this model seem to make sense for many people (I could certainly make it fit with my sexual
experiences), Masters and Johnson seemed to have the "proof" that it was a reality. Unlike Alfred Kinsey (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gephard, 1953) who relied on individuals' self-reports of sexual experiences, Masters and Johnson (1966) actually observed masturbating and copulating human beings in the laboratory. To make it even more legitimate, a number of these observations were made with sophisticated "scientific equipment," seemingly leaving little doubt that what they would later report in *Human Sexual Response* was the real deal.

In addition to the human sexual response cycle, I recalled several lectures and readings about Masters and Johnson's important contributions to the burgeoning field of sex therapy. In particular, their sensate-focus technique (Masters & Johnson, 1970) seemed especially important, as it was designed to help couples increase their communication and create deeper emotional connections with one another while addressing such sexual issues as arousal and orgasm. Not only was this therapeutic technique popular when it was first introduced, it has apparently remained a popular implement in sex therapists' collections of tools of the trade. In fact, when I went to the literature to investigate responses to Masters and Johnson's work, I was surprised to find many articles discussing the successful use of the original or modified models of sensate focus (for just a few examples see Kayata & Szydlo, 1986; Apfelbaum, 1995; Bullough, 1994).

When looking for some backup to justify my choice of subject, it did not take much effort to find others who have noticed the enormous influence of Masters' and Johnson's work. For example, Stephen Levine (1995), a very prominent sexologist, calls their research and writings "highly influential" and credits them with the rapid development of
sex therapy that began in the early 1970s (p 1). Another revered sexologist, Helen Singer Kaplan (1995), sings their praises when she writes, “If I have gone somewhat beyond their original conceptions... that is merely because one can sometimes see a little further when sitting ‘on the shoulders of giants’” (p. 8). Crooks and Baur (1993) state that “along with the Kinsey research, Masters and Johsnon’s study of human sexual response is probably the most often mentioned sex research” (p. 30). The impact of their work is also acknowledged by Hartman and Fithian (1998) who assert “Human Sexual Response (1966) remains the keystone of modern sex therapy, not just in the United States, but anywhere sex therapy is studied or practiced” (p. 252). Even David Schnarch (1991), whose sexual crucible method of sex and couples therapy has itself become hugely popular, notes their influence when he writes:

The field’s obsession with the mechanics of sex results, in part, from Masters and Johnson’s concentration on performance problems and the phenomenal impact of their model of human sexual response. Masters and Johnson’s famous four-stage “phase” model of excitement, plateau, orgasm, and resolution focused on genital and peripheral physiological changes and on classification of sexual dysfunctions. Their model’s exclusive focus on physiological response has had tremendous impact on the field (p. 11).

Subject Matter

Having decided upon Masters and Johnson’s work as the topic of my effort, my next objective was determining what specific presentations and/or representations of their work I would be examining. At first, I wanted to look at everything, including all of the books and articles they wrote together, separately, and with other people. In addition, I
planned to consider everything else I could get my hands and eyes on that alluded to or provided examples of their ideas, intentionally or not. This meant all of the instructional films about Masters and Johnson's sex therapy techniques, human sexuality textbooks that discuss their work, movies and books that offer depictions of sexual behavior framed within their model of human sexual response, and so on. Of course, once I started imagining myself trying to locate every human sexuality textbook written since the late 1960’s, cleaning out the erotica section at every bookstore, and renting just about every adult film under the sun, I realized this would be too much of an undertaking. Once again, I had envisioned a feat that was impossible for a Master’s level thesis project and once again, it was time to break it down.

To do this, I first looked at what other writers were referencing when they talked about the work of Masters and Johnson. What I discovered was that almost everyone who had anything at all to say about them was citing one or both of their first two books, *Human Sexual Response* (1966) and *Human Sexual Inadequacy* (1970). Perusing them myself, it became obvious to me that Masters and Johnson probably presented their most original and influential ideas in the pages of these two texts. While sexual physiology was the principle topic in *Human Sexual Response*, *Human Sexual Inadequacy* helped set the stage for the field of sex therapy.

Since both of these books seemed so significant, I decided to use both of them as the subjects of my undertaking. But again, I realized that even just these two books would be more than I could handle for a project that was supposed to be on a smaller scale than my dissertation will someday be. Therefore, I made the decision to “take it from the top,” to
focus exclusively on the impact of the publication that picked up where Alfred Kinsey left off, *Human Sexual Response*.

**A Deconstructive Journey**

And so it was, with all my postmodern and post-structuralist biases on board, I embarked on a journey to find out how Masters' and Johnson's *Human Sexual Response* might have contributed to the social constructions of sexuality as we now know them. To do this, I wanted to enlist a practice I learned from narrative therapy casually referred to as "unpacking" and more formally referred to as deconstruction.

**Some Background on Deconstruction**

The term "deconstruction" represents a process of critical thought proposed principally by French philosopher Jacques Derrida (1976; 1978). Essentially, the task of deconstruction is to locate and "take apart" concepts which serve as axioms or rules during a certain historical period of theoretical thought. Derrida contends that many readers make false assumptions about the nature of texts, assumptions such as:

- Language can express ideas without changing them.
- A text's author is the source of its meaning.

According to Derrida, deconstruction can subvert these assumptions by challenging the idea that a text has an unchanging, unified meaning and questioning an author's intentions instead of just accepting them unconditionally. Therefore, after a text is deconstructed, its generally accepted or sanctioned meaning is shown to be only one of many possible meanings.

While Derrida generally deconstructs philosophical writings, deconstruction can be applied to any text since it is a theory of reading and not just a theory of literature.
Derrida's particular brand of deconstructive reading is based on gaps in what we take to be the common-sense experience of texts and reality. Further, Derrida places a premium on looking at oppositions and exclusions, both explicit and implied, in the established meanings of words and phrases.

**Deconstruction in Narrative Therapy**

Discussing the use of deconstruction in narrative therapy, Michael White (1993) says that deconstruction “has to do with procedures that subvert taken-for-granted realities and practices: those so-called ‘truths’ that are split off from the conditions and the context of their production; those disembodied ways of speaking that hide their biases and prejudices; and those familiar practices of self and of relationship that are subjugating of persons’ lives” (p. 34). For White, deconstructing the stories by which people live requires the objectification and externalization of the problems for which they seek therapy. In this way, individuals are able to identify the private and cultural stories they live by and in the process, understand the constitution of their selves and their relationships across time.

Following this premise, Michael White suggests beginning the process of deconstruction by asking persons externalizing questions, questions that locate problems outside of persons and invite accounts of the problems’ effects on their lives. For example, some of the deconstructive questions I have asked people in therapy include:

- What has anger talked you into doing before that you later regretted?
- When were some other times alcohol was able to convince you that you could do things better with a buzz?
Some people have told me that depression likes to associate with other shady characters like isolation and insecurity. Does this fit with your experience?

Further questioning about the habits and effects of problems can make it possible for people to determine how these problems might have been constructed in the first place and what contexts and societal discourses support their continued existence. For example:

- You have told me that in order to be a “real man,” you must be able to have an erection whenever your partner wants to have sex. Where does that idea come from?
- Are there certain places where it is easier for the drinking to talk you into having a beer?
- How do you think the idea self-sufficiency became so popular in our country? How did you learn about it?

These questions make it possible for people to take a few steps back from problems and get a better look at the ways they exist in “historically situated interchanges among people” (Gergen, 1985, p. 267). At the very least, this can present an opportunity to negotiate a different, more preferable kind of relationship with the problem. At the very most, this can eliminate the effects of the problem, thereby eliminating the problem itself. In any case, this process of deconstruction via externalizing conversations has the potential of toppling oppressive dominant stories while making room for preferred ways of being. As Michael White writes:

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8 Elsewhere, Michael White has discussed how effects serve as “life support systems” for problems (White & Epston, 1990).
Persons experience a separation from, and alienation in relation to, these stories. In the space established by this separation, persons are free to explore alternative and preferred knowledges of who they might be, alternative and preferred knowledges into which they might enter their lives (White, 1988b, p. 39).

The Deconstruction of Texts

Through Derrida and other reading, I had learned some of the philosophies and purposes of applying deconstruction to written texts. For example, authors such as Tiefer (1995b) point out how the deconstruction of texts can have a destabilizing effect on existing models and frameworks—it can sort of knock them on their keisters. Another deconstructive author, Daphne Read (1989) observes that while this kind of approach can be considered seditious and subversive, there is value in challenging dominant, conventional thinking, value because it can produce new meanings and open possibilities of conflicting meanings by bringing into the foreground knowledges that are marginalized, minimized, or silenced. In fact, text deconstruction can sometimes yield motivations and agendas that seemed to discredit most of what was written. For example, by deconstructing sexological research published before the work of Alfred Kinsey (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gephard, 1953), Vern Bullough (1985) and Katherine Davis (1988) discovered most studies were funded by John D. Rockefeller, Jr. Rockefeller had a compelling interest in the sex reform issues of his day and not surprisingly, the results of the research he financed supported campaigns (a) against red light districts, (b) for prophylactic use, and (c) for limited sex education. Bullough notes that the result of such funding was the establishment of a dominant group of sexologists conducting and publishing the majority of sex research in that era, namely
(surprise) those who supported the ideals held by Rockefeller. Certainly, nowadays when forcing one’s sexual agenda onto other people through biased research, a buck just does not buy what it used to. Still, as you will read later, threatening to boycott a department store can go a long way in controlling the reproductive rights of women. But I digress.

Anyway, while I was learning more about the important findings of deconstruction, I really was not aware of a particular way I could deconstruct Human Sexual Response. I liked Tiefer’s (1995b) definition of text deconstruction as a “critical analysis of existing concepts, categories, and metaphors,” that “serves to reveal a multiplicity of potential conceptual perspectives” (p. 59), as this sounded like the same kind of deconstruction I was doing in therapy. However, I needed more than a definition, I needed a method, a sort of “how to” instruction manual I could follow to do the work of determining how certain ideas and methods gain dominance over others and what knowledges or lived experiences are suppressed and marginalized as a result.

A Precept for Deconstruction

It was not until nine months into this project that my ongoing search yielded something more specific about the deconstruction process, namely Jonathan Culler’s On Deconstruction: Theory and Criticism After Structuralism (1983). In this book, Culler outlines the following types of conflicts for which deconstructive readers should be on the lookout:

1. Asymmetrical oppositions or value-laden hierarchies in which one term is promoted at the expense of the other. By identifying these, readers can show how the second term is used to constitute the condition for the first and therefore, reverse the
hierarchy. However, this is not a simple matter since the reversal is now in the condition of reversibility, and so on.

2. Places where a single term brings together different lines of argument or sets of values into one condensation.

3. Ways in which the text contradicts itself by suggesting a difference from itself. These include interpretations the reader makes that might undermine the apparently primary or "well established" interpretation of the text.

4. Instances where the text applies a figure or image of its own creation to something else in an attempt to naturalize (i.e., make the reader think, "hey, this is natural, normal, etc.") something that cannot be naturalized.

5. Conflicting readings of the text which are representative of conflicts within the text. This demonstrates how instead of having a primary meaning, a text is full of a complex interplay of potential meanings. Each reading then, is seen as only a partial move in simplifying this complexity of meanings.

6. Places where one idea, action, experience, or whatever, has been marginalized by another. Derrida suggests that as with hierarchized oppositions, the margin encompasses or enables the rest. Therefore, a marginalized figure, concept, etc., can be re-read as the "center" or controlling element. This reorients that which was marginalizing by revealing its inadequacy or incompleteness without that which it relegates.

Although Culler's list of conflicts was certainly the most detailed plan I discovered (and perhaps the most intriguing as well), it seemed too rigid for me, too systematic and too prescriptive. And so, my search for specific methodology continued on without any
satisfying discoveries. But what did I know about this project, what had I discovered about the work I wanted to do? Well for one, I knew that the kind of work I would be doing for this project certainly fell within the domain of qualitative research. Furthermore, I knew that since I had long embraced (how romantic) egalitarian values, the method I would use would have to be feminist in nature.

Regarding the idea of doing qualitative and feminist research, this was both liberating and frightening at the same time. It seemed liberating because I knew it would give me the opportunity to “get in the ring” with my subject and go at it. The last thing I wanted to do was pretend that I was a non-human doing research from a disconnected, objective perspective. The frightening part had to do with my greenness when it came to qualitative work. You see, I had received extensive training in quantitative research methods as both an undergraduate and in graduate school. However, my knowledge of qualitative methodology was slim and my experience with it nil. So, I hit the books, read, and learned. What follows is my story of the importance of qualitative and feminist methodologies and why I thought they were the best methodological backgrounds for encountering Human Sexual Response.

A Qualitative Approach to Knowing

Initiated by John Stuart Mill (1843/1906), the traditional paradigm in social science research has largely used quantitative methods. However, I believe it’s important for the methodology in this project to be qualitative in nature and follow Lincoln and Guba’s (1985) notion of using oneself as an instrument for collecting and processing data as well as Glaser & Strauss’ (1967) belief that the validation of theory requires a qualitative foundation. In general, arguments for the use of qualitative inquiry as opposed to
quantitative inquiry fall under two divisions: internal critiques and external critiques (Guba & Lincoln, 1994).

Internal critiques, or those which challenge the assumptions of positivist inquiry, show how shortcomings in quantitative research methodology can be eliminated, or at least ameliorated, by the use of qualitative data. Some of these critiques of positivistic methodology include its disregard of context, meaning, and purpose and also its inability to discover diverse emic (insider) meanings when imposing a grand theory on groups, societies, and cultures (Strauss & Corbin, 1990). In fact, Marcus and Fischer (1986) claim the latter is especially crucial in light of mounting criticism that social science does not provide adequate accounts of nonmainstream lives. Other internal critiques of quantitative methodology include the difficulty of applying general data to individual cases as well as the elimination of the possibility of discovery by emphasizing the verification of specific, a priori hypotheses (Guba & Lincoln, 1994).

Although internal critiques present very solid arguments against the use of quantitative methods, criticisms from outside of the quantitative paradigm (usually by those who propose alternative paradigms) seem to hold even more weight. Many authors have made these external critiques based on many different reasons (Bernstein, 1988; Guba, 1990; Hesse, 1980; Lincoln & Guba, 1985; Reason and Rowen, 1981). One particular basis involves the assumption that the language of theory and the language of observation are independent of one another. For example, traditional research approaches posit that in order to maintain objectivity, hypotheses should be stated ways that are independent of the ways in which the facts needed to test them are collected. However, it seems that since facts can only be facts within a specific theoretical construct, facts and
theories are actually interdependent. This observation seems to undermine one of the basic assumptions of quantitative work.

Another argument against the quantitative approach perches upon what is typically called the problem of induction. Essentially, this problem states that the same set of facts can support several different theories, and while it is possible to deduct a set of facts from a theory, it is never possible to arrive at a single, ineluctable theory from a set of facts. Thus, the position that quantitative science can arrive at ultimate truths is highly questionable.

In its quest for objectivity, quantitative methodology has gone to great lengths to detach investigators and their subjects. This means that when using “proper” methodology, the inquirer does not influence her/his phenomena and vice versa. However, as Lincoln and Guba (1985) have noted, such evidence as Heisenberg’s Indeterminacy Principle9 (Schwartz & Ogilvy, 1979) and the Bohr Complementarity Principle10 (Wolf, 1981) have seriously weakened this ideal in the hard sciences. In the social sciences, skepticism of this attempt at objectivity is even greater. Indeed, it seems more plausible that findings are constructed by the interaction between inquirer and phenomenon than through objective observation of things as they “really” are.

Egalitarian on All Fronts

In addition to being qualitative, the proposed methodology also uses a feminist approach. While Nielson (1990) makes the point that there are many forms of the

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9 Heisenberg’s Uncertainty Principle asserts that the position and momentum of an electron cannot both be determined because the action of the observer in measuring one inevitably alters the other.

10 The Bohr Complementarity Principle states that (a) there is no reality until that reality is perceived and (b) perceptions of reality will be contradictory and paradoxical. While one person’s immediate experience of reality does not appear paradoxical at all, a history of perceptions constructed by different observers presents many paradoxes and contradictions.
feminist method I decided to follow the description proposed by Braud and Anderson (1998). That is, the method is mindful of the social and historical context of both the subjects and the investigator, recognizes values within the research context, and assumes and emphasizes a connection between the personal and political. Perhaps the most important distinction between this type of feministic approach and others is that it is not primarily concerned with correcting androcentric biases in findings and methods. Although androcentrism has traditionally been a common problem in research methodology (Reinharz, 1992), my method is concerned with egalitarianism on all fronts, including gender, social classes, sexual orientation, and race.

Back to Deconstruction

Having both made a case for a qualitative approach and decided upon the approach of text deconstruction, my next objective was to find out exactly how to do it. For this, I first went to the literature to find out who had done any kind of deconstruction related to matters of human sexuality. While I was not able to find an overabundance of work, there were some projects that seemed very important.

Perhaps the best known deconstruction of sexuality is Michel Foucault’s The History of Sexuality (1984a). In this work, Foucault attempts to disprove the thesis that Western society has seen a repression of sexuality since the 17th century and that sexuality has been unmentionable, something impossible to speak about. Rather, the social convention not to mention sexuality has created a discourse around it, thereby making sexuality ubiquitous (yes it is true; people everywhere are talking about sex). This would not have been the case, had it been thought of as something quite natural and not a place where evil hangs out. In fact, the concept "sexuality" itself is a result of the
discourse created by the prohibitions of certain “sexual” behaviors. These prohibitions have created sexual identities and a multiplicity of sexualities that would not have existed otherwise. Now, before we all become convinced that I do not know what the hell I am talking about, let me explain.

According to Foucault, historically, there have been two ways of viewing sexuality. China, Japan, India and the Roman Empire have seen it as an “ars erotica” or "erotic art" where sex is a special experience and not something dirty and shameful. However, it is also something to be kept secret, but only because of the view that it would lose both its power and pleasure if a person were to speak about it.

In Western society, on the other hand, something completely different has been created, what Foucault calls "scientia sexualis", or the science of sexuality. It is originally (17th century) based on a phenomenon that is diametrically opposed to erotic art: the confession. That’s right, instead of seeing sexuality as a strong, obvious force, Christianity viewed it as something treacherous that could only be found by careful introspection. Therefore every detail had to be laid forth in confession; every trace of pleasure experienced had to be examined to find the traces of sin. It is in this “attention to details” that we find the reason Western society gives such significance to sexuality. Making sexuality something sinful did not repress it or make it disappear. Quite the contrary, making sex a sin reinforced sex and it became something to be noticed everywhere. Eventually, this idea of confession spilled over into other societal spheres including the judicial system, medicine, teaching, and psychotherapy.

Foucault also notes how the confession has been used as a form of social control in that it creates a power relation between such people as the preacher and the confessor or
the psychotherapist and the person consulting her/him. As I talked about earlier in this paper, Foucault sees power relations as central to any analysis of society and believes these power relations are formed in all relationships where differences exist. Again, Foucault does not see power as something negative or oppressing, but rather something that is constitutive.

Moving ahead into the 19th century, Foucault claims that sexuality was eventually adapted to the modernistic demands of rationality and turned into a science. However, he is quick to point out that it was not the same thing we would call science today, but actually a very prejudicial doctrine on human procreation. This meant that sexual behaviors for anything other than procreation were deemed “unnatural” or pathological. Whereas in the 16th century the focus was on regulating the sexuality of married couples while ignoring other forms of sexual relations, now other groups were identified and labeled “perverse.” These included gay, lesbians, bisexuals, cross dressers, and transgendered individuals. According to Foucault, the idea of seeing these people as specific groups would never have happened before the 18th century because at that time, sexuality was never seen as being a fundamental part of a person. Instead, it was viewed simply as an action, something she/he did.

In addition to the groups I have already mentioned, Foucault identified other persons who became the object of study for medical “science,” including:

- The bodies of women which became sexualized because of their roles in bearing children.
- Children, who were at all costs to be protected from the dangers inherent in masturbation and other sexual acts.
• Married couples, whose reproductive activities were seen as important for the purpose of studying population growth.

• All adults, whose sexuality became an object of study. Any behaviors other than heterosexual coitus were seen as dangerous.

Foucault emphasizes that the aim of these new moral codes was not to abolish all forms of sexuality, but instead to preserve health and procreation. An entanglement of ideas about the importance of population growth, the deadliness of venereal diseases, and the importance of developing a strong heredity ("degeneration" was to be avoided) helped create the idea that many sexual behaviors were dangerous. Therefore, Foucault reminds us that we must remember to situate these constructions of sexuality in their historical context.

In my judgement, The History of Sexuality is an extremely important piece of work because it is one of the first writings that claims sexuality is not a natural category that has a foundation in a single universal reality. Instead, Foucault says that sexuality is a social construction whose meaning lies largely in its cultural connotations. This is why, for example, it is problematic to speak of homosexuality in ancient Greece since what we now call homosexuality cannot exist outside our specific cultural context.

Following Foucault's observation that meaning of sexuality (or even the existence of a concept called sexuality) is dependent on context, Celia Kitzinger (1987) studied the social construction of lesbian identities in an attempt "to understand how people construct, negotiate, and interpret their experience" (p. 71). She found that meanings of lesbianism vary widely and include, among others, personal psychologized perspectives, romantic perspectives, sexual orientation perspectives, and feminist perspectives. From
this, Kitzinger concludes that there is no such thing as a "real lesbianism," as this single concept does not reflect unitary experience. Again, it depends on the context.

In another sexual orientation deconstruction project, Jonathon Ned Katz (1995) uses Foucault's observation that what is commonly acknowledged and taught as history is actually a particular history of selected discourses. For instance, Katz exposes how the term "heterosexuality" originally identified what is now called "bisexuality" — attraction to both genders. The term took on its current meaning after an inaccurate retelling of its original meaning. He also opines that heterosexuality has relied upon the proposed "abnormality" of homosexuality in order to define itself, adding that this polarization of sexual orientation will never bring about a change in what is perceived as "natural" since one orientation is always being measured against the other.

Trouble Ahead

At this point, everything seemed to be in order for a successful venture. I had my research question, I had done huge amounts of reading, and I had enough enthusiasm for about ten graduate students. However, it was then that an insidious problem began to grow and while I didn’t realize it at the time, this problem was going to cause a lot of pain for me as well as some frustration and hurt among my committee members. However, it would also provide me with a huge learning experience on several levels. But lest I get ahead of myself, let me return to my story in the place where I left off.

Disposable Proposals

The first proposal I submitted to my thesis committee was extremely short and succinct and was unacceptable because of just that. In particular, my methodology section was very weak and needed more elaboration and particulars. I knew that I wanted to
deconstruct the text but, as I mentioned earlier, I needed a detailed plan of exactly how I would do that. In my second proposal, I tried to be more specific but again, I came up short. As I now look back on this, I think I was having difficulty because the authors of the sexual deconstruction projects I had read and really liked (i.e., Tiefer, Robinson, and Foucault) did not outline a specific methodology in their writings. Rather, it seemed to me as though they had read information and then made critical observations. Simple enough I thought but when I pitched this to my committee, they again wanted to hear the details and I again, had none. Somehow in my pilgrimage to an acceptable methodology, the mud I was walking in grew deeper and deeper until I eventually found myself stuck, stuck in a big way.

The Constant Comparative Method

In order to get “unstuck” and proceed with the project, I opted to find a “legitimate” method that I could at least use as a basis for my own. After again reading over my books on qualitative research methods and conversing with my committee chairperson (See Appendix D), I decided to go with a strategy used for developing “grounded theory,” a plan of action called the constant comparative method. Basically, the constant comparative method is a process of going through some kind of text (e.g., a book, transcripts, case notes, etc.) and categorizing sentences, paragraphs, or other “incidents” in order to come up with some kind of theory. Glaser and Strauss (1967) describe this in four stages: (1) comparing the incidents (parts of the text) and putting them into categories, (2) integrating the categories and their content, (3) delimiting the theory, and (4) composing the theory. Now, let me explain what all that means.

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11 Theory is “grounded” when it is developed from the data instead of vice versa.
When comparing the incidents in each category, the researcher begins by coding each incident in the text into as many categories as possible, as categories and information emerge. It is during this step that one must be mindful of the defining rule for the constant comparative method: “while coding an incident for a category, compare it with the previous incidents in the same and different groups coded in the same category” (Glaser & Strauss, 1967, p. 106). By doing this, more categories will emerge that are created both by the researcher and the language of the text. After coding for a category several times, theoretical notions will manifest at which time the researcher should stop coding and record a memo of her/his ideas. Glaser and Strauss emphasize that “there can be no scheduled routine covering the amount to be coded per day. The analyst may spend hours on one page or he [sic] may code twenty pages in a half hour, depending on the relevance of the material, saturation of categories, emergence of new categories, stage of formulation of theory, an of course the mood of the analyst, since this method takes his [sic] personal sensitivity into consideration” (p. 107).

As the researcher continually compares different categories and their properties, the second, assimilative stage of the constant comparative method comes into play. This stage involves the integration of categories and their content into a developing theory, a theory that accounts for the phenomena put forth in the text. As part of this integration, questions may arise that guide the data collection in a way that fills gaps and extends the theory. For example, the content from three different categories might together (integrated), offer an explanation for a particular behavior described throughout the text. This explanation of one behavior might prompt the researcher to wonder if the same
explanation could be applied to other behaviors discussed in the text. To investigate this possibility, the researcher might try integrating the content of other categories, and so on.

Establishing limits for both the theory and the categories (i.e., delimiting) characterizes the third stage of the constant comparative method. At this point in the process, the task of coding and categorizing information can become overwhelming. In order to curb this overload, the researcher would start eliminating non-relevant categories while elaborating others as the theory solidifies. Most importantly, the researcher must limit the number of variables so she/he can generalize the applicability of the theory – what was once a process of expanding into as many categories as possible now becomes a process of induction. In addition, as the researcher codes, compares, and categorizes data a number of times, some categories become supersaturated and require no further content to support a notion. Therefore, the researcher also delimits by no longer coding for "well-established" categories that support the theory.

Having completed the first three steps of the constant comparative method, a researcher will find her/himself with (a) coded data, (b) memos, and (c) a derived, or grounded, theory. Glaser and Strauss (1967) explain that information recorded in the memos provide the content behind the categories of the theory. These categories then become the major themes whenever the theory is presented.

Lincoln and Guba (1986) offer some operational refinements to the constant comparative method, especially in the areas of selecting incidents or units of the text (unitizing) and categorization. First, they note that units of text will vary considerably; they may be as small as one sentence or as large as an entire paragraph. Also, when it comes to the delimiting process, Lincoln and Guba suggest that researchers err on the
side of overinclusion if a category appears to be sufficiently supported. They recommend
beginning by writing each unit on an individual note card and then establishing categories
based upon "look/feel alike" qualities. After several of these categories are developed, the
researcher starts the memo-writing process that leads to a delineation of category
properties and the creation of a rule. When the cards are exhausted, they can then be
reviewed to determine their categorical inclusion or exclusion based not on their
"look/feel alike" qualities, but instead based on their ability to fit the rule. When the cards
are again exhausted, the researcher examines the categories to determine if
"miscellaneous" cards should be included in a category or discarded as irrelevant.
Additionally, Lincoln and Guba recommend reviewing the categories one last time to
check for overlap and possible relationships.

A Variation of the Constant Comparative Method

Although the constant comparative method is intended to be used with text such as
notes or transcriptions that have not yet been organized into a theory, I planned to use it
to deconstruct a book. Therefore, the text I was analyzing was put together in an
organized, cohesive manner. Furthermore, my project was concerned with deconstructing
grounded theories (those proposed in Human Sexual Response) rather than seeking them
as products, as the constant comparative method does.

So, here I was using a method (constant comparative) in a process (deconstruction)
for which it was not intended. My reason? Well, I really liked how the constant
comparative method continually refines the analysis of a text by constantly feeding data
back into the process of category coding. As a musician, it reminded me of listening to an
orchestra and picking apart the various elements. First, you listen for what is being played
by each of the sections (strings, woodwinds, brass, and percussion). Next, you refine your listening by paying attention to the notes and phrases each instrument is playing (e.g., violins, cellos, oboe, baritones, tympani, etc.). While doing this, you may hear an instrument playing something that could stand alone, such as a melody being played by a French horn, while other various instruments might be playing notes that blend together to sound a chord. Through careful listening, you can figure out which instruments are working together to communicate a part, which ones are “speaking” alone, and the part each is playing to create the overall sound you are hearing.

Anyway, I decided to treat every sentence of Human Sexual Response as a unit of information that I would code into categories. The reason for this was my belief that in most cases, a sentence represents either part or all of one idea but less often more than one idea. Therefore, having the “chunks” of data as single sentences as opposed to larger units of text would probably help minimize my difficulty in deciding where I should place them. Of course, I was prepared to change my method by breaking the units of text into smaller pieces if doing so proved to be a more effective way of categorizing.

The next step of my methodology involved categorizing each sentence according to these four assumptions of social constructionism proposed by Kenneth Gergen (1985):

1. Available concepts, categories, and methods determine the way professionals study the world. These concepts suggest or even dictate certain lines of inquiry while prohibiting others. For example, Kessler and McKenna ([1978] 1985) note how the assumption that there are only two genders prevents scholars from designing studies that ask about the etiology of gender
conceptions and how they are promulgated. This assumption also precludes the ability to view gender as a dependent rather than an independent variable.

2. The meanings and connotations of many of the concepts and categories people use in scholarship and everyday life vary considerably over time and across cultures. This makes such things as questionnaire research and the citation of earlier scholarship problematic.

3. The popularity and persistence of particular concepts, categories, or methods often depends more on their political usefulness than on their validity. For example, while the positivist-empiricist model of statistically driven, laboratory-based psychological research has been greatly criticized for its limitations, it continues because of prestige, tradition, and congruence with cultural values (Unger, 1983).

4. Descriptions and explanations of the world are themselves forms of social action and have consequences. Case in point: In discussing the consequences of prominent moral development theories, Carol Gilligan (1982) explains how a system ignoring women's ethical values and ethical development became the academic standard by which moral function is judged.

Each unit of text (i.e., sentence) of Human Sexual Response was to be placed under one of the four assumptions identified by Gergen (1985). The heading of each category would consist of a question or questions based on whichever of the four assumptions it represents. The categories/questions were as follows:
1. Had the meanings and connotations of the research cited in *Human Sexual Response* changed significantly from the time it was published to the time it was cited by Masters and Johnson?

2. What available concepts, categories, and methods influenced the questions Masters and Johnson asked and did these concepts, categories, and methods preclude other questions from being asked?

3. In what way were Masters and Johnson’s methods politically useful? How did they fit in with tradition, cultural values, etc?

4. In what way is *Human Sexual Response* “social action” (by presenting a particular reality) and what are the consequences of this action?

After all of the sentences were coded into these four categories/questions, I planned to continue with the constant comparative method and continually compare and code units of data into newly created and refined subcategories. Following the recommendation by Lincoln and Guba (1986), I wanted to place less emphasis on demarcation and continue to classify data even after a category seemed to have sufficient support. By initially organizing the text under these four categories/questions and then later into subcategories, I planned to answer the four proposed questions. Also, in order to limit speculation and conjecture when answering the questions, I was going to triangulate, as much as possible, the answers with similar conclusions regarding *Human Sexual Response* made by other authors.

**Specific Methodology**

Specifically, the process of deconstruction would begin with a complete reading of *Human Sexual Response* (Masters & Johnson, 1966) without coding or taking notes. I
knew that reading from my social constructionist, deconstructionist bent, I would, among others, carry the assumption that realities are socially constructed. Additionally, I knew I would be thinking about models/theories concerning the social construction of reality, particularly the aforementioned models proposed by Berger and Luckman (1966) and Gergen (1985). With this initial reading, the idea was to begin thinking how Masters and Johnson contributed to the social construction of certain sexual realities.

After that, I planned to scan the entire text into a computer and convert it into the word processing program called Microsoft Word. This way, all of my coding, categorizing, and memo writing could take place using a computer. Using Microsoft Word's highlighting capabilities, the coding of text was to take place on a sentence by sentence basis with each sentence highlighted in a particular color that corresponded with the color assigned to the question/category under which it is placed (see Appendix B). While there are 15 different highlight colors available in Microsoft Word, I would initially use four, one for each question/category. I then planned to use the remaining 11 colors to represent subcategories. If all colors became exhausted, coding would take place by changing the color of the font in each sentence to correspond with a specific subcategory (Microsoft Word is capable of producing 16 different font colors, animating the text of a paragraph (there are six animations available), or using variations of existing codes (i.e., adding the effects of bold text, italicized text, underlined text, text in all capitals, etc.).

I also wanted to establish each category as a new document in Microsoft Word and save each of these documents as an individual file. As for the notes I would take along the way, I planned to write and maintain them in their own Microsoft Word document
file. In this way, each set of notes could be titled, dated, and highlighted/colored the same as the units of text and categories to which they referred.

**Putting the Plan into Action**

So there I was, my scheme in a printed document (my thesis proposal), my laptop computer and scanner fired up and ready to go. Finally, I could see the light at the end of the tunnel, I could visualize my completed thesis occupying one of those black binders and sitting on the shelf at the office of the School of Social Work. I went right to work, scanning the pages of *Human Sexual Response* and completing the arduous task of converting them into Microsoft Word documents using optical character recognition (OCR) software, a necessary component of the text-scanning process. OCR software “looks” at the letters and words that are being scanned and then attempts to “copy” everything accurately into a word processing program. In other words, it goes beyond merely taking a “picture” of what is laid onto the bed of the scanner; it processes that picture into a word processing computer program so the text can then be edited. The problem (at least with Text Bridge Plus, the OCR software I used) was that much was converted inaccurately and I therefore had to go through everything I scanned and correct all of the incorrect translations. As I’m fond of saying regarding experiences in my life that are much less than pleasurable, “it’s safe to say this sucked.”

Nevertheless, I eventually completed all of the scanning and was ready to begin my process of coding and categorizing (see Appendix C). Actually, this seemed like it would be “more fun than humans are allowed to have in certain jurisdictions” with all the “cutting” and “pasting” (word processing lingo) and highlighting with different colors.
Moreover, everything was self-contained on the hard drive of my laptop computer so as long as I had my computer with me, I could work on my thesis.

However, the process did not turn out to be as much fun as I had hoped. In fact, the more I worked on the project in the way I had outlined in my last ditch effort for an acceptable methodology, the more my heart hurt. As the first round of coding drew to a close, I realized that a Grand Canyon of a distance had grown between what I really wanted to do with this thesis and what I was actually doing. Perhaps the best way to communicate what I was experiencing during this time is to share the following letter I emailed to the members of my thesis committee at a time when the emotional encumbrance of this process had sucked the final slurp of carbonated excitement through the straw punctured in my now empty soul:

After scanning and categorizing the entirety of Human Sexual Response, I’ve decided to abandon the methodology I had outlined in my proposal. First, I found that almost everything in the book fit under the category of “social action” since Masters and Johnson were primarily reporting their observations and recordings of people copulating and masturbating in the laboratory. Indeed, the bulk of this was brand new information when it was published in 1966 and they only cite previous research occasionally to show how their observations support, negate, or expand it. In addition, the process of taking information and forcing it into categories is far too modernistic for me; it doesn’t fit with the way I want to deconstruct the text.

This takes me to what I have been doing, and that’s writing a lot. The writing “fits” with the kind of deconstruction others have done (e.g., Robinson, 1976;
Tiefer, 1995) in that it identifies things such as assumptions, contradictions, problems with language, and questions conclusions when there seem to be more possibilities. This is what feels right to me for this project and whether or not that fits into the way methodology “should be,” that’s what I am doing. I’m sure I could do some categorization of the material after I finish writing, but that seems pointless and does not gel with my postmodern (if I have to give them a label) values. This seems very meaningful because the product is a result of my interaction with the text, not my methodology’s interaction with the text.

I’m concerned that you will conclude that what I’m doing is not acceptable for a thesis, that I am avoiding the methodology that is vital to this stuff. If that is the case, then so be it; perhaps then, you would be willing to help me figure out what I need to do to complete this degree (e.g., can I use any of this work as independent study? etc.). While I may not have something the university recognizes as a “thesis,” I will be doing something far more important by taking a stand against the modernistic principles that seem to me to do more harm to folks than good.

I work around too many people that are all too willing to categorize and make assumptions about people according to research findings that are “legitimized” with “proper” methodology. Of course, such things as critical thinking can be used in order to thwart the impact of these kinds of things but I’m not convinced that it can completely. I believe, as Ken Gergen asserts, anything is some form of social action, that it contributes to constructing at least some realities somewhere.
If I were to follow the methodology I had delineated, one could say, “Hey look, Jason was able to categorize Human Sexual Response according to Gergen’s model” and my soul would be embarrassed. True, the way I am doing this is also constructing a reality, creating results that people may use to oppress others. That is unavoidable and that is exactly the reason I must do this my way, why I (with all of my biases, assumptions, experiences, etc., much too rich to trivialize by trying to operationalize) must interact with the text and write about the assumptions, biases, and other observations that are meaningful to me. If the institutions of social science and academia think that it’s crap and not what a thesis is supposed to be, that’s fine.

As I write all of this, I am mindful of the fact that it is sometimes necessary for one to compromise in order to get what one desires, such as a degree. At the same time, my work is a part of me and I don’t intend it to satisfy anyone other than myself. My life is too short to have it any other way and my experience is that I find this kind of writing much more meaningful. Certainly, there is a discourse which says I am not entitled to write this way yet because I haven’t paid my dues, established myself, etc., but I’m not participating in that.

My suggestion is: Let’s get together, you can read some of what I’ve been writing, and we’ll decide from there what will happen.

As one can probably tell from reading this, I was anger and frustration were fueling my decision to take a stand against the things I perceived to be my oppressors. I should also note that I had allowed months to pass with very little communication with my committee, none of it indicating the way I was feeling about the project. To say the least,
they were taken aback by this letter, as they had no idea that I was in the downtrodden place from where I was speaking or how I had gotten myself there. My committee chairperson and I tried to iron this out through email conversations but due to the relative indeterminancy of written text (which I will discuss in a moment), the situation only got worse.

In the midst of this all this “crappiness,” I found myself wondering why I even decided to go with the constant comparative method in the first place. In retrospect, I think I allowed frustration to sell me on it. With a determination to feel relief no matter what, frustration liked to use some high-pressure sales tactics. It even used the popular sales technique where it called in its shady supervisors, failure and fear, who reminded me that (a) I had not yet come up with a methodology “solid” enough and (b) if I did not get one soon, I was going to “lose the deal” and not complete my thesis. Before I realized it, I was signing up for a method that hurt my heart just, so I could have something certain to grasp.

Finally, I met with my committee face-to-face and the result was a happiness, a relief, and an enthusiasm that are impossible to describe to anyone reading this. I was ecstatic! Not only would I be able to do what I wanted with the project, I would be able to do something even better, something even more meaningful. That something is what you, the reader, have been experiencing: my story of producing this thesis. My committee and I decided that in addition to deconstructively gleaning themes and observations from *Human Sexual Response*, looking for “evidence” to support them, and then writing about them, I should offer retellings about the process of making this entire thing happen.
As I mentioned before, writing about this procedure seems extremely meaningful to me. I have learned so much from doing this and sharing the resulting knowledges and the ways I constructed them might be helpful to others. In addition, writing about this is a way to put the story of my preferred selves into circulation and grant me an audience for these desired ways of being. As I have learned from studying and practicing narrative therapy, documenting one’s preferred realities and then letting others know about them helps to “thicken” one’s story and make it more “real.” This “spreading the news” is often a very important aspect of the work I do with the people the people who consult me because it tends to make preferred realities that much more meaningful. An example of documenting and circulating persons’ preferred realities is my recent work with a nine-year-old boy named Ryan.

Ryan’s Story

Ryan is a wonderfully bright, creative, and clever boy who was sexually abused by his biological parents and a grandfather when he was an even younger youngster. One of the problems this abuse created for him was a group of troublemakers that he called “bad feelings.” Much to Ryan’s dismay, “bad feelings” were always trying to make things tough for him. Sometimes, they were able to convince him he was not a good person, someone who was “bad enough to rob a store or something.” Other times, “bad feelings” would do things like keep him awake at night, isolate him from his friends, and tell him he was really different from other kids.

In spite of all of these ways that “bad feelings” were pushing Ryan around, he was able to recall and identify times when they might have taken control but he did not let them. Through our conversations, we discussed and “thickened” these unique outcomes
so they became a much larger part of the experience to which Ryan would pay attention and give meaning. Gradually, those times when Ryan was running the show instead of “bad feelings” became more noticeable and seemed to occur more often.

While Ryan and his adoptive mother were very happy with the positive changes he was creating, Ryan and I wanted to find a way to capture an even larger audience for his preferred selves. So together, we came up with an idea to create a book were Ryan could document the many ways he was taking a stand against “bad feelings.” However, that this book would be very different in that it would be available to other children who were coming to see me. That way, they too could use the book to document the ways they had put “bad feelings” in their place. In this way, kids could learn ideas from other kids about dealing with “bad feelings” and at the same time, put their stories of triumphs and victories into circulation. Since Ryan was responsible for starting project, we decided that he would give it a name and design the front cover. Ryan decided on the title “Bad Feelings about Bad Parents” and this wonderful creation, which continues to be of help to other children, is part of his legacy. I should note that after Ryan created the book and wrote his entries into it, he concluded that “bad feelings” were no longer a problem for him. Apparently for Ryan, putting his preferred outcomes into a book and knowing that other children would read them was enough to send “bad feelings” on their way.

I think it is important to relate another aspect of Ryan’s story and that is the conversation we had about my including it in my thesis. When I first wrote the preceding passage about him (after getting his permission), I was caught up in the modernistic discourse of confidentiality which mandated I substitute another name in place of his.

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12 This idea was also inspired by the book Playful approaches to serious problems: Narrative therapy with children and their families (Freeman, Epston, & Lobovits, 1997).
When I told him that I had done this, he seemed offended and immediately asked if I would use his real name instead. With his pride and excitement about making his story known, Ryan reminded me that, unlike therapies that offer problematic descriptions of people, narrative therapy tends to evoke rich descriptions of people’s lives with many possibilities. Most often, these are stories of which people are proud so they are excited to let others know about them. By circulating them to many different audiences, these preferred realities become even more "real." Having said that, I will say that I tell Ryan’s story not only to spread the news about Ryan and his stand against “bad feelings.” I also tell it to preface the portion of this document (i.e., thesis) which lets people in on some of the knowledges and preferred outcomes I have discovered and developed during the sometimes painful process of deciding and developing my methodology.

The Relative Indeterminacy of Texts

As I had mentioned earlier, dialoguing with my thesis committee chairperson via email seemed to make matters worse because while we were reading what each other had to say, we were not understanding the meanings behind the words. For example, some things I said were perceived as arrogance when actually, ignorance was much closer to what I was feeling while I was writing them. Obviously, we were each making our own meaning out of what the other was writing and this reminded me of some important reading I had done, reading that helped shape my attitude toward all written texts. In the first chapter of *Narrative Means to Therapeutic Ends*, Michael White (1990) discusses, among other things, the “relative indeterminancy” of texts, a discussion I went back to reread. Similar to Derrida, White concludes there is a degree of ambiguity to all texts since different readers will have different perceptions of meaning for the various events
and metaphors included in them. Iser (1978) notes that because of this ambiguity or indeterminancy, persons must engage in "performances of meaning" under the guidance of the text, performances because the indeterminancy "makes the reader produce the code governing this selection as the actual meaning of the text" (p.61). Thinking along these same lines, Bruner concludes:

> It is this "relative indeterminancy of a text" that "allows a spectrum of actualizations." And so, "literary texts initiate 'performances' of meaning rather than actually formulating meaning themselves" (Bruner, 1986, p. 25).

Following this idea, I expected not only that my "performance of meaning" while deconstructing Human Sexual Response would constitute something original, but also that others' have and would as well. To me, this "relative indeterminancy" seemed to be a significant element of the socially constructed sexuality coming from this text since it played a part in determining what has gotten "storied" and what has not. White (1990) also discusses how the stories in texts are full of gaps that individuals must fill in order to perceive what they have read. Since people use their imagination and lived experience to fill in these gaps, they are, in a sense, reauthoring the texts they read with every reading.13 The anthropologist Clifford Geertz (1986) sees this as a good thing, especially when individuals are concerned about losing their own voice when emulating another's work:

> The wrenching question, sour and disabused, that Lionel Trilling somewhere quotes an eighteenth-century aesthetician as asking - "How Comes It that we all start out Originals and end up Copies?" - finds ... an answer that is surprisingly reassuring: it is the copying that originates (p. 380).

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13 Michael White also believes that individuals re-author their lives with every performance of meaning and this is one of the cruxes of narrative therapy.
Rugged Individualism

Another learning from this experience involved re-realizing how I am inclined to perform a story of self-sufficiency in my life, a story which leaves little room for help from others and places a tremendous burden on myself to “deliver the goods.” In other words, I had been thinking that it was up to me, and me alone, to develop the methodology for my thesis, engage in the process, and then write about it. For me, letting my committee know I was in trouble and asking them for help was not an option, since I believed an intelligent person should be able to pull off such an endeavor without any help. I certainly did not want to be seen as anyone who did not have the capacity to fly solo, since to me that meant being less of a person and a failure of sorts. While people who are fond of using the cognitive metaphor in therapy might read this and say, “Aha, you identified and corrected faulty beliefs,” I see it differently. What I was doing was participating in dominant, structuralist discourses that are not supportive of relational descriptions of identity. Jill Freedman and Gene Combs (1999, pp. 28-29) identify some of these discourses as:

- Separation/individuation
- “Rugged individualism” (the loner-hero)
- Self
  - “Essential” or “core” self
  - Self-actualization
  - Self-esteem
  - Self-reliance
  - Self-policing
• Person as container (container metaphors)
  - Inner strength
  - Self-contained
  - Resources (finding it within)
  - Inner child
  - Repression (of emotion, for example) and the need for expression

• Boundaries
  - "Strong fences make good neighbors"
  - Psychological discourses that privilege confidentiality, containment, and individuality over spreading the news, interdependence, and community.

Wow, and thought I was such a hip poststructuralist, part of the new breed of young lions who were going to set the therapy world on fire with postmodernism. This experience confirmed to me in a very meaningful way, how insidious popular discourses can be by creeping into constructed realities even when a person such as myself wants nothing to do with them. Ironically, I was depriving myself of the same wonderful collaborative process I invited people to be a part of when they consulted with me. In the midst of my enthusiasm about how persons' realities are socially constructed, I had forgotten that putting my thesis together was itself a social action composed of socially constructed realities. The more people I included in the construction of these realities, the more new options and possibilities would become available, and the better both the process and product would be.

From this learning I remembered that, instead of carrying around a single fixed self inside my body, I would much rather be a person who thinks of his "selves" as socially
constructed processes that are ever changing depending on context. In this way, I realize that the burden is not completely on me to make things happen in my life but instead that I am always constituting my realities in relation to others. Additionally, I mentioned earlier my first-hand experience of how difficult it can be for me to hold onto marginalized discourses when I seem to be constantly surrounded by other discourses that are at odds with them. To remedy this, I have learned to maintain contact with my long-distance narrative therapy friends through telephone conversations, email dialogues, list-serve postings, letters, and reading their books. Without a doubt, having this audience is vital to the development of my preferred selves.

Getting Down to Business

With the confusion cleared and the communication concordant, it was finally time to get to work on Human Sexual Response. Following my previous methodology, I had already read through the book one time (without taking notes) to get some general impressions. I had also gone through the entire text and categorized each sentence, a process that, as I will discuss later, was not much like reading at all. Still, technically I was reading it, so I want to make mention of that before discussing my “first” take on things. And, there is one other thing I want to present before I discuss the first reading: my approach to interpreting the text as well as a general description of the text itself.

Whose Writing Is It Anyway?

Deconstructing a text that represents itself as the creation of more than one mind was a difficult undertaking, as I could never be sure which observations and writings were done by which individual. Although William H. Masters never referred to himself as such, he seemed to be the senior author of the text for a few reasons. First, he was the
one who started the project alone in 1954 that eventually led to the publication of the book. Virginia Johnson later joined the study after responding to a newspaper advertisement that Masters placed requesting a research assistant. Second, his prominence in authorship is suggested by the fact that he was a Medical Doctor (a former gynecological surgeon) at the time the book was written while Virginia Johnson had not yet finished her bachelor's degree. The book's frequent use of medical jargon lends further credibility to this assumption. Finally, notwithstanding the custom of listing coequal authors in alphabetical order, Masters name is consistently given top-rank on the title pages of their publications.

It was interesting to me that these traditional notions about the proper order of authority do not seem to gel with Masters' and Johnson's otherwise feministic stance. Still, it seemed to me that William Masters probably did do the majority of work in the project and his prominence was not the result of gender bias. The fact that Masters and Johnson have largely ignored this imbalance in contribution to the project and promoted the work over the past few decades under both of their names (although his name does always come first) I believe is a testament of their commitment to feministic values. In fact, I have never seen Human Sexual Response or any of their other work discussed using only one of their names; it is as if they together somehow formed one mind, did the research, and then wrote about it. For the purpose of this discussion, I will continue this practice and treat the information contained in Human Sexual Response as having been gathered, developed, processed, organized, and presented by the pair as a single unit.
My Hesitation Proclamation

Before this discussion continues, I feel it is necessary to publicize my own difficulty in questioning a model which I have known to be a “truth” or a “reality” since I first began studying human sexuality. Just about every introductory human sexuality text, most human sexuality courses, many practices used in sex therapy, and many discussions of human sexual processes assume the existence of Masters’ and Johnson’s human sexual response cycle. So, as a poststructuralist punk writing critically about the work of such highly revered individuals, I feel a bit hesitant doing something many would say I have not yet earned the right to do. At the same time, I am excited that I have created this possibility of being a person who feels he does have the right to discuss his observations, thoughts, feelings, and experiences and offer them not as facts but as possibilities. While I am certain that I will someday look back at what I have written in this paper and feel differently about some things, I am also certain that I will appreciate that I allowed myself space to have a voice.
A Brief Summary of Human Sexual Response

Earlier, I mentioned how it makes sense to me that a gathering of sexual information from direct observation would follow Alfred Kinsey’s method of gathering sexual information by interviewing (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). In other words, people had already talked about their sexual activities; now it was time for researchers to watch for themselves. Using a variety of mechanical devices to make their observations as accurate as possible, William Masters and Virginia Johnson (1966) did just that. Then, they used Human Sexual Response to report the physiological responses of the persons who copulated and/or masturbated in their laboratory. As they write:

The techniques of defining and describing the gross physical changes which develop during the human male’s and female’s sexual response cycles have been primarily those of direct observation and physical measurement. Since the integrity of human observation for specific detail varies significantly, regardless of the observer’s training and considered objectivity, reliability of reporting has been supported by many of the accepted techniques of physiologic measurement and the frequent use of color cinematographic recording in all phases of the sexual response cycle (p. 4).

Masters and Johnson used these techniques in an attempt to answer two research questions: “What happens to the human male and female as they respond to effective sexual stimulation? Why do men and women behave as they do when responding to effective sexual stimulation?” (p. 10).
I think it is important to note that the focus of Masters' and Johnson's research was to observe physiological sexual responses, not psychological, emotional, or spiritual ones. As they state:

It constantly should be borne in mind that the primary research interest has been concentrated quite literally upon what men and women do in response to effective sexual stimulation, and why they do it, rather than on what people say they do or even think their sexual reactions and experiences might be (p.20).

Although, as I shall discuss later, there are instances when Masters and Johnson seem to use psychological and not physiological experiences to support their ideas, they do provide a great deal of information about physical changes in persons who are engaged in sexual activity.

Participants

Because they assumed members of the general population would be too conservative to participate in such a study, Masters and Johnson drew their initial participants from a community of prostitutes. They write:

For the first twenty months of the program, a total of 118 female and 27 male prostitutes contributed their sociosexual, occupational, and medical histories to the investigation. Ultimately, a small number of the total group (8 women and 3 men) were selected for anatomic and physiologic study. The criteria for selection were obvious intelligence, diverse experience in prostitution, ability to vocalize effectively, and, of course, a consistently high degree of availability and cooperation (p. 10).
While Masters and Johnson later discovered many willing participants who were not prostitutes, they found the input from this early group to be extremely useful.

Suggestions by this select group of techniques for support and control of the human male and female in situations of direct sexual response proved invaluable. They described many methods for elevating or controlling sexual tensions and demonstrated innumerable variations in stimulative technique. Ultimately many of these techniques have been found to have direct application in therapy of male and female sexual inadequacy and have been integrated into the clinical research programs (p. 10).

Because Masters and Johnson are largely credited with pioneering sex therapy, I was happy to see them give credit to their initial participants, people who were working as prostitutes. Perhaps, it is these individuals who are the real pioneers.

As I mentioned earlier, Masters and Johnson (1966) presumed “that study subjects from more conservative segments of the general population would not be available” (p. 10). However, after conducting research with participants from the prostitute population, they realized a couple of problems. First, people who worked as prostitutes tended to move around quite often so it became difficult to maintain consistency among the participants. Second, Masters and Johnson found “varying degrees of pathology of the reproductive organs” which “precluded the possibility of establishing a secure baseline of anatomic normalcy” (p. 11). What I assume they are talking about are sexually transmitted diseases, which are highly contractible by people who have unprotected sex with many different partners. I say this mindful of the social atmosphere of the early to
middle 1960s which was void of the proliferation of “safe sex” messages we see and hear today.

Given this predicament, Masters and Johnson (1966) decided to take a shot at gathering research volunteers from the general population. What they were surprised to find were many folks who were eager to “get on board” the sexological bandwagon and do their part in the largest study to date involving direct observation of human sexual behavior. At first, participants were recruited from a small population of people seeking clinical assistance for either sexual dysfunctions or an inability to conceive. However, “as knowledge of the work in progress spread locally, volunteers of all ages came from all social strata, and from a wide variety of educational backgrounds” (p. 11). In a later interview, Virginia Johnson recounted how she and William Masters were inundated with people who, aside from some fraternity pledges, were very serious about participating in their research (Mernit, 1996).

Looking over Masters’ and Johnson’s descriptions, I noticed that while the variety of backgrounds may have indeed been wide, the number of participants from each was largely disproportionate. For example, there were only 11 black couples as opposed to 26 white couples and of those 11, 8 came from what the authors call “underprivileged backgrounds” (p 14). Also, many of the participants had high levels of education, including graduate and postgraduate training. In fact, there were no participants in the study who had not at least matriculated high school, a characteristic that is certainly different from the general population. Furthermore, all of the participants in their study identified themselves as heterosexual.
To their credit, Masters and Johnson acknowledged this problem by stating: “Cultural attitudes and residual sexual taboos always have inhibited statistically ideal population sampling. This study proves no exception to the general rule” (p. 9). Later, the authors address the problem again:

The study-subject population as finally constituted for this investigation has been established from selected segments of a metropolitan community. More specifically, it has been developed primarily from and sustained by the academic community associated with a large university-hospital complex. The concentration of study subjects from upper socioeconomic and intellectual strata provided by this major source of supply has not been offset by a statistically significant number of lower-range family units obtained from outpatient clinic sources (p. 11).

What I find surprising however, is that Masters and Johnson never make mention of what is, to me, the most obvious bias in their participant population. That is, regardless of socioeconomic status, level of education, race, ethnicity, culture, or the many other possible variables, it seems to me any study that has participants performing sexual acts in the presence of scientists and their equipment will attract participants who all share one unique characteristic: none of them mind performing sexual acts in a laboratory amongst researchers and their equipment. Indeed, research reports I have found conclude that volunteers for sex research usually have much more liberal attitudes than non-volunteer groups with a similar socioeconomic status (Hoch, Safir, Peres, & Shepher, 1981; Clement, 1990). Therefore in the end, readers of Human Sexual Response must be mindful that they are not observing human sexual behavior directly but only as Masters
and Johnson have observed it, with very unique persons from a highly skewed population.

The Human Sexual Response Cycle

Perhaps the most salient feature of Human Sexual Response is Masters’ and Johnson’s introduction of what is probably their most famous conception, the human sexual response cycle. Introduced in the first chapter, this conceptualization serves as a framework by which the rest of the book is organized. Essentially, Masters and Johnson argue that, in both men and women, the sexual response cycle is divided into four stages: the excitement phase, the plateau phase, the orgasmic phase, and the resolution phase (Masters & Johnson, 1966). According to the authors, “this arbitrary four-part division of the sexual response cycle provides an effective framework for detailed description of physiologic variants in sexual reaction” (p. 4).

Before I offer a compendium of the human sexual response cycle, I should point out that Masters and Johnson (1966) stressed the similarity of sexual responses between men and women:

Obviously, there are reactions to sexual tension that are confined by normal anatomic variance to a single sex. Also, basic differences develop between the two sexes in the intensity and duration of established reaction patterns. These differences will be underscored in context during the review of organ systems. However, again and again attention will be drawn to direct parallels in human sexual response that exist to a degree never previously appreciated. Attempts to answer the challenge inherent in the question, “What do men and women do in response to effective sexual stimulation?” have emphasized the similarities, not the
differences, in the anatomy and physiology of human sexual response (p. 4, authors’ emphases).

In particular, Masters and Johnson stressed that two physiological responses to sexual stimulation occur in both genders: vasocongestion and myotonia. Briefly, vasocongestion is the condition where body tissues become engorged with blood in response to sexual excitation. Obvious manifestations of vasocongestion are erection of the penis in men and lubrication of the vagina in women while more subtle displays occur in the clitoris, nipples, labia, and even earlobes.

Myotonia, on the other hand, involves increased muscle tension that occurs throughout the entire body during sexual arousal. This includes both voluntary flexing (e.g., moving one's body in ways to facilitate the giving or reception of stimulation) and involuntary contractions (e.g., contractions of the internal and external anal sphincters during orgasm). Based on their observations, Masters and Johnson conclude that both vasocongestion and myotonia are the primary underlying sources for all biological sexual responses.

For both men and women, the first phase of the human sexual response cycle, the excitement phase, is characterized by responses such as muscle tension and increase in heart rate and blood pressure. Although Masters and Johnson note there can be wide variation between individuals, they do make some general conclusions about what most men and women experience. For men, common phenomena include partial or full erection of the penis, a thickening and tensing of the scrotum, and beginning engorgement and elevation of the testes. The excitement phase in women includes an
increase in size of the clitoral shaft and vestibular bulbs as well as a separation of the labia majora from the vaginal opening.

In the plateau phase, sexual tension continues to mount until it reaches a climax that leads to orgasm. At this point, the testes in men have become completely engorged and elevated, the penis is completely erect, and pre-ejaculatory fluid from the Cowper's gland begins to secrete through the urethral opening. For women, the clitoris retracts beneath the clitoral hood, the labia minora deepen in color, and the Bartholin's glands often secrete a few drops of fluid. It is also during this phase that Masters and Johnson describe the development of an "orgasmic platform" in women, referring to the markedly increased engorgement of the outer third of the vagina.

The third phase of the human sexual response cycle, orgasm, is also typically the shortest, although women's orgasms tend to last slightly longer than men's. For most men, orgasm includes the emission of seminal fluid facilitated by contractions of the seminal vesicle, the internal urethral sphincter, and muscles around the base of the penis. Contractions also occur for women and include those of the orgasmic platform and internal and external anal sphincters.

However, perhaps the most important news Masters and Johnson deliver about orgasms in women is that, contrary to the two types of orgasms that Freud (1953) described (i.e., clitoral and vaginal), physiologically, there is only one kind. They write:

From a biologic ... [and] anatomic point of view, there is absolutely no difference in the responses of the pelvic viscera to effective sexual stimulation, regardless of whether the stimulation occurs as a result of clitoral-body or mons area
manipulation, natural or artificial coition, or, for that matter, specific stimulation of any other erogenous area of the female body (Masters & Johnson, 1966, p. 66).

In fact, Masters and Johnson report that three of the female participants in their study were able to experience orgasm as a result of their breasts being stimulated. The authors go on to conclude:

When any woman experiences orgasmic response to effective sexual stimulation, the vagina and clitoris react in consistent physiologic patterns. Thus, clitoral and vaginal orgasms are not separate biologic entities (1966, p. 67).

As I mentioned earlier, this flew in the face of Freud's (1953) idea that there are two different types of orgasms: clitoral, which he considered to be "immature," and vaginal, which he considered to be "mature" and thus preferable. The basis of this distinction was his idea that the clitoris is a stunted penis. Therefore, Freud inferred that orgasm resulting from clitoral stimulation is undesirable since it is considered "masculine" rather than "feminine" (Sherfey, 1972). By exposing this fallacy, Masters and Johnson undoubtedly brought relief to many women who, based upon Freud's assumptions, believed themselves to be sexually maladjusted.

Finally, the fourth phase of the human sexual response cycle, resolution, involves the sexual systems of both genders returning to a non-excited state. While some women can experience more than one orgasm before entering the resolution phase, men generally cannot (however, see Whipple, Myers, & Komisaruk, 1998). According to Masters and Johnson, the most significant difference between men and women during the resolution phase is the occurrence of a "refractory period" in men. This "shutdown phase" is a
period of time that must elapse before a man is able to begin experiencing another
errection and repeat the sexual response cycle.
The First Reading

Following the methodology I had devised and followed until my spiritual and emotional breakdown, I first read through *Human Sexual Response* in order to get a general flavor for the text. Of course, the information was very familiar to me as I had read about and been taught much of it in the human sexuality courses I took as an undergraduate student. Still, I was struck by the ambition such an undertaking must have required, especially beginning in the late 1950s which can be judged as a very conservative time when compared with today's social climate. While I did not experience this era first-hand, I have read and heard numerous accounts of dominant societal discourses of that era, discourses that regarded sexuality as something not to be regarded at all. In other words, it was mostly ignored and not discussed with the exception of very general and euphemistic prescriptions in some health classes and marriage manuals. For the most part, sexuality existed in the domain of morality and any depictions of sexuality, such as erotica and pornography, were publicly deemed immoral by lots of folks.

However, Masters and Johnson did away with the euphemisms, brought out the cameras, and put sex and all of its sweaty and sticky “naughtiness” right into the spotlight for the whole world to see. What is more is they made room for a variety of characters to take their turns at center stage. For example, not only did Masters and Johnson look at the sexual responses of young and middle-aged heterosexual men and women, they also studied a “geriatric group” of 73 heterosexual men and women ranging from age 61 to 89. With this, the authors dispelled the myth that says “when persons become older, they are no longer sexual.” Additionally, Masters and Johnson looked at the effects of pregnancy on sexual response and compared the sexual responses of women who were
nulliparous (had never given birth), uniparous (had given birth once), and multiparous (had given birth more than once).

In spite of the impressiveness of such a formidable endeavor, there were aspects of *Human Sexual Response* I thought could have been better. For one, the book was written in a very awkward manner, a problem I will take up later in the paper. By awkward, I mean it did not “flow” smoothly and I found myself frequently asking the question, “Couldn’t they have stated this more clearly?” Another problem for me was the way the book seemed geared toward medical professionals, written with excessive use of medical terminology, which sometimes made their writing very difficult to understand. For example, when talking about the “sex-flush,” Masters and Johnson (1966) write, “This maculopapular type of erythematous rash first appears over the epigastrium either late in the excitement or early in the plateau phase of the sexual cycle (p. 31).” Later in the text, they discuss the anatomy of the clitoris:

> In the past, anatomic dissection, microscopic examination, and surgical ablation of the clitoris have established the organ as a homologue of the male penis. The clitoris consists of two corpora cavernosa enclosed in a dense membrane primarily of fibrous-tissue origin. This capsule has recently been shown to contain elastic fibers and smooth-muscle bundles. The fibrous capsules unite along their medial surfaces to form a pectiniform septum which is well interspersed with elastic and smooth-muscle fibers. Each corpus is connected to the rami of the pubis and ischium by a crus. The clitoris is provided (as is the penis) with a suspensory ligament which is inserted along the anterior surface of the midline septum. In
addition, two small muscles, the ischiocavernosus muscles, insert into the crura of the clitoris and have origin bilaterally from the ischial rami (p. 45).

To their credit, Masters and Johnson do supply readers with a glossary. Still, taking frequent breaks to look up words made reading the book irksome at times.

This heavy use of medical lingo also made me wonder about how much of this terminology is now a part of current discourses in clinical sexology. How has it influenced the theories and practices of sex therapy? Furthermore, does the language of medicine serve to separate the "experts" from the folks who come to see them (the real experts in my opinion) and cause people to think they must depend on these "experts" to tell them about their own sexuality? Since Masters and Johnson (1966) conclude "the primary reaction to sexual stimuli is widespread vasocongestion, and the secondary response is a generalized increase in muscle tension" (p. 7), people may feel they need to consult a professional in order to interpret and explain their personal sexual experiences. I mean, many people understand what it means for them to get "wet" or get "a hard on," but not even the spell checker in my word processing program recognizes the term "vasocongestion."

In their defense, William H. Masters later said in a television interview that he and Virginia Johnson intentionally used excessive medical terminology and even tried to make the book read like a medical textbook (Merit, 1996). Their purpose in doing so? They wanted to avoid criticism that the book was salacious instead of scientific while thwarting individuals from regarding and "using" it as pornography. Having read the following passage as well as many others like it, I would have to say, "Mission
accomplished! If I am in the mood for some erotica, I most certainly will not pick up *Human Sexual Response.*" See what you think:

Carpopedal spasm rarely has been observed with the male in the usual superior coital position (see Chapter 18). The physical activity associated with this position necessitates employment of voluntary musculature of the trunk, pelvis, and extremities and usually precludes development of involuntary striated-muscle spasm in the extremities. If the male is in supine position during coition, carpopedal spasm occurs frequently (p. 173).

In the end, regardless of the possible consequences or the authors’ intentions, it seems to me that the excessive use of medical terminology in *Human Sexual Response* has probably helped move sexuality into the realm of medicine and health, a matter I will discuss in the next section of this paper.
The Second Reading

Having read Human Sexual Response once and gleaned some general impressions, I was set to go through it again. As I have already stated, the “real” second reading began when I was still following my original methodology of coding and categorizing. Essentially, I would read a sentence of the scanned text, decide how to categorize it, and then cut and paste it (in my word processing program) into the category. This was certainly not the way I would normally read a text, as my primary focus was on categorizing and not comprehending.

About a week after concluding the process of categorizing sentences into the four categories, I decided to scrap that methodology completely. Unsure of what I should do at this point (this was before the meeting with my committee), I went back to the beginning and read through the entire text. Along the way, I used my notebook computer to record notes about my observations (See Appendix E) and began writing pieces of the thesis you are reading right now. This procedure took place over the course of two weeks where I would read approximately one chapter per day, then sit down and write.

Throughout the remainder of this paper, I will refer to this reading as the second reading. While the actual second reading of the text happened when I was following my earlier methodology, using the word “reading” to describe that tedious task of categorizing sentences, one by one, seems a misnomer. To me, reading means leaning back, getting comfortable, and making friends with a book and my experience was nothing like that when I was applying my modification of the constant comparative method to Human Sexual Response.
Leonore Tiefer

As an avid reader, I was poring over some books and articles that I am certain influenced the observations I made during the second reading of *Human Sexual Response*. Surprisingly, most of these readings ended up being praises of the text and not criticisms, criticisms I had hoped to find in order to give me a more balanced take on the perceived quality and value of Masters’ and Johnson’s work. In an interview, William H. Masters commented on the book’s popularity with those who reviewed it:

> Of approximately 700 reviews in both the medical and the lay press, some ten percent was critical; by critical, I mean the writers felt the work should not have been done for one reason or another. But 90 percent, if not totally supportive, were at least neutral (Lehrman, 1970, p. 135).

I was however, fortunate to discover some critiques in the writings of Leonore Tiefer, a sexologist who has written a great deal about the social construction of human sexuality. While I had previously looked to Tiefer (1995b) for ideas about text deconstruction, it was between the first and second readings of *Human Sexual Response* (when I was categorizing sentences) that I took the time to delve more deeply into her work.

Among other observations, Tiefer (1995c) notes how the medical/health model of sex, which was “verified” by Masters and Johnson, gave legitimacy to female sexuality. In *Human Sexual Response*, Masters and Johnson (1966) made the claim that women’s sexual capacities equaled those of men and in some cases, maybe even surpassed them (e.g., the ability of some women to have multiple orgasms before reaching the resolution
phase). However, they not only confirmed female sexual responses were physiologically "normal," they extended these responses to the realm of "healthy." Now, in addition to being permissible because it is a normal aspect of human functioning, pleasurable sex was good for you and therefore, a worthwhile pursuit. Because sexuality has long been located in the domain of morality where allegations about a woman's sexuality could easily destroy her social reputation and standing, this legitimization was extremely significant (Freedman & D'Emillo, 1988). In Human Sexual Response, Masters and Johnson (1966) went as far as proclaiming that, "the human female now has an undeniable opportunity to develop realistically her own sexual response levels" (p. 138). With "scientific" research now backing them up, the general public as well as sex researchers and activists could argue that sexual behaviors fit with the "laws of nature" in order to bypass the old discourse of "right and wrong." Furthermore, if sexual behavior is justified by biology, the idea that sexuality is part of the "natural order" of things could be justified even further with evolutionary theory (Caporael and Brewer, 1991).

For these reasons, many viewed sexuality's inclusion in the realm of medicine and health (which I henceforth refer to as the medical/health model) as something positive. After all, this meant that from now on, adjectives such as "healthy" and "normal" could very well replace the adjectives "dirty" and "perverted" when describing certain sexual behaviors. Of course, for some, taking the "dirtiness" and "perversity" out of sex makes it less "naughty" and less fun. Still, for others, a medical/health model of sexuality makes it "permissible" to explore and enjoy the sexual aspect of their humanness.
The Medical/Health Model

Before I continue, I would like to offer a brief discussion of what I am referring to as the medical/health model. For me, the medical/health model is a manifestation of what Foucault (1979) referred to as techniques for objectifying people and their bodies and regarding them as “things.” In essence, it is a socially constructed system that offers ways of distinguishing what is “healthy” from what is “unhealthy” and classifying diseases and illnesses. While there is widespread agreement with many of the medical/health model's distinctions (e.g., most people agree that cancer is a disease that makes people unhealthy), it is important to remember that such classifications change as social values about “normalcy” change. For example, the early to mid-1900s brought about a shift in attitudes toward gay and lesbian persons when the belief that those people were sinners was replaced (to a degree) by the belief that they were “sick” (Esterberg, 1990). Eventually, “scientific” research began to show no significant differences (other than sexual orientation) between homosexual and heterosexual folks (e.g., Hooker, 1957). Today, because of ever changing social values, the official stance of the psychiatric/psychological community is that there is nothing pathological about gayness, lesbianism, and bisexuality.

Because Human Sexual Response (a) was principally authored by a male physician, (b) read like a medical textbook, and (c) discussed the scientific observation of physiological phenomenon, I believe that it helped sexuality occupy space in the medical/health model. As I had mentioned earlier, this stamp of approval meant that the kind of sexuality described by Masters and Johnson, i.e., adult, heterosexual coitus and masturbation, was acknowledged by more people as something both healthy and
desirable. However, Tiefer (1995c) points out assumptions of the medical/health model that make it potentially problematic when applied to persons' sexuality: the four medical/health model assumptions of norms and deviance, universality, individualism, and biological reductionism (Mishler, 1981).

**Norms and Deviance**

For Tiefer, one of the biggest problems with applying the medical/health model to human sexuality is that it then becomes subjected to judgements and categorizations of normalcy, deviance, and pathology. Obviously, the assumption that there exists such a thing as "healthy" sexuality brings with it the assumption there is also sexuality that is unhealthy, abnormal, disordered, or downright sick. While sociologists have studied the social processes by which sexual categories (e.g., promiscuity, frigidity, masturbation, etc.) are created (Sahli, 1984; Schur, 1984), the "sexual health" norms of the medical/health model seem to be derived from cultural values, values that are inextricably intertwined with ideas of morality. In Tiefer's (1995c) opinion as well as mine, there is just much too much lifestyle, historical, cultural, and biological variability in standards of sexual behavior to establish clinical norms of sexual behavior. This is not only true across cultures, but within cultures as well.

**Universality**

Given the assumption that clinical norms in the health model are based on multicultural standards of biological functioning, Tiefer (1995c) believes it problematic that the "standards" of physiological sexual responses are derived from the admittedly non-representational sample studied by Masters and Johnson (1966). As I will discuss later, because Masters and Johnson only took measurements on individuals who could
demonstrate arousal and orgasm in the laboratory, their human sexual response cycle (on which clinical norms of sexual functioning are based) seems invalid. Still, the human sexual response cycle became the basis for a deeply entrenched standard in clinical sexology, a standard against which “healthy” and “unhealthy” sexuality are determined. As a result, absence of the sexual responses required by Masters and Johnson for inclusion in their study population can now qualify a person for a sexual disorder diagnosis (American Psychiatric Association, 1994).

**Individualism**

Following the medical/health model and situating a person's sexuality in her/his physiology and psychology leaves no room for the idea that realities (including sexual realities) are socially constructed and therefore, highly dependent on context. Tiefer (1995c) notes that this view can be especially problematic for women when patriarchal sociohistorical contexts have played a part in constructing their sexuality. For instance, say a woman grew up in a family where her father applauded his male children for having many sexual conquests (e.g., “That’s my boy, a regular Casanova!”). However, the woman’s father also subscribed to a double standard and he denigrated his female children for their sexual desires (e.g., “I’ll have no daughter of mine acting like a slut!”). Now, if that woman were consulting a sex therapist because of low sexual desire, there is a chance this socially constructed idea of “sluthood” might be keeping her sexual interests from having any kind of a say-so in her life. After all, such a value-laden message from her father, who along with her mother and/or other caregivers can be one of the most powerful reality-constructors in a child’s life, could very well overstay its welcome for years. However, the medical/health model approach to dealing with his
explanation of women's sexuality would probably be in favor of an investigation into physiological causes.

Instead of looking at sexuality as something that emerges in relationships that are embedded in particular social, cultural, and historical contexts, the medical/health model construes sexuality as something that exists inside of people. Therefore, the model assumes that sexual problems are problems inseparable from people and that consequently, people somehow play a part in creating, exacerbating, or at least enabling them. In short, the medical/health model's lack of consideration for the social construction of persons' individual sexual lives means that these lives are more likely to become the subjects of pathologizing practices.

**Biological Reductionism**

Finally, Tiefer (1995c) believes that the medical/health model of sexuality inevitably places the primary focus on biological standards for normal and abnormal sexual functioning. Other spiritual, emotional, and social aspects of people's sexual experiences then have no say-so when (a) determining if there is a problem and (c) deciding what to do if a person consulting a professional decides there is. For example, men have come to see me for therapy when they stop experiencing erections with their partners. While the medical/health model tells me to suggest physiological examinations and medication, conversations about these persons' lived experience often reveals that troublemakers like stress, anger, or resentment are getting in the way of rigid erections. The trouble I see with biological reductionism is summed up quite nicely by Schneider and Gould (1987) who point out that "social actors possess genitals, not the other way around" (p. 123).
Problems with Language

In addition to Tiefer, another influence during the second reading was Paul Robinson. In his book *The Modernization of Sex*, (1976) Robinson proclaims "*Human Sexual Response* and *Human Sexual Inadequacy* are undoubtedly two of the worst written books in the English language" (p. 123). While such an impudent statement does not fit with my preferred ways of being, I do agree with Robinson that there are problems with the manner in which Masters and Johnson wrote *Human Sexual Response*. For me, these problems made it difficult to focus on the substance of their writing.

First, as I mentioned earlier in this paper, much of the text seems extremely awkward to me. For example, it is common to read phrases such as "it equally is obvious" instead of "it is equally obvious" (Masters & Johnson, 1966, p. 40). When discussing their research population, Masters and Johnson state, "A population of adult men and women who were willing to serve as subjects in the reproductive biology laboratory provided the opportunity for observations of anatomic and physiologic response to effective sexual stimulation made and recorded during this investigation" (p. 9). This might have been clearer had they simply stated, "We observed and recorded the anatomic and physiological sexual responses of men and women." The authors also frequently use verbs and prepositions that do not seem to go with their objects. "Decades of ‘phallic fallacies,’" they write, "have done more to deter than to stimulate research interest in clitoral response to sexual stimulation" (p. 45), presenting what I see as an unlikely alternative of either deterring or stimulating.

Other problems involve several errors of language usage. For instance, they use the word "definitive" when they seemed to mean "definite" ("a definitive color change that
ranges from a cardinal-red to burgundy-wine color”), and use “define” when they seem to mean “determine” or ascertain (as in “the man has an opportunity to define the general level of her formal education”) (Masters & Johnson, 1966, p. 231). They also commit such errors as using the word “reflect” instead of “tell” and interchanging the words “relevant” and “relative.” While it is usually possible to determine what they mean, the frequent translation becomes tiresome and many words and phrases still remain unclear. As an example, Masters and Johnson differentiate between the terms “functional” and “functioning” when discussing the role of the vagina in impregnation. While the distinction is clear – “functional” describes the vagina’s role as a seminal receptacle, “functioning” refers to its influence on the motility and longevity of sperm – they never explain why they chose these particular terms. Furthermore, the terms become even more confusing during a discussion of the penis, where “functional” now refers to the organ’s role as a source of erotic pleasure, and “functioning” to its role in insemination (1966, pp. 80-100, 188-89). Robinson (1976) notes similar uncertainty regarding their use of such terms as “context,” “baseline,” “objective,” and “concept,” all of which show up repeatedly in the texts.

Perhaps one of the biggest problems I encountered with Masters’ and Johnson’s writing was their consistent use of complex and pretentious expressions where simple ones would have made their messages much clearer, at least to me. In just some examples, they write “in the immediacy of the postorgasmic period” instead of “immediately after orgasm; “to alter their verbal response patterns” instead of “to lie”; “since college withdrawal” instead of “since leaving college”; “interdigitate” instead of
"combine"; "vocalize" instead of "say"; "potentiator" instead of "cause"; "the sexual unit" instead of "the couple" (1966, pp. 62, 87, 135, 309).

As I reread what I have just written here (immediately after writing it), I realize the fact that I found problems with Masters and Johnson's writing may seem insignificant. After all, what seems important is the work they have done, not the way in which they have written about it. Additionally, I am reminded that their intention was to present the work as "scientific" and apparently, they believed that required them to write it as they did. However, going back to the position I presented at the beginning of this thesis, I believe the writing in Human Sexual Response is more than just a matter of style. From a social constructionist perspective, the language in this text is a form of social action which has real consequences (Gergen, 1985). I think that one such consequence of Masters' and Johnson's language is their book's inaccessibility to many readers. That is, because Human Sexual Response is written in a "scientific" manner (i.e., awkward, complex, and pretentious), the types and numbers of people who will read it (and decide for themselves if they buy the authors' claims) is very limited. Those more likely to read it are the "professionals" whose socially-sanctioned "expertise" often guides the way "average" folks deal with problems. If Human Sexual Response is only accessible to "professionals," many persons will never have the opportunity to evaluate whether or not its content should be applied to their lives.

Earlier, I discussed how Masters and Johnson claimed to have written Human Sexual Response as they did in order to ensure that it was received as "scientific" and not "pornographic." However, Robinson (1976) believes that Masters' and Johnson's was not so much "scientific" as it was just imprecise. Further, he argues that the reason they
wrote the text in such an imprecise manner was because their sexual theory itself is imprecise. He writes:

This [imprecision] is a particularly ironic falling in view of our tendency to think of them as the most scientific of sexologists, the researchers who have made the most detailed examination of what happens when human beings engage in sexual activity. They have measured penises (flaccid and erect), photographed vaginas during orgasm, and assessed the precise impact of sexual arousal on blood pressure, pulse rate, and ventilation. And, of course, they do provide a great deal of new and useful information about these and other matters, for which we are very much in their debt. But when they are obliged to place that information in an analytic framework—when, in other words, they are obliged to become sexual theorists—they are betrayed by the intellectual limitations so evident in their prose style. In a word, they become vague (p. 126).

The imprecision of which Robinson writes is illustrated in Masters' and Johnson's most famous concept, their human sexual response cycle. As I mentioned before, Masters and Johnson created the human sexual response cycle in order to divide human's sexual response into four stages: excitement, plateau, orgasm and resolution. The problem here is that the authors make distinctions between the stages that are sometimes questionable.

For example, Masters and Johnson (1966) establish a division between the excitement and plateau stages which at first, seems plausible.

In this [excitement] phase sexual tensions are intensified and subsequently reach the extreme level from which the individual ultimately may move to orgasm (p. 6).
Now, it makes sense to me that many men and women might first experience some kind of interest and arousal before experiencing an erect penis, erect clitoris, or lubricated vagina. It also makes sense that for many people, this latter stage of arousal is sustained for a period of time until orgasm. However, as Robinson (1976) notes, when the authors claim a person can remain in the excitement phase long after experiencing full erection/lubrication or that a person can progress to the plateau phase without full erection/lubrication, the distinction between these two becomes fuzzy. As they write:

Both erection and lubrication vary in reactive intensity if excitement-phase levels of sexual tension are prolonged. The male may lose full penile erection during long-maintained excitement levels of sexual stimulation. Under similar circumstances the female may reduce or even stop production of vaginal lubrication. In both sexes these reactions are reversible, particularly when sex tension levels are stimulated and/or maintained by manipulative rather than coital techniques (p. 279).

Having read that, I certainly believe that these conditions (i.e., prolonged lubrication or erection during the excitement phase, no erection or lubrication during the plateau phase) are possible. Yet, determining the qualities that would distinguish these phases seems to lie beyond the methodology that Masters and Johnson claim to relegate themselves, “observations of anatomic and physiologic response” to sexual stimulation (p. 9). In other words, I believe the authors ignored the boundaries they imposed on themselves and journeyed into the realm of subjective psychological experiences in order to account for physiological responses that did not support their model. If this is the case, it weakens their claims because they did not strictly adhere to their proposed method, a
practice that is vital to the validity of such “scientific” investigation. While this departure from methodology might not have been such a big of a deal if they at least accounted for it, Masters and Johnson do not bother to address it at all in the book.

Of course, one criticism of the excitement and plateau distinction is simply “Why separate them at all?” That is, since Masters’ and Johnson’s (1966) definitions of stages are “primarily those of direct observation and physical measurement” (p. 4), I wonder how or why they would draw a line between observable responses that might very well be the same. Again, I am inclined to believe that they are going well beyond the scope of their project of discovering “what physical reactions develop as the human male and female respond to effective sexual stimulation” (p. 4) and relying heavily upon the subjective psychological experiences of those who participated in their study. In fact, there are times when Masters and Johnson seem to admit this. For example, they describe the plateau phase as “that level of elevated sexual tension identified as thoroughly enjoyable” (p. 119, emphasis added). In addition, they tell about one woman participant having “five subjective plateau-phase experiences superimposed on maintained excitement tension levels” (p. 119, emphasis added). A subjective (or psychological) definition of the plateau phase also comes through when Masters and Johnson discuss the pre-ejaculatory fluid emitted by some males:

As stated, it [the pre-ejaculate] appears most frequently during voluntarily lengthened plateau-phase experiences. For example, in active coition a man may practice voluntary ejaculatory control at plateau-tension levels through several of his female partner’s orgasmic cycles. Other similar situations tend to increase both frequency of occurrence and secretory volume of the preejaculatory mucoid
material. They are automanipulative activity voluntarily maintained at plateau-phase tension levels for lengthy periods without ejaculatory release, and fellatio conducted in similar manner and with similar intent (p. 211).

According to Robinson (1976), the problem with a subjective definition of the plateau phase is that no definition would be precise enough to serve a useful scientific purpose. He opines that “even assuming that most persons could recognize ‘that level of elevated sexual tension identified as thoroughly enjoyable’ (or, more crudely, ‘when it feels really good’), there would be little sense in trying to convert the feeling into an analytic category” (Masters & Johnson, 1966, p. 128). Still, with the exception of a few statements such as those mentioned above, Masters and Johnson are intent on distinguishing between the excitement and plateau phases in terms of objective and observable physiological responses.

While Masters and Johnson's distinction between orgasm and resolution seems clear, the way in which they claim a person moves from orgasm to resolution seems to me, doubtful at best. In short, they assert that the progression from orgasm to resolution is an exact inversion of the progression from excitement to plateau:

The human male and female resolve from the height of their orgasmic expression into the last or resolution phase of the sexual cycle. This involuntary period of tension loss develops as a reverse reaction pattern that returns the individual through plateau and excitement levels to an unstimulated state (1966, p. 6).

My dubiety with this return “through plateau and excitement levels to an unstimulated state” is based on a phenomenon I discussed earlier: the refractory period. Masters and Johnson claim that immediately after orgasm, most men experience this period during
which erection is impossible and stimulation of the penis is often irritating and perhaps
even painful. Now, this experience seems very different from the excitement and plateau
stages where stimulation tends to be erotic and pleasurable. Masters and Johnson even
admit that “effective restimulation to higher levels of sexual tension is possible only upon
termination of this refractory period” (1966, p. 7). So from where I sit, the inversion back
through plateau and excitement that Masters and Johnson claim occurs immediately after
orgasm, only seems plausible with those women who are capable of experiencing
multiple orgasms. I should also note that I know of three men, two discussed by Whipple,
Myers, & Komisaruk (1998) and another who consulted me (I will discuss him later),
who are capable of ejaculating several times before entering a refractory period.
However, even in these rare cases, I do not know if they would describe their experiences
as similar to the inversion proposed by Masters and Johnson.

Biological Privilege

In addition to noticing and expanding upon the observations made by Tiefer and
Robinson, my second reading of Human Sexual Response elicited other deconstructive
gleanings. One such observation concerns the effects of Masters’ and Johnson’s focus on
sexual physiology, a focus which, as I discussed earlier, led to sexuality’s inclusion in the
medical/health model. This is not to say that before Masters and Johnson, sexuality was a
stranger to medicine. To the contrary, sexologists such as Magnus Hirschfeld, Heinrich
Ulrichs, Carl Westphal, Havelock Ellis, and Sigmund Freud long ago began securing a
place for clinical and research sexology within the biomedical paradigm (Bullough &
Bullough, 1993). However, I contend that Human Sexual Response did more than
legitimize sex by making it “natural” and “healthy,” I contend that it ultimately afforded a prerogative to biology and medicine when it comes to matters of sexuality.

The Mechanization of Sexual Experience

According to many historians, as Judeo-Christianity spread increasingly into the Western hemisphere, human sexuality separated from the mind and spirit and became located within the body (Petras, 1973). This meant that any “impure” or “sinful” sexual acts performed with or on one’s body, served as an open invitation for Satan to stop by for a bodily possession (Levins, 1996). For example, there is a story in the Bible’s Book of Genesis in which Judah commanded his son, Onan, to impregnate his sister-in-law shortly after her husband was killed. While Onan did have sex with her, he withdrew before orgasm and ejaculated on the ground. Consequently, God struck him dead (quite a price to pay when the withdrawal method of birth control does not even guarantee non-pregnancy in the first place). Anyway, the original moral of this story was thought to be the importance of obedience: Onan died when he did not obey his father. However, European religious authorities interpreted this a little differently, claiming that Onan’s use of a woman’s vagina to excite himself to orgasm, coupled with his conscious attempt to avoid impregnating her, constituted an act of masturbation. Therefore, it was the sin of masturbation, and not disobedience, for which he was slain by God.

Foucault and Sennett (1982) argue that this Christian moral agenda of self-purification led to the anti-masturbation preoccupation of the 17th century. Apparently, the belief that masturbation was something sinful spawned a speculation that it was also extremely detrimental to people by causing, among other conditions, insanity (Levins, 1996). As a result, medical professionals organized national anti-masturbation
movements that urged family members and peers to spy on and expose suspected masturbators. Many of the “guilty” were incarcerated in asylums or forced to have their sexual organs surgically removed. Also popular were torturous devices that mentally ill individuals (as well as those who were afraid of becoming mentally ill) wore to dissuade them from touching their genitals (Levins, 1996).

While the privileged position of biology in sexology probably stemmed from early researchers' hope that "objective science" would replace oppressive orthodoxies like the one I have just mentioned, I’m convinced it has created its own oppressive constructions. One of these is the overemphasis on sexual mechanics that has “normalized” certain physiological functions, particularly erections for men. Indeed, men will go to great lengths to remedy an inability to experience erections and be able to function “normally.” In fact, the performative aspect of sexual response is so important, many men who are not able to have erections will choose to have no sex at all (Crooks & Baur, 1993).

Disregarding Other Possibilities

Besides mechanizing sexual experiences, I also wonder if Masters’ and Johnson’s observations, measurements, and descriptions of physiological sexual responses set the stage for a disregard and subsequent mystification of sexuality’s social, psychological, and even spiritual aspects (Segal, 1983). That is, is it because of their emphasis on the biological functioning of penises and vaginas, which allowed for sexuality to be embraced by the medical/health model, that people now tend to focus on biological solutions for sexual dysfunctions and neglect other possible causes? Since I certainly cannot “prove” a direct connection, my answer to this question is “probably and then some.” The “probably” part of my answer simply suggests that biological remedies for
sexual problems makes sense if sexuality is viewed within the realms of medicine and physical health and not emotional, cognitive, spiritual, or social contexts. However, the "then some" part of my answer refers to a phallocentrism of whose construction the devoutly feministic and egalitarian Masters and Johnson would definitely want no part.

You see, nowadays when a man is unable to experience an erection and wants to seek help, he will more than likely consult his physician. In most cases, his physician will then introduce him to the many physiological remedies (i.e., medication, vacuum erection devices, surgery, injections, or even implants) that are available with perhaps the mention of seeing a sex therapist thrown in for good measure (Althof, 1998).

Of course, having previously mentioned that men dealing with erectile problems have consulted me, this obviously does not occur in all such circumstances. But, here is my point: There now exists a dominant discourse that says, "erectile dysfunction is a physiological problem." This discourse has, in my opinion, subjugated other discourses including one that says, "erectile dysfunction might very well be influenced by such meddlers as stress, depression, fear, or anxiety" and another that says, "sexual activities such as sucking, licking, touching, and rubbing are just as important (if not more important) as intercourse." While the former obviously reflects social and psychological aspects of sexuality, perhaps not so obvious is that the latter reflects the voices of many women who say, "for us, vaginal penetration is certainly not the main event."

Unfortunately, these voices tend to be ignored, as women's desires and opinions are largely invisible, suppressed, neglected, and denied in the discourse of medicalized sexuality.
Medicalizing Sexuality

In order to demonstrate my point more clearly, let me back up just a bit and deconstruct the “erectile dysfunction is a physiological problem” discourse. As I discussed earlier in this paper, the case has been made that Human Sexual Response did much to move sexuality into the domain of medicine and health. Still, this is not to say that Masters and Johnson believed all sexual problems have a biological basis. In fact, when they later published Human Sexual Inadequacy, they report that only seven of their 213 cases (3 percent) of “secondary impotence” had an organic etiology (1970, pp. 184-185). Similarly, the renowned Johns Hopkins Sexual Behaviors Consultation Unit reported that between 1972 and 1981, there was an organic etiology in only 30 percent of 105 men over fifty years old who were dealing with erectile dysfunction (Wise, Rabins, & Gahnsley, 1984). However, Tiefer (1986) noticed that in the early 1980s, more and more men who had difficulty obtaining/sustaining erections, were seeking treatment after they themselves concluded the problem to be physiological. She recalls:

In the Center for Male Sexual Dysfunction in the Department of Urology at Beth Israel Medical Center, New York City, more than 800 men have been seen since 1981 for erectile problems (I began working there in 1983). Very few who, on the basis of a simple history and physical, could be unambiguously declared “psychogenic” were immediately referred for sex therapy; the remainder underwent a complete medical and psychological workup. Over 90 percent of these patients believed that their problems were completely or preponderantly physical in origin; yet we have found that only about 45 percent of patients have exclusively or predominantly medically caused erectile problems and 55 percent
have exclusively or predominantly psychologically caused problems. This approximately fifty-fifty split is, in fact, what is often cited by the mass media. But most of our patients (more than 75 percent) are referred by their primary physicians because of their likely medical etiology and their need for a comprehensive workup (p. 149).

The Problem with Medicalization

One could argue that this proclivity toward physiological bases of erection difficulties is a good thing since it brings with it, many advantages for men. For example, some research shows that men tend to view physical explanations of sexual problems as less stigmatizing. If this is the case, it is likely that physiological etiologies deliver less of a blow to many guys’ self-esteem and perceived masculinity (Peplau & Gordon, 1985). Although the medical/health model might offer explanations that go easier on the emotions, I believe there are many more disadvantages of medicalizing sexuality than there are advantages.

I discussed one of these disadvantages earlier in this paper, the dependence on professionals for interpretation created when medical terminology constructs sexuality. Another I would add to the list is this: as the availability of medical treatments for erectile dysfunction has increased, so has the use of these treatments. However, as is common with new technology and pharmacology, the long-term effects of these treatments are unpredictable. Take for instance, Viagra (sildenafil citrate), the new “wonder drug” prescribed by doctors to treat erectile dysfunction. Clinical trials have demonstrated that it can cause side effects such as headache, flushing, dyspepsia (indigestion), and respiratory tract infection (Morales, Gingell, Collins, Wicker, & Osterloh, 1998). Viagra
has also been linked to more than 100 deaths, according to the American Medical Association (1999). Most deaths occur in men who have a history of heart disease, but some deaths have occurred without that risk factor. Although the drug has not been available long enough to determine what other detrimental effects it might have after prolonged use, we do already know one of Viagra's most severe negative effects, the big hit it is taking on people's wallets. At a cost of up to $360 for 30, 100 mg tablets, only 40% of all Viagra prescriptions are covered by insurance compared to 76% coverage on all other medications (Padma-Nathan, 1998).

Regarding another treatment for erectile dysfunction, penile prostheses, Kabalin and Kessler (1989) found that among 290 patients who received penile implants (inflatable devices or semi-rigid rods which are surgically inserted into the penis) between 1975 and 1985, 43 percent experienced malfunctioning and had to undergo surgery a second time. In a more recent review of penile implants, Mulcahy (1998) notes that "design changes in a particular model have occurred at a frequency of every 5 to 8 years, making the old model obsolete" (p. 224). Although he reports "the overall satisfaction rate has been very good" (p. 220), Mulcahy later says "with repeat surgery for repair, replacement, or reinsertion of penile prostheses, patient satisfaction rates decline due mainly to the decrease in size of the penis that occurs with each procedure" (p. 225). These examples remind us that in at least some cases, men seeking medical treatment for erection problems might also be signing up for problems down the road.

Another disadvantage takes us back to the issue of morality. As Tiefer (1986) explains, "medicalization spreads the moral neutrality of medicine and science over sexuality, and people no longer ask whether men 'should' have erections. If the presence
of erections is healthy and their absence (in whole or part) is pathological, then healthy behavior is correct behavior and vice versa” (p. 595). Similar to the result of using excessive medical terminology to report on sexuality research, this view means that medical/health “experts” are the ones constructing the norms and standards for sexual behavior against which all persons’ experiences are measured.

While I am well aware that I have already said this about a gazillion times, the biggest problem I see with the medicalization of sexuality is that it obscures and ignores the social causes of sexual problems. Instead of being problems that exist in the space between people, difficulties such as anorgasmia (female inability to experience orgasm) and erectile dysfunction become the problems of individual women and men. Unlike the research I mentioned that says men see physiological explanations of sexual problems as less of an attack on their self-esteem, I think locating sexual problems inside of persons provides thin conclusions of identities with deficits. To me, medicalization only further entangles women and men in the discourse that equates self-worth with the ability to experience orgasms, and masculinity with the ability to experience a rigid, reliable erection. Certainly, it does not seem to invite people to challenge this discourse or ask about its origin. The problem, as I see it, is summarized eloquently by Stark & Flitcraft (quoted in Riessman, 1983) when they state, “Medicine attracts public resources out of proportion to its capacity for health enhancement, because it often categorizes problems fundamentally social in origin as biological or personal deficits, and in so doing smothers the impulse for social change which could offer the only serious resolution” (p. 4).
Medicalization and Phallocentrism

With all of this talk about medicalized male sexuality, the question naturally arises, “what about women?” Without doubt, medicalization has also played an important part in the construction of female sexuality (Tiefer, 1991). For example, the past three decades have seen a boom in medical ideology and practice regarding pregnancy, childbirth, menstruation, menopause, premenstrual syndrome, fertility, and physical appearance (i.e., breast implants, tummy tucks, etc.). However, when it comes to the medicalization of heterosexual functioning laid out in the human sexual response cycle, it appears to be phallocentrism all the way.

At first thought, this may not seem to make sense. After all, the entire enterprise of medicalized sexuality is justified by the “need” for men’s penises to penetrate women’s vaginas—women are an integral part of the equation. Still, as I previously stated, this “need” looks to be largely on the part of men and not women. Feminists have long made the case that, if women’s sexual pleasure is truly as important as men’s, coitus would not continue to be the sine qua non when it comes to the dominant sexual script of heterosexual relations (Clement, 1990). That means, instead of being categorized as foreplay, after play, or “special needs,” activities such as fellatio, cunnilingus, vaginal and anal penetration with fingers and sex toys, and mutual masturbation would all qualify for the coveted label of “sexual intercourse.”

Previously in this paper, I have alluded to my experience that when reading Human Sexual Response, it is easy to gather that Masters and Johnson place a premium on equality between genders. For example, they devote an entire chapter to discussing similarities in the physiological sexual responses of men and women where they note that
“parallels in reactive potential between the two sexes must be underlined. Similarities rather than differences of response have been emphasized by this investigation” (p. 273). However, it can be argued that the ascension of the phallocentrism resulting from Human Sexual Response has constituted very non-egalitarian conditions. One recent example takes us back to the drug Viagra. While an increasing number of insurance companies are willing to pay for the drug, many of those same companies still refuse to cover the costs of contraceptive drugs and devices for women (Meckler, 1999). Another situation involving Viagra and flagrant gender bias is Wal-Mart’s refusal to sell the “morning after” contraceptive pill for women, Preven (Levonorgestrel and Ethinyl Estradiol).

Apparently, Wal-Mart, a popular national chain of department stores, caved into pressure when the group Pharmacists for Life International asked them not to sell the drug (Kissel, 1999). The 1,500-member group opposes Preven, maintaining it aborts a fertilized egg. However, Preven’s manufacturer, Gynetics Incorporated says the drug does not cause abortions, rather it stops ovulation and prevents fertilized eggs from implanting in the uterine wall. In any case, it seems to me that Wal-Mart’s willingness to dispense Viagra to help men experience erections but refusal to dispense Preven to help women avoid unwanted pregnancies is certainly not the kind of gender equality for which Masters and Johnson advocated.

Advocates for the Medicalization of Sexuality

So, with all of the disadvantages to this medical discourse of sex, why are so many men likening their penises to automobiles and surmising, “if it doesn’t work, I’ll take it to a mechanic?” According to Tiefer (1994), there are powerful advocates for the medicalization of male sexuality, advocates who “portray sexuality in a rational,
technical, mechanical, cheerful way” (p. 369). By promoting and circulating the story of medical sexuality, these advocates have helped construct a dominant discourse of organic etiology that has marginalized and even silenced other less lucrative ideas about erection problems.

The first of these advocates are the folks on the “front line” who stand to turn big profits from medicalized male sexuality: urologists. Apparently, urological treatments for “impotence” began to evolve in the 1970s as an attractive subspecialty for urologists wanting to make big money off a population of people who, because their problem is not an illness from which they will die, will likely continue to need various outpatient and inpatient services after their initial treatment. Because the 1970s also saw a proliferation of sex therapists willing to help with erectile dysfunction, getting a “piece of the action” required popularizing the idea that erection problems have physical causes that must be diagnosed by a urologist. No doubt, this medicalization of male sexuality has paid off big time and with the American Urological Association making statements like “sexual dysfunction in the male is a disease entity, the diagnoses and treatments of which deserve equal attention to that given other diseases” (Poll shows widespread use of three major impotence treatments, 1993, p. 6), the profits aren’t likely to decrease any time soon.

Although urologists are still getting the bulk of the business related to medicalized male sexuality, the introduction of Viagra has created a dramatic shift in the physician profile in the field of erectile dysfunction. Currently, 55% of prescriptions for Viagra are being written by primary care physicians, 21-25% by non-urology specialists, and only 20-24% by urologists (Padma-Nathan, 1998). From the looks of things, Viagra is helping
primary care physicians move in on the business once handled almost exclusively by urologists.

With their moneybags in hand, standing in line behind urologists and primary care physicians are the medical industries. As for the money, make no mistake; as is the case with other medical specialties, those bags they are holding are filling up fast. By providing the resources that create the cultural authority essential to a medical model of sexual health, medical industries are turning a huge profit today while simultaneously insuring the profits will continue flowing tomorrow. For example, the specialized equipment needed to diagnose and treat erection problems "properly" can cost hospitals and practices tens of thousands of dollars. When you add that to the millions spent by patients each year on such things as penile implants and oral, topical, and injectable medications, it's easy to see how medical industries have pushed the discourse of medicalized sexuality to a place where it occupies more and more space in people’s realities.

Next up in the countdown of those who advocate for medicalized sexuality is the ever popular, ever powerful mass media. Tiefer (1994) believes that the media favors medicalized information about sex because it allows for the publication of sexual material without the blemish of pornography or obscenity. Because it has been "cleaned up," medical writing about sex is "safe" and therefore more likely to be published in "reputable" publications. As Tiefer states, "New York Times readers will not see articles on techniques of fellatio, but they will see dozens of stories on penile injections" (1994, p. 368).
Of course, addressing the mass media's role in perpetuating the medicalization of sexuality cannot be complete without also mentioning the field that keeps the mass media in business—advertising. Since their focus is on physiology and not lust or pleasure, stories about the medical aspects of sexuality often lend support to sexual drugs. In return, pharmaceutical companies are more likely to pay big money in order to advertise in publications or on television networks where medical discussions of sexual problems help legitimize the need for their products. One such drug company is Pfizer who has spent millions of dollars promoting the use of its drug, Viagra. Advertisements for Viagra, which claim the drug "improves the natural sexual response" (Fowler, 1998, p. 1371), seem to be popping up everywhere including psychology journals, popular magazines, and television. Sustained by big-time endorsers such as former senator and presidential candidate Bob Dole, the "buzz" about Viagra makes it likely that most everyone is aware of the "physiological fix" this purple pill can provide for penises. As one would expect, this "buzz" also makes it likely Pfizer's profits will continue to increase.

Incidentally, during a recent television appearance, the popular sex educator Dr. Ruth Westheimer (1999) disclosed that Pfizer had asked her to be a spokesperson for Viagra and she turned them down. Her reason? Apparently, she believes Viagra and the medicalized-sexuality discourse to which it belongs place too much of an emphasis on the mechanics of sexual experience while neglecting the emotional and social aspects she deems important.

Completing Tiefer's list of advocates for the medicalization of male sexuality are sexual entrepreneurs who have created a market by portraying themselves as something
between consumers and professionals. Two such people are Bruce and Eileen MacKenzie, a married couple who founded the self-help/urologists’ advocacy groups Impotents Anonymous and I-ANON. Their book, It’s Not All in Your Head (MacKenzie & MacKenzie, 1988), helped usher in the lucrative market of self-help publications espousing medicalized male sexuality. Over ten years later, business is very good. A recent query of the best-selling books about erectile dysfunction from the online bookseller Amazon.com (1999) yielded a list of 24 titles of which only a few address social etiologies of erection problems. The others (including several authored by urologists) all address various physiological solutions including surgical procedures, medication, natural testosterone, and dietary supplements.
The Third Reading

In addition to many other things, I have learned that a difficult yet crucial part of pursuing a project such as this thesis is deciding when to stop. When is enough, really enough? Is the condition of “enough” even something I could ever experience? After all, there are so many ways to interpret and categorize sexuality (e.g., orientation, development, intimacy, sexual problems, etc.) and so many spheres (e.g., religion, academia, entertainment, clinical services, etc.) influencing and/or influenced by socially constructed sexual “realities.” I think that, because of the enormous impact Human Sexual Response has had on sexual matters in general, it is possible to consider its constitutive role in all of these realms. Certainly, for social workers or other social scientists wanting to examine the social construction of sexuality as it relates to Masters and Johnson, there are many avenues to pursue.

For me, however, it was time to start closing up shop and read the text one last time. What I did not realize was that this last time through would spark yet even more deconstructive gleanings to fuel my enthusiasm for the project.

Another Ride on the Cycle: Let the Biases Begin

With an eye out for more ideas that have contributed to the social construction of sexual realities, I began and completed (over the course of about two weeks) my third and final (at least for this project) reading of Human Sexual Response. This last time through, I was a little more attentive to details including some very revealing sentences that seemed to be “hidden” from me during my first two readings. What was most noticeable however, was that I found myself questioning what has been perhaps the most popular
product of this text, the human sexual response cycle (See Appendix F for my notes from the third reading).

You’ve Seen One, You’ve Seen ‘Em All

Something that caught my eye the third time around was the way Masters and Johnson (1966) referred to their famous model, the same way I just referred to it at the end of the previous paragraph. Instead of “a” human sexual response cycle, it is to them (and subsequently myself and many others) “the” human sexual response cycle. Based on their use of the word “the” instead of “a,” it appears they believe that only one sexual “cycle” exists for all human beings.

A more concise picture of physiologic reaction to sexual stimuli may be presented by dividing the human male’s and female’s cycles of sexual response into four separate phases... This arbitrary four-part division of the sexual response cycle provides an effective framework for detailed description of physiologic variants in sexual reaction, some of which are frequently so transient in character as to appear in only one phase of the total orgasmic cycle (p. 4, emphasis added).

While the authors do say that there are “many identifiable variations” (p. 4), these variations are always observed and identified in relation to their stages of excitement, plateau, orgasm, and resolution. In fact, after introducing their model at the beginning of Human Sexual Response, they use it as a frame of reference for discussing sex organs and sexual responses throughout the remainder of the book.

Orgasmic Biases

What is more, it appears Masters and Johnson assumed the existence of their human sexual response cycle before they even began observing participants. My basis for this
charge comes from a sentence in the text to which, as I remarked earlier, I did not pay careful attention during the first two readings. Regarding the acceptance of participants for their research, Masters and Johnson instituted “a requirement that there be a positive history of masturbatory and coital orgasmic experience before any study subject [could be] accepted into the program” (p. 311). Now, this changes everything. Based upon this statement, it seems their research has nothing to do with studying people to discover “physical reactions [that] develop as the human male and female respond to effective sexual stimulation” (p. 4) and everything to do with studying the physiological functions of people who had experienced particular, pre-selected sexual responses. In other words, instead of doing research and developing a model that fit with their observations, Masters and Johnson appear to have first developed a model and then selected participants who experienced sexual functions for which it could account. Therefore, their model of human sexual response should not be generalized and accepted as a universal “truth” about human beings in general, it should be viewed as the “truth” at the time for the folks they allowed into their research population.

Surprisingly, one book that helped popularize the “findings” in *Human Sexual Response* did its part to construct the universal “reality” of Masters’ and Johnson’s human sexual response cycle. In *Analyzing Human Sexual Response*, Brecher and Brecher (1966) legitimate the researchers’ bias in selecting only those participants who experienced orgasms and disregard its potential effects on generalization. They write:

> Men and women unable to respond sexually and to reach orgasm were also weeded out. Since this was to be a study of sexual responses, those unable to respond could contribute little to it (p. 54).
William Masters himself made a similar comment in an interview published in Playboy magazine two years after the publication of *Human Sexual Response* (Lehrman, 1970):

“If you are going to find out what happens, obviously you must work with those to whom it happens” (p. 140).

I must say that I disagree with the Brechers’ “analysis” (perhaps they might have titled their book “Analyzing a Specific Kind of Human Sexual Response”) and I believe William Masters ought to explain why he defends his and Virginia Johnson’s biased participant selection with such a ridiculous statement. It seems to me that a study of human sexual responses should include all types of humans who experience all types of different sexual actions and reactions. Certainly, such a study should not preclude persons because they have not experienced particular responses (i.e., orgasms). I mean, if I were going to study hockey in North America in order to develop a “foundation of basic scientific information” (Masters & Johnson, 1966, p. 4), I would not only include players from the National Hockey League’s (NHL) all-star game. That would tell me nothing about the experiences of other NHL players, players in smaller leagues or college and high school players.

Furthermore, just because people have not experienced orgasms, this in no way means they are, as Brecher and Brecher write, “unable to respond” (p. 54). For instance, I have had people who come to see me for therapy tell me that they thoroughly enjoy their sexual experiences even when those experiences do not include orgasm. However, some of them tell me that in such instances, their partners have difficulty accepting they are satisfied, fulfilled. Sometimes, they cannot believe their partner has even enjoyed her/himself at all without an orgasm to punctuate the experience. According to the people
telling me their stories, these incidents are not cases of their partners feeling unattractive
or inadequate because they could not make them cum, these are cases where their
partners have difficulty understanding how they can be satisfied without “completing”
the “normal” sexual response cycle of which orgasm is a necessary component. In these
instances, Human Sexual Response (Masters & Johnson, 1966) would probably do a
good job of making all parties feel like crap, as it refers to sexual response patterns
without orgasm as “failures” (e.g., p. 313) resulting from a lack of “effective sexual
stimulation” (e.g., p. 107).

I should add that this feeling of abnormality is true for not only persons who do not
experience orgasms but also others whose sexual responses do not fit “the way it is
supposed to be.” Case in point: I recently saw a man in therapy that was devastated by
what he saw as his sexual “abnormality.” He described himself as having a very high sex
drive and usually experienced multiple orgasms (including ejaculations) without
experiencing the “resolution” stage of Masters and Johnson’s human sexual response
cycle. In fact, he reports having to “lie there and calm myself down” in order to lose his
errection. If he did not do this, he says he would probably “keep going” indefinitely.

Now, this person is not a social scientist, has no “formal” sexuality education, and he
has never read Masters and Johnson (although he says he might have heard of them
before). He also told me that his sexuality has never caused problems with the various
aspects of his life and in fact, he has always enjoyed sex very much. Still, he and his
female partner were convinced there was something terribly wrong with him because he
did not have a “normal” way of functioning sexually. Of course, his ability is certainly
exceptional (see Whipple, Myers, & Komisaruk, 1998) and his partner, having had
previous sexual partners, noticed that he was different from the other men with whom she had been sexual. Nevertheless, they were both sure that he had a problem and just before consulting me, they were about to go to the library to research sexuality to find out what was "wrong" with him. If they were to read *Human Sexual Response*, it would have surely showed them he was "abnormal" since the sexual response cycle for women allows for multiple orgasms before resolution, but certainly not for men unless they wait through a resolution stage.

**Socioeconomic Biases**

Another bias in Masters' and Johnson's selection of participants for their research involves intelligence and socioeconomic status. In chapter two, they disclose that "the sample was weighted purposely toward higher than average intelligence levels and socioeconomic backgrounds. Further selectivity was established by an extensively detailed intake interview designed to determine willingness to participate, facility of sexual responsiveness, and ability to communicate finite details of sexual reaction" (Masters & Johnson, 1966, p. 12). Two pages later, they write: "Although the research population purposely was weighted toward average or above-average intelligence, some of the study subjects were of less favorable backgrounds" (p. 14). Again, Brecher and Brecher (1966) jumped in to legitimize this bias of selectivity by claiming, "The higher than average educational level of the women volunteers is hardly likely to affect the acidity of their vaginal fluids" (p. 60).

Well, this may be true but then again, it may not. After all, Alfred Kinsey and his colleagues reported significant differences between people from different socioeconomic backgrounds. Some of these differences included whether or not people masturbated and
if they did, how often. Kinsey also found socioeconomic differences correlated with whether or not people engaged in premarital sex, had sex with prostitutes, enjoyed oral-genital sex, as well as what sexual positions people preferred. Regarding yet another dissimilarity, Kinsey notes, "It is particularly interesting to find that there are differences between educational levels in regard to nocturnal emissions—a type of sexual outlet which one might suppose would represent involuntary behavior" (Kinsey, Pomeroy, & Martin, 1948, p. 343). According to his findings, "There are 10 to 12 times as frequent nocturnal emissions among males of the upper educational classes as there are among males of the lower classes" (p. 345). This work alone raises serious doubts about the generalizability of Masters’ and Johnson’s human sexual response cycle, as it tells a story of differences both voluntary and involuntary sexual behaviors between socioeconomic classes. To me, it is very possible these variations in behaviors will also mean variations in physiological functions.

The “Help Me Make it Better” Bias

In the very last paragraph of Human Sexual Response, Masters and Johnson (1966) write: “Through the years of research exposure, the one factor in sexuality that consistently has been present among members of the study-subject population has been a basic interest in and desire for effectiveness of sexual performance. This one factor may represent the major area of difference between the research study subjects and the general population” (p. 315). Therefore, we know another bias in Masters’ and Johnson’s research population was that the people involved wanted to have better sex. However, because of the biases in participant selection that I have already discussed, I wonder if the
people involved in this research specifically had a desire for “effectiveness of sexual performance” that fit with Masters’ and Johnson’s values.

From the profiles of four participants included in the final chapter of Human Sexual Response, we discover that for them, (a) sex was an important part of their lives and (b) participation in the study helped them out sexually. Writing about the first person, a twenty-six-year-old woman, the authors state that “sexual activity [is] a major factor in [her] life” (Masters & Johnson, 1966, p. 304). Apparently, being a part of their research allowed for meaning that made sex even more important. Another woman profiled by the authors “stated categorically” along with her husband that participating in the research was “of significant importance in their marriage” (p. 307). Of the other two participants who were profiled (both men), one had joined the study “hoping to enhance the sexual component of [his] marriage” (p. 311). The other had a long history of various types of sexual activity and wanted to expand his experience by participating in the study.

In the end, it is clear that enlisting only those volunteers who experience orgasms and had “higher than average intelligence levels and socioeconomic backgrounds” (p. 12) resulted in a group of smarter, orgasmic participants. Further, it turns out these folks also had a desire for “effectiveness of sexual performance” (p. 315), which for Masters and Johnson meant a specific sexual style that must include orgasm. Considering all of these characteristics, I believe their participant group was certainly exceptional and not representative of the “general population” to which the authors refer throughout the text.

While I have already discussed a situation where a person felt abnormal because he did not experience the type of sexual response pattern laid out in Masters’ and Johnson’s model, it is difficult to determine if his situation truly is a consequence of their skewed
sample. After all, he may not have felt abnormal because of ideas about sexual response that evolved from Masters and Johnson, he might have gotten the idea somewhere else. Then again, maybe his predicament was really a result of the ascendancy of their human sexual response cycle over other ideas about how people respond sexually. He did not know where it came from and, as with similar situations, we deconstructed the problem (i.e., feeling abnormal because he never experienced a resolution stage) with an externalizing conversation about the effects of dominant societal discourses and discovering what “fits” for him. As Tiefer (1995a) notes, referring to Masters’ and Johnson’s skewed sample, “I cannot specify the effect of this sexually skewed sample any more than I could guess what might be the consequences for research on singing of only studying stars of the Metropolitan Opera” (pp. 46-47).

I should note that Masters and Johnson (1966) never offer a definition for “the general population” (p. 8, p. 315) from which they state their participant group differs. In fact, they never use another research sample to which they compare their participants, letting themselves off the hook by stating “there are no established norms for male and female sexuality in our society” (p. 302). If this was the case, I wonder why they did not do a better job of eliminating biases so the “norms” they established by publishing Human Sexual Response might be more representative of all people. As I have already mentioned, they declare in the beginning of the text that their “study of human sexual response has been designed to create a foundation of basic scientific information from which definitive answers can be developed to...multifaceted problems” (p. 4). Because of the difficulty in obtaining generalized research populations whose results might best serve as a “foundation of basic scientific information,” I would think that researchers
with this goal would be extremely careful to control for their biases. Certainly, I would not think that they would make their biases conditions for participation in their research. At the very least, I would expect them to speculate about the possible consequences of such biases. Of course, Masters and Johnson do not and as a result, we now have dominant sexual “realities” that are based on a sample of exceptional persons.

Experimenter Bias

In social science research, there is an undesirable condition known as “experimenter bias” (Grinnell, 1997). Experimenter bias occurs when researchers' communicate (either intentionally or unintentionally) their expectations to the research participants and this affects their behavior. This of course, opens the door for criticism regarding the validity of the results, since the participants may have been prompted to respond in certain ways.

One way Masters and Johnson (1966) appear to have implemented experimenter bias is the aforementioned way they refer to sexual activities involving orgasm as “successes” and sexual activities without orgasms and/or rigid erections as “failures” (p. 313).

For orientation, five episodes were necessary after team interrogation. The first exposure was to background and equipment; during the second, coition was attempted without ejaculatory success. The third episode developed as successful coition for Subject D, but his wife was not orgasmic. During the fourth session both husband and wife were successful in individual automanipulative episodes, and in the fifth episode no difficulty was encountered by either partner in response to coital or manipulative stimuli (p. 310, emphasis added).

Although the authors never say if participants knew they viewed things this way, attaching such strong values to certain responses makes it likely that even if Masters and
Johnson did not communicate these labels explicitly, they were probably at least implied. At minimum, this language tells us that, instead of remaining objective, they had strong opinions about which responses were “good” and which were not.

In other instances, it appears Masters and Johnson (1966) went well beyond their role as researchers and acted as sex therapists for some of the people involved in their study. The authors discuss one married couple who “volunteered their services, hoping to acquire knowledge to enhance the sexual component of their marriage in return for their cooperation with the program” (p. 311). Apparently, Masters and Johnson delivered their end of the bargain, as the “wife has stated repeatedly that subsequent to program participation her husband has been infinitely more effective both in stimulating and in satisfying her sexual tensions. He in turn finds her sexually responsive without reservation... Together they maintain that they have gotten a great deal more out of cooperating with the program than they have contributed, and they wish to continue on a long-term basis” (p. 311). In fact, the authors practically admit their role as sex therapists for their participants by stating, “When female orgasmic or male ejaculatory failures develop in the laboratory, the situation is discussed immediately. Once the individual has been reassured, suggestions are made for improvement of future performance” (p. 314). By serving in this therapist/teacher capacity, Masters and Johnson made sure their research volunteers gave them the results that fit with their preconceived model of human sexual response.

**What is “Effective” Stimulation?**

Throughout *Human Sexual Response*, Masters and Johnson (1966) continually refer to “effective” sexual stimulation. This begins in Chapter 1 with the research question,
“What physical reactions develop as the human male and female respond to effective sexual stimulation?” (p. 4), and then continues throughout the entire text. For example, in Chapter 2 they remind the reader that “the primary interest has been concentrated quite literally upon what men and women do in response to effective sexual stimulation” (p. 20) while in Chapter 5 the authors discuss “physiologic reaction of the clitoris to effective sexual stimulation” (p. 51). What is more, Masters and Johnson also make use of the “effective” adjective when discussing sexual “performance.” Samples of this appear in their chapter on pregnancy and sexual response and include writing about the “effectiveness of sexual performance among the women interviewed” as well as “change in their [women’s]...effectiveness of their sexual performance” after having two or more children (p. 156-157).

The problem with all of this talk about “effective” sexual stimulation is that Masters and Johnson (1966) never state exactly what that means, barking at the reader to play a sort of carnival game. “Step right up! Guess what we mean by ‘effective sexual stimulation’ and you will win the prize of understanding our research question!” My guess is that effective stimulation is stimulation that results in responses that fit with the author’s human sexual response cycle, a speculation supported by the following passage about the vagina in Chapter 6:

The first physiologic evidence of the human female’s response to any form of sexual stimulation is the production of vaginal lubrication. Lubricating material appears on the walls of the vagina within 10 to 30 seconds after the initiation of any form of effective sexual stimulation (p. 69, emphasis added).
Another example comes from Masters’ and Johnson’s discussion of the labia minora (the inner lips of the female genitalia):

Many women have progressed well into plateau-phase levels of sexual response, had the *effective* stimulative techniques withdrawn, and been unable to achieve orgasmic-phase tension release... When an obviously *effective* means of sexual stimulation is withdrawn and orgasmic-phase release is not achieved, the minor-labial coloration will fade rapidly (p. 41, emphasis added).

The seventh chapter’s discussion of the labia minora presents yet another example:

When this sign [a bright red color] of impending orgasm occurs (presuming that *effective* sexual stimulation is continued), orgasm is sure to follow in women (p. 107, emphasis added).

Based on these passages, it appears that "effective" sexual stimulation is stimulation that "moves" a person’s sexual functions through the stages of Masters’ and Johnson’s human sexual response cycle. This leads one to assume that ineffective stimulation must be that which does not facilitate the responses of their model, that which does not result in what Masters and Johnson consider “progress” (p. 112, for one example) or “success.” Once again, the author’s seem to have had their particular human sexual response cycle in mind before “discovering” the functions that fit with it. Once again, they are incorporating biases and values into their quest for “basic scientific information” (p. 4). Once again, Masters’ and Johnson’s results are unlikely to represent the general population.
Pathologizing Sexuality

One way Masters' and Johnson's human sexual response cycle has contributed to the social construction of clinical sexology is as Tiefer (1995a) says, "through its role as the centerpiece of contemporary diagnostic nomenclature" (p. 49). In particular, it has had a considerable impact on the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM). In the beginning, DSM-I did not list any sexual dysfunctions (APA, 1952) and DSM-II listed them only as symptoms of psychosomatic disorders (APA, 1968). Later, DSM-III (APA, 1980) included a subcategory of psychosexual disorders (physical symptoms resulting from mental or emotional problems) while DSM-III-R (APA, 1987) contained a subcategory of sexual disorders. The fourth and most recent edition, DSM-IV, (1994) lists an entire category of sexual disorders that contains subcategories of sexual dysfunctions, paraphilias, and gender identity disorders.

As one might guess, Masters' and Johnson's human sexual response cycle has helped construct the DSM's "norm" against which "problems" are measured, or as I like to say, they helped put the "funk" in sexual dysfunctions:

The Sexual Dysfunctions are characterized by disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty... A Sexual Dysfunction is characterized by a disturbance in the processes that characterize the sexual response cycle (APA, 1994, p. 493, emphasis added).

In fact, the article which first introduced sexual disorders to the DSM-III says it was done so for individuals with an "inability to experience the normative sexual response cycle"
(Spitzer, Williams, & Skodol, 1980, p. 153, emphasis added). While the DSM’s sexual response cycle is not exactly the same as Masters’ and Johnson’s—it consists of four stages labeled desire, excitement, orgasm, and resolution—it is certainly a derivative, as I will now explain.

The construction of the first stage of the DSM’s sexual response cycle (i.e., desire) is largely due to earlier sex therapists’ realizations that some people seem to have a disinterest in sex. Its inclusion in the DSM, beginning with DSM-III, had much support from sexologist Helen Singer Kaplan (1995) whose work was heavily influenced by Masters and Johnson. She writes, “I first described the syndrome of hypoactive sexual desire and suggested that disorders of sexual desire constitute distinct clinical entities that are different from, and on a par with, erectile and orgasm phase dysfunctions” (p. 1). She later states, “I consider all my work an extension of William Masters’ and Virginia Johnson’s pioneering studies of the human sexual response” (p. 8, emphasis added).

So, here we have the guide by which all mental disorders are diagnosed using Masters’ and Johnson’s human sexual response cycle (as well as work based on that model) as a benchmark for sexual functioning. When I consider all of the research biases I have talked about as well as the lack of generalizability that results from them, it seems absurd that the field of mental health has helped reify their model by affording it such a dominant status. Frankly, I am angered because such a position has detrimental effects on people’s lives, not the least of which are feelings one is “disordered,” “abnormal,” or “inadequate” (as in the title of Masters’ and Johnson’s second book) if her/his sexual responses do not fit with Masters’ and Johnson’s model.
**Another Round of “Who’s the Expert?”**

As I have already mentioned in this paper, my experience is that the people who seek consultation with a therapist or social worker because they are dealing with problems, including sexual ones, are the best experts of their own lives. For example, I mentioned earlier in the paper a man who came to see me because he would have several ejaculatory orgasms without experiencing Masters’ and Johnson’s resolution stage. On one hand, he told me that he has no problem with his sexuality and in fact, he has always enjoyed it. On the other hand, he somehow felt it was abnormal and there was something wrong with him, a condition that his girlfriend readily confirmed. During our conversations where he was the “expert” and I was the learner, he concluded that his sexual functioning was normal for him and there was nothing wrong with or abnormal about the person he is. However, if he would have visited a therapist following the “rules” laid out by the DSM-IV, things might have been different. You see, after describing “the” sexual response cycle, the manual says that when it comes to disorders of sexual response, therapists should make the call. Although “no attempt is made in the criteria sets to specify a minimum frequency or range of settings, activities, or types of sexual encounters in which the dysfunction must occur,” in any instances where a person’s sexual functioning does not conform to the norm, “the judgment [for diagnosis] must be made by the clinician” (APA, 1994, 494). Therefore, Masters’ and Johnson’s model of sexual response, which is the basis for the DSM’s model of sexual response, has led to reinforcement of the story that says people must rely on “experts” to tell them whether or not they are appropriately functioning sexually.
I should add that the the DSM-IV’s descriptions of sexual disorders read like a “what’s what” of sex organs and physiological functions. For example, the manual describes the essential feature of Female Arousal Disorder as “persistent or recurrent inability to attain, or to maintain until completion of the sexual activity, and adequate lubrication-swelling response of sexual excitement” (APA, 1994, p. 500). Another sexual problem, Vaginismus, is described as “recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration with penis, finger, tampon, or speculum” (p. 513). Lest men might be left out of these performance evaluations, the manual states, “In the most common form of Male Orgasmic Disorder, a male cannot reach orgasm during intercourse, although he can ejaculate from a partner’s manual or oral stimulation” (p. 507).

While there is all this emphasis on the physiological functioning of specific body parts, the DSM-IV never makes mention of the human body as a whole. Instead, it sounds as if a person’s body is an assortment of different parts that become erect, lubricate, or ejaculate at different points along a sequence of sexual responses. Reading what I have just written, I see an image of a kind of assembly line where penises and vaginas ride on a conveyor belt, performing certain responses at checkpoints set up along the way. If the conveyor should happen to break down, one must call in an expert parts-fixer (i.e., a “clinician”) who will systematically review each checkpoint to find out where certain body parts are not functioning correctly. Although it is never mentioned in the DSM-IV, I assume that when all parts are operating as they should and not deviating from “the”
sexual response cycle, people should then have an overall satisfaction with their sexual experiences.

Gender Similarities

The final observation from my third and final reading of *Human Sexual Response* takes us back to the issue of feminism. As I have already mentioned in this paper, Masters and Johnson intentionally emphasized the similarities between men and women and concluded that both genders experience “the” human sexual response cycle. The DSM-IV and two of its predecessors followed this emphasis by basing sexual dysfunctions on Masters' and Johnson's gender-neutral model and then giving men and women the same number and types of dysfunctions (APA, 1994). I give an example of these parallels in Table 2.

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<th>Table 2</th>
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<td><strong>Gender Parallels in DSM-IV Sexual Dysfunctions</strong></td>
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<tr>
<td><strong>Women</strong></td>
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<tr>
<td>Female Sexual Arousal Disorder</td>
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<tr>
<td>Female Orgasmic Disorder</td>
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<td>Dyspareunia and Vaginismus</td>
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*Note. The DSM-IV's sexual desire disorders do not specify gender.*

In spite of all of this egalitarianism going on, many (including I) would argue that Masters' and Johnson's human sexual response cycle hurts feminism more than it helps. For example, Stock (1984) asserts that such a model, which claims male and female sexualities are essentially the same, ignores the socially constructed gender differences
and inequalities that exist for many. In a similar vein, Tiefer (1990) argues that the alleged gender equality of Masters’ and Johnson’s human sexual response cycle actually disguises and trivializes the social realities of gender inequality and therefore makes it even more difficult for women to become sexually equal.

To me, deconstructing gender discrimination in sexuality means revisiting Masters’ and Johnson’s (1966) biased sampling. As you will recall, I earlier “threw a fit” because these researchers only allowed volunteers to participate in their study if they had a “positive history of masturbatory and coital orgasmic experience” (p. 311). These criteria resulted in an unrepresentative sampling of female participants who not only had orgasms but masturbated as well. While individuals’ experiences certainly vary, much research reveals a dominant cultural narrative that says men masturbate much more than women (Gagnon, 1977; Gagnon, 1979; Gagnon & Simon, 1969; Simon & Gagnon, 1986). In addition, much research shows that men are more often socialized to value physical aspects of sexual encounters than are women, who tend to prefer the emotional and relational aspects of sex (Hite, 1987; Frank, Anderson, & Rubinstein, 1978; Peplau & Gordon, 1985; Tavris & Sadd, 1977). Because Masters’ and Johnson’s human sexual response cycle focuses on the physical, it values men’s preference over women’s.

I have also previously discussed how the “effective sexual stimulation” Masters and Johnson wrote about appears to mean stimulation that elicits the responses they have laid out in their human sexual response cycle. Following the argument that this model is one that values men’s sexual preferences, it is reasonable to conclude that “effective sexual stimulation” also means the type of stimulation men tend to prefer. Unfortunately, this power imbalance only adds to the list of conditions that have a negative impact on
women’s sexuality including threats of pregnancy, lower socioeconomic status, sexual harassment, hearing negative messages about sexuality from their parents, and the fear of male violence in heterosexual relationships (Snitow, Stansell, & Thompson, 1983; Stark & Flitcraft, 1996; Vance, 1984; Ward & Wyatt, 1994).

**Implications for Social Workers**

By establishing a “foundation of basic scientific information” (Masters & Johnson, 1966, p. 4), Masters and Johnson have laid claim to certain sexual “truths.” While these types of “truth” claims are commonplace in realms of “professional knowledges,” I see them as problematic for both social workers and the persons who consult them. While I have already discussed the effects of these claims of sexual “truths” on the persons who consult social workers, I have not yet made space to consider their implications on the lives of social workers who work with sexual problems. So, I will do that here.

For one, they can serve to isolate social workers from the persons with whom they are working. That is, knowing “the facts” about human sexual response means that knowledges located in local and historical contexts must be forsaken for the “truths” discovered by Masters and Johnson. This makes fewer options available for interpreting person’s sexual experiences and frustration when trying to fit those experiences with the “reality” discovered by Masters and Johnson.

In addition, Masters’ and Johnson’s sexual reality leaves little or no room for social workers’ values in the work they do. “Knowing” observers cannot explore options for the expression of their own values if those values do not correspond with the “truth.” This is especially restrictive in the culture of “one-way” accounts of social work practice, accounts where social workers help the persons who consult them but are not themselves
affected by these relationships. Not only must social workers deny the values they bring into conversations, they must also deny the changes of their values in response to the values of those with whom they work. When working from a “knowing” position (i.e., knowing about Masters’ and Johnson’s human sexual response cycle) where scientifically discovered “truths” are running the show, options to explore any non-normative value systems are closed.

Furthermore, work informed by Masters’ and Johnson’s sexual “truths” creates a “timeless” experience which makes it nearly impossible to attain enough knowledge to do a good job. In other words, since Masters’ and Johnson’s ideas about human sexuality are situated in a specific historical context, having only that knowledge available for use in other contexts is usually not enough. Instead of learning about and respecting persons’ sexual experiences that are different from those documented by Masters and Johnson, social workers subscribing to sexual realities are charged with “getting it right” when applying the “truth” seeking technologies of observation and evaluation. In addition, this timelessness of “truth” discourages social workers from plotting their experiences of interactions with the people who consult them onto the unfolding of their work.

As I see it, social workers who constitute their selves through the knowledges of professional “truth” discourses such as Masters’ and Johnson’s become vulnerable to the burden and fatigue of “burnout” that is somewhat common in this profession. This is because “truth” claims leave little if any room for social workers’ experiences and values that do not fit with the “reality” established by “scientific” research. Therefore, an important step toward avoiding burnout involves the deconstruction of “truth” claims as well as the practices they inform.
In The End

Because of a recent happening in my life, I find myself drawing a parallel between Masters' and Johnson's human sexual response cycle and a popular model about grieving. The model to which I am referring is the five stages of grief proposed by Elisabeth Kubler-Ross (1969). According to Kubler-Ross, persons who are facing death or are dealing with a loss, make their way through stages of denial, anger, bargaining, depression, and acceptance. While later research has shown this model does not reflect most person's experiences (Kastenbaum, 1985; Marshall & Levy, 1990; Shneidman, 1980), it has still gained ascendance and widespread popularity in our society.

A few weeks ago, my wonderful 17-year-old cat, who has been one of my best friends since she was a kitten, passed away. Remembering all of my wonderful experiences with her, my soul feels very heavy and my heart hurts. As I wrestle with the effects grief has been throwing my way while writing this last section, I keep thinking about how my experience does not gel with the stages of grief posited by Kubler-Ross, just as persons' sexual experiences may not fit with "the" human sexual response cycle. I should note that Kubler-Ross' model is much more flexible than Masters' and Johnson's and while deconstructing it is certainly not part of this project, there is a reason I bring it up. I keep thinking that if I were to consult a therapist who was committed to the "reality" of Kubler-Ross' stages of grief, that person might not see me as experiencing everything I need to experience in order to be "okay." The same might be true for a person seeking help for a sexual problem if her/his experiences do not match "the" human sexual response cycle. In fact, it would probably be much more difficult to escape the gaze of Masters' and Johnson's model, as its credibility is christened by its inclusion in the DSM,
credibility that is highly questionable in light of the built-in biases of their research and consequential inability to generalize their "findings."
Triangulation

Michael White writes, “At the outset of the social sciences, social scientists, in an effort to justify their endeavor, to establish plausibility, and to lay claim to legitimacy, turned to the positivist physical sciences for maps upon which to base their efforts in the interpretation of events in social systems” (White & Epston, 1990, p. 4). One of these maps is the idea of validity which according to McBurney (1994) means “the researcher’s conclusion is true or correct—that it corresponds to the actual state of the world” (p. 119). Because of my non-essentialist stance, which is at odds with the idea of an “actual state of the world,” the concept of validity does not hold much significance for me. As I stated in the beginning of this thesis, I do not intend for this paper to represent anything more than my experience. However, the standards of research practices in the social sciences mandate that I address the positivistic idea of validity. Therefore, I will do so using a process I have actually discovered to be quite collaborative and not very positivistic at all—triangulation.

Denzin (1978) identifies four different techniques of triangulation: the use of different sources, investigators, methods, and theories. This means that in order to determine if her/his findings are “on track,” a qualitative researcher can: (a) consult multiple and different sources of the information being studied (e.g., books, articles, people); (b) use multiple and different investigators to conduct the same research and compare findings; (c) apply multiple and different data collection modes or research designs to the same subject matter and compare findings; or (d) see how research findings fit with various theories.
The technique that I have chosen for this project is the first, consulting different takes on *Human Sexual Response*. First, as you have read, I looked to see what other authors have written about this text in an attempt to compare my observations with theirs. In addition, I asked two sexologists, John W. Petras, Ph.D., and Sharon Preves, Ph.D., to read preliminary drafts of this paper and comment on the things I was writing.

First, a little background. Dr. Petras has been a sex therapist and professor of sociology for more than 30 years. When I was an undergraduate student at Central Michigan University, I took several human sexuality courses that he taught including *Introduction to Human Sexuality, Sex Therapy and Counseling, Sexual Orientation, and Sex and Society*. He is an AASECT (American Association of Sex Educators, Counselors, and Therapists) certified sex educator, counselor, and therapist as well as an AASECT certified clinical supervisor. I asked him to contribute to this thesis because of his vast experience in the field of human sexuality. In addition, he is someone who is familiar with my past work so I was curious to know what he thought of this present project.

My other triangulation partner, Dr. Preves, is an assistant professor in the department of anthropology and sociology at Grand Valley State University and has done much of her research in the field of human sexuality. She recently (within the past year) earned her doctorate degree in sociology and has authored journal articles and book chapters related to sexuality. After securing Dr. Petras' services, Michel Coconis (my thesis committee chairperson) put me in contact with Dr. Preves, who graciously offered to participate. In addition to offering one woman's sexological perspective, I also saw Dr. Preves to be a kind of "blind reviewer." With the exception of speaking with her briefly
on the telephone once to ask for her to participate in this part of my thesis, I do not know her at all. Because I have maintained a relationship with Dr. Petras for about five years, I hope that in addition to offering her valuable perspectives, Dr. Preves’ input will also serve to balance any biases he might have toward me. Additionally, Dr. Preves’ brings to this project the perspectives of someone who has been researching and teaching in the field for the past eight years in contrast to the 30 plus years Dr. Petras has under his belt. This is not to say that she is in any way less qualified, just to note that her experience is situated in a different historical context.

The Reflecting Team Connection

While the traditional purpose of triangulation in qualitative research (dare I use the word “traditional” in the same sentence as “qualitative research?”) is to provide some validity for one’s findings, I am drawn to its use as a collaborative effort for thickening descriptions of the researcher’s subject manner. In this way, I liken it to the process of using reflecting teams in therapy. So now, a little bit about that.

After a serendipitous family therapy session he co-facilitated with some of his colleagues, Tom Andersen (1988) first introduced the idea of the reflecting team to the field of family therapy. While there is no “right” way to conduct a reflecting team, most meetings follow a structure composed of four parts. In the first part, the therapist meets with the people who are seeking consultation, while the team members assume a position as an audience to this conversation. Most often, team members are behind a one-way screen.

In the second part, the therapist and the people seeking consultation switch places with the team – they now become an audience to the conversation that takes place among
team members. During this time, team members reflect on, and interview each other about, their experiences of the first part of the meeting. This offers an opportunity for the emergence of new meanings and possibilities.

For the third part of the meeting, everyone switches places again and the therapist interviews the people seeking consultation about their experiences of the first interview as well as the team’s discussion and questions about it. Again, the team is in a reflecting position as an audience to this dialogue. Finally, the fourth part of the meeting consists of the team, the therapist, and the people seeking consultation getting together to debrief and deconstruct the therapy itself.

Because of my own experience of doing reflecting team work, I am inspired to think of the triangulation process working in a similar way. First, a researcher interacts with the subject matter, in my case Human Sexual Response. Next, “team” members make observations about those interactions, as Drs. Preves and Petras have done. Finally, the researcher incorporates the observations of the team members with her/his own understandings to develop a richer description of the subject. Again, this idea is something different from using triangulation as a means for validity. Nevertheless, I thought I should mention it, as it is an idea with which I have performed new meaning about the process of triangulation.

Certainly, I would have liked to have more “sexperts” participate on my team but I was unable to gain access to all of those I had in mind. While John Petras’ and Sharon Preves’ participation was very helpful, the fact that I have triangulated with only two other persons constitutes what could be seen as one limitation of this study. Additionally, I might have reached even richer conclusions had I the time to send them my responses to
their comments and invited them to continue the dialogue. Still, their reflections made this project more of a collaborative endeavor, an exciting way of working with which I feel right at home.

John’s Take on Things

Overall, Dr. Petras was very complimentary of my work, noting it is “your usual excellent manuscript” (his underlining) and instructing me that his “comments are to be taken within the context of my conclusion that you have done an excellent job” (personal communication, November 24, 1999). He also stated, “I think the ‘3rd Reading’ section is the strongest of a strong critique” before going on to comment about specific things I have written in this paper. For example, earlier in the paper when talking about the awkwardness of Masters’ and Johnson’s writing, I note that it is common to read phrases such as “it equally is obvious” instead of “it is equally obvious” (Masters & Johnson, 1966, p. 40). Dr. Petras points out that actually, each of these phrases means something different from the other. While I agree with his observation, the context in which the phrase was written makes it likely the authors wanted to convey the meaning of the latter. So, not only is the phrase awkward, it is also incorrect.

A bit later in the paper, I note that Masters and Johnson frequently use verbs and prepositions that do not seem to go with their objects. “Decades of ‘phallic fallacies,’” they write, “have done more to deter than to stimulate research interest in clitoral response to sexual stimulation” (p.45), presenting an unlikely alternative of either deterring or stimulating. Commenting on this observation, Dr. Petras says he sees no problem with this choice of words. Having re-read it in a different frame of mind, neither do I. The point I was making is that just because something is not stimulating, that does not
necessarily mean that it is deterring. However, when I consider that “phallic fallacies” is a reference to misinformation about sex, I realize Masters and Johnson are saying that this misinformation has, in some ways, deterred people from pursuing sexuality research.

Regarding my table paralleling DSM-IV sexual dysfunctions between genders, Dr. Petras reminds me that in the realm of sex therapy, vaginismus and dyspareunia, painful conditions that affect women, are thought to correspond with Peyronie’s disease, a painful condition that affects men. Peyronie’s disease is a condition in which fibrous tissue and calcium deposits develop in the spaces around the cavernous bodies of the penis (Levine, 1998).

One of the biases that manifests throughout this thesis is my position that the people who confer with therapists are the best experts of their own lives. Dr. Petras, questions this assertion, stating “if [this were] literally true, they (we) would never be clients. “Clients” are the experts only in the sense that they give you explanations of themselves which communicate to you their view of self, but not necessarily ‘expertise’ or even knowledge of motives” ” (personal communication, November 24, 1999).

This is a point well-taken. After all, it does not make sense that an expert would have to consult with a therapist, especially someone like me who assumes a “not knowing” position. I know that on more than one occasion, I have heard people who have visited me for therapy say “you’re the expert, you tell me.” However, I believe the dominant, modernistic discourse, which says therapists are “knowers” of human matters, leads many to believe they need a professional’s account of their lives instead of just listening to themselves. In the Foucaultian sense, privileged knowledge (especially that which is afforded status by “scientific” research) gives professionals power which subjugates
persons by making them dependent on professionals for explanations of their own experiences. As I have discussed elsewhere in this paper, I contend that while a therapist might be an expert on certain *processes* of conversations, I see the person seeking consultation as the expert on the *content* of his or her life.

In addition to the feedback I have just discussed, Dr. Petras placed some checkmarks alongside my writings. From my prior experience with his examinations of my writings, I thought I remembered these checkmarks to be indicators of paragraphs he liked and with which he agreed. A telephone call confirmed this was indeed the case. So, based on his checkmarks, I have concluded that Dr. Petras largely agrees with my earlier identifications of Masters’ and Johnson’s biases in establishing their model of sexual response and their failure to speculate about the implications of these biases.

**Sharon’s Take on Things**

Dr. Preves’ feedback on my work not only provided an opportunity for me to “thicken” my perspective, it proved very helpful in the editing process of this paper as well. In addition to pointing out grammatical errors, her comments often invited me to “give an example” or “say more about this.” In general, she prompted me to go back over my manuscript and consider not only what I had written but also what I had not written. This resulted in the addition of more details and descriptions as well as more instances where I let readers in on my thinking and process.

Similar to Dr. Petras, Dr. Preves took no issue with some of the language in Human Sexual Response that I determined to be problematic. In these instances, she suggested that I further explain my problem with the language (which I did). Regarding my inclusion of Paul Robinson’s (1976) critique of the language in *Human Sexual Response*. 
Dr. Preves notes how Robinson is quick to criticize Masters’ and Johnson’s writing as “vague” when his own writing is perhaps guilty of the same offense. With this observation, I am in complete agreement. In fact, I would say that I found Robinson’s writing just as difficult to read as Masters’ and Johnson’s! However, I thought it was important to include his critique of their work since he was one of the very few authors I found who were willing to “take them to task.” As I mentioned earlier in this paper, my investigation yielded overwhelming praise for *Human Sexual Response* and I was eager to balance things out with the writings of people who saw things differently.

Later in the paper when I write about the mechanization of sexuality, I comment that men will go to great lengths in order to experience erections, sometimes opting to have no sex at all when this becomes impossible. Dr. Preves commented that it would be interesting at that point to discuss men who, because of serious injury, are unable to have erections or ejaculate and find out about their alternative forms of sexual expression and fulfillment. I agree that this would be extremely interesting and exciting since it might be very helpful, even for people who have no problems with sexual functioning. After all, I premise my criticism of the mechanization of sexuality on my view that it is extremely limiting and makes available only thin descriptions of person’s sexual identities. I think any options for “thickening” sexual identities with non-mechanical accounts of pleasurable sexual experience might help people free themselves from the structuralist discourse that sees people as machines which sometimes need fixing. While an investigation such as this is beyond the scope of this thesis, it is definitively something I will consider for future work.
Throughout the manuscript of this paper on which she wrote her comments, Dr. Preves reminded me that when considering Masters' and Johnson’s role in the social construction of sexuality, it is very important to also consider the roles of morals and religious values. For example, their work only included the study of physiological sexual responses during two sexual activities: coitus and masturbation. Clearly, they excluded other forms of human sexual expression, such as oral and anal sex, that many people during that era (and still today) considered immoral. Therefore, not only is Masters’ and Johnson’s human sexual response cycle based on a biased sample, because of dominant values it is based on a limited range of sexual activities.

My Experience with Triangulation

As I mentioned earlier, I thoroughly enjoyed the collaborative aspect of triangulating my findings with other people and the meaning is presented for me. For that reason, I found the experience of reading comments about my work and then commenting on those comments to be exciting and adventurous. In fact, after having received Dr. Petras' remarks first, I anxiously awaited the return of my manuscript from Dr. Preves, similar to the way I look forward to receiving books in the mail after ordering them from booksellers on the internet. Again, while the concept of validation does not fit well with my postmodern self, constructing new possibilities through dialoguing with others is for me, as good as it gets.
Some Final Thoughts

Before I begin to wrap up this paper, I want to remind readers that because I scanned the entirety of *Human Sexual Response* into my notebook computer and then coded it into categories, I have actually read the text a total of four times. However, as I have already discussed, the experience of scanning and coding did not seem like a reading since my focus was on placing each sentence into a category. Instead of paying attention to content and context, I was concerned with finding the “best fit” for each unit of text.

If I ever again attempt the enormous undertaking of coding text, I will definitely consider photocopying it instead of scanning it into a computer. In my case, scanning *Human Sexual Response* took a very long time and the inaccuracy of my OCR software made the process even longer. The reason I wanted to scan it all into my notebook computer was so the whole project would be self-contained and portable. But in addition to misjudging the amount of time that scanning and converting the text would consume, I did not anticipate the effects of spending several hours at a time staring at a computer monitor. These effects included eyestrains and headaches, problems I might not have experienced had I been looking at pieces of paper instead of a lighted screen.

This is a Thesis?

Although I recently heard a social work professor remark that deconstructing *Human Sexual Response* did not sound like the type of research one should conduct for a master’s thesis, I see it much differently. In fact, my feeling that this kind of work is important is even stronger than it was when I began. So many people are limited by dominant societal discourses about “reality,” discourses that have the power to harm by imposing values on people whether they agree with them or not.
Unfortunately, many people are not aware that "universal truths" are not truths at all, but constructions that, as Foucault says, have ascended to a dominant position over other realities. If social workers are serious about helping folks out, I believe more of them should be taking the time to deconstruct oppressive realities and show them for what they are. Doing so invites other possibilities and opportunities to identify realities people prefer and "story" the experience that corresponds with these realities. At the very least, social workers should be responsible for deconstructing their own practices by situating and embodying them. Not doing so runs the risk of trafficking in the technologies of modern systems of power where "truth" claims can result in oppression for not only the persons who consult social workers but social workers themselves.

In addition to offering some deconstructive gleanings from Human Sexual Response, it occurs to me that writing this thesis in the manner I have might have done something toward deconstructing the discourses about what theses "should be." Quantitative research in the social sciences has been around much longer than has qualitative research so it is no surprise that lots of ivory tower folks still think that it is the only acceptable way to go. Indeed, the social sciences have long been caught up in the business of trying to "prove" themselves by using the tools of quantification, all the while whining to the world, "Look at the methods and language we use! See, we're all scientific and stuff too!" As an alternative, this thesis demonstrates how instead of just sharing the "results" of scientific research, those who write about their work might benefit others' lives by sharing their own stories.
Indeed, the scope of this project is admittedly very limited. What I hope to have done here is provide a background for a certain way of thinking, a way of interpreting sexual realities and how those realities have come to exist. In addition, I hope I have shed some light on just some of the ways Human Sexual Response has contributed to those realities. My aim in doing all of this is not to discredit Masters and Johnson and the work they have done. Instead, I hope this thesis serves to remind people that there are other realities, other possibilities that are often more difficult to see because they have been subjugated by those ideas that have ascended with the aid of such powerful social forces as “legitimate” science, money, and politics. While it is difficult to determine if Masters and Johnson really intended for their ideas to take on the status of universal “truths” in the realm of professional knowledge, I believe those ideas have done so and with some unfortunate results.

Of course, there are many ways this study could have been done differently, perhaps with “stronger” results, perhaps with just different results. For example, had there been multiple investigators who, in addition to my self, read Human Sexual Response and gleaned deconstructive observations about its contribution to the social construction of sexuality, the results would reflect the collaboration of different people peering through different “lenses” (Hoffman, 1990).

Additionally, I could have easily focused my efforts on deconstructing Human Sexual Response as it relates to the social construction of sexual “realities” in certain societal spheres. For instance, I might have limited myself to looking at one specific sexual arena, such as sex education, sexuality research, or clinical sexology. I am sure
this would have turned up many other social constructions of sexuality that I did not cover in this paper.

Regarding my use of triangulation in this study, my thesis chairperson and I recently had a conversation about how Dr. Petras' and Dr. Preves' comments might have been different had I given them specific points to address. For example, I might have sent them a sort of "checklist" along with my manuscript asking their feedback on:

(a) The ways I critiqued Masters' and Johnson's work.
(b) The ways I connected Masters' and Johnson's work to various socially constructed sexual realities.
(c) The manners in which I presented the above observations.

What I did was offer them free reign to comment on anything they wished, as I wanted to read about what things seemed important to them. Indeed, following an outline or guide such as this would have prompted them to tell me different stories about their impressions of my work. I will not say that this would have made for better triangulation, just that it most likely would have been different.

Further Considerations: Implications

When I give more thought to what I have written, a couple of other uses come to mind. For one, it is possible that my discussions of various philosophical and methodological stances and the practices they inform, albeit brief, might serve as invitations to considerations of different ways of thinking. In my experience, the related works I have cited have been wonderful sources of new possibilities. Also, the way I have communicated this text might inspire social science students and other writers to deconstruct and reconsider the rules of "proper" writing. As I have discussed earlier, I
believe language constitutes realities and I think it is important for writers to consider the implications of the realities they create and the realities to which they contribute. Some questions about writing style I think are important are:

- Who benefits from this kind of writing? Who might be hurt?
- Does this writing contribute to “thick” descriptions of people’s lives and present many possibilities or does it help create thin and restrictive ways of interpreting the world?
- Does this writing and the place(s) it is published make it a resource available to many people or mostly just the “experts” and “professionals?”
- What kind of “self” or kinds of “selves” am I storying by writing this way?
  What does this writing say about the type of person I am?

Beyond this, I welcome readers to “fill in the gaps” and perform their own meanings around what I have written. Make use of this paper as you wish, even if it that means it will serve as an example of ideas and practices you do not like. In my opinion, discovering the ways one prefers to be and then seeking out and developing contexts that support those ways are invaluable processes for keeping problems in check while experiencing new meanings. As Victor Frankl (1978) contends, happiness is an inherent aspect of meaning and therefore, a life predicated on meaning is a life with much happiness. If this thesis in any way contributes to new meanings by helping readers constitute and shape their preferred selves, my heart is very happy.
References


Appendix A

A Document Presenting One Woman's Preferred Self
Elements of
“A Caring Person”

It has come to my attention that Mary has constituted among others, the following ways of being:

1. Mary is a person who prioritizes her children and does all she can to create opportunities so they can experience themselves in ways they like and make their dreams come true.

2. Mary is a very independent person who has developed an ability to take care of herself and her children using her many strengths and abilities. This independence includes attending to traditionally “masculine” tasks such as fixing things around the house and “playing rough” with her son when he needs that type of interaction.

3. Mary is an empathetic person who not only understands and “feels” other people’s situations, she does things to make their situations easier.

4. Mary is a person who finds meaning in creating and passing on traditions within her family. In this way, she is leaving a legacy for generations to come.

5. Mary is and always has been a person with a lot of T.L.C. This shows in many areas of her life, including the way she is committed to giving focus and attention to the children and parents with whom she works.

6. Mary is a very nurturing person who gives support and love to not only her family, but other people as well. For example, she has volunteered her time and talents to create wigs for women with cancer, work for which she was presented with a special award.

7. Mary is a person who believes strongly in taking good care of the things she owns.

8. Mary is very thankful and appreciative for all that she has.

Jason Kae-Smith
Appendix B

Color Chart for Coding Human Sexual Response into Categories
<table>
<thead>
<tr>
<th>Color</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turquoise</td>
<td>Had the meanings and connotations of the research cited in <em>Human Sexual Response</em> changed significantly from the time it was published to the time it was cited by Masters and Johnson?</td>
</tr>
<tr>
<td>Yellow</td>
<td>In what way were Masters and Johnson’s methods politically useful? How did they fit in with tradition, cultural values, etc?</td>
</tr>
<tr>
<td>Bright Green</td>
<td>In what way is <em>Human Sexual Response</em> “social action” (by presenting a particular reality) and what are the consequences of this action?</td>
</tr>
<tr>
<td>Pink</td>
<td>What available concepts, categories, and methods influenced the questions Masters and Johnson asked and did these concepts, categories, and methods preclude other questions from being asked?</td>
</tr>
</tbody>
</table>
Appendix C

A Sample of Coding the First Two Pages from Chapter One of *Human Sexual Response*
I

THE SEXUAL RESPONSE

CYCLE

In 1954 an investigation of the anatomy and physiology of human sexual response was initiated within the framework of the Department of Obstetrics and Gynecology of Washington University School of Medicine. A closely coordinated clinical-research program in problems of human sexual inadequacy was instituted in 1959. Since January, 1964, these programs have been continued under the auspices of the Reproductive Biology Research Foundation. During the past decade the anatomy of human response to sexual stimuli has been established, and such physiologic variables as intensity and duration of individual reaction patterns have been observed and recorded. Intensive interrogation (medical, social, psychosexual backgrounds) of both laboratory-study subject and clinical-research populations has been a concomitant of the basic science and clinical investigative programs since their inception. Material of significant behavioral content derived from these interviews will be presented in general rather than in statistical discussions.

Kinsey and co-workers published a monumental compilation of statistics reflecting patterns of sexual behavior in this country from 1938 to 1952. These reports of human sexual practices obtained by techniques of direct interrogation offer an invaluable

14 Because this paper is published in black and white, the names of colors are listed in brackets immediately after the sentences highlighted by them.
baseline of sociologic information. Future evaluation of the work may reveal its
greatest contribution to be that of opening the previously closed doors of our culture to
definitive investigation of human sexual response.

Although the Kinsey work has become a landmark of sociologic investigation, it was
not designed to interpret physiologic or psychologic response to sexual stimulation.
These fundamentals of human sexual behavior cannot be established until two questions
are answered: What physical reactions develop as the human male and female
respond to effective sexual stimulation? Why do men and women behave as they
do when responding to effective sexual stimulation? If human sexual inadequacy
ever is to be treated successfully, the medical and behavioral professions must provide
answers to these basic questions. The current study of human sexual
response has been designed to create a foundation of basic scientific information from
which definitive answers can be developed to these multifaceted problems.

The techniques of defining and describing the gross physical changes which develop
during the human male’s and female’s sexual response cycles have been primarily those
of direct observation and physical measurement. Since the integrity of human
observation for specific detail varies significantly, regardless of the observer’s training
and considered objectivity, reliability of reporting has been supported by many of the
accepted techniques of physiologic measurement and the frequent use of color
cinematographic recording in all phases of the sexual response cycle.

A more concise picture of physiologic reaction to sexual stimuli may be presented by
dividing the human male’s and female’s cycles of sexual response into four separate
phases. Progressively, the four phases are: (1) the excitement phase; (2)
the plateau phase; (3) the orgasmic phase; and (4) the resolution phase. This arbitrary four-part division of the sexual response cycle provides an effective framework for detailed description of physiologic variants in sexual reaction, some of which are frequently so transient in character as to appear in only one phase of the total orgasmic cycle.

Only one sexual response pattern has been diagrammed for the human male (Fig. 1-1). Admittedly, there are many identifiable variations in the male sexual reaction. However, since these variants are usually related to duration rather than intensity of response, multiple diagrams would be more repetitive than informative. Comparably, three different sexual response patterns have been diagrammed for the human female (Fig. 1-2). It should be emphasized that these patterns are simplifications of those most frequently observed and are only representative of the infinite variety in female sexual response. Here, intensity as well as duration of response are...
Appendix D

An Email Conversation between Me and My Thesis Chairperson
Michel's Questions

What remains unclear to me is any picture of YOUR process.

1. When you selected the texts, what criteria or images were involved?

I based the selection upon the realization that these two texts have had perhaps the largest influence on the field of sex therapy. In addition, many believe these texts have had significant influence on American society in general.

2. When you began to read the text, what were you "looking for"?

I began reading from a social constructionist, deconstructionist bent. In other words, I was mindful of the premise that realities are socially constructed as well as models/theories about how they are constructed (particularly Gergan's and Berger and Luckman's). So, the idea was to note how the "realities" presented by Masters and Johnson were initially constructed. (I say initially because they are clear that their participant population is skewed and should not be generalized -- still, it has.)

Furthermore, I had definite questions in mind:

• How do Masters and Johnson have the privilege to say what they do in the texts?
• What were the contextual influences on what is/isn't being said?

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15 This is a transcription of an email conversation between Michel Coconis and myself. She sent an email message on 2-6-99 asking me the questions and I responded with my answers on 2-7-99.
• What available concepts, categories, and methods influenced the questions Masters and Johnson asked and did these concepts, categories, and methods preclude other questions from being asked?

• In what way were Masters and Johnson’s methods politically useful? How did they fit in with tradition, cultural values, etc?

• In what way are these texts “social action” (by presenting a particular reality) and what are the consequences of this action?

3. Did you find it?

Yes.

4. Where, how, what context?

Many places, many contexts. For example, Masters and Johnson were able to write a book and say what they said simply because they were willing/able to do the research they did. No one else had observed live sexual activity in a laboratory before them and no one has done it to the same extent since. So this is one thing that gave them privilege. The availability of participants also contributed to their ability to conduct the research and, ultimately, say what they said. How were they able to get so many participants? How was the availability of participants related to context? (I.e., the city, institutions and populations within the city, the time period, the availability of sexual activity, etc.)
5. How did you note this for yourself when you did find it?

I took some notes, though very few, and placed them in a computer file titled “considerations.” Most of this, however, is hanging around in my head (yikes!).

6. What were your plans for addressing NOT finding something?

I’m not sure what you mean by this question.

7. When you re-read the text, what was the plan of action?

The plan was to begin categorizing information according to the questions I had in mind.

8. What concepts, ideology, ideas, or even theories guided your reading and re-reading?

Again, social constructionism and, now that I look at what I’ve written here so far, Gergen in particular.

9. What were the goals of the 2nd reading?
To discover elements that can be put into the “categories” that come from the questions.

10. To look again for what was missed? To find new things?

Sure, these were also considerations. But mostly to help establish and support the categories about which I was thinking.

11. In between readings, what might have influenced you with your own readings?

Well, I suppose many things; particularly, my narrative therapy training and readings I had done before beginning work on this project.

12. Did you read and think about other works related to your idea?

Yes, particularly Gergen, Berger and Luckman, Paul Robinson, and Leonore Tiefer.

13. When and how did medical terminology become a focus?

After the initial reading, I was struck by the use of this terminology to the extent that the authors put a glossary in the book to define the terms. Masters and Johnson’s writing is very awkward to begin with (they weren’t very good writers but more recent stuff is better) and going to the glossary for definitions made it a little more
challenging. However, it made me wonder about how much of this terminology is now a part of or has influenced discourses in clinical sexology and does this serve to separate the “experts” from the folks who come to see them (the real experts in my opinion). Also, does this cause people to think they have to depend on “experts” to tell them about their own sexuality?

14. Is it a measure of M/J's influence on culture?

I think so, but is seems beyond the scope of this project to attempt to “prove” this. I can, however, cite others I have found and am continually finding who share my opinion.

15. What is relevance of medical terminology influence to a thesis in social work?

Where do I begin? Not just the medical terminology piece, but the whole idea of Masters’ and Johnson’s work operating on all the different levels that affect people. By the way, I'd like not to only focus on the medical terminology piece if possible. I proposed this after meeting with Carolyn, who I basically allowed to scare the shit out of me. After talking with her, I accepted her conclusion that my project wasn’t possible and I really closed down. Thank you for reminding me to follow my heart and disregard the limits others are sometimes very willing to impose.

16. What are your plans for subsequent (current, I presume) re-reads?
I stopped reading because I want to establish a solid methodology I can follow before I begin. I want this method to include coding, and categorizing according to the aforementioned questions. What do you think? Of course, I’m aware that my methodology may change based upon what I encounter when doing this, but I now realize how important it is to have a structure in place to begin.

17. How are you analyzing - word, sentence, paragraph, chapter, text?

I’m using the constant comparative method to put text into categories. However, the categories are more predetermined, again according to the questions. Is this ok and could I create categories first based on the questions I have (mostly from Gergen)?

Michel, thank you for your help. These last questions have really begun to clear things up for me and I feel like I’m finally on my way. Another thing: If this isn’t done in April, I have no problem taking an additional semester to finish. The most important thing for me is that it’s strong and solid, as it is a legacy of sorts. Also, I’ll be trying to get something published from this so it’s even more important that my methodology is good-to-go.
Appendix E

Notes About Themes Gleaned from My Second Reading of *Human Sexual Response*
Themes

1. M & J have helped create/support a position of privilege for biology in sexuality. While this privileged position has descended from early researchers’ hope that "objective science" would replace oppressive orthodoxies of the past, it has created its own oppressive constructions. One such construction is the result of measuring and describing female orgasm, that is the mechanization and trivialization of sexual experience. Another is a disregard/mystification of social and psychological aspects of sexuality (see Segal, 1983).

2. Masters and Johnson hope to show that all female orgasms are alike (that is, facilitated by the clitoris) and Freud’s distinction between vaginal and clitoral orgasms was unjustified. Although I agree Freud’s idea of mature (vaginal) vs. immature (clitoral) orgasms is sexist bullshit, to what degree has M & J’s bent marginalized/silenced the experience of vaginal orgasms (including G-spot)? (Response, p. 66–67).

3. Masters and Johnson are undoubtedly committed to equal sexual rights for women and because of this, seem to force their physiological findings into a procrustean conceptual view. After selecting a homogeneous sample and testing subjects in an environment where the definition of sexual behavior was physical arousal and orgasm, Masters and Johnson “found” similar patterns between men and women, which they described in terms of a fixed four-stage “human sexual response cycle.”

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16 These notes were composed in a word-processing computer program. I have simply “copied” them from their original file and “pasted” them in this document.
The persistence of this arbitrary model illustrates Gergen’s claim about how politics determine many categories in sexology.

4. It can be argued that sexologists such as Masters and Johnson produce sexual knowledge rather than discover it. With their methodology, they defined that physiological response patterns can be observed, measured, and generalized. Therefore, it is that way of thinking about human sexuality that they “discovered,” not just “human sexuality.”

5. As Tiefer (p. 196) notes, Human Sexual Response contributed significantly to the medical/health model of female sexuality. Masters and Johnson seemed to provide proof, first of all, that female’s sexual capacities exist. Furthermore, they showed that these capacities equaled those of men and in some cases, maybe even surpassed them (e.g., the ability of some women too have multiple orgasms before reaching the resolution phase).

6. Since this author opines the human sexual response cycle has become a socially constructed reality for many, a discussion of why this probably happened seems worthwhile. First, Masters and Johnson’s research had an enormous impact at the time they published it because theirs was the first major project involving direct observation of sexual processes. (expand)
Second, it seemed to fit with the emerging more liberal attitudes toward sexuality of the time in 1966. An emerging backlash against conservatism and sexism espoused the values of “free love” and sexual activity for the pleasure of both genders. Books such as Friedan’s *The Feminine Mystique* and were promoting the new idea that not only could women have an orgasm, they deserved to have one and enjoy it. Before this, many women were relegated to the “reality” that they were not supposed to enjoy sex but do it for their husbands’ benefit.

7. Another thought: Since sexuality is a very private matter for most, it’s reasonable to wonder how many people read Masters and Johnson, say to themselves “That fits with my experience, I’m normal” and how many might be saying “That doesn’t fit with my experience; there must be something wrong with me.”

Case in point: I recently saw a man in therapy who was devastated by his sexual “abnormality.” He seems to have a very high sex drive and has multiple orgasms (including ejaculations) without entering into the “resolution” stage of the human sexual response cycle. In fact, he reports having to “lie there and calm myself down” in order to lose his erection. If he did not do this, he says he would probably “keep going” indefinitely.

Now, this person is not a social scientist, has no “formal” sexuality education, and he has never read Masters and Johnson (although he says he might have heard of them before). Still, he and his girlfriend were convinced there is something terribly wrong with him because he did not have a “normal” way of functioning sexually. Of course,
his ability is certainly exceptional and his girlfriend, having had previous sexual partners, noticed that he was different from the other men with whom she had been sexual. Nevertheless, they were both sure that he had a problem and just before consulting me, they were about to go to the library to research sexuality to find out what was "wrong" with him. If they were to read Human Sexual Response, it would have surely showed them he was "abnormal" since the sexual response cycle for women allows for multiple orgasms before resolution, but certainly not for men and certainly not without a resolution stage.
Appendix F

Notes From My Third Reading of *Human Sexual Response*
3rd Reading

- Perhaps the reason M&J were successful in proposing a "universal" sexual response cycle is because they ignored any element of desire. Desire is variable from culture to culture.

- M & J never talk about "a" HSRC but "the" HSRC. They assumed its existence before beginning their work.

  required that participants be able to orgasm

  research then served to study people with particular sexual functions

  instead of doing research and developing model they had model and selected participants that fit.

- Female participants not representative because they selected those who masturbated at frequencies similar to men, disregarding sociosexual aspects of female sexuality.

- Research population purposely weighted toward higher intelligence, education, socioeconomic classes because M & J thought they would be better able to communicate details of sex reaction. However, physiology might be different (cite Kinsey).

- M & J do not speculate as to the impact of their biased sample. (Population also biased because of "basic interest in and desire for effectiveness of sexual performance.") See Ch. 19 profiles.

- Experimenter Biases

  -(p. 313) "period of training" for participants

  -orgasm = success

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17 These notes have been transcribed from handwritten notes.
- Man in Ch. 19 says he and his wife were hoping to get “sexual instruction.” (M & J
  experimenters or sex therapists?—conflicting roles?)

  • What is “effective” stimulation? (resulting in orgasm?) M & J give no definition.