Heterosexuality and 'the Labour of Love': A Contribution to Recent Debates on Female Sexual Dysfunction

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Abstract It is increasingly taken for granted that 'successful heterosexuality' is contingent upon having a 'normal' and 'healthy' sex life. The recent popularity of the diagnostic label 'Female Sexual Dysfunction' (FSD) is evidence that this social climate has fostered the (re)medicalization of women's sexual problems. In response to feminist concern over the growing use of the FSD label, this article considers data gathered as part of a qualitative, empirical study, examining women's perceptions of sexual difficulties and their treatment. It is argued that women with perceived sexual problems, regardless of whether or not they have been diagnosed with FSD, tend to engage in relationship based 'sex work': the rationalization, improvement, and mastery of sex in their personal lives. Their decisions to take part in or resist sex work are closely connected to the discursive and material production of heterosexuality, gender inequalities and power differences amongst women.

Keywords heteronormativity, heterosexuality, medicalization, sexual practices, sex work

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As discussed in detail in a myriad of studies mapping women's domestic, beauty, body, and emotional labour, meeting exacting standards of successful heterosexuality is 'hard work', especially for women. Why should sexual relationships and sexual practises require anything less? In light of recent debates surrounding FSD, this article examines the work that women with perceived sexual difficulties undertake with an aim to improve their sex lives, including their accounts of why they discipline and monitor their sexual responses.

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In the long history of feminist and other debates on the social construction of heterosexuality, much attention has been given to unpacking models of male and female sexual behaviour as developed by sexologists and other 'experts' (Foucault 1979; Coveney et al., 1984; Irvine, 1990; Tiefer, 1995; Hawkes, 1996). The fruits of this analysis can be seen in the recent success of feminists in problematizing FSD as a medical, diagnostic category. FSD is an emerging, although highly contested, label used to categorize women's problems with sexual desire, arousal, orgasm and/or pain (for classification details, see Basson et al., 2001). Proponents of the FSD label position revived medical attention to this diagnostic category as a sign of women's increased presence in the field of sexual medicine (Berman and Berman, 2001). However, feminist critics argue that the recent popularity of FSD research and diagnosis is a sign of renewed efforts to medicalize women's sexual problems with profit-driven intentions (for example, Kaschack and Tiefer, 2001; Loe, 2004; Tiefer, 2004).

The feminist critique of FSD stands at the nexus of two important issues in feminist social criticism: the feminist critique of the standard 'script' for heterosex (i.e. foreplay, leading to intercourse, leading to orgasm), and the feminist critique of the power of medical 'experts' to define sexual norms. As a related point, critics highlight the growing role of 'Big Pharma', or the pharmaceutical industry, as a major player influencing how 'health', including 'sexual health', is understood and approached. Indeed, the critique of FSD emerged in large part from a parallel critique of the medicalization of men's sexual problems, under the label 'Erectile Dysfunction' (ED) (Tiefer, 1995; Marshall, 2002; Potts et al., 2003, 2004; Loe, 2004). As Loe argues, the profitability of Viagra (Sildenafil Citrate), launched in 1999 as a 'miracle drug' for the treatment of ED, inspired the pharmaceutical industry to fund medical research into the development of 'Pink Viagra' for women. Hence, using vascular, hormonal, and neurological frameworks, drug company-sponsored scientific researchers and medics have tried to establish women's sexual problems as primarily physiological issues, treatable by a 'magic bullet cure'. Tiefer (2001) points out that insisting that sexual dysfunctions are medical, not psychosocial issues is a lucrative tactical coup which will affect future drug administration clinical trials.[1]

A key question in feminist debates on the social construction of heterosexuality is the relationship between heterosexual sexual practises and the wider institution of heterosexuality. Beginning with Adrienne Rich's attack on 'compulsory heterosexuality' (1980), there has been a tendency to identify (hetero)sexual pleasures and practises with the oppressiveness of heterosexuality as an institution. This conflation is challenged by critics (Richardson, 1996; Smart, 1996; Jackson, 1999) who attempt to disentangle heterosexual practises from heterosexuality as an institution

and an ideology. In order to challenge heterosexuality as a 'monolithic entity' (Jackson, 1999: 81), some authors draw on poststructuralist notions of power that validate people's ability to actively re-shape or re-inscribe their activities with new meanings and agency, especially at the micro-level (Hollway, 1984b; Smart, 1996; Potts, 2002). However, others argue that we should be wary of jumping too readily at this optimistic possibility, as women's strategies for dealing with sexual difficulties may remain deeply embedded in the power relations of heterosexuality. Jackson, for instance, argues that 'our capacity to undo gender and heterosexuality is constrained by the structural inequalities which sustain them' (1999: 181).

Despite the evolution of a now sustained critique of FSD, there is a distinct lack of comprehensive empirical research that addresses women's experience of dealing with perceived sexual difficulties in day-to-day life. Although critics of FSD draw on important research mapping women's experiences of sexual interactions, such studies are based mainly on data pertaining to youth (for example, Tolman, 1994, 1995; Holland et al., 1998). Certainly, empirical research by Duncombe and Marsden suggests that considering women's strategic management of sexual difficulties is fertile ground for exploring the connections between the micro-politics of sexual relationships and the 'institutionalized gender inequalities of power' (1996: 221) in which they are embedded. However, their research was limited to heterosexual married couples who did not explicitly identify themselves as having sexual problems, and writing in 1996, they were unable to address renewed pressures as seen in the 'post-Viagra', socio-medical climate.

In this article, I address this gap by presenting the findings of an empirical study undertaken with the aim of exploring women's perceptions of their sexual problems and their treatment. As a way of analyzing the empirical data, I develop the concept 'sex work', a somewhat unusual usage of the term mooted by Duncombe and Marsden (1996), who use it as a way of conceptualizing women's engagement with the rationalization, improvement and mastery of sexual pleasure in personal sexual relationships. Like the notion of 'emotional work' (Hochschild, 1983) – on which their concept is modelled – 'sex work', in this context, refers to the unacknowledged effort and the continuing monitoring which women are expected to devote to managing theirs and their partners' sexual desires and activities. Duncombe and Marsden found that 'most emotion (and by analogy sex) work will be undertaken by women' (p. 222). Jackson and Scott (1997), who have also discussed the theme of sex work in personal relationships, link this phenomenon to the unending stream of sexual advice contained in women's magazines and 'self-help' manuals, which urge women to 'work on' their sex lives.

It is therefore with irony that this article's title refers to 'the labour of *love*', as one of its goals is to look more closely at women's accounts of why they undertake sex work, highlighting the relevance of ideological and material contextual factors. After describing the study from which the data is drawn, I consider prevalent constructs guiding informant's sex work. The connections between the need to undertake sex work, and wider gender relations, will be seen by identifying similarities and differences between the situations of those who conform to, and those who question, doing 'the labour of love'.

Methodology

In my attempt to investigate women's perceptions of sexual difficulties and their treatment, I undertook exploratory research in my home city of Vancouver, Canada, between June 2003 and June 2004. In order to find voluntary participants, I posted advertisements for informants at Vancouver's only 'sexual medicine' centre: the city's sole 'covered' resource which deals specifically with women's and men's sexual problems.[2] I also posted notices at a number of doctors' surgeries, sex shops, bulletin boards and other community spaces, including a free local newspaper. The advertisement called for participants who had problems with sex that may or may not include difficulties with desire, arousal, orgasm, or pain.

In-depth, semi-structured taped interviews were conducted with a total of 31 women who identified themselves as experiencing a range of sexual problems. To calculate how many participants had which sexual problems would imply a degree of certitude and clarity that does not fit the ambiguity of the data. For instance, women with sexual desire problems often identified as having problems with orgasm and vice versa. It is worth noting, however, that approximately one third of the sample identified as having some form of sexual pain. Only those who believed their sexual problems to stem from physiological issues, most of whom had consulted medical advice, used the official language of FSD classification to describe their sexual problems. This group consisted of six women who identified as having sexual pain problems, three women who defined themselves as having low sexual desire, and one woman who viewed herself as having orgasmic dysfunction.

Participants consulted a number of different 'expert' resources when attempting to deal with their sexual problems. Eleven participants had received advice from Vancouver's sexual medicine centre and 12 had sought, or were currently seeking, 'other expert advice', including advice from GPs, psychiatrists, psychologists and other counsellors. Eight women had not directly consulted 'expert' advice or received treatment, although

four of these actively sought out information from books, magazines, television talk shows and the Internet.[3]

Respondents ranged in age from 21 to 62, from eight different nationalities and a variety of ethnic backgrounds, including white European, Chinese Canadian, Japanese Canadian, First Nations, Maori, Indo-Canadian and Latin.[4] The sample was primarily heterosexual – an aspect of the data which will be discussed throughout this article. Twenty-seven women self-identified as heterosexual, one as lesbian, and three as bisexual. Almost two-thirds of the sample described themselves as being in long-term relationships at the time of being interviewed. One-third of the sample had children under their care and one-quarter of the sample identified as being single mothers.

Semi-structured taped interviews lasted from 45 minutes to two hours and took place at the participant's convenience at theirs or the researcher's home. Background information questionnaires which helped plot various connections between experiences and perceptions of sexual problems and various facets of identity were filled out before the interview. Informants were asked about their perceptions of their experiences of sexual problems and the various strategies they adopted for dealing with these issues. All interviews and fieldwork observations were transcribed and pseudonyms adopted. For each predominant theme, a separate copy of all data was made. Each transcript was manually colour-coded in terms of major themes and concepts.

Wolfe explains that, as subjects positioned in power relational dynamics, 'we all carry experiences and values which shape our vision and interpretation' (1993: 4). My understanding of women's experiences of sexual difficulties, as described by my informants, may differ from the informants' own (which may also change from time-to-time and in relation to the audience they address). Holland, et al., argue that part of the solution is to explicitly acknowledge that 'there is no technique of analysis or methodological logic that can neutralize the social nature of interpretation'. Thus, the following interpretation of the collected data is offered in the spirit that 'there is a political difference between claiming to *know* how women experience sexuality' and 'opening up the possibilities of multiple interpretations of the complex diversity of women's lives' (1998: 25).

'Normal' heterosexuality or the 'heteronormative' sexual encounter

The 'sex work' that I interpret my informants as having undertaken must be understood within the context of the well-established ideological

constructions of heterosexual sexual interactions that they explicitly articulate. Perhaps because the vast majority of the participants in this study identified as heterosexual, the research findings are largely underpinned by, and in turn may produce, the prevalence of heteronormativity: the normalization of heterosexuality which 'renders any alternative sexualities "other" and marginal' (Jackson, 1999: 163). In the heteronormative framework, sexual practices such as kissing, touching, and oral sex are relegated or demoted to 'foreplay', not 'real sex'. They are 'other' to the ideal of coitus ending in orgasm.

When considering the function of normative sexuality, a number of theorists reference a poststructuralist approach, privileging the relationship between discourse, knowledge, and disciplinary power and the way in which these factors shape sexual identities and practices (Hollway, 1984a, 1984b; Gavey, 1993; Smart, 1996; Potts 2002). For example, Gavey refers to the 'tyranny of inferred normality' in heteronormative discourses, constructing female heterosexuality as naturally passive and male heterosexuality as naturally active. She stresses that these discourses now typify numerous discursive fields, not just women's and men's own accounts of their sexuality and sexual relationships, but also:

> representations of sexuality and heterosexual relations in popular women's magazines, film, television, romance and other fiction, pornography and sex manuals; sexology and practice of sex therapy; practices of contraception; sexual humour; church prescriptions on sexuality; legislation on sexuality and sexual violence; sociobiological explanations for sexual violence, and so on. (Gavey, 1993: 97)

The majority of participants cited various combinations of these discursive fields as profoundly influencing on their own outlook on sexual practises. For instance, Simone, a 30-year-old former sex worker, commented:

> It's everywhere in all our forms of entertainment and everything we're sold. [. . .] Certain images, certain ways to have sex, and certain ways to enjoy all of that. And so many people don't fit into that.

Sarah, a 25-year-old student, was adamant that 'every single individual' is affected by the dominance of 'certain definitions of sexuality [. . .] in the media', proclaiming that 'girls are more attuned to it'. Anna, a 24-year-old writer, viewed her early exposure to pornography as having directly 'imprinted on me' or her 'sexual imagining' that 'I am there to give pleasure or pleasure myself, but that I'm not going to be the recipient'. Such comments are testament to the complex roles various discursive fields play in women's understandings and experiences of sexuality. However, they also indicate that women reflect on these mediums critically.

Informants claimed that from their late teens or early twenties, they began to feel immense pressure to have sexual experiences mirroring

dominant heteronormative standards. Many participants reflected on their subjection to these regulatory ideals at a young age. Consider the following comments by two participants, both white university-educated women in their twenties:

> I wanted to be in a relationship where the other person did not care whether or not they were having sex with me. So, for a long time, I just dated virgins, thinking naively, "They're not going to want to have sex!" But university guys are a little bit different so, I . . . yeah, I just kept trying to find someone that it wouldn't matter about stuff like that. (Courtney)

> Um, my first boyfriend was when I was 16, and we started . . . Like we were the first people to kiss each other. We started from the beginning. And it felt like as soon as he got one taste of the genital . . . He was just a fiend for it. That's all he cared about. He didn't care about kissing me or anything. He didn't care about touching my breasts. He only cared about that one area . . . (Maria)

Although the majority of participants described learning about compulsory intercourse as teenagers, a few middle-aged women from traditional backgrounds claimed not to feel pressure to engage in coital penetration until marriage, (for example, Celia, 56, Chinese Canadian; Grace, 53, Chinese Canadian; and Olivia, 37, Mexican). After describing the sense of pride she felt about her early decisions regarding pre-marital abstinence, Olivia explained, 'But then we were married and it was like, "Well if you're married, you have sex". Whereas it was previously considered to be acceptable to engage in what is known as foreplay, marriage required getting out of that pattern.'

Ironically, as the group of participants who were the least likely to enjoy penetrative sex, informants with sexual pain problems were the most likely to argue that engaging in coital sex was important to their identities as women. For instance, Danielle, a 44-year-old married teacher who identified as having chronic vuvlar pain, claimed that for years her inability to have coital sex had made her feel like 'an android', not 'a real woman'. According to her, she felt she could not 'perform what I see as the sexual acts that women do'. Similarly, Sophie, a 32-year-old single administrator with a history of sexual pain, described feeling 'foolish' and like she is 'disappointing men' because she is not able to 'do a pretty basic thing that a woman should be able to do'. These findings mirror those of Kaler (2006), who interviewed 20 women face-to-face and 70 women online, about their experiences of chronic vulvar pain. Kaler concluded that women who are unable 'to perform this one hallowed heterosexual activity [. . .] invoke images of gender failures, of women who were not really women' (p. 51).

Feminist scholars argue that sexual pleasure has become 'an entitlement' but also 'an obligation for women' (Braun et al., 2003: 16). (See

also Holloway, 1984a; Gilfoyle et al., 1992; Hawkes, 1996.) Indeed, orgasm also seemed to be of great importance to perceptions of positive sexual encounters. Many participants described orgasm deficiency using 'building' and 'climbing' metaphors. For instance, Samantha, a 24-year-old actor, lamented that she 'didn't have that feeling of climbing up and getting to that point'. Orgasm was viewed paradoxically as the natural outcome of sex – the only option for successful sex – but also as an outcome which requires skill and concentration, as evidenced in comments such as 'If I really concentrate, I can nail it' (Anna).

Furthering their normative views of sex, participants also subscribed to 'the male sex drive discourse' (Hollway, 1984a). This popular and 'expert' validated discourse positions 'men's sexuality as directly produced by a biological drive', creating 'insatiable' sexual needs which women are expected to fulfill (p. 231). For example, Mika, a 27-year-old Japanese Canadian woman with chronic vulvar pain, justified her ex-boyfriend's decision to dump her by citing his 'biological urge to thrust'. Kate, a 43-year-old white, stay-at-home mother, referred to sex as being 'like food for men', concluding that for men, but not for women, sex 'is a physical need'.

Another increasingly popular discourse bolstering heteronormativity is the belief that sex is a part of health and wellness, reflecting the 'healthicization' of sex. The term 'healthicization' (Conrad, 1992) refers to the role of health promotion, as opposed to medical intervention, in regulating constructions of health and illness, and is particularly relevant in western, predominantly middle-class locales, where sex is increasingly 'talked of in the idiom of health promotion and lifestyle choices' (Jackson and Scott, 1997: pp. 557 – ;58). Vancouver proved to be an appropriate place to test not only the 'medicalization' of women's sexual problems, but to explore the overall 'healthicization' of sex as promoted by a number of non-medical, 'self-help' and 'alternative' sources of advice on healthy lifestyles.

The data confirms the existence of a social climate in which sex is increasingly viewed as being integral to our psychological development, personal growth, emotional satisfaction and physical health. Elizabeth, a 57-year-old former counsellor with one grown child, referred mainly to physical health, saying, 'you know, a healthy sexuality is a GOOD thing to have into your 70s and as long as you can'. Julie, 27, and Lucy, 29, cited the importance of 'stress relief' benefits. Faye, 42, and Monica, 47, focused on the relationship between sexual problems and 'energetic blocks', using a New Age framework.

The wishes of the informants to experience sexual, emotional and physical pleasure is not to be under-estimated, although untangling 'authentic' bodily urges and pleasures from social expectations is not easy. Apart from just 'wanting to be normal' (Danielle, Louise, Sophie, Mika

and Olivia), as related to the discursive construction of heteronormativity, experiencing emotional and corporeal 'pleasure' was, albeit less frequently, cited as a motivator for participant's distress over sexual difficulties. However, discourses of normativity are often embedded within discourses of pleasure. Consider one of the rare comments on sexual pleasure by Louise, a 35-year-old married office manager. She acknowledged that sex is 'supposed to be a pleasurable experience. It is supposed to be fun [. . .] it is supposed to be exciting and romantic' and a 'physical and releasing and all of those kinds of things'. Although Louise articulated the emotional and corporeal sensation of 'a physical release', sexual pleasure is mainly mentioned in this comment in relation to how 'sex is supposed to be'. This finding is admittedly likely to be more prominent in a sample of women who self-identify as having difficulties with sexual pleasure. However, Duncombe and Marsden (1996) also struggled to find 'authentic' discourses of sexual pleasure in their research on heterosexual couples who were not selected based on having problems with sex. They reflect, 'perhaps in the pursuit of "authenticity" we are asking impossible questions' (p. 236).

Strategies for dealing with sexual problems: 'The Labour of Love'

In keeping with the findings of other sociological research (Duncombe and Marsden, 1996; Jackson and Scott, 1997), in order to achieve what they viewed as 'normal' heterosexuality, most informants undertook what I interpret as 'sex work'. I was able to identify three distinct types of sex work involving physical and psychological work on participants' own bodies and minds, in addition to the minds and bodies of their sexual partners. Participants who identified as having various sexual difficulties tried different types of sex work at certain stages in their lives for a range of reasons which will be explored. The three types of 'sex work' I have identified are *Discipline Work*, *Performance Work* and *Avoidance Work*. Discipline Work refers to sex work aimed at changing one's mental and physical sexual response to standard heterosexual sexual practices. By contrast, Performance Work entails 'faking it', using a range of techniques. Avoidance Work involves evading the issue altogether, employing a number of strategies.

Of all the types of sex work, the interview accounts suggested that Discipline Work is the option most likely to be advocated by sex 'experts.' Jackson and Scott (1997) have pointed to the inconsistency in messages from sex 'experts' that frequently convey the message that sex should be 'spontaneous' despite requiring 'working harder and practicing in order

to achieve the best possible outcome' (p. 562). As evidence of this trend, Charlene was told by her sex therapist that she 'must' do 'whatever it takes' – 'read books', 'look at pictures', 'use toys', 'masturbate' – even though, as she explained, she was 'too tired' from her double-shift of paid work and family care.

Indeed, participant accounts suggest that Discipline Work was advocated when informants consulted orthodox or alternative advice from sex 'experts' in a face-to-face setting, or through 'self-help' materials. Discipline Work is characterized by a quest to implement a certain skill and/or degree of concentration to manipulate the body or the mind. Therefore, participants who consulted GPs, gynaecologists, psychologists, psychiatrists, sexual medicine specialists, pelvic physiotherapists, marriage counsellors, sex therapists, naturopaths and New Age healers, were advised to discipline the way they responded to sexual prompts. Participants who tried pills, creams, gels, herbal remedies, vaginal dilators, dildos and vibrators to improve their sex lives, took part in Discipline Work. Those who accessed information explaining how to change their mental and physical sexual response in books, magazines, the Internet, and through friends and partners, were similarly implicated in this type of work. Thus, in service of Discipline Work, participants allowed their bodies to be examined, monitored, assessed, and touched in the most intimate of ways. Participants' overall attitude, whether or not they saw themselves as being sexually dysfunctional, was that they could hone skills such as discipline, concentration and focus, which would alter their response to the heteronormative sex.

Turning to Performance Work, Duncombe and Marsden (1996) found that women in long-term relationships took part in what these authors refer to as 'playing the couple game', denoting a cycle common to long-term 'fading' heterosexual relationships wherein women 'deep act' away feelings of doubt, presenting the image of 'the happy couple', before 'leaking' criticisms about their relationship to outsiders (p. 221). Duncombe and Marsden (1996), and Jackson and Scott (2001) have noted that performance extends to sexual practises themselves. Women often 'perform' or 'fake' orgasm using their bodies and voices.

The data supports the notion that women in short-term and long-term relationships do Performance Work, both within the sexual encounter itself and in relation to their wider social group. Jolene, a 51-year-old First Nations woman living below the poverty line, commented on women's roles as performers of an ideal femininity. She stated:

> I've never enjoyed it [sex]. It's like something I'm supposed to do. Why? Because I'm a woman. And women are expected to. That's how you keep a guy happy. I'm such a good actress.

This comment, coming from a woman who identified as having problems with sexual desire, arousal, orgasm and pain, exemplified Butler's (1993) theory that gender *is* performance. As further evidence of Performance Work during sex, Maria, a 22-year-old single student, was often preoccupied by the need to 'tuck in her stomach'. Yet, this performance of normative heterosexuality extended to her conversations with friends as well. She reflected:

> I caught myself doing it so many times. Just pretending like when high school girls talk about sex. Like it's so great and everything. I could tell that a lot of them, they don't feel it was really good. It was just that they felt good about having sex and being able to say that they had good sex but they didn't really.

Contrary to predictions by Duncombe and Marsden (1996), Maria's account suggests that this type of outward performance or 'deep acting' is not exclusive to long-term relationships but is seen as a standard feature of teenage heterosexuality.

Participant accounts suggest that engaging in Performance Work can be a painful task. Susan, a 62-year-old Japanese Canadian woman who suffers from sexual pain, recalled the consequences of performing sexual enjoyment. She claimed, 'There were times when [. . .] I'd just go ahead and do it anyhow. And it would hurt a lot afterwards'. Linda, a 26-year-old woman diagnosed with a sexual pain disorder recalled 'playing it off' or 'sticking it out', pretending not to be in pain in order to have 'penetration'. She claimed that she would 'hide it from him [her partner]' because she, 'didn't want him to know he was hurting' her. She therefore 'turned the lights out' and 'cleaned up' before her partner could see the resulting 'blood' from the 'open wound' that would form as a result of these encounters. Linda's comments are exemplary of how the decision to endure 'excruciating' sex is possibly a decision made by women, independent of pressure from their partners. Not only informants who identified as having medically defined sexual pain problems claimed to be familiar with enduring pain in order to take part in intercourse. For example, Faye, a 42-year-old waitress of Maori descent, described a lack of sexual desire and arousal as her main sexual problems. She claimed that she frequently had painful sex with former partners when she was not aroused – one time shortly after giving birth. She admitted, 'I ignored the pain'; an experience she remembered as being 'amazingly painful'.

Finally, many participants developed sexual avoidance strategies, arguably a form of work in and of itself. There were numerous techniques employed in Avoidance Work, including 'falling asleep before he did' (Nicola), and 'pretending to have my period for longer than I did' (Kate). Before getting divorced, Celia encouraged her husband to travel more often and made sure she was 'busy doing laundry, cooking, cleaning' upon

his return. There was a general consensus that Avoidance Work was not a sustainable long-term strategy. Of the women quoted above as engaging in Avoidance Work, Nicola and Louise claimed their partners divorced them in part because of their strategies for avoiding sex. Elizabeth eventually opted for Discipline Work and Kate, a firm believer in 'faking it,' juggled Avoidance Work with Performance Work as a means of sustaining her marriage.

Sexual lifestyle changes: an alternative strategy?

Some women deemed it 'not worth it' to do any sex work, or gave up on it when they found it was 'not working'. Twelve women in the Vancouver study made what I term 'sexual lifestyle changes' at certain times in their lives. Rather than working towards mastering, strategically mimicking, or carefully avoiding sexual practises, sexual lifestyle changes can be understood in opposition to sex work, as they involve challenging normative definitions of sex and even the overall importance of sexual activity. Sexual lifestyle changes might involve queering sexual activities; in other words, privileging sexual activities typically deemed as foreplay, and/or valuing non-goal oriented masturbation as an acceptable sexual activity on par with intercourse with another person. They also might entail questioning the overall importance placed on sexual relationships, institutions and practises. Both queering sexual practises and prioritizing the non-sexual can be undertaken when single, or in the context of finding a partner who is similarly open-minded and understanding about one's desire to transgress sexual norms.

Queering normative sexuality

In part because none of the participants in this study consulted 'expert' advice which explicitly incorporates a feminist or queer perspective, only two participants decided to 'queer' normative sexuality following the advice of a sex 'expert'. These examples are important to consider as they elucidate the potential of sex 'experts' to challenge, rather than reinforce, sexual norms. Samantha, a 24-year-old white actor, claimed to have never had an orgasm, despite the efforts of her 'eager to please' long-term partner. She consulted a sexual medicine specialist who told her, 'It's something that will happen. Just don't let it become a big focal point in your life'. According to Samantha, this advice led her and her partner to 'try some different things' in the realm of 'foreplay' which 'felt really good'. As a result, she claimed that she was 'not really distressed about' her orgasm troubles, further stating, 'I'm fulfilled in so many other ways that it's not – It's not taking over'. Similarly, Danielle, the 44-year-old teacher who once viewed herself as an 'android' for her inability to have

intercourse, referred to the sexual medicine specialist she consulted as 'different from all the other doctors I saw'. According to her, this physician was the first 'expert' to ask her, 'What sort of sexual activities can you do that are mutually satisfying and [. . .] not intercourse?' Danielle elaborates on the influence of this physician on her heteronormative views stating, 'All of a sudden, it just came together at the same time where I said, "You know what? I've got to stop thinking about this. I have to. I just have to. I have to change my mindset".'

Yet queering normative sexual practices was more often the result of not seeking any 'expert' advice on sexual problems. Of the sample who sought no direct 'expert' advice for their sexual difficulties, six of the eight chose to rethink the heteronormative repertoire, rather than work on their sexual problems. For instance, Zoe, aged thirty-four, never consulted a sexual advice practitioner for her sexual problems, and instead decided to break up with her male sexual partner and 'explore my sexuality in terms of my bisexuality'. While her sex life did not improve directly through same sex sexual practices, her 'involvement with the Queer community' and her friendships with gay people 'who were much more open about sex' led her to change her previously narrow views regarding what sex was. She was also inspired to experiment with masturbation, an activity she formerly thought that 'only men do'. She described this experience as being a 'turning point', stating, 'It did feel really good to be able to take care of my sexual needs'.

When considering what constitutes 'queering' sexual activities, the data suggests that involvement in same sex relationships did not in and of itself represent a challenge to all aspects of normative sexuality. With only one lesbian and three bisexual participants, the sample cannot represent the experiences of lesbian and bisexual women generally, but it does illuminate some possible evidence for existing debates in feminist theory. Leanne, 29, the only self-identified lesbian, viewed female sexual relationships as involving less pressure, stating, 'There wasn't that same issue about intercourse'. She also argued that men tend to be sexually more goal-oriented than women, concluding, 'It's kind of a relief to be with a woman partner', and, 'Women don't have as much at stake'. However, she was one of the most distressed and goal-oriented participants in the study. She claimed that her quest for orgasm, fuelled largely by her 'embarrassment' over 'being dysfunctional', had caused her to use vibrators so vigorously that she had damaged the nerve endings of her clitoris. Further, when discussing the influence of the 'media' and 'stereotypes' on her perception of how sexual she should be, Simone, a 30-year-old woman who identified as having sexual desire problems explained, 'I can still feel really screwed up with a woman. I can still bring in all [. . .] that sort of confusion that I feel as a result of the media and

some stereotypes'. Similarly, Zoe thought it was 'bizarre' that 'gender roles' influencing sexual enjoyment 'get played out in gay relationships where there's the butch and the femme'. These findings support those feminist critics who have argued that heteronormativity may have not entirely 'relinquished its hegemonic hold' on the experiences of gays and lesbians (Richardson, 1996: 3). (See also Jackson, 1999.)

Challenging normative heterosexuality by prioritizing the non-sexual

While no participants in this study readily identified themselves as embracing an 'asexual' identity as expressed by the burgeoning 'asexual movement',[5] some participants challenged normative heterosexuality by prioritizing non-sexual aspects of life and non-sexual relationships. Like queering sexuality, prioritizing the non-sexual aspects of life was not unique to one age group, though in this case, the way that participants approached this strategy differed according to age.

Women in their twenties and thirties were more likely to take on prioritizing non-sexual relationships and activities as a temporary strategy. The most effective way of dealing with sexual difficulties for Jas, age 27, was 'taking a vacation from men'. During her early twenties, Jas felt that she 'was not able to conduct any sort of healthy relationship with a guy' and did not understand why people 'thought sex was enjoyable'. Despite consulting friends and her GP and receiving counselling therapy for her sexual problems, Jas felt she was unable to break a pattern of having unwanted, non-pleasurable sex. Finally, she made the decision to 'take a vacation from men'. She referred to this decision as 'my turning point', where she began 'suddenly seeing myself from a different perspective. Like I stepped outside of myself and said, "What are you doing?"' As a young woman, Jas never approached her sojourn from sexual relationships as a long-term strategy. However, she now views this 'vacation' period, that she described as 'healing within myself', as instrumental to her current ability to engage in pleasurable sex.

Middle-aged women tended to adopt this sexual lifestyle change as a long-term strategy. According to Celia, a 56-year-old Chinese Canadian nurse, she had never enjoyed sexual activity. However, rather than seeking 'expert' advice, she sought a divorce. She described single, non-sexual life as analogous to 'finding myself', which 'was important to me'. Aside from dreading sex with her husband due to lack of interest, arousal *and* orgasm, Celia explained that in her marriage she was 'sort of losing myself'. She described her divorce as being 'very liberating'. She claimed that she was now searching for a companion who would be similarly willing to prioritize non-sexual aspects of relationships; someone 'who will make me flush when he did something non-sexual that really endeared me to him'. Similarly, Hannah, a 53-year-old German single-mother, who recently

returned to university to do postgraduate work, divorced her ex-partner with whom she did not enjoy sex. She described this decision and her subsequent relocation from a small town to Vancouver as, 'self-empowerment for me'. She elaborated, 'I feel my own strength'. Hannah was now interested in finding a companion who she could 'go to a concert' or 'go for a ride' with, 'but not romance'.

Nicola, a 34-year-old school teacher, was able make this type of sexual lifestyle change by finding a companion who was similarly willing to prioritize the non-sexual aspects of life in a long-term relationship. Describing herself as having 'low sexual desire', she was married to her 'high school sweetheart' for 10 years: a man she described as 'different sexually'. Initially, Nicola attempted Performance and Avoidance Work to deal with the imbalance between his 'high sex drive' and her 'low sex drive', stating, 'I had sex when I didn't want to. And then that hatred grew'. Her marriage ended with him leaving her, 'and then [. . .] my life really changed. I mean it changed for the better'. After a few years of single life, she met her current long-term partner. According to Nicola, her current partner 'doesn't need to be sexual with me or to be sexual to get satisfaction'. Thus, her new sexual partner defies the notion that all men have a 'high sex drive'. Reflecting on her current partnership she explained, 'I'm really not a very sexual person but [now] I don't feel guilt for it. I don't feel like I'm not doing my duty [. . .] It's completely different'.

The gender division of the labour of love: the importance of material factors

Some critics (Duncombe and Marsden, 1996; Holland et al., 1998; Jackson, 1999) argue that material factors are a crucial aspect of the context of women's sex work. For example, Jackson maintains that women's awareness of their relative position of inequality with men is pivotal to their understandings of the choices they perceive themselves as having in sexual relationships. She warns that 'discourses do not float free from material structures or material inequalities characterizing the societies in which they are produced' (p. 181). Duncombe and Marsden similarly emphasize this point, stating, 'sex work takes place in the context of an interpersonal balance of power [. . .] Undoubtedly, the balance of power in such exchanges tends to be tilted toward men' (p. 222).

Heterosexual participants who were financially dependent on their partners were less likely to make sexual lifestyle changes. From their perspective, the material 'costs' outweighed the 'benefits' that might be gained through having greater freedom to express themselves sexually. For

Kate, a 43-year-old mother with no post-secondary or career training, and no paid job, her rationale for doing sex work was as follows:

> For all of us. It's worth it for Bob. Yeah, I think it's working where my daughter has two parents, where my husband is not wound up and I'm just doing something that I don't find very pleasant and would like to find a lot more pleasant [. . .] I'm well aware that I love my husband and I want to stay with my husband. Our life is great. It's almost like [. . .] you don't want to do many things but you do them. So, I have sex probably twice a week.

Indeed, sexual lifestyle changes roused fears surrounding financial insecurity, especially for participants with children and/or women who did not have paid careers of their own. Informants in all different situations went ahead and made sexual lifestyle changes, but for employed, childless women, such as Jas, Maria, Danielle, Samantha and Nicola, these transitions were easier. As women whose lives were first and foremost dedicated to their roles as mothers, Jolene, Celia and Hannah bore the financial brunt of divorce; the gateway to their sexual lifestyle changes. Their ability to make drastic changes to the organization of their sex lives was therefore complicated by material factors. For instance, Jolene was aware that her decision to forsake sexual relationships and live as a single mother placed her in a vulnerable position. She explained, 'Right now, I exist day to day by just being able to put a roof over my head, feed myself.' Celia reflected on her decision to divorce, stating, 'There was no exchange of support even though he made a heck of a lot more money than me.' She concluded, 'Actually, that turned out to be financially quite hard'. Hannah decided to file for divorce after years of emotional and physical abuse. Though she has raised her ex-partner's children, one of whom was disabled and required full-time care, she did 'not receive any child support anymore – nothing'. At the time of the study, she was disputing this legal issue in court.

The data further suggests that conformity to heteronormative ideals can also be linked to experiences of male physical violence, threat of violence, or mental abuse. While many participants were involved in supportive, caring relationships with men, many had past experiences of non-reciprocal, male-dominated relationships, and 10 of the 31 participants mentioned experiences of physical or sexual violence. Indeed, some participants learned to conform to normative heterosexual ideals via coercion, in the form of sexual and physical abuse by men. Both Maria, a 22-year-old student, and Jas, a 27-year-old yoga instructor, described how experiences of abuse put them in tune with men's sexual needs and their duty to work towards satisfying 'the male sex drive'. When discussing her reaction to being sexually abused by her grandfather, Maria, who sought no 'expert' advice for her orgasm problems, claimed:

> And I find it really hard not to respond to it [sexual tension] whether I really want to or not. I always respond to sexual tension [. . .] So, it's kind of like being obligated. And so yeah, that just goes on from all that. (Maria)

Jas, a 27-year-old Indo Canadian woman who was raped by her uncle from the age of five to 15, felt she had problems with sexual desire, arousal, orgasm *and* pain. She described her relationships with men, stating, 'I can automatically understand how the other person feels. I'm very much into what they're feeling. It's the result of much conditioning.' Other participants felt that forsaking their sexual duties could result in violence. For instance, Jolene and Jas were both beaten on several occasions for resisting sexual abuse. Lauren, a 21-year-old student, said that in her struggle to hold on to her 'virginity', she narrowly escaped violence. She elaborated, 'I almost got myself raped last year because of a situation where saying "no" angered someone'. Not taking part in sex seemed to expose some participants to mental abuse by male partners. As a prime example of what Gavey (1993) refers to as 'heterosexual coercion', Charlene's partner expressed anger and revoked romantic gifts when she withheld intercourse.

It might be thought that, by focusing on relations of power and inequality, this account gives too little space to women's agency in choosing to engage in 'the labour of love'. For instance, Duncombe and Marsden (1996) remind us that, 'sex work may be either fulfilling or distasteful, depending upon the relational context in which it is performed' (p. 235). Some participants described Discipline Work in terms of 'getting to know myself sexually', or 'learning about my sexuality'. In other words, it is possible that they constructed and reaffirmed their sexual identities through sex work, as well as enjoying the process of exploring their sexuality. Nevertheless, the interviews reveal that when sex work is discussed in-depth, there is a prevalence of biographical or contextual issues, such as financial dependence on men or prior experiences of male violence, and these overshadow the positive portrayals.

Conclusion: 'a woman's work is never done'

This research data, which examines women's experiences of sexual problems and their treatment in Vancouver, Canada, contributes to a number of sociological discussions and debates. Firstly, as examined in a growing number of sociological empirical studies depicting women's emotional and sex work, as well as historical sociological studies highlighting women's engagement with therapies and 'self-help' recommended by 'experts', it is evident that women have a long-term legacy of engaging with 'the labour of love', or 'working at their sex lives'. Therefore, the

data adds strength to existing literature, arguing that 'sex work' occurs in the private as well as the public sphere. Alhough not the focus of this article, men also engage in sex work. However, as a result of women's greater likeliness to be exposed to 'expert' advice and to be financially dependent on male partners, they are arguably more likely to do so.

Secondly, this research contributes to debates surrounding the social construction of sexuality: more specifically, the role of discourses in shaping sexual practises as compared to the role of material inequalities in informing such activities. Though a discourse of sexual pleasure is not entirely absent from participants' accounts, attempting to identify motives linked to an 'authentic' desire to experience emotional or corporeal pleasure is problematic considering the dominance of a number of discourses constructing 'normal' heterosexuality in narrowly-defined terms. This study shows the interdependence of culture *and* economics. Cultural discourses such as the healthicization of sex and the male sexual drive discourse were evident in the majority of participants' accounts of why they were distressed about sexual difficulties. Even bisexual and lesbian participants brought goal-oriented views of sex to the sexual encounter and were deeply distressed by not 'performing' well. Women who were more dependent on their partners financially – typically those who had young children – did not see themselves as being able to challenge normative expectations of sexual practises as easily as women of various ages without children and/or with paid careers. Though evidence of women's 'sexual lifestyle changes' is not to be underestimated, their link to material factors adds credence to Jackson's (1999) argument that a 'sexual revolution in the bedroom will not take place without a concurrent revolution in the sexual division of labour and the end of male violence'. Arguably, one of the major reasons why women are expected to take part in sex work is that socio-economic and sexual equality with men has not yet been fully realized.

Finally, the data provides a contribution to recent debates surrounding the medicalization of women's sexual problems via the FSD label. The current focus of the feminist critique has been mainly aimed at the significance of the increasing role of 'Big Pharma' in defining sexual problems in terms which will justify the invention of a 'magic bullet cure' for FSD (for example see Tiefer, 2001; Loe, 2004). At the time of writing, the only 'cure' for FSD approved by the FDA is 'The Eros Clitoral Therapy Device', described by FSD critics Fishman and Mamo (2001) as a 'safe and effective' medical device, clearly marketed in order to 'differentiate itself from fetishized sex toys' (p. 188). Ultimately, the findings of this study confirm the importance of existing critiques of FSD, while reminding us of the pervasiveness of the regulation and commodification of women's sexual problems even in the absence of the anticipated 'female

Viagra'. Working to achieve heterosexual norms with or without the direct help of the 'experts' is an established pattern for women which predates the FSD label and pharmaceutical interventions into women's sexual problems. Thus, while challenging the medicalization of women's sexual problems under the FSD framework is key, greater changes in women's material freedom at the macro-level, in addition to changes in sexual patterns at the micro-level, will be necessary for any radical disruption of the gender division of 'the labour of love'.

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Notes

1. In 2003, medical journalist Roy Moynihan reported favourably on the feminist critique of FSD in his critical article 'The Making of a Disease: Female Sexual Dysfunction' published in *The British Medical Journal* (2003). The publication of this article encouraged international online responses to the BMJ website from physicians and the lay public, many of which opposed the efforts of the pharmaceutical industry and medics seeking to define and treat women's sexual problems using a medicalized framework.
2. Canadian universal health insurance 'covers' all physician services that are deemed 'medically necessary' by provincial health authorities. In British Columbia, 'sexual medicine' falls into this category.
3. The prevalence of women in this sample who had actively sought out 'expert' advice for their sexual difficulties may be related to several factors. The predominance of a middle-class sample is key. Twenty-five of 41 participants had some university education. Universal access to health insurance covering the majority of physician services is also relevant. For instance, 22 of 31 informants sought GP advice for their sexual difficulties.
4. Women in the study from numerous ethnic backgrounds, including white European, felt that their ethnic origin influenced their negative sexual experiences. This finding suggests that gender may be a more influential factor shaping sexual experiences than ethnicity.
5. Recently, a small movement has begun amongst young people in the West to challenge the notion that one must fit into one of the following categories: heterosexual; homosexual; bisexual; or transsexual. They position themselves as separate from abstinence movements associated with religious reactions to the AIDS pandemic and the growth of Christian fundamentalism, for instance, the US-based 'Silver Ring Thing'. They defend asexual relationships as being of equal importance as sexual relationships, which they see as being imbued with greater value in our culture (The Asexuality Visibility Network www.asexuality.org).

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