

Sex as Assemblage: Women's Sexuality, Medical
Science, and Networked Discourses of Health

By

Amanda M. Friz

A dissertation submitted in partial fulfillment of
the requirements for the degree of

Doctor of Philosophy

(Communication Arts)

at the

UNIVERSITY OF WISCONSIN-

MADISON 2020

Date of final oral examination: 04/28/2020

The dissertation is approved by the following members of the Final Oral Committee:

Jenell Johnson, Associate Professor, Communication Arts

Robert Asen, Professor, Communication Arts

Sara McKinnon, Associate Professor, Communication Arts

Judith Houck, Associate Professor, Gender & Women's Studies

Robin E. Jensen, Professor, Communication, University of Utah

© Copyright by Amanda M. Friz 2020
All Rights Reserved

ACKNOWLEDGEMENTS

The lie of the single-author work is that nothing is written in isolation, without inspiration, guidance, and assistance. When I think of my own scholarly assemblage, I see networks spreading wide, from the teachers and mentors who first instructed me to the friends and loved ones who helped me across the finish line. Many thanks to the faculty at the University of Utah for giving me a solid foundation in the theories and methods that informed this work: Sean Lawson and Rob Gehl, for introducing me to STS (and a special thanks to Rob for his webmaster skills!); and Helga Shugart and Kevin DeLuca for introducing me to rhetorical criticism. You were wonderful mentors when I was a green master's student, and I'm grateful for your continued support and encouragement even after I graduated.

I'm so grateful for my fellow graduate students and comrades who sat alongside me in Utah and Wisconsin, in the cohorts ahead and behind me. Special thanks to Jesse Houf for being my writing partner, my reader of zero drafts, and my confidante. To Betsy Brunner for our long conversations about everything from ANT to rhetorical force to the state of the academy. To Stacey Overholt for our remote retreats, our co-authorship of zombie projects, and our soulmateship. To Marissa Fernholz, my frequent interlocutor and friendly challenger who pushed me to keep my critiques sharp. To Hana Masri, who always offered support and insight, whose offhand comment one day in seminar – “Have you heard about this female Viagra thing?” – planted the seeds that became the first chapter of this dissertation, and who, with Marissa, always kept the importance of attending to politics at the forefront of my mind.

I was blessed with dedicated and rigorous mentorship at the University of Wisconsin. Many, many, thanks to my dissertation committee – Robert Asen, Sara McKinnon, Judith Houck, and Robin Jensen – for your guidance, support, and insights. Special thanks to Robin for offering such insightful and enthusiastic feedback, and to Rob for coming to every practice talk I gave and whose feedback not only helped me on the job market but also helped me revise my chapters. Thanks, too, to the informal mentors I had: Steve Lucas, who always cheered me on; Sarah Jedd for her enthusiasm and encouragement; Karma Chávez, who taught me you have to master the foundations of our field in order to challenge and change them; and Allison Prasch, for shepherding me through job negotiation as well as offering vital feedback on one of my chapters.

My greatest ally, cheerleader, and advocate has, of course, been my advisor, Jenell Johnson, who fought for me to come to Madison and has been my biggest supporter ever since. When I doubted myself or felt overwhelmed or like an imposter, she was always there with understanding, empathy, and above all kindness. She's shown me what kind of professor and advisor I hope to be.

A project on the agency and impact of the non-human would be incomplete without thanks to a few of the objects and non-human actants that helped me. Thanks to fizzy water, Pringles, and popcorn as my go-to writing snacks; to Ke\$ha instrumental tracks for pumping me up while writing; to Cargo Coffee, Stone Creek, and Lakeside for providing shelter and ambiance while I wrote; and to coffee, bourbon, and cigars for your inspiration.

Finally, this project would not have been possible with my network of family and friends, whose presence and love I always feel: Daniel and Lyndy Friz, Jason and Leslie Friz, Peggy Saunders, Michelle Flood, and Caelyn Randall. I'm so grateful for my parents, who attended my conference presentations, celebrated my victories, and always encouraged me to follow my dreams, and for my grandparents who always told me how proud they are. To Güs for always being a true, true friend. And to my girlfriend Gina for being my enthusiastic and loving supporter and fellow lover of all things frivolous and whimsical.

TABLE OF CONTENTS

Acknowledgements.....	i
Abstract.....	iii
Introduction: Assembling Women’s Sexual Health	1
Chapter One: Whose Sexual Health: Female Viagra, the Science of Desire, and the FDA	43
Chapter Two: The Clitoris Multiple: Assemblages of Presence and Pleasure	98
Chapter Three: Pleasure Which Exceeds Language: Interrogating The Rhetorical Practices of Ordering, Naming, and Visualizing Women’s Pleasure in OMGYes	131
Conclusion Chapter: Pleasure as Remainder	175
References.....	188

ABSTRACT

The state of research on and clinical care for women's sexual health is dire, having been named as one of the FDA's top 20 patient-focused areas of unmet medical need. Biomedical and sexological research on this topic tends to proceed from heteronormative and masculinist conceptions of sexual health. Combining rhetorical criticism and Science and Technology Studies these theoretical perspectives, I argue that the current medical-scientific discourses on women's sexuality are predicated upon hegemonic understandings of gender roles, desire and pleasure, and sexual scripts. Conceptualizing women's sexuality as a constellation of material, discursive, and technological forces, I argue such discourses stunt not only the state of medical research and practice but also individuals' lived sexual experiences.

In making this argument, I offer a theorization of rhetorical force, or the strategic assemblage, deployment, and circulation of material-discursive cultural logics. In thinking about rhetoric as a force, I use metaphors from physics to trace its movement, density, and inertia across three case studies. The first case study analyzes testimony from the 2015 FDA approval of flibanserin (nicknamed "the female Viagra pill"). I argue that a hypermasculine ideal of sexual desire and expression shaped the argumentation of women seeking the pill's approval as they framed low sexual desire in women as a medical problem requiring intervention. In my second chapter, I show how activists' and medical scientists' efforts to visualize the clitoris privilege vision as the only legitimate means for knowing one's body. In my final case study, I analyze discourse from OMGYes.com, a website that purports to teach women about their sexual health and to liberate users by "closing the orgasm gap." I argue such endeavors, while well-meaning, might emphasize technological solutions that distract from interventions targeting interpersonal communication between intimate partners. In my concluding chapter, I return to the scholarly

conversation surrounding the uptake of object-oriented ontologies to propose a radical rethinking of the relationship between subjects and objects, of who or what can exist as a subject of sexual desire. Such rethinking offers space to conceptualize pleasure as a central and persistent actant in the assemblage of sexual health.

INTRODUCTION: ASSEMBLING WOMEN'S SEXUAL HEALTH

I want to begin with two stories and a set of statistics.

First story: Charletta believed herself to have inorgasmia—a sexual dysfunction in which a person does not experience orgasm. She believed she had a “broken sexuality” needing medical intervention because she could not achieve orgasm “during intercourse” with her husband—that is, from vaginal penetration alone. In a 2011 interview for the documentary *Orgasm, Inc.*

Charletta (full name withheld) discussed her inorgasmia with filmmaker Liz Canner explaining the issue as one of sexual health: “Not only am I not normal, I am diseased.” Desperate for a solution, Charletta participated in an experimental surgery with Dr. Stuart Meloy, who surgically implanted electrodes in her spinal column that he believed would help to electronically “trigger” orgasm. The electronic device failed to do so but did make her left leg twitch. Once the device was removed, Canner began a line of careful questioning during which Charletta revealed that she regularly orgasmed while masturbating, but thought she was “broken” because she could not orgasm from vaginal penetration alone. When Canner revealed that most people with vaginas do not orgasm that way, either, the 60-something woman erupted on camera with relieved tears, saying she wish someone had taught her that fact when she was younger.

Second story: Female sexual disorders often are vague in their diagnosis and limited in treatment options. People who experiencing vaginal pain during intercourse are often diagnosed with dyspareunia, which simply means that intercourse is painful, with no indication as to cause or treatment. Finally in 2015, a group of researchers announced they had discovered a novel treatment for dyspareunia, offering a glimmer of hope to people diagnosed with the disorder (Goetsch et al., 2015). Their “groundbreaking” treatment? Lidocaine. In essence, the researchers suggested liberal application of numbing agents so vaginal penetration could continue. The

researchers praised the topical analgesic for efficaciousness in reducing pain by 87 percent for the treatment group but cautioned it was a solution that treated only the symptom of pain and that dyspareunia remains a multifactorial disorder requiring further research into the underlying causes.

And now, some statistics:

- In a survey of college-aged, heterosexual ciswomen asking how they determined a sexual encounter to be “satisfying,” the number one response was if the encounter was not painful. The second criterion these women cited was whether their partner climaxed (Herbenick et al., 2018).
- Among teenage girls with vulvas, the fastest growing plastic surgery is labiaplasty, or alterations to the visual appearance of their labia. The most common labiaplasty procedure is called “the Barbie.” People getting this plastic surgery say it is necessary in order for straight men to find their genitalia attractive (Howarth et al., 2016).
- About 28% of transwomen in the U.S. have chosen to undergo gender-affirmation surgery as of 2015 (Kailas et al., 2017), but a majority report being quizzed about the state of their genitalia upon coming out as trans.

Together, these stories and statistics paint a picture of the state of women’s¹ sexual health in 21st century United States: riddled with misinformation, embarrassingly low bars for success (essentially, the absence of pain), a predominant yoking of women’s sexuality to their reproductive capacity, and a rigid disciplining of sex and desire.

The state of scientific research on and clinical care for women’s sexual health is a dire one, indeed. The paucity of information about causes of sexual dysfunctions, the limited diagnoses available, and the questionable treatments are just the beginning. The topic is further hindered by the reliance upon androcentric, masculinist, and cisheterosexual models of sexual

¹ When I use the words “woman” or “women,” I am thinking inclusively of all people who identify as a woman. This term thus includes both ciswomen and transwomen as well as intersex and genderfluid folks who identify with the term.

activity (as well as general myths and stereotypes) in lieu of patients' perspectives. Because of this dismal state of research and practice, women's sexual health has been named as one of the FDA's top 20 patient-focused areas of unmet medical need and research (Office of the Commissioner, 2016; Schulte, 2015).

The dire state of women's sexual health should come as no surprise to anyone familiar with the broader sexist, racist, and misogynist ideologies enacted through medical practice and research in the U.S. today. The existence of implicit bias in medicine is well-documented. Women are more likely than men to be misdiagnosed and tend to be dismissed as having hypochondria, hysteria, or otherwise psychosomatic symptoms that are "all in their heads" (Dusenbery, 2017; Floyd, 1997; Hoffmann & Tarzian, 2001; Klonoff & Landrine, 1997; Miller et al., 1986; Tasca et al., 2012). People of color experience higher rates of misdiagnosis as well as racialized stereotypes and sub-par levels of care (Enoch, 2005; Grobman et al., 2015; Hoberman, 2012; Hoffman et al., 2016; Howell, 2018; Howell et al., 2016). Especially in the United States, Black people are particularly subjected to medical racism (Hoberman, 2012; Roberts, 1997; Washington, 2006), such as persistent beliefs among clinicians that Black people have thicker skin or higher pain tolerances than white people (Hoffman et al., 2016; Meghani et al., 2012). The effects of these biases are also well-documented. Black patients are 22% less likely to be prescribed pain medicine than white patients exhibiting the same symptoms (Meghani et al., 2012). In a 2015 study of children with appendicitis, Black children were less likely than white children to receive any pain medication at all (Goyal et al., 2015). Black women are three times more likely to die during childbirth in the U.S. than white women (Grobman et al., 2015; Metzl & Roberts, 2014; *Racial and Ethnic Disparities in Obstetrics and Gynecology—ACOG*, 2015)

The cause of such biases is less well-documented in the medical literature. One explanation is that because women historically have been excluded from clinical trials, the data simply are missing (Liu & Mager, 2016). Another explanation turns to the millennia-long history of hysteria as both a catch-all diagnosis for women's illnesses and, in more recent history, as a means to shift the site of illness from the soma to the psyche, (Tasca et al., 2012). Or, more broadly, the history of treating women as less-than-human—and Black women as even lesser-than-human—has become inherent in many institutions, with medicine one more example of that manifestation (Hirsch, 2018; Metzl & Roberts, 2014; Roberts, 1997; Washington, 2006).

These explanations, however, ignore a common assumption undergirding medical practice in the U.S. both today and historically. The problem is not just that patients are experiencing racism, sexism, and misogyny, though they are. The problem is also that, a priori, women are reduced to their reproductive organs in medical assessment and treatment such that physicians are trained to conflate the health of a woman with the health of her reproductive system. For millennia, if something was wrong with a woman's health, her reproductive organs were seen as both the cause and the cure (Koerber, 2018; Tasca et al., 2012). Impregnation has been viewed as a viable treatment option for psychic and somatic ills dating back to at least the Ancient Greeks, while simultaneously a woman's desire not to be pregnant or inability to become so has been viewed as a symptom of illness (Cryle & Moore, 2011; Groneman, 2001; Jensen, 2015a; Koerber, 2018; Tasca et al., 2012).

Feminist scholars working within a variety of theoretical frameworks, from Marxism (e.g., Federici, 2014; Firestone, 2003; Hartsock, 2004) to psychoanalysis (e.g., Chodorow, 1979) to phenomenology (e.g., Ahmed, 2006; Alcoff, 2005; Kruks, 2001b) to standpoint theory (e.g., D. Haraway, 1988) to Science and Technology Studies (STS) (e.g., Barad, 1996; Franklin, 2013;

Donna Jeanne Haraway, 1994; Harding, 2004; Martin, 1991) all have argued that reproduction is a key site of women's oppression. For example, part of the Western European transition from feudalism to capitalism involved introducing and rigidly enforcing a sexual division of labor tied to gender roles: men were to be productive while women were reproductive (Federici, 2014). More recently, transfeminists (e.g., Enke, 2012; Scott-Dixon, 2006) have shown the ways transwomen are excluded from the category of "woman" on the basis of not having reproductive capacity. In a similar vein, women of color have been reduced to their reproductive capacities, most notably in the US when enslaved women were treated as "breeding stock" (Collins, 2002; Gilman, 1985; Morgan, 2015). After the Civil War and as recently as the 1970s, women of color regularly were involuntarily sterilized² due to (white) fears of "insatiable sexualities" leading to excessive reproduction among non-whites (Bartz & Greenberg, 2008). Feminist STS scholars in particular (e.g., Barad, 1996; Franklin, 2013; D. Haraway, 1988; Donna J. Haraway, 1997; Martin, 1991) argue that attention to the biological body is important for theory-building but a slide into biological determinism—the idea that women are defined by and reducible to their wombs—must be guarded against with vigilance.

The dominant assumption that all "normal" women and only women are driven to reproduce and take on subsequent domestic duties is a core tenet of patriarchy, one which cuts intersectionally to oppress ciswomen by reducing them to their wombs, transwomen by excluding them on the basis of not having a womb, and uniquely affects women and transpeople

² In the U.S., rates of voluntary sterilization for birth control are higher among people with uteruses than people with penises (annually approximately 700,000 versus approximately 500,000) yet obtaining sterilization includes legal restrictions (age restrictions, waiting periods, counseling) for people with uteruses that people with penises do not have to adhere to (Bartz & Greenberg, 2008). Meanwhile, involuntary sterilization of women of color has routinely been carried out in the U.S. en masse as recently as the 1970s (Enoch, 2005).

of color in binding them to a racist presumption of animal fecundity. This reduction of women's health to their reproductive health provides a powerful warrant for medical sexism and the subsequent poor health outcomes discussed above. The same logic that conflates women with their reproductive organs similarly reduces women's sexual health to their reproductive health. Indeed, if the leap from "healthy womb" to "healthy woman" is an easy and frequent leap (as illustrated above) the leap from "healthy womb" to "healthy sexuality" is even more so.

Most frequent discussions of the topic rely upon a sterile vocabulary that turns upon allusion and inference, that manages to somehow talk about sex while never speaking directly of sex. Women's sexual health frequently gets glossed as reproductive health, as if one's genitalia, gonads, and fertility were all that mattered for a healthy sexuality. This linguistic substitution—to speak of "sexual health" but only discuss reproduction—offers a veneer of respectability by which everything but the bedroom can be discussed. The health and function of reproductive organs is important, to be sure; but there is and must be more to sexual health than reproduction alone. What would it take to see women's sexual health beyond the boundaries of reproduction? An answer to that question, I posit, would provide space not only for thinking of sexual acts and practices in counter-hegemonic ways but also have implications for medical research and clinical practice.

Indeed, these very concerns of the limitations of previous scholarship on sexual health are what prompted Fahs and McClelland (2016) to propose a "critical sexuality studies" with an "investment in examining how power and privilege operate, understanding the role of historical and epistemological violence in research, and generating new models and paradigms to guide empirical and theoretical research" (p. 392). This dissertation contributes to such a project but does so by speaking to and sharing in the commitments of rhetorical scholarship, specifically

conversations grounded in the rhetoric of health and medicine.

Critical Health Studies and Rhetoric of Health and Medicine

The “critical turn” in health communication scholarship (Dutta, 2010; Zoller & Dutta, 2008) and the growing subfield of rhetoric of health and medicine (RHM), serve as a complement and counterpoint to quantitative health communication research by bringing critical and cultural theories to bear on dominant assumptions about what “health” is and how best to attain it, assumptions often grounded in privileging certain races, gender performances and presentations, sexes, abilities, and classes (Melonçon & Scott, 2018; Segal, 2015). This grounding in critical theories opens space for health scholars to expand their subjects of study to include mass media representations of health (Gray, 2007; Harter & Japp, 2001; Shugart, 2008, 2010), news media coverage (Dubriwny, 2008; Dutta, 2007; Shugart, 2011), narrative medicine (Carmack, 2010; Charon, 2001, 2008; Langellier, 2009; Ott Anderson & Geist Martin, 2003), and graphic medicine (Czerwiec et al., 2015).

With these trends in place (acceptance of narrative, cultural, and critical approaches), health communication has in recent years become more receptive to rhetorical analyses as evidenced by the publication of works by rhetoricians Lisa Keränen, Helga Shugart, Judy Segal, and Heather Zoller in health communication journals that typically privilege quantitative studies (Keränen, 2001; Kroløkke, 2010; Segal, 1997, 2005, 2015; Shugart, 2010, 2011; Zoller, 2003, 2005). Even so, discussions of medical rhetoric within a health communication context have the additional burden of popular understandings of rhetoric as empty speech or insignificant ornamentation that is superimposed over reality (Segal, 2015). Careful work must be done to explicate rhetoric’s constitutive capacity, necessitating particular ways of defining rhetoric at the

outset of one's article (see for examples of this strategy Segal, 2015; Shugart, 2010, 2011) or resorting to classical definitions of rhetoric (e.g., Keränen 2001) to make our field "legible" to medical doctors and health communication scholars.

Increasingly, this work is being done within the emerging subfield of RHM, which shares the commitments of critical health scholarship while bringing rhetorical theory in particular to "bear on a number of health practices, from regulatory advisory committees to medico-legal testimony to community-based medical interpretation to corporate advocacy to broader cultural shifts in notions of wellness" (Melonçon & Scott, 2018, p. iii). This dissertation project emerges from and speaks back to these critical health and RHM conversations by positing sexual health as rhetorically constituted and politically inflected (cf. MacKinnon, 1989).

However, rhetoricians tend not to discuss sexual practices and pleasure in their scholarship. Analyses of isolated aspects of sex can be seen in some rhetorical scholarship, from queer theory and studies of sexual orientation (Morris, 2002, p. 200, 2006; Morris & Rawson, 2013; Scott, 1991; Shugart, 2007) to sex education (Jensen, 2007, 2008, 2010; Weingarten, 2013) to media and pop cultural representations of sex and gender (Carstarphen & Zavoina, 1999; Shugart, 2008). But rarely does the discussion of sex and rhetoric address sex in ways that open space for discussions of issues of the body and pleasure.

Part of this absence, perhaps, lies in the discomfort and silence surrounding sexuality generally and women's sexuality specifically. Sex and sexuality remain taboo topics in and out of the academy, and women's and queer sexualities are especially vulnerable to erasure, presently and historically (Alexander & Rhodes, 2016; Carstarphen & Zavoina, 1999; Hayden, 2013; Laqueur, 2003; Shugart, 1994; Vance, 1992). Rhetoric, too, appears uncomfortable with women's sexuality (some scholars who have also argued this point, to varying degrees, are:

(Alexander & Rhodes, 2016; Campbell, 1989; McDermott, 2016; Shugart, 1994; Sutton, 1992).

In their introduction to *Sexual Rhetorics*, Alexander and Rhodes write of the need to “expand our awareness of the rhetorics of sex/uality, looking at how those rhetorics move multiply and intersectionally to articulate the complexities of desire and discourse” (2016, p. 2). Too often, discussions of sex that are limited to the juridical, educational, and political dimensions sacrifice a holistic discussion of sex for a veneer of respectability that Alexander and Rhodes see reifying tendencies toward normalization and “the impoverishment of our imaginations” regarding what sex can be. This dissertation, then, strives to bring all of these pieces together through a networked understanding of sex so as to relate them to each other in a new way.

This networked approach to sex is not unlike Jensen’s call for an ecological approach to the study of health communication. Jensen (2015c) argues an ecological approach is important because it allows for the tracing of ideas about health in relation to two senses of time: examining how ideas circulate *within a* time and tracing the “percolation” of ideas *over* time. In the former, the circulation of logics, discourses, and rhetorics across and among spheres is analyzed within a relatively bounded period of time. In the latter, a broader genealogical approach is used to examine how, over time, certain logics, discourses, and rhetorics persist, rising (or “percolating”) to salience at some times and falling into obscurity (though not disappearing entirely) at others. I see a networked approach as operating in the spirit of ecological approaches, though with a different vocabulary and thus different opportunities to see new connections while analyzing an artifact, such as conceptualizing sex as a nexus of discursive and material relations and rhetoric as a force enabling the circulation of power within networked relationships.

But what does such a conceptualization look like? Often the move is a turn to the

linguistic and discursive dimensions of sex, to the detriment of the body. When Rubin (1998) claims “sexuality is impervious to political analysis as long as it is primarily conceived as a biological phenomenon [...]. Once sex is understood in terms of social analysis and historical understanding, a more realistic politics of sex becomes possible” (p. 106), she elides the political that resides within the biological. Rhetoricians of science and medicine (and STS scholars, too) know this to be a grave elision (Condit, 1996, 2008, 2013; Graham, 2015a; Happe, 2013; Donna J. Haraway, 1997; J. A. Lynch, 2009; O’Riordan, 2012). We cannot turn away from the medical discourses and biological argumentation that are marshaled to constitute a seemingly apolitical sexuality. Instead we must strive in the opposite direction, to show the politics that always already are at work in not just the formation of scientific facts (Latour, 1987, 2011; Latour & Woolgar, 1986), but also in the assertion of science’s objectivity.

Scholars within the rhetoric of health and medicine are uniquely positioned to assist with such a turn to the social, material, and discursive dimensions of sex. Sexual practices often draw from specific repertoires of gender performance, relying upon heteronormative ideals of “man” and “woman” in order to “do” or “make” sex (Laqueur, 2003). These repertoires are constructed, at least in part, via dominant narratives about gender which are drawn from and fed back into the medical establishment (Butler, 2011; Laqueur, 2003; Meijer & Prins, 1998). There is no question such a process is a rhetorical one, reliant upon particular ways of framing and understanding the body, as well as gender, sex, and pleasure. For example, in nineteenth century psychiatry and medicine, the term “invert” was used to describe people engaged in homosexual practices. The term originates in a biological essentialism that presumes sex assigned at birth would dictate gender presentation, sexuality, and sexual behavior. Homosexuals were “inverted” in that gay men were believed to be uniformly more feminine than straight men, and lesbians more

masculine and sexually aggressive than straight women. Such a definition relies upon a particular alignment and understanding of the body, gender, sex, and sexual practice, whose rhetorical force circulated beyond the clinic or the couch to also shape individuals' understandings of themselves as normal or abnormal (Chauncey, 1982). Furthermore, scholars outside of rhetoric have called for future lines of research that incorporate an attention to constitutive language and circulations of power (e.g., Cacchioni & Tiefer, 2012; Fahs & McClelland, 2016). Given this call for an interdisciplinary, networked or ecological approach to the study of sex, this dissertation will strive to put these strands into conversation with each other, and through their combination open space for further considerations of sex as a nexus of multifarious discourses, materialities, and practices.

Research Question

Research on this topic from the fields of biology, psychology, pharmacology, and sexology tends to proceed from heteronormative and masculinist conceptions of sexual health. Queer feminist STS and rhetoric of science provide ideal means to challenge these assumptions, particularly when they are used as the foundation for knowledge about "health" and "illness" in the medical sciences. Combining these theoretical perspectives, this dissertation focuses on the rhetorical-scientific constructions of women's sexual health across technical and public spheres.

This dissertation draws from and speaks back to two conversations within the field of communication: the ongoing scholarly debates on bridging rhetoric of science and STS, and a growing body of literature on "critical health studies," which I perceive to be a generative space for rhetoricians of health and medicine to contribute to health communication scholarship. At the heart of this dissertation, then, is the question: How is women's sexual health rhetorically

constructed without reliance upon discourses of reproduction? Conceptualizing women's sexuality as a constellation of material and discursive forces, I posit that medical-scientific frameworks draw from and reinforce dominant discourses of gender and sexuality, shaping biomedical research, clinical practice, and the lived sexual practices of individuals.

As trends toward medicalization intensified over the past century or so, the entanglements that bind together sex and sexual health have tightened. Sex is simultaneously ephemeral and durable. It is so polysemous as to have its meaning nearly evaporate into the air the moment it is spoken; and yet, its borders are rigidly policed and maintained. Here is where Foucault's discussion of the truth of sex resonates with my own meditations, in that how one performs sex (one's desires, fantasies, object of attraction/affection, acts, etc.) is taken in the dominant discourse to reveal somehow the truth of one's essence, especially one's goodness or badness, normalcy or deviance, health or illness.

Sex is seemingly everywhere and nowhere at once. The adage that "sex sells" has become so commonplace as to border on cliché. Throughout popular culture, from advertising to movie plots to song lyrics, sex is presumed to be the ur-motivator, driving consumption habits and mediated mating rituals. And yet, as my opening stories illustrate, despite the ubiquity of sex there exists surprising ignorance and absences. Because of this material-discursive, everywhere-nowhere aspect, this project is especially well-suited for approaches like Actor Network Theory (ANT) and object-oriented ontologies. Thus, in the next section I make the argument for such an approach and how to incorporate these concepts into rhetorical theory.

Theory: Bringing STS and RHM Together

This dissertation contributes to an ongoing conversation about bringing concepts from

STS literature into rhetorical theory and criticism. The argument *that* we should mix the two bodies of literature has been sufficiently made at this point, either explicitly (e.g., Condit, 2013; Condit et al., 2012a, 2012b; Graham, 2015b; Gries, 2015; J. A. Lynch, 2009) or implicitly (e.g., Happe, 2013). Now we must parse out how we should mix the two in such a way that both honors rhetoric's attention to power and politics *and* remains true to the STS source material.

Why should rhetoricians even turn to objects in the first place? In part my answer to this question is, "We already have." From analyzing images (e.g., DeLuca, 1999), monuments (e.g., Blair, 1999, 2001; Hasian, Jr, 2004; E. Light, 2016), and bodies (see Chávez, 2018 for an overview of this literature), to rhetoric's embrace of field methods (e.g., McKinnon et al., 2016; Middleton et al., 2011, 2015) and performance (e.g., Calafell, 2007, 2014; Conquergood, 1985, 1991; Madison, 1993), rhetoricians over the past 30 years have broadened our topics of consideration. Furthermore, Conquergood (1991) argues a sole focus on the textual and the linguistic forecloses attention to the body/embodiment: "In the quest for intellectual respectability through disciplinary rigor, some communication and rhetorical scholars have narrowed their focus to language, particularly those aspects of language that can be spatialized on the page, or measured and counted, to the exclusion of embodied meanings" (p. 188). In short, rhetoricians have realized that although we cannot abandon an attention to discourse, we also cannot ignore materiality (see, e.g., Biesecker & Lucaites, 2009).

In considering this nexus of materiality and discourse, feminist scholars make a similar argument, such as Sonia Kruks (2001a), who argues that discourse alone as the unit of analysis of women's experience tends to lead to discursive reductionism, which excludes anything outside of discourse. Instead, she locates the interplay between the discursive, cognitive, biological, emotional in the body. Feminist STS scholars express similar concern, such as

Annemarie Mol's (2002a) argument that health and disease cannot be limited to discourse alone because "by entering the realm of meaning, the body's physical reality is still left out; it is yet again an unmarked category. [...] In a world of meaning, nobody is in touch with the reality of diseases, everybody 'merely' interprets them. There are different interpretations around, and 'the disease'—forever unknown—is nowhere to be found" (pp. 11-12). For scholars working in critical health studies and the rhetoric of health and medicine, attention to bodies beyond discourse is crucial.

Indeed, one of the concerns at the nexus of rhetorical theory, feminist theory, and critical health studies is how to theorize and attend to the body. As Chávez (2018) argues, the stakes of this attention are huge, because although rhetoric has always had an "implicit concern" with the body, "it is only through bodily difference in contrast to the unspoken, yet specified, white, cisgender, able-bodied, heterosexual male standard that particular bodies come to matter" (p. 242). Thus, "if rhetorical studies commits to resisting forms of dominance such as white supremacy and misogyny, then analyses must grapple with bodies" (p. 242). Therefore, if part of my answer as to why rhetoricians should turn to objects is "We already have" then the rest of my answer is, "We must."

But how? This is where the new materialisms turn in rhetoric can afford a way forward, if we are careful with the source material that we import into rhetorical theory. Unfortunately, much of rhetoric's up-take of new materialism, object-oriented ontology, and Actor-Network Theory (ANT) reads this scholarship as arguing for a sole and limited interest in the non-human, oriented to objects alone. To be sure, Latour argues beautifully for giving attention to the non-human, the "missing masses" (Latour, 1992). But we must recall that he is arguing to sociologists that their studies of the human are incomplete without attention to the non-human.

Human societies, Latour argues, are not assembled outside of time and absent place; human relationships are not facilitated without the affordances of the non-human actants surrounding and penetrating them, enabling and constraining ways of being and relating (Latour, 2007).

Latour's plea to a field overly focused on the human to expand the scope of its attention has been morphed in some new materialism and object-oriented scholarship into a license to ignore the human entirely, attending instead to beer brewing, urban coyotes, and trees (Jones, 2019; Pflugfelder, 2015; Seegert, 2014). Jane Bennett perhaps best addresses this problem in her detailed attention to the non-human with the additional step of stressing the human stakes for such attention. For Bennett the political implications of ANT are less about "the perfect equality of actants" and more about seeing the world as "a polity with more channels of communication between members" (p. 104), "a swarm of vibrant materials entering and leaving agentic assemblages" (p. 107). This is a far cry from the object-oriented ontologies offered by Pflugfelder and Seegert, but it is in following the interpretations of ANT like Bennett's that my dissertation proceeds. I turn now, therefore, to an explication of how I take up ANT for this project.

Of Actants, Assemblages, and Networks

One of the earliest formulations of ANT came from Latour's collaboration with Steve Woolgar on *Laboratory Life*, examining scientific facts not as universal truths but contingent assemblages of heterogeneous elements that have different "goals" that can be temporarily aligned to help the fact "hold together" or, if they become disaligned, fall apart. Latour and Woolgar argued that facts are not discovered but rather created through an alliance of a variety of actors acting within a network, here defined as "a set of positions within which an object [...] has

meaning” (Latour & Woolgar, 1986, p. 107). Furthermore, they argue a “well-established fact loses its meaning when divorced from its context,” from which its network arises (Latour & Woolgar, 1986, p. 110). Finally, they also clarify that “to say [a scientific fact] is constructed is not to deny its solidity as a fact. Rather, it is to emphasize how, where, and why it was created” (p. 127).

When Latour calls for attention to objects, then, he actually argues for a radical commitment to context, radical perhaps to sociologists but familiar to rhetoricians. Rhetorical scholars have long been comfortable with a treatment of rhetoric as conditional, contingent, and particular (Bitzer, 1968; Black, 1978; Burke, 1962; Leff, 1987). Latour provides another perspective on what may be considered “contextual,” arguing that those things usually ignored or backgrounded have such important roles to play as to merit treatment as “text,” as foreground. In this way, Latour’s perspective is perhaps not too dissimilar from McGee’s (1990) argument that contemporary rhetorical criticism involves a collapse of context and text into cultural fragments awaiting assembly. The challenge, as Dana Cloud (1994) reminds us, is not to lose sight of the role of power as well as the material suffering and oppression that some humans regularly endure.

It is also important to keep in mind that although Bruno Latour has become most closely associated with ANT, his articulation of these concepts is not the only one. Numerous scholars within STS have contributed dozens of core concepts and aided with its development (Akrich, 1992; Akrich & Latour, 1992; Barad, 1996; Bennett, 2010; Callon, 1986; Donna J. Haraway, 1997; Law, 1989; Law & Mol, 1995; Woolgar, 1991). Of particular interest for this project are the contributions from feminist STS scholar Annemarie Mol (1999, 2002a), whose research is grounded firmly in both feminist theory and ANT. A brief overview of ANT, then, will be

useful.

Ontologically, ANT asserts an equivalency between humans and nonhumans, calling both “actants” and asserting all actants’ equal agency, or the capacity to effect something else (Latour, 2007). Actants are never found in isolation; they are always in translation/negotiation with other actants. The differences we might observe between two given actants is due to their placement within networked relationships called an assemblage. An actant can enroll other actants (a process Latour calls forming alliances) and thus be situated in more assemblages or fewer assemblages. This equivalency contributes to what Latour calls a “flat ontology”—a rejection of hierarchicalization or the reduction of a whole to its parts. Instead, an assemblage is about the relations and interactions between it and other assemblages. An assemblage is dynamic and in constant flux, so those relations are constantly breaking down and being made anew. There are multiple connections among each of the parts of the assemblage, and the density of those connections helps to determine whether they remain a part of an assemblage or fall away.

I see the work of maintaining or dissolving those connections as rhetorical work. Rhetoric’s constitutive power (Charland, 1987) need not be limited to speech acts but can also emerge through the enrollment of allies and the alignment of the desires of those allies. The more two parts of an assemblage are rhetorically treated as allies, the stronger their connections become, and the less so, the weaker they become. For example, in a given time and place where religious doctrines express a skepticism toward the deceitful flesh and any pleasures it brings, the connections among morality, sex, and reproduction become stronger (the rhetorical force of each intensifies) while pleasure might be passed over in the circulation of discourse and start to dissolve away from an assemblage of sex entirely.

Furthermore, the more connections among the actants in a given assemblage, the denser

the network. Greater density permits greater movement: there are more points of contact and more pathways among those points. An actant with many connections within a network is more central and thus can be said to be “more real.” Similarly, an actant with fewer connections to a network is “less real” and at greater risk of not only being ignored (that is, passed over) in the network’s movement but it is also at greater risk of dissolving or breaking away from that network entirely. Should this happen, it might become reabsorbed into another network at another time, or it might form its own network by gathering its own forces, or it might remain in total isolation—erased from existence. Latour, in *Aramis*, writes: “So can we say that nothing is really real? No. But anything can become more real or less real, depending on the continuous chains of translation. It’s essential to continue to generate interest, to seduce, to translate interests. You can’t ever stop becoming more real” (Latour, 1996, p. 85). The assemblage of women’s sexual health is one of such flux, of periods of becoming more real and more salient and of periods of becoming less real, of becoming situated in silence, taboo, illicitness, near-nonexistence.

And this is where Foucault can help us to tease out the so-what of ANT, to unpack the ramifications for different assemblages of power. In the *History of Sexuality, vol. 1*, Foucault argues that the inexistent, illicit, and inexpressible parts of sex become mutually constitutive: “one must not talk about what is forbidden until it is annulled in reality; what is inexistent has no right to show itself, even in the order of speech where its inexistence is declared; and that which one must keep silent about is banished from reality as the thing that is tabooed above all else” (Foucault, 1980b, p. 84). Our discourses about sexual health are what shape alliances between and within its assemblages. Movement and circulation around the assemblage helps to strengthen connections or, by ignoring and avoiding parts of the assemblage to weaken and dissolve

connections.

The temptation at this point might be to consider several actants as each having a different perspective and to attend to the multiplicity of perspectives, a la Donna Haraway (1988) and Sandra Harding (1992). But as Annemarie Mol (2002) argues in *The Body Multiple*, we cannot stop at a mere multiplication of perspectives, especially when we are theorizing the body. Attending to the multiple social constructions of the body as represented by multiple perspectives fixes the body (or any object of social construction) in such a way as to foreclose the ways the body simultaneously acts upon and constructs the observers. In other words, it is not enough to simply account for different constructions of the body, we must attend to the multiplicity of the body too.

Mol gets at this multiplicity through what she terms “enactment,” or the ways “objects come into being—and disappear—with the practices in which they are manipulated” (2002, p. 5). Grounding her theory of the body in practice permits Mol not only to address the simultaneous and multiple realities constructed by multiple perspectives but also to shift the locus of knowledge away from the establishment of fact and toward the handling of objects in practice. Mol notes that such a move toward enactment is vital in overcoming the poststructural tendency to disappear the body into discourse. Thus for Mol, the body is a product of simultaneous and multiple enactments, which bring discursive formations into material being in such a way as to make delineation of discursive from material impossible. Through enactment, the body is simultaneously discursive and material; it is both/and.

Mol’s theorizing of enactment can work well with rhetorical theory. I have already illustrated above rhetorical theory’s interest in the non-linguistic via turns to images, place/space, the field, and performance, all of which have affinity with Mol’s enactment. The focus on

ontology, on the conditions of being more present or absent, also can be found in Perelman and Olbrechts-Tyteca's *The New Rhetoric*, as Louise Karon (1976) argues. Reading Perelman and Olbrechts-Tyteca's work, she concludes that via rhetoric, "We establish the real" (Karon, 1976, p. 103). Finally, and more recently, in *The Politics of Pain Medicine* S. Scott Graham incorporates Mol's theorizing as a way to develop his "rhetorical-ontological" approach (Graham, 2015a). Graham argues that Mol's emphasis on practice directs scholars to focus "not so much on what people say or what texts mean, but rather on how representational activity circulates within and contributes to a deeper ecology of practices in which those acts of representation are embedded" (Graham, 2015a, p. 78). Throughout this dissertation, then, I argue that if rhetoric is about discursive and material practices, then rhetoric is happening when bodies—and health—are made manifest and enacted through practice. Additionally, I echo Kevin DeLuca's argument that bodily enactment produces rhetoric (DeLuca, 1999). In the process of enacting the body multiple, myriad conditions of possibility are generated, each with its own potential for doing work in the world—for having rhetorical effect.

Thinking About Rhetorical Force and Networks

To think about women's sexual health as a nexus amid intersecting strands of cultural, social, biological, physiological, mental, relational, and religious imperatives necessitates a definition of rhetoric that is nimble enough to address the density of networks in which sexuality is activated. Thus I turn to a distributed sense of rhetoric that has already been taken up in the field under varying labels: Kennedy's (1992) conception of rhetoric as energy, Thomas Rickert's (2004; 2013) ambient rhetoric, or Jenny Edbauer Rice's (2005) consideration of rhetoric as ecological. Kennedy, for example, famously posited rhetoric as "identified with the energy

inherent in communication”—whether that be emotional energy in speaking or receiving a given communication or the physical energy expended in speaking and listening (1992, p. 2). It is a naturally occurring energy that may be harnessed, guided, experienced, yet remains invisible, much like volts of electricity. Kennedy uses this definition to bring attention to the communicative possibilities (and potential rhetorical energy) of animals, but his theorizing is not quite robust enough to talk about human communication in all its complexity and nuance, attending to history, power, or citationality (Butler, 2011).

In bringing Kennedy’s definition to bear on the intersecting discourses that help to constitute human sexuality generally and women’s sexuality specifically, I turn to another metaphor imported from science—force—and define rhetoric thusly: Rhetoric is a dispersed force that operates in networked relations to create conditions of possibility or impossibility. The diffuse sense of rhetoric I am advancing here relies upon two key components, “force” and “network.” The interplay between these two components forms the crux of my definition of rhetoric; force arises out of the strength of connections in a network while simultaneously, through its circulating within the network, holds the network together or, through its failure to circulate, permits the network to fall apart. In unpacking this definition of rhetorical force, I begin with the notion of force itself then move into an explanation of networks and their relation to force.

Rhetorical Force

When I speak of “force” I do not mean violence or coercion, but rather in the sense of Newtonian forces. Recalling Newtonian physics, forces have mass, movement, velocity, and inertia—they have characteristics that can be described and in describing them we can

understand their effects. The same principle metaphorically applies to the study of rhetoric. I see rhetoric's "mass" as the density of the networks within which it circulates, while its movement, acceleration, and velocity are characteristics of such circulation. The way a given discourse circulates through and among a group of people can be traced via where and how it is used over time (movement), the speed and direction with which a discourse spreads (velocity), and the momentum it gains or loses in the process thereof (inertia). Attending to these different elements of a discourse would describe its rhetorical force.

For example, if a schoolteacher asks her class for volunteers to help her move some desks, different phrasings of the question will have different rhetorical forces. If she asks, "Are there some strong boys who can help me move the desks?" such a phrasing's rhetorical force helps to construct several notions of gender: Boys are strong; boys' helpfulness comes through physical strength; the teacher (a woman) is not strong enough to move the desks herself; girls need not be strong or even help move desks. The association of strength with masculinity and maleness was not forged in that moment (e.g., citationality a la Butler, 2011), but its rhetorical force was available for the teacher's deployment and—whether consciously or not—will shape the students' understandings of gender as well as reinforce the teacher's gender performance. Rhetorical force is not unlike the concept of "rhetoricity" or "rhetorical energy" posited by Kennedy (1992). Both rhetorical force and rhetoricity share an interest in degrees of rhetorical potency and potentiality, but the force metaphor employed here allows a consideration of rhetoric as dispersed circulation.

Furthermore, conceiving of rhetoric as a force does several things. First, it orients me toward the performative dimensions of both language and practice, thus attention is focused away from what rhetoric *is* and toward what it *does* (Bryant, 1973). To think of rhetoric as a

force is to think of it as having a traceable effect in the world, thus the emphasis becomes less about decoding the meaning of a text and more about understanding how and why it works and what effects it might have. It prompts rhetoricians to look at the places where an artifact engages the world and to ask, “What does this do in the world?”

Second, this definition prevents a treatment of rhetoric in isolation. Rhetorical force is not the only force operating in the world; in fact, multiple forces are constantly clashing together and producing additional subsequent forces, in part because forces always operate in relation to other each. Therefore, the rhetorical force of a given artifact must be treated as one force among others. Historical patterns of domination and violence, for example, could constitute their own forces, creating and sustaining discourses that seek to naturalize oppression. Indeed, we could call them vectors, since they possess both magnitude of force and histories that continue to exert energy as a kind of momentum. Thus, conceiving of rhetoric as a force means looking at its effects in relation to other forces. This is what I mean when I speak of rhetoric operating in networked relations to create conditions of possibility or impossibility.

Third, this definition of rhetoric prompts me to trace not just circulations of meaning (because everything is already circulating within the networks of relations that permit the clash of forces) but also to look at the intensity of different messages, the density of networks that associate to form a given artifact, and the degree of rhetoricity created by the flow of force through the networks. Forces allow some things and prohibit others from being done in the world. Discourses, for example, arise through a constellation of forces that make a discourse able to be thought (Foucault, 1980a, 1982). Forces thus act as events that open possibilities. To attend to rhetoric as a force is to attend to the creation of those possibilities (or their foreclosure). The case studies in this dissertation trace the movement and circulation (Chapter 1), the mass or

density (Chapter 2) and the momentum or inertia (Chapter 3) of rhetoric within different assemblages of sexual health.

Circulation and Networks

Conceiving of rhetoric as a force is not an unusual move. Rhetoricians regularly refer to a text's, image's, or artifact's "rhetorical force" as much as they might mention its persuasive capacity, argumentative strategies, or effects. But with this ubiquity comes a kind of casual familiarity in which the term "rhetorical force" is frequently used but rarely explicated. Therefore, in making "force" my foundational concept for understanding rhetorical processes and products, some explication is in order.

I place "rhetoric as force" within the postmodern/poststructural tradition that first achieved prominence in rhetorical scholarship in the 1970s and 1980s through a turn toward ideological criticism and critical rhetoric (Crowley, 1992; McGee, 1980, 1990; McKerrow, 1989, 1991; Wander, 1983, 1984). Rhetoricians have already established ways in which rhetoric operates from within a postmodern context (Brummett, 1976; McGee, 1990; McKerrow, 1991) and that a poststructural framework befits contemporary rhetorical criticism (Biesecker, 1989, 1992, 1993; Blair, 1987). Rather than rehash these arguments, I wish to build from them, to play in the sandbox afforded by poststructuralism's conceptual tools: an exploding of the traditional Cartesian subject into multiple, fractured subject-positions from which one might speak; a similar fracturing of culture into textual and contextual fragments; an understanding of language not as representation but as configuration; and a deep suspicion of claims of rationality, progress, and other master narratives.

What might rhetorical criticism do with such tools? In abandoning the completed text, the

unified subject, and the narrative of rationality, we are directed away from interpreting the meaning of words as intended by great rhetors and toward, instead, the messiness of multiplicity. It is a shift from asking what words mean to what they do. We see action, meaning-making, even existence as enabled via flat webs of relationships. Scholars and thinkers in and outside of rhetoric have striven to name these messy webs: an assemblage (Deleuze & Guattari, 1987; Latour, 1987, 2007), an absent center (Derrida, 1978), a cyborg (Donna J. Haraway, 1991), a constellation (Asen, 2009, 2010), a configuration (Hawk, 2004; Woolgar, 1991), a heterogeneous system (Law, 1989, 2008), an enactment of multiplicity (Mol, 1999, 2002b), an actor-network (Latour, 2007). What each of these terms gets at is a sense of large scale, immense complexity, and radical inclusion, by which I mean an accounting of the ability both humans and non-humans (even non-living things, like texts or policies) have to configure our worlds, to be counted among the conditions of possibility leading to the utterance of a statement (Barad, 2003; Bennett, 2010; Foucault, 1980a; Mol, 2002b).

This theorizing relies in part on an understanding of texts not as completed, bounded units but fragments of culture that are assembled by audiences and critics (McGee, 1990). Implied by such a conception of “the text” is the notion of circulation in the sense that textual and contextual fragments can shift, move, and become assembled (or disassembled) in myriad times and places by anyone (Chaput, 2010; Heidt, 2012). If texts are fragments available for assembly by anyone in any way, then it follows that there must be some kind of play, flexibility, or movement available in the way texts and contexts are assembled (or disassembled, or not assembled at all).

Asserting movement as one of the qualities or properties of rhetoric raises the questions of how rhetoric moves and in or through what rhetoric is moving. Here the metaphor of a

network offers much promise for conceptualizing where the movement of rhetoric takes place. The basic structure of a network is a number of nodes connected together via “edges” (Figure 1). The strength of a network lies in the number of these interconnections among the nodes such that nodes with more edges become more “centralized,” or essential to the overall flow within the network. Note that in Figure 1, Nodes H and I are placed in the center of the figure, but are not the only nodes with several edges. In Figure 2 we can reorganize the arrangement of the nodes to place Node F in the middle, but this placement does not change the centrality of Nodes H and I; the multiplicity of their connections remains. Thus centering a node (i.e., placing it in the center of a diagram) does not change its centrality (i.e., the degree to which a node is essential to the overall flow in a network).

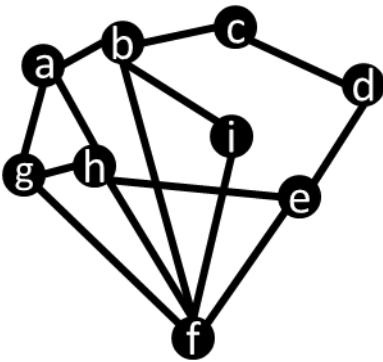


Figure 1.

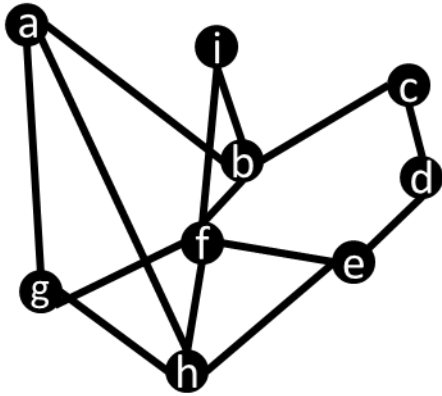


Figure 2.

In Latour's (1987, 2007, 2011) theory, this basic network metaphor is slightly altered. Gone is language of nodes and edges in favor of actants assembled together in networked relations which, upon closer inspection, are themselves comprised of other networks. This process of collapsing a network into a piece of a larger network Latour calls "blackboxing" (Latour, 2004, 2007). In the production of scholarship, a researcher could take any given object, word, person, event, process, idea, discourse, etc. and map out its network, the collection of actants that enable its existence. We could zoom in on any given actant and see infinite networks comprising it, or we could zoom out and see how a given object, word, person, event, process, idea, discourse, etc. itself enables (or forecloses) the formation of other networks. In the production of scholarship, it becomes the researcher's task to decide how to zoom in or out on a given artifact (not unlike Black's (1978) articulation of the critic as the instrument of observation), as well as to determine which among the infinitely possible actants are salient enough to the argument being made to merit discussion.

Latour's theorizing is helpful to rhetoricians working in a poststructural framework because the network metaphor helps to visualize a dispersed, de-centered subject and a

boundless, never-finished text and a fractured audience. It points us toward the notion of circulation, to the ways in which “rhetoric is not an isolated instance or even a series of instances but a circulation of exchanges, the whole of which govern our individual and collective decisions” (Chaput, 2010, p. 8). If it is true that “we live in a soup of rhetoric” as opposed to a neatly organized and clearly defined rhetorical situation, then it is the merging and diverging of the “discursive shards” within that soup that rhetoricians must study (Hart, 1994, p. 310). Although rhetoricians have not always and not readily embraced such a soupy picture of their object of study, nevertheless “circulation impinges on every aspect of rhetorical theory and criticism” and thus “the logics of circulation are fundamental” to our field (Stuckey, 2012, p. 609). For decades, then, rhetorical scholars have recognized a need to adapt their conceptualizations of what rhetoric is and how it works. A network of circulation by way of Latour helps us to fill that need.

Taking up this idea of circulation, Jenny Edbauer Rice (2005) has advanced a theorizing of rhetoric as ecological. Edbauer’s starting place is a refining of Bitzer’s (1968) rhetorical situation by arguing that the once-discrete components (rhetor, exigence, audience, constraints) are in fact dynamic, in flux, and occurring within an affective ecology. Furthermore, she advocates for conceptualizing rhetorical processes as occurring with a networked, connected social field. Edbauer emphasizes rhetoric's circulation, not just its ecological situatedness, by tracing the viral movement and uptake of the "Keep Austin Weird" slogan. Even when counter-rhetorics seek to question or undermine the slogan, she argues, they still advance its movement and circulation. In turning to her conception of circulation, Edbauer proposes thinking of rhetoric as a verb, as something we do. Thus she defines rhetoric itself as "a process of distributed emergence and as an ongoing circulation process" (2005, p. 13). This networked sense of

rhetorical situation treats rhetoric as something that circulates and goes viral within a networked social field.

Similarly, in arguing for the value of studying popular misconceptions about lobotomy and its history, Jenell Johnson (2014) describes the procedure as a “medical marvel” (or medical object of public fascination) that is marked by “its unfettered circulation within public culture and the multiple meanings that accrue as a result” (p. 10). Johnson argues that in turning one’s attention to the circulation of an object the rhetorical historian’s task transforms from unmasking or revealing “the truth” of the object to untangling “a thick knot of meanings emerging from a snarl of cultural contexts” (p. 13). She does not argue that truth is unimportant or non-existent, just avers that “stories — even wrong stories — are formidable cultural forces, and they thus are well worth our critical attention [...and...] are valuable for what they reveal about the culture that created them” (2014, p. 7). What we see here in Johnson’s conceptualizing is a connection between circulation and force. “Cultural forces” are at work in a given object’s circulation, they help to propel its movement from person to person, from past to present, from place to place.

Bringing Together Rhetorical Force, Networks, and Circulation

If networks are what rhetoric moves through (see also Hawk, 2004), then force describes how rhetoric moves. This is why Richard Doyle turns to a network/force metaphor for framing his project in *On Beyond Living*: “I want to argue that rhetorics work more on the model of contagion than communication or representation; they pass through fields and agents as intertextual forces that recast knowledges” (Doyle, 1997, p. 3). This connection between networks, circulation, and force is made most explicit in Sun, DeLuca and Seegert’s (2015) essay on environmental organizations and social network analysis. “There are constellations of forces

and complexes of networks,” they write. “The human is a gathering composed of a multiplicity of networks, from microbiota in intestines and fungi in soil and smartphones in pockets to highways dissecting landscapes and streams of images inundating the globe and rain blessing forests. It is impossible to differentiate where one ‘individual’ begins and the other ends. The subject becomes plural via networks and assemblages of engaging forces” (Sun et al., 2015, p. 6). Forces move within networks and become more forceful through a process of intensification: the more actants assembled together, the “denser” the network and thus the more pathways a force can move through.

Figures 3-6 illustrate this density of networks. If we are studying sex, for example, we might argue that seven of the most important actants helping to constitute one’s sexuality are gender roles, physiology, pleasure, religion, culture, upbringing, and reproduction (to name a few for the purposes of illustration). We can start with a basic assemblage that places our object of focus, sexuality, in the center (Figure 3).

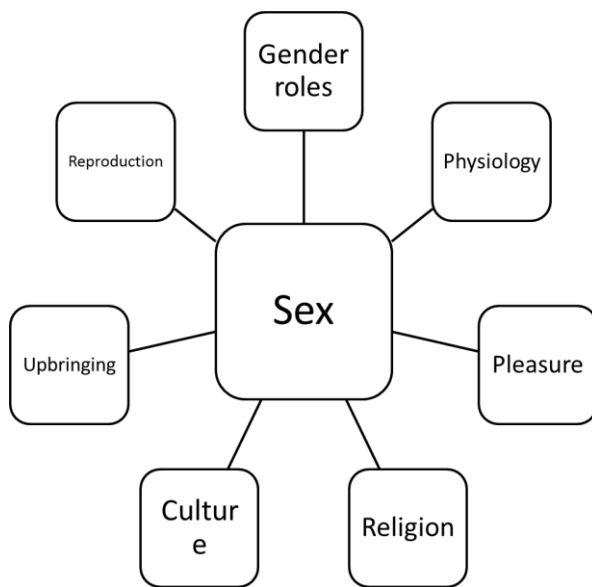


Figure 3. Basic assemblage

But the actants comprising sexuality are not isolated. They have relationships with each other; for example, one's upbringing is certainly affected by the culture and religion one is born into and raised through, and many discourses about traditional gender roles draw from differences in human physiology as warrants (sometimes even within the scientific community - see Condit, 1996). So we account for these interconnections (Figure 4).

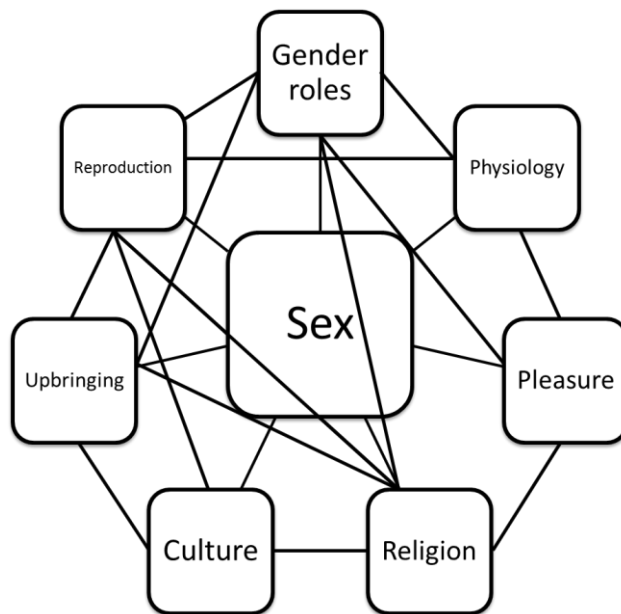


Figure 4. Better assemblage

But there exists more than one pathway among these actants. The density of a network relies upon the intensification of connections; actants can be networked via multiple connections and relations (Figure 5).

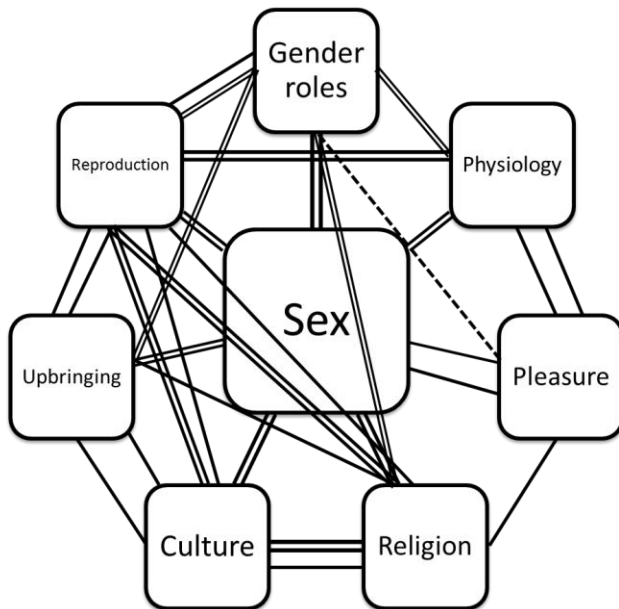


Figure 5. Even better

We might see, further, that some connections are more tenuous than others. In Figure 5, for example, the connection between “gender roles” and “pleasure” might be more tenuous in, say, late 1800s New England for women, a time and place when medical scientists doubted women even had the capacity to orgasm (Laqueur, 2003).

As this example illustrates, the number and nature of the connections is not fixed for all times, all places, and all humans. Any given connection between actants is deeply contextual and always at risk of being lost or disconnected. Furthermore, the way actants interact via these connections is bidirectional (Figure 6) and in constant flux. Every time a discourse about sexuality emphasizes the importance of reproduction, for example, the connection between the two becomes strengthened as both are co-constituted.

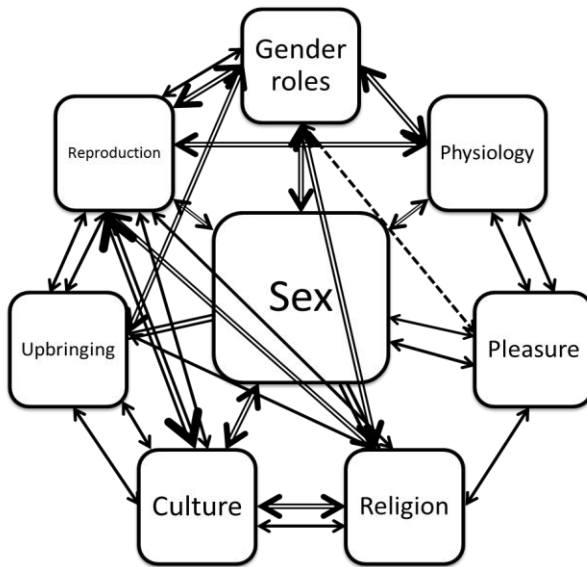


Figure 6. Imagine movement within this assemblage

This brings us to the final quality of assemblages I wish to discuss: they do not exist in two dimensions, but four (having length, area, volume, and change over time). If we rotate our network on the Y-axis (Figure 7), we see the actants have a different spatial relation to each other.

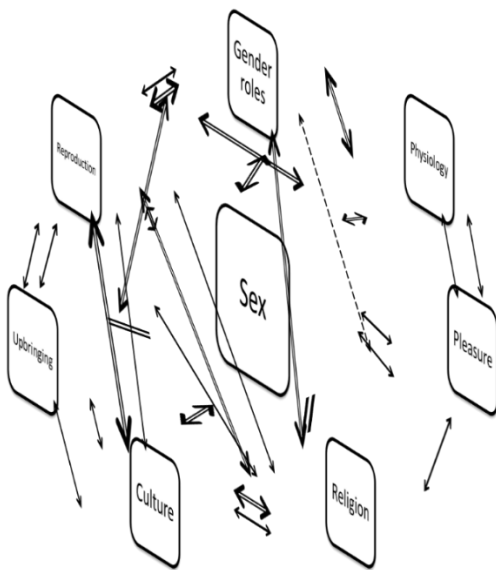


Figure 7. Shift the perspective.

If we continue such rotation (Figure 8), we can see the actants called “Pleasure” and “Physiology” are almost collapsed into “Sex.”

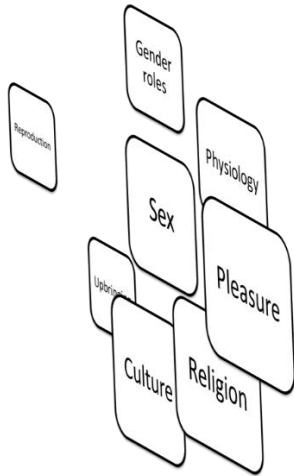


Figure 8. Dramatically shift the assemblage.

The effect is akin to a visual perspective illusion such as those created by the artwork of Felice Varini and Jonty Hurwitz (Figures 9 and 10, respectively).

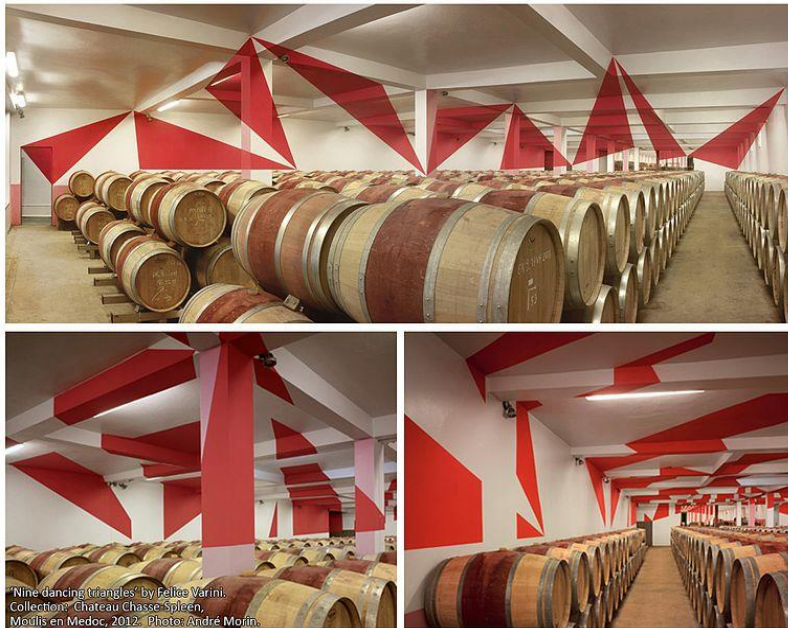


Figure 9. Felice Varini barrels.

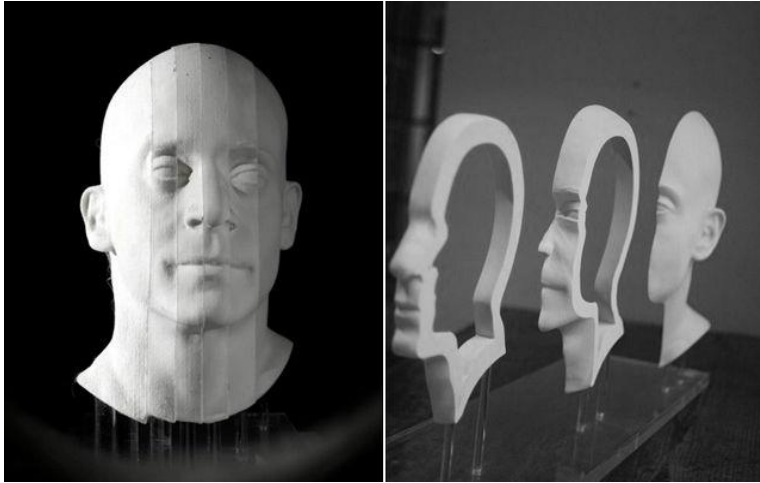


Figure 10. Jonty Hurwitz face sculpture.

Seeing the sculpture or painting as a unified figure or as disconnected pieces depends on one's positionality to change the arrangement. Similarly, how one assembles the actants in a network depends on one's own situatedness in one's networks, which allows for some play in arrangement but not all connections are always available. For example, as a white, cisgendered woman, I might not be able to see connections among actants that someone else (say a Black transwoman) might see. (Of course, such differences do not preclude me from making the effort to see a network from a different perspective.)

To bring this discussion back to rhetoric: What is important about networked relations is their change over time, their innate play and movement. This flow throughout the network, constituting each of the actants and strengthening (or weakening) their connections and their place in the network, is rhetoric's force. Thus rhetorical force is constitutive (Asen, 2009, p. 9; Charland, 1987, 1999). It provides "opportunities to constellate meaning" (Asen, 2009, p. 10). It configures the shape of whatever networks it moves through and circulates among: "Rhetorical force arises in the deployment of signs in concrete historical situations, where signs rework and configure both affect and interest" (Charland, 1999, p. 467). It is a force in history (McGee,

1977; McKerrow, 1983) and as such “rhetoric sometimes obtains a force of its own that exceeds the transitory participation of specific people” (Asen, 2009, p. 11). Put most succinctly: “Rhetoric is force. The rhetorician's task is to understand and deploy forces that transform worlds amidst the cataclysms of our times” (DeLuca, 2013, p. 231). This dissertation takes up this call for rhetoricians to trace and understand rhetoric as force by unpacking how medical and health discourses constellate particular assemblages of women’s sexual health that enable or constrain the enactment of pleasure.

Methodology

As can be discerned from the previous section, defining rhetoric as a networked force requires particular methodological shifts as well. To further explicate these shifts, I turn now to my methodological approach for this dissertation.

As a feminist rhetorician part of my commitments include transparency and reflexivity about my role as a researcher and my positionality in relation to my case studies, necessitating a methodology that allows for an accounting of my research process. Critical rhetoric’s insistence upon the contingent nature of analysis, of which the rhetorician’s critique is but one possible interpretation among many, makes adopting such an approach attractive.

Thus I eschew the objective “God trick” typical of scientific writing (Haraway, 1988) in favor of a method of research and of writing that is partial yet transparent about and reflexive of that partiality. To me, the reflexivity of the researcher lends the research credibility because there is what Gonzalez (2003a) calls an accounting of our research process. If I do my job correctly in writing up this research, my presence in the work will allow not only for resonance, but create opportunity for transparency regarding the perspective that I as a white, queer, cisgendered

woman bring to a topic like women's sexual health. In terms of the network theory outlined above, it is an accounting of my position within the networks that surround me and enable me to align the actants in the ways that I do.

McKerrow (1989) specifies that "a critical rhetoric seeks to unmask or demystify the discourse of power. The aim is to understand the integration of power/knowledge in society [including] what possibilities for change the integration invites or inhibits" (p. 91). This kind of critique "recognizes the existence of powerful vested interests [...] and commands rhetorical analyses not only of the actions implied but also of the interests represented" (Wander, 1983, p. 18). Rhetoric's "turn" to critical methods focuses on "the various workings of power, dominance, subordination, and marginalization" (Flores & Moon, 2002, p. 183) and "the relationship between discursive struggle and social and institutional practice and change" (Livesey, 2002, p. 140). Contemporary critical rhetoric continues to thrive and "unite our understanding of social actors and material forces, and to undermine the potentially oppressive contradictions implicit in our ideological commitments" (Lucaites & Condit, 1990, p. 21). In these ways, critical rhetoric strives to be an instrument of social justice.

In critical rhetoric, there is a specific treatment of the artifact of analysis as well. McGee (1990) argues that part of the role of the critic necessarily involves making or remaking the text by choosing what is text and what is context. "Critical rhetoric does not begin with a finished text in need of interpretation; rather, texts are understood to be larger than the apparently finished discourse [...which] is in fact a dense reconstruction of all the bits of other discourses from which it was made" (McGee, 1990, p. 279). New media in particular bring to light the fragmented nature inherent in any text.

To operationalize this method, I perform a close rhetorical analysis not unlike the close

reading Barry Brummett (2010) describes: “close reading is the mindful, disciplined reading of an object with a view to deeper understanding of its meanings” (p. 3). Where Brummett and I differ methodologically is his attention to meaning. In line with my definition of rhetoric as force, methodologically I attend not to what a given object *means* but to what it *does*, although with the same disciplined mindfulness Brummett discusses.

I thus follow in the footsteps of Brunner (Brunner, 2017, p. 82) who proposes “a method without form that charts movement, pausing at hot spots, to trace the tangled tendrils” of assemblages as they form and dissolve. This move is in line with object-oriented ontologies that encourage scholars to attend not just to the nonhuman, but to the relations among actants that assemble them together, thus necessitating sensitivity to these artifacts’ material and technological elements (Callon, 1986; Latour, 1992; Law, 1989, 2009) and how they function to assign and circumscribe power (Akrich, 1992; Latour, 1992; Woolgar, 1991). I therefore incorporate attention to these dimensions as well, combining a material-rhetoric perspective a la Carole Blair or Kevin DeLuca with feminist STS concepts of material-discursive enactment. In studying the material, technical and discursive content of my case studies, I closely read this content for emergent themes regarding the definition, application, acceptance, and contestation of sexual health itself.

Chapter Overview

What makes the assemblage of women’s sexual health hold together? Among the many important actants one could trace, I have chosen the following as the foci for this dissertation: quantification, clinical science, physical anatomy, and information. These actants not only help “women’s sexual health” in 21st century U.S. to exist, but they are actants with decidedly

rhetorical dimensions that are well-suited for a study framed by the rhetoric of health and medicine and feminist STS theories, as this one is. “Women’s sexual health” has a contingent existence that becomes more or less real depending on how these actants—these heterogeneous elements—are enrolled in the assemblage and what rhetorical forces they permit or prohibit.

This dissertation is organized into three analysis chapters. In Chapter 1 I rhetorically analyze testimony from the 2015 FDA approval of flibanserin (nicknamed “the female Viagra pill”) to argue that a hypermasculine ideal of sexual desire and expression shapes perceptions of low sexual desire in women as a medical problem requiring intervention. In this assemblage, “sexual health” is refigured as a warrant for political action, rhetorically constructed via hegemonic gender roles and cismale desire. The midcentury sexologist impulse to count orgasms as the measure of sexual health falls away as pharmaceutical companies, psychologists, and gynecologists seek to define normal and pathological *desire*. However, the measures of desire—specifically the “female sexual function index” developed in 2000 by Rosen et al.—are so enmeshed within cisheterosexist networks that women’s pleasure falls from the assemblage of sexual health entirely (Rosen et al., 2000). In this case study, I theorize rhetorical force through the concept of circulation or movement, tracing how discourses move among the rhetors who testified that day and—on a larger scale—how they move among the private, public, and technical spheres.

The presenting and absencing of pleasure across time and discourse is given deeper focus in Chapter 2. I trace enactments of the clitoris across print, digital, artistic, and embodied contexts to unpack efforts to make the clitoris less present or more present, less real or more real. As a conceptual hook to ground this analysis, I employ the metaphor of density to describe the mechanism by which different assemblages are made more or less present. Taking the creation of

models of the entirety of the clitoris made with 3D printers as my central object of analysis, I argue the 3D printed clitoris is the result of the strategic deployment of three distinct yet interrelated cultural logics: a logic of visibility, a logic of sensation, and a logic of virality. Each of those logics results in a particular assemblage of the clitoris—the textbook clitoris, the haptic clitoris, and the iconic clitoris—but also together combine to assemble the 3D printed clitoris, the most-real assemblage that is centered in the densest networks.

In this chapter, pleasure features as a prominent actant, helping the clitoris to have a stronger or weaker assemblage. Furthermore, this chapter illustrates a different assemblage for sexual health as well, one in which medical scientists' effort to establish a universal body also establishes anatomical norms from which health is determined. Establishing certain anatomy and physiological functioning as “normal” or “pathological” has a deep history in colonial and white supremacist projects that sought to scientifically “prove” the sub-human status of African peoples (of which Saartjie Baartman is perhaps the most well-known example). These logics that some anatomical formations are normal while others are not, continue to circulate via cissexist claims that exclude transwomen from the category of “woman” on the basis of the state of their genitalia.³

In Chapter 3, I turn to a website, OMGyes.com, that purports to teach people with vulvas how to experience sexual pleasure and well-being by deploying scientific discourses to give the

³ Occasionally this dissertation will discuss specific anatomy such as the vagina, the vulva, the uterus, and the clitoris. Some transwomen might have one or more of these anatomical structures, and some might not have any. Similarly, some transmen might have one or more of these anatomical structures, and some transmen might not have any. When the specific anatomy is relevant to the discussion, I will use “bodies with (anatomical structure).” So a discussion of “bodies with a vagina” would be inclusive of the ciswomen, transwomen, intersex folks, and transmen who do have vaginas, while a discussion of “women” would exclude all transmen, as transmen do not identify as women and are not women, regardless of their anatomical arrangement. I recognize that “bodies with X” is a cumbersome phrase, but what it lacks in elegance it makes up for in accuracy and inclusivity.

taboo topic an air of objectivity, authority, and legitimacy. The website uses video tutorials, quotes from interviews with thousands of women, and a virtual, interactive, touchscreen vulva to teach users myriad techniques of pleasure. Much like Latour and Woolgar's assemblage of scientific fact, sexual health is not a fact that is objectively communicated but a network of heterogeneous elements assembled together. Pleasure plays an important role in this assemblage of health as well, whereby pleasure is the preeminent teacher of what is healthy or unhealthy. I argue such endeavors, while well-meaning, might emphasize technological solutions that distract from interventions targeting interpersonal communication between intimate partners. In this chapter, sexual health is made present via bodily sensation, but the liberatory potential of the site is limited by the rhetorical inertia of the discourses it assembles.

In my concluding chapter, I return to the scholarly conversation surrounding the uptake of object-oriented ontologies to propose a radical rethinking of the relationship between subjects and objects, of who or what can exist as a subject of sexual desire. Such rethinking offers clear implications for rhetorical scholarship, as I have already outlined in this introduction. To conclude this dissertation, I pull back further to think through the implications not only for rhetoric but for communication scholarship more broadly.

What, then, is "sexual health?" This dissertation's answer is that it is an ever-shifting assemblage whose ontological enactment depends upon the rhetorical enrollment of multiple actants, with particular attention to pleasure, quantification, clinical science, anatomy, and bodily sensation. As I trace the enactments of sexual health across my three case studies—constructions of sexual (un)health in the flibanserin hearing, assemblages of power and presence in the modeling of the 3D printed clitoris, and deployments of scientific discourse on OMGYes.com—pleasure figures as an especially potent rhetorical force. Pleasure deserves a place in rhetoric's

sensorium (cf. Hawhee, 2015) because doing so would complicate and add nuance to rhetorical inquiry as we expand our artifacts of analysis. Further, such a project carves out space for inclusive conceptualizations of health in general and sexual health in particular, permitting attention to and accounting of bodily pleasures and the alignment of desires as constitutive of health.

CHAPTER ONE: WHOSE SEXUAL HEALTH: FEMALE VIAGRA, THE SCIENCE OF DESIRE, AND THE FDA

In August 2015, the U.S. Food and Drug Administration (FDA) approved flibanserin (brand name Addyi) as a medication to be used to treat low libido in premenopausal women, the first of its kind. Simultaneously heralded as a victory for women diagnosed with Hypoactive Sexual Desire Disorder (HSDD) and denigrated for its risky side effects (decreased blood pressure, dizziness, fainting, and nausea, all of which are exacerbated by alcohol consumption) and questionable efficacy (women taking flibanserin in the trial reported only slightly increased sexual desire compared to those taking a placebo), the first “female Viagra” sparked intense conversation about both HSDD (a theretofore relatively unknown disorder) and the FDA’s drug approval process (Sanders, 2016; Schulte, 2015; Schulte & Dennis, 2015; Segal, 2015).

The approval of flibanserin provides an interesting case study of the intersections of clinical science, policymaking, and discourses of female sexual health. Several activist groups have grown specifically in response to efforts to create and market a “female Viagra” that can treat sexual disorders in women, especially low or absent sexual desire. Representatives from PharmedOut, a group based in Georgetown University Medical Center; from the New View Campaign, an activist group organized by sexologist Leonore Tiefer; and filmmaker Liz Canner, whose documentary “Orgasm, Inc.” follows the race to create a “female Viagra,” all spoke at the FDA hearing on flibanserin, claiming HSDD to be a “drummed up” disease created by a wily pharmaceutical company seeking to create a market for a product that had failed as an anti-depressant.

Accusations of disease-mongering, medicalization, faux feminism, and even “pharmacologisation” have likewise abounded in the scholarship that has exploded since

flibanserin's approval (Angel, 2010, 2012; Cacchioni, 2015; Cacchioni & Tiefer, 2012; Chańska & Grunt-Mejer, 2016; Segal, 2015). Scholars from sexology (Cacchioni & Tiefer, 2012; Hartley & Tiefer, 2003; Tiefer, 2001, 2002, 2006, 2012), history of medicine (Angel, 2010, 2012; Drew, 2003), pharmacology (Meixel et al., 2015), sociology (Ashline & McKay, 2017), bioethics (Chańska & Grunt-Mejer, 2016), and rhetoric of health (Segal, 2015) have all critiqued the approval of flibanserin as a clear sign of pathologizing normal variation in human sexuality and sexual appetite.

Meanwhile, groups like Even the Score, an organization funded by flibanserin maker Sprout Pharmaceuticals to organize women with low or absent libido, accuse the FDA of sexism due to its approval of many drugs for treating erectile dysfunction but no drugs for treating low or absent sexual desire ("The Issue," 2015). Even the Score and Sprout even paid the travel expenses to fly women to the FDA's hearing to testify about their experiences with low sexual desire. These women collectively argued that their low sexual desire meant they had "unhealthy" sexualities and that they needed the FDA to approve flibanserin so they could take the pill and regain "healthy" sexualities.

I see one of the important aspects of the flibanserin case not to be whether HSDD is a real or manufactured disorder, nor whether the women whom Sprout recruited and flew to the FDA hearing are true activists or were merely duped by an elaborate marketing campaign, but what kinds of rhetorical forces came together to open the possibility for such discourses to be spoken during the hearing and with what effects. Thus, animating my analysis for this chapter are the following questions: What does sexual health look like? What does it mean to claim one's sexuality is "unhealthy?" How do those arguments fit together to articulate sexual desire as a medical problem?

In answering these questions, I argue that the rhetors at the FDA constructed “sexual health” as a white, straight, masculine, cismale ideal and deviation from this ideal as constituting notions of sexual disorder, illness, and “unhealth.” To have a “healthy” sexuality means, to some degree, to be able to perform hegemonic gender roles through how one desires sex, what the object of one’s sexual desire is, and what sexual practices one undertakes. This hegemonic definition of “female sexual desire” undergirds the assumptions of both the scientists and the laypeople at the FDA hearing as they attempt to delineate a chasm between a “normal,” “healthy” sexuality and the “unhealthy” sexuality of the woman suffering from low or absent sexual desire.

At the heart of the issue is how to differentiate “normal desire” from “abnormally low desire.” I argue that a hypermasculine ideal of sexual desire and expression shapes perceptions of low sexual desire in women as a medical problem requiring intervention. By “hypermasculine” I mean traditionally masculine performances of sexual desire—for example, the joke that sex is more important to men than food—are taken to an extreme that most masculine folks themselves don’t adhere to, but this hypermasculine ideal of sexual desire is used as the benchmark for “normal” desire for everyone. I argue that “sexual health” is refigured as a warrant for political action as it is rhetorically constructed via hegemonic gender roles. The midcentury sexologist impulse to count orgasms as the measure of sexual health (explained below in the section “Historical Background”) falls away as pharmaceutical companies, psychologists, and gynecologists seek to define normal and pathological desire in straight couples according to this hypermasculine benchmark. However, such measures of desire are so enmeshed within cisheterosexist performances that women’s physical pleasure falls away from the assemblage of sexual health entirely.

I begin this chapter with a brief overview of the background of female sexual disorders generally and HSDD and Flibanserin specifically. I then turn to a critique of the science of sexual desire, which became a strong inventional resource for Sprout’s scientists in making their case for flibanserin’s approval. Next, I unpack the arguments made by scientists and laypeople alike during the FDA hearing, in which a vision of sexual health as deeply enmeshed in particular gender performances informs the speeches. I conclude by exploring how queer theory might help to create liberatory potential.

Historical Background: Making a Science of Sex

The science of sex has a long and complicated genealogy, to which Foucault’s unfinished three-volume *History of Sexuality* can attest. Rather than provide a complete history, then, I herein focus on those moments when a science of sex can be said to emerge or coalesce. In order to understand the sexology research that informs the flibanserin hearing, we need to trace movements of discourse from extends from the nineteenth century to the mid-twentieth century. These intersections form a response to hegemonic ideals governing sexuality, which had existed for centuries but became crystallized and ossified in the Victorian era and persist to this day.

Throughout the Victorian and Progressive eras, “deviant” sexual desire—defined as either wanting sex too much, too little, or through unusual “object choices”—was considered a moral failing and a psychological disorder (Cryle & Moore, 2011; D’Emilio & Freedman, 2004; Groneman, 1994, 2001; Irvine, 2005; Margolin, 2016). The dominant discourse that circulated at time articulated together morality, sexuality, reproduction, and health, such that a healthy sexuality was seen as one in which women enjoyed receiving heterosexual vaginal penetration.

Healthy women were to be passive and receptive of their husband’s sexual advances and

ought to be as passive in their social interactions as in their sexual behaviors, while active subjectivity in private and in public was reserved for men. Married women who enjoyed sex more than their husbands were also seen as outside the norm and unhealthy (Groneman, 2001). In fact, there was a very narrow amount of sexual desire deemed “healthy” by experts at the time. A wife who desired too little or too much sex—compared with the “normal” level of desire as established by whatever her husband “naturally” possessed—was in danger of repelling her husband, “either because his manhood was tied to ‘giving’ his wife an orgasm or because he feared that his wife’s sexual desire indicated that she was the more potent partner” (Groneman, 2001, p. 39). Because sexuality was (and remains) a space for performing one’s gender and because experts at this time linked together sexual potency (or impotence), libidinous desire, reproductive function, and amorous pursuit with either masculinity or femininity, a woman who actively pursued a sexual partner was seen as not only violating her gender norms and proper role, but was seen as ill—an invert, a nymphomaniac, or even frigid.

To facilitate control of these deviant behaviors and unruly desires, a need to understand, dissect, discuss, and classify abnormal sexuality became of utmost importance, resulting in works like Krafft-Ebing’s *Psychopathia Sexualis* (1886), Havelock Ellis’ six-volume *Studies in the Psychology of Sex* (1897–1928), and, of course, Freud’s extensive writings on sexuality, with psychoanalysis as a tool for understanding both abnormal sexuality and its impact on mental wellness. For early sexologists and psychiatrists, these alliances—among morality and sex on the one hand and mental and physical health on the other—were all too obvious, and psychoanalysis was clearly the tool for their correction.

Medical physicians, however, disagreed and strove to delineate physical causes for disorders like frigidity, nymphomania, and hysteria. Women lacking sexual desire was seen as

problem, but trying to situate that problem and its treatments as *medical* in nature proved difficult. For example, according to Cryle and Moore's history of frigidity, "To the extent that sexual coldness was able to be seen as a primarily moral disorder, it was likely to appear inaccessible to medication and to routine physical treatments" (Cryle & Moore, 2011, p. 164). At stake here was the extent to which medical doctors could diagnose and treat diseases beyond the merely physical. The broader project, though, as part of medicine's professionalization, was to lay claim to a "moral authority"—for physicians to be the arbiters of abnormality and pathology.

This project entailed moving morality away from the realm of religion and into the realm of medicine—what was moral or right would become what was biologically or "naturally" necessary. The connection here to sex is obvious: the question of what kinds of sexual acts, which pleasures, and what frequencies of activity were "right" or "wrong" is a nearly constant question answered by religion, culture, and/or social mores for centuries. Now medicine wanted to claim its authority to separate the normal from the pathological.

This was the dominant discourse that twentieth century sexologists, scientists, and physicians sought to overcome in developing their new "science of sex." In the wake of World War II and the might of the atom bomb along with the beginnings of the space race in the context of Cold War anxieties, a scientific ethos in mid-century America carried cultural authority and cache, and early sexologists saw science as a legitimating force (D'Emilio & Freedman, 2004; Irvine, 2005).

In order to make space to conceptualize women's sexual health outside of moralistic and reproductive lenses, midcentury sexologists turned to medical science to maintain a veneer of respectability and objectivity when discussing "normal" and "healthy" sex. Among the midcentury sex researchers who sought to bring understandings of sexual desire out of that moral

framework were Alfred Kinsey and sexologist team William Masters and Virginia Johnson. I briefly address the contributions of each in turn.

Kinsey relied heavily on the perceived neutrality and objectivity of scientific methodology to justify his otherwise taboo and scandalous research. In his “historical introduction” of *Sexual Behavior of the Human Male*, Kinsey makes clear the benefit a turn to science affords those who study sex: “Even the scientist seems to have underestimated the faith of the man of the street in the scientific method, his respect for the results of scientific research, and his confidence that his own life and the whole of the social organization will ultimately benefit from the accumulation of scientifically established data” (Kinsey, 1948, p. 4). In this quote, Kinsey demonstrates what he sees as the role of science in society: to provide value-free data that ultimately improves the lives of individual humans and society at large. He also views the scientific method as not just methodologically sound but important because of the respect it commands: the average person has faith in its ability to produce reliable and useful knowledge.

“Science” of course looks different depending on the discipline. For Kinsey, a biologist by training, science looked like categorization and quantification (Drucker, 2014). For example, Kinsey’s research hinged on combating the myths and proscriptions surrounding sex by establishing what people actually did, a project that required counting frequencies of sex. How does one measure sex? For Kinsey, such a measurement required a clearly observable event: the orgasm.

Masters and Johnson also had to begin by defining “sex” and did so through a physiological lens. Sex for them is the assortment of physiological changes in response to erotic stimuli: increases in heart rate and blood pressure, vasocongestion, muscle contraction, pupil dilation, and so on. These responses are easily quantified and measured, and even changes that

are less easily quantified, such as vaginal lubrication, were translated into presence or absence.

Masters and Johnson hoped to achieve this goal of an objective science of sex by measuring physiological changes in the body, and through their observations of those changes they developed their “EPOR” model. The acronym for the model comes from each of the four stages of sex identified by Masters and Johnson: Excitement (the stage during which blood vessels swell and physiological arousal response occurs), Plateau (in which there is heightened sexual tension), Orgasm (marked by intense feelings of pleasure, muscle contractions, and/or the ejaculation of semen from persons possessing a penis), and Resolution (during which vasocongestion subsides and the person returns to their pre-arousal state) (Lloyd, 2005). Masters and Johnson’s model was later expanded by Helen Kaplan and remains the standard model of human sexual engagement (Basson, 2007; Lloyd, 2005). This model easily maps onto men’s sexual response but even Masters and Johnson had difficulty modeling women’s sexual arousal. In fact, the linear model most closely fits men’s sexual experiences and yet it is used to measure “normalcy” in all humans.

Kinsey, Masters, and Johnson all shared a perspective that an objective science of sex should involve some degree of quantification; and so, the things that came to define “sex” were those that could be counted. Furthermore, through this turn to science, midcentury sexologists argued that “value laden” and intangible components of sex—emotional states, relational connection, mental fantasy, religious proscription, social pressure, cultural upbringing—could be bracketed off, as if sex were only an impulse nature had given to humans and which culture had derailed or otherwise artificially restricted. A science of sex enacts particular practices that, although no longer yoked to Victorian moralism, still result in narrowed possibilities for pleasure.

The figures of the frigid wife, the insatiable and manipulative nymphomaniac, the untrustworthy hysteric, the gender-bending invert—these figures continue to haunt discussions of sexuality today, though they have been transformed into acceptable figures for contemporary audiences. Much like the shift from hysteria to hormones (Koerber, 2018), throughout the 20th century frigidity slowly shifted from moral failing into a medical and psychological diagnosis: Hypoactive Sexual Desire Disorder (Angel, 2010, 2012; Tiefer, 2003). Such transformations and evolutions do not destroy hegemonic discourses and norms, not really; rather, they function as spaces for these vestigial discourses to remain and endure, to persist. The case of HSDD and flibanserin is one such manifestation, so I turn now to a discussion of female sexual disorders in the present day.

Background: Female Sexual Disorders and the History of Flibanserin

Female sexual dysfunctions have been named by the FDA as one of its top 20 understudied areas of unmet medical need (Office of the Commissioner, 2016). Female sexual disorders are notoriously difficult to diagnose and treat (Lloyd, 2005). Human sexual desire and function are complexly intertwined with physical, psychological, mental, emotional, cultural, and lifestyle factors, all of which can come to bear on both feelings of arousal and of pleasure. Pinpointing which factor—or constellation of factors—is affecting one's sexual experiences can be a complicated process, with treatment even more difficult (Irvine, 2005; Leiblum, 2007; Leiblum & Rosen, 1988).

The difficulty in diagnosing and treating female sexual disorders has certainly not been for lack of trying. Attempts at creating a pill, patch, or cream to boost low libido in women have produced mixed results. Pfizer, the company that makes Viagra, was working on a version of its

pill for women until 2004 when the project was abandoned (Pollack, 2015). Proctor and Gamble's foray into a treatment for generalized female sexual dysfunction, a testosterone patch that would boost levels of the hormone in its wearers and, hopefully, lead to improved arousal response and a concomitant rise in libido, met with a dead end when the FDA refused to approve it in 2004 (Pollack, 2015). Pfizer did succeed with an estrogen cream, Premarin, in 1994, which is used to treat the physiological symptoms of painful intercourse (caused by vaginal dryness and atrophy) in post-menopausal women (Schulte, 2015). Other testosterone patches have since been approved, but no pharmacological options exist.

From Female Sexual Disorder to Hypoactive Sexual Desire Disorder and Back

Central to the argumentation in the testimony is the clinical diagnosis of low or absent sexual desire, Hypoactive Sexual Desire Disorder, or HSDD. According to the DSM, the diagnostic criteria for HSDD are: being in a long-term committed relationship in which they experience diminished or absent desire for sex for at least 6 months, experience distress at this absent desire, and other factors like relationship strain, stress, or medications are not present. This is the disorder that flibanserin proposes to treat.

One of the central questions in the hearing was the extent to which HSDD is a "real" disorder or if it had been invented by a disease-mongering pharmaceutical company in order to sell a snake-oil aphrodisiac to healthy women. It should be noted that HSDD has been a term used in sex therapy since the 1970s (Irvine, 2005; Kaplan, 1979) and has been recognized as a sexual dysfunction by the APA since first articulated in the DSM-III in 1980. However, the terminology used for this disorder has changed over the decades since. In the DSM-III sexual desire disorders were grouped under the broad category of "inhibited sexual desire," which was

split into two subcategories—HSDD and “sexual aversion disorder”—in the 1987 revision (Angel, 2012; Irvine, 2005). By the time of the publication of the DSM-IV (published in 1994) the categorization was reworked such that the umbrella category of “inhibited sexual desire” had been eliminated, and HSDD and “sexual aversion disorder” were grouped alongside such other sexual dysfunctions as erectile dysfunction, vaginismus, and inorgasmia (Angel, 2012). In the DSM-V (published in 2013), the entire category of sexual dysfunctions was reorganized and split according to biological sex. This means HSDD, which originally was diagnosable in anyone along the sex spectrum, became split into a male and female variant (a move, it should be noted, that also erased anyone not fitting neatly into the hegemonic sex dichotomy, such as intersex folks). The male variant retained the HSDD acronym, now being called “male hypoactive sexual desire disorder,” while the female variant is now called “female sexual interest/arousal disorder” (American Psychiatric Association, 2013; Marecek & Gavey, 2013).

As the flibanserin clinical trials were being conducted, researchers and patients continued to use the HSDD acronym from the DSM-IV, even once the DSM-V was published in 2013. For the purposes of this chapter, HSDD will be used when speakers at the FDA hearing have used it; otherwise, the phrases “low or absent libido” or “low or absent sexual desire” will be used to discuss the underlying concern at the heart of this case.

Flibanserin: The Anti-Depressant-cum-Aphrodisiac

Flibanserin represents a new tack in the treatment of female sexual disorders. Focusing solely on the neurology of low libido, Sprout scientists claim there are biochemical etiologies for low sexual desire and arousal that are unrelated to (and perhaps even unaffected by) such factors as diet, exercise, physiological response, cultural expectations for sex and gender roles, partner

skill level, relationship satisfaction, and psychological angst or trauma.

Flibanserin began as an antidepressant; during clinical trials in the mid-1990s some participants reported feeling heightened sexual desire as a side effect while on the drug (D'Aquila et al., 1997). It was not until the mid-2000s when pharmaceutical company Boehringer Ingelheim would follow up on those reports and begin clinical trials focused on treating low sexual desire. Boehringer Ingelheim applied for FDA approval in 2009; in 2010, by a vote of 11-0, the FDA new drug advisory committee voted not to approve the drug, and the company subsequently sold their research to newcomer Sprout Pharmaceuticals in 2012.

At issue in 2010 was concern over flibanserin's interactions with alcohol, especially since the drug is metabolized through the liver. Boehringer Ingelheim had not conducted any alcohol studies, and the absence of such data became a primary argument against approving flibanserin. Another key concern expressed at the 2010 hearing was efficacy, specifically how Boehringer Ingelheim measured increases in sexual desire. This point is a bit more complex and merits a brief discussion of the science of sexual desire, which will provide crucial context for the rest of this chapter.

The primary way sexologists measure and study sexual desire is through self-reporting of both perceptions of one's level of desire and arousal, and of one's sexual activity. In Boehringer Ingelheim's initial clinical trials, three endpoints were tracked to measure flibanserin's efficacy: a counting of the number of "satisfying sexual events" (SSEs) participants experienced while taking the drug versus taking a placebo; a "Desire eDiary," in which patients made daily entries discussing their level of sexual desire while taking the drug and while taking a placebo; and responding to the Female Sexual Function Index (FSFI) Desire Domain questionnaire, in which two questions (one asking about frequency of sexual desire and another asking about intensity of

sexual desire) measure sexual desire (dys)functionality. The FSFI will be analyzed in greater detail below, as it plays an important role in Sprout's drug application. For now, it is important to note that the FSFI is a 19-item questionnaire aimed at measuring self-reports of sexual dysfunctions and has been validated in the literature outside of pharmaceutical research (Rosen et al., 2000).

Boehringer Ingelheim's research showed that women on flibanserin reported more SSEs and reported higher scores on the FSFI (meaning they reported an increase in both frequency and level of sexual desire) but did not show any increase in sexual desire through their eDiaries. Part of this might have been due to the low completion rate; only 40% of participants completed at least 26 out of the minimum 28-day entries required. In 2010, the FDA advisory committee interpreted these data as failing to show improvement in desire on all three endpoints and therefore the requirement for demonstrating efficacy had not been met.

When Sprout reapplied for drug approval in 2013, they abandoned the eDiary as an endpoint, instead focusing on the SSEs and FSFI scores. Sprout also conducted driving tests to ensure the somnolence and syncope reported as common side effects were not so great as to impair driving ability, and began testing a requirement for the pill to be taken at night before bed so the side effects would be least likely to interfere with driving ability. By the time of the 2015 hearing that is the focus of this chapter, Sprout had finally completed an alcohol study on 23 men and 2 women, showing that alcohol increased the instance of hypotension (low blood pressure) and syncope (fainting) and recommended alcohol be a contraindication.

Evening the Score: Sprout's Political Campaign

Parallel to the clinical trials and the back-and-forth with the FDA has been the "Even the

Score” campaign, an organizing effort funded by Sprout to generate public interest in the FDA hearing. Even the Score’s campaign began in 2013 and took its name from a claim that the FDA had approved 26 drugs for erectile dysfunction, but no pharmaceuticals for female sexual dysfunctions had been approved (Pollack, 2015). As described above, this claim is erroneous for several reasons, including the fact that there are treatments for a variety of female sexual disorders, that erectile dysfunction is not equivalent to “female sexual dysfunction” writ large, and that prior to flibanserin’s approval no drug existed for the treatment of low libido in either men or women. From this “26-0” “score,” Even the Score claimed the absence of approved drugs for low libido/female sexual disorders (they often conflated the two in their materials) was due to sexism at the FDA. Even the Score gathered more than 60,000 signatures from people urging the FDA to approve more drugs for female sexual dysfunction, and from those signatures selected 30 women to send to testify at the FDA’s advisory committee meeting in June 2015 (Schulte & Dennis, 2015).

Many commentators, including one FDA advisory board panelist, point to Even the Score’s website and campaign as the key difference that allowed for flibanserin’s approval in 2015 (Schulte & Dennis, 2015). It could be said that very little about flibanserin had changed between 2010 and 2015, except perhaps for the organization and mobilization of women to testify at the hearing. The FDA has been accused of “falling prey to political influence” (Sanders, 2016, p. 150) and bowing to “faux feminism” (Segal, 2015, p. 915). Although I agree that sexism—and cisgenderism and racism and heterosexism—played a role in the flibanserin hearing, I disagree that it can be located solely in the FDA’s approval procedures or in Sprout’s public relations tactics. Rather, these intersecting axes of privilege and oppression permeate the entire case, permitting a rhetorical “exchange” that resulted, ultimately, in flibanserin’s approval.

I argue the exchange that circulates is a definitional argument regarding normal and abnormal sexual desire as it is performed by married, straight, ciswomen. For my analysis, I examine the testimony of both the scientists and the lay people. I argue that to have a “healthy” sexuality means, to some degree, to be able to perform hegemonic gender roles through how one desires sex. Stereotypical gender norms undergird the arguments of both the scientists and the laypeople at the FDA hearing as they attempt to delineate a chasm between a “normal,” “healthy” sexuality and the “unhealthy” sexuality of the woman experiencing low or absent sexual desire. These arguments raise the question of how we even measure something like sexual desire in the first place. For that answer, I turn first to the scientists’ testimony and how low desire is defined scientifically.

The Science of Sexual Desire

In order to understand what discursive resources were deployed in the speeches at the FDA, we must first understand how most of the research at the time of the hearing scientifically studied sexual desire. As presented in the testimony at the FDA, the research into what constitutes a “healthy” sexuality and a “healthy” sexual appetite takes as its benchmark a white, straight, cismale sexuality. Female sexual health is thus configured in relationship to this benchmark, such that a “healthy” female sexuality is likewise white, straight, and cis—and also desires to be the object of white, straight, cismale desire. To understand how these dominant ideologies inform the science of desire, I turn first to the state of sexology research into processes of desire, arousal, and sexual practice, then to the state of pharmaceutical research into sexual desire, focusing specifically on the measurement techniques employed by both Sprout and Boehringer Ingelheim during their clinical trials.

Recall Master's and Johnson's linear "EPOR" model as discussed above. Named for the four stages of sexual activity—excitement, plateau, orgasm, and resolution—the model purports to portray a universal pattern for human sex. And yet, the EPOR model has several shortcomings. By separating excitement, plateau, and orgasm into discrete stages, it ignores the "feedback loop" nature of these processes and presumes their independence from each other. The focus on physiological response (each stage is marked by different physiological cues) erases the role of psychosocial elements in sex, especially how mental, emotional, and cultural aspects of sexual activity can increase or inhibit physiological responses. There is a clear linearity to the model, presuming each previous category "feeds into" the next.

Furthermore, as Lloyd (2005) argues, androcentric bias undergirds the entire model. Lloyd traces ways an androcentric bias (the presumption that masculine and male bodies and ways of being are the benchmark for "normal" in all humans) couples with an "adaptationist bias" (the assumption that all aspects of biology can be explained by successful adaptations that provided an evolutionary advantage) to construct and support evolutionary explanations of vulvar-vaginal orgasms. Lloyd explains: "Once we are looking for an explanation that ties female orgasm to reproductive success, we are virtually inexorably driven into procreative and androcentric biases" (2005, p. 238). These biases, Lloyd argues (and I echo along with her) have one origin point in Masters and Johnson's EPOR model. "On one set of accounts, those many women who do not experience orgasm regularly from intercourse are seen as unnatural or, in Masters and Johnson's terms, 'dysfunctional.' On other accounts, these same women are seen as functioning normally, and there is no social or psychological judgment against them" (Lloyd, 2005, p. 19). Indeed, the EPOR model most closely fits the sexual experiences of cismen and yet is used to measure "normalcy" in all humans (Basson, 2007).

Such a move—taking the cismale to be the “default” human or “normal” human against which all other humans are measured—is not unusual in medical science (Haraway, 1988; Haraway, 1997; Haraway, 1994; Harding, 2004). Medical science and sexology have been critiqued heavily for taking cismen to be fitting synecdoches for all of humanity, especially when it comes to sexuality, physiological response, sexual desire, and sexual practices (Angel, 2012; Basson, 2007; Chańska & Grunt-Mejer, 2016; Lloyd, 2005; Meixel et al., 2015; Segal, 2015; Tiefer, 2006). For example, most sexology research today recognizes that genital vasocongestion tends not to correlate with subjective perceptions of arousal in ciswomen (van Lunsen & Laan, 2004) in the way penile swelling and vasocongestion does in cismen. Basson (2007) recommends adopting a circular model for women in which sexual desire, sexual arousal, sexual stimuli, context, and motivation are all figured in a feedback loop with overlapping and interacting components. Despite these critiques of the androcentric EPOR model and the proposal for alternative models, the DSM, the APA, the FDA, and Sprout Pharmaceuticals all continue to operate with the androcentric model as *the* model for human sexuality.

A circular model as proposed by Basson (2007)? would not dissimilar from the assemblage model I argue for here; one of the key differences is that Basson explicitly states a circular model best explains *women's* sexuality, thereby retaining the linear model for men and subsequently reifying the two-sex model that erases the experiences of transpeople and intersex people. One of the key arguments I make about the assemblage model is that myriad actants are assembled together or *associated* in any assemblage. Their arrangement may look more weblike or more linear depending in part on the positionality of the person studying the assemblage. Cismen's sexual arousal and sexual practices *also* rely on context, stimuli, motivation, cultural expectations, gender roles, and so on, but these actants are erased from the linear model to better

conform to prevailing notions about hegemonic masculinity and cismen's insatiable libidos that can and must be satisfied regardless of the situational context.

Despite sex therapists abandoning the linear model, medical scientific research continues to use it, and assumes that masculine stereotypes about the shape of desire can form the norm for a healthy sexual appetite in general. We can see how this assumption is operationalized in the argumentation presented by Sprout's scientists as they argue that HSDD is a "real" disorder. They do so through three primary rhetorical techniques: medicalization, quantification, and the use of neuro-rhetorics. I address each in turn, beginning with medicalization.

Pharmaceutical Research and Medicalization

The first rhetorical strategy employed by Sprout's scientists in their testimony at the FDA is medicalizing sexual desire to bring how one is feeling (one's level of desire) under the purview of medical and pharmaceutical science. As I unpack this rhetorical strategy, it is important to bear in mind that when it comes to research conducted by pharmaceutical companies, being sponsored by a company does not in itself invalidate the research. Greene (2008) and Dumit (2012) both remind us that pharmaceutical companies have a great deal of motivation to make a product that works and will not be subjected to costly recalls and lawsuits later. But corporate pharmaceutical research is not disinterested; the kinds of questions asked and the methods used to answer them are greatly shaped by the company's need to develop *a drug* that solves a problem. In the case of flibanserin, for example, none of the studies compared the drug's efficacy to counseling, only to placebos. Companies testing flibanserin are not interested in the question "What is the most effective treatment of HSDD?" or "Is the etiology of HSDD solely biological/neurological?" but instead are deeply interested in the question, "Is flibanserin

more effective than nothing (placebo)?”

This point about corporate interests should likewise demonstrate the need for caution when discussing the medicalization of sexual desire. In *Wrong Prescription for Women*, the medicalization of many life events, from menstruation to menopause to pregnancy to sexual desire, is discussed in almost conspiratorial terms, as “aspects of women’s lives that have been targeted as deficient in order to support the multibillion dollar profits of the medical pharmaceutical industry” (McHugh & Chrisler, 2015, p. 1). This discussion of medicalization renders it solely a process of “drumming up” problems to enable the selling of medical solutions. In the case of sexual desire it is an argument that implies the women who flew to the FDA to testify, who missed days at work and children’s birthdays and parent’s funerals to be there to speak in person, were merely duped by an elaborate marketing campaign.

As the brief overview of medicalization and its evolution into biomedicalization outlined in the introduction of this dissertation illustrates, medicalization is hardly a *new* phenomenon. Conrad (1975; see also Conrad & Schneider, 2010) coined the term over four decades ago, and since that coinage evidence of medicalization has been documented throughout medicine’s history. We could say that as long as there has been medicine there has been medicalization. Instead, treating medicalization as neither sinister effect nor conspiratorial cause but as part of these speakers’ rhetorical situation allows us to unpack their arguments, to trace their rhetorical force, without oversimplifying the role of corporate interests and medical ideologies in shaping the science of sexual desire.

Instead of treating the flibanserin case as merely an instance of corporate greed and disease mongering facilitated by medicalization, I take a different approach. I consider “medicalization” as less of an emergent phenomenon and more as a rhetorical strategy, a

prevailing framework through which an increasing proportion of knowledge about the body is obtained, filtered, and made sense of. As I outlined in the introductory chapter, low libido in women (or “frigidity,” as it was once termed) *was* considered a moral failing, a state of badness. As the science of sex developed throughout the 20th century, that shift from “badness” to “sickness” did help to relieve some women from the blame and stigma of not wanting sex. The qualifier “some” here is important; white, straight, upper-class women were relieved of the stigma of frigidity but other women—especially Black women, poor women, and queer women—were always already constructed as hypersexual and/or sexually deviant and thus by definition could not be “sick” (or “bad,” for that matter) for experiencing *decreases* in desire, for their desires always already needing curtailment. Medicalization as a rhetorical strategy, then, is beneficial for some while simultaneously being detrimental or even irrelevant for others.

For those women for whom medicalizing sexual desire is beneficial, one such benefit is rhetorical in nature, allowing suffering individuals to name, discuss, and perhaps address problems they find distressing and often dismissed. Indeed, several of the lay rhetors in the afternoon made this very point: Beverly Wiesen, a woman diagnosed with HSDD, argued in her testimony, “I really think there’s a positive effect that can come from this approval here today, and that is that many more women who are unheard, who don’t even know that there’s a possibility they can talk about this, will go to their doctors and have a conversation.” Likewise, Erica Palim, also diagnosed with HSDD, argued the disease “is not a figment of a woman’s imagination. It’s not a fiction invented by the drug companies. And it’s not a disease forced upon women by the medical community. HSDD is real. I know because I had it” (p. 305). In both of these quotes, there is a relief at being able to speak of their sexual dissatisfaction without fear of dismissal.

I unpack and analysis this argumentation further below in my discussion of the lay rhetors' testimony, but in terms of the scientists' rhetorical strategies something interesting is happening here with regard to medicalization. Typically, medicalization is discussed as “a process in which the expertise of science and medicine (and the public vocabularies that support such expertise) is valued over lived and experiential knowledge” (Jensen, 2015b, p. 330). Here, though, Palim asserts she knows HSDD is a real medical condition *because of her lived experience*. Palim's argumentation functions to support the value of both medical expertise and her experiential knowledge; just as Jensen's parenthetical describes, public vocabularies can and do circulate to support—or ally with—processes of medicalization.

For the scientists themselves, their argumentation need not enroll lived experience into the assemblage of sexual (un)health they construct, because they already have strong allies they can call upon: bodies of literature (and the allies therein of peer review and publication), dozens of clinical trials (and the historical momentum of Enlightenment discourses of progress through scientific experimentation), and thousands of participants who safely completed the trials. Many of the scientists who conducted Sprout's clinical trials were already publishing papers on sexual disorders in women (notably, Ray Rosen, who developed the Female Sexual Function Index, discussed below) and working together as co-authors and colleagues, for example on an article on HSDD published in 2015 (e.g., Constantine et al., 2015).

The literature these scientists themselves built becomes the foundation for their claims regarding the necessity of medicalizing sexual desire. Their arguments aver that “certain ways-of-being”—such as being married but not libidinous— “are inherently problematic and therefore demand the very closest of oversight, assessment, and, ultimately, treatment” (Jensen, 2015b, p. 340). These arguments can be seen in the testimony, as when Sprout scientist Sheryl Kingsberg

argued, “HSDD has been recognized as a medical disorder for almost four decades now, with scores of papers having been published” (p. 47). Similarly, Josephine Torrente, executive vice-president of corporate and regulatory affairs at Sprout Pharmaceuticals, introduced the company’s presentation of its research by situating their trials within the literature: “We’ve developed flibanserin as a treatment for hypoactive sexual desire disorder, or HSDD, in premenopausal women. Literature estimates suggest that up to 7 percent of the premenopausal U.S. population suffers from this disorder” (p. 43). These appeals to the literature, as Latour (1987) has argued, are classic rhetorical moves that enroll articles—texts—as actants in the fact-builder’s (or scientist’s) assemblage: A dissenter “will have no chance to win over the thousands of articles, referees, supporters and granting bodies who oppose his [sic] claim. The power of rhetoric lies in making the dissenter feel lonely” (Latour, 1987, p. 44). I argue, furthermore, that these appeals to the literature not only make this assemblage of sexual (un)health stronger in the face of dissenting opinions, but also extend that assemblage’s network to enroll medicalization discourses. In other words, these opening remarks situate HSDD as not only *real* but *medical* in nature.

This same medicalizing appeal to the literature is mirrored in the scientists’ discussion of the clinical trials. Torrente again: “Three thousand additional patients have been enrolled since that time [the last FDA approval hearing in 2010] in 13 clinical studies. These studies were conducted after extensive and helpful discussions with the FDA. [...] This is the entire clinical program, 61 studies in 11,000 patients” (pp. 44-45). Across all these trials involving all these people, Torrente implies, enough data have been gathered to establish safety and efficacy for flibanserin. Or in Latour’s words: “scientists and engineers speak in the name of new allies that they have shaped and enrolled; representatives among other representatives, they add these

unexpected resources to tip the balance of force in their favor” (Latour, 1987, p. 90). The many studies and participants become allies as well, allowing the scientists “to link the fate of the claim with so many assembled elements that it resists all trials to break it apart” (Latour, 1987, p. 122). Medicalization is one such collection of alliances that holds together strongly in the face of trials that would break it apart. In terms of the larger argument of this dissertation, its endurance of such trials of strength (and its subsequent utility as a rhetorical resource at the FDA hearing) is owed to its rhetorical force, its circulation within the technical sphere, its movement to and through the public sphere, and its momentum or inertia over time. If Adele Clarke et al. (2003) are correct that medicalization discourses have proliferated and intensified over the past 100 years, then that inertia provides medicalization as a persuasive strategy much rhetorical force indeed. As a rhetorical strategy, medicalization is further strengthened through the scientists’ other two rhetorical appeals: quantification and neuro-rhetorics, to which I now turn.

Rhetorics of Quantification: Measuring Sexual Desire

The primary means of measuring sexual desire in women is through a self-report 19-item questionnaire called the Female Sexual Function Index (FSFI), developed by Ray Rosen and colleagues in 2000. (Rosen would later be hired as a consultant and researcher for Sprout’s clinical trials.) The questionnaire is meant to measure sexual (dys)function in females across six areas: sexual desire, subjective arousal (the degree to which a person is cognitively aware of their being aroused), vaginal lubrication, orgasm, satisfaction, and pain and/or physical discomfort. At the beginning of the questionnaire, several definitions are provided, including the following definition of sexual desire: “Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing

about having sex” (FSFI, p. 1). Notably absent from that definition is any mention of the woman as an active, desiring subject who initiates sex or even flirts with potential partners.

Instead, the FSFI privileges rigid gender roles and heterosexual practices, wherein women are constructed as passive sexual partners who respond to other’s advances and similarly possess a *receptive* vagina. The penetration of a vagina by a penis is given primacy over other sexual acts two humans might engage in. The questionnaire offers the following definitions in addition to “sexual desire:” “Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse. Sexual intercourse is defined as penile penetration (entry) of the vagina. Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy” (FSFI, p. 1). Edward Schiappa (2003) argues that definitions are at their core arguments about reality and choosing one definition over another directs attention toward some aspects of reality and away from others. How one defines a particular term is at its core a rhetorical act.

So what kind of rhetorical force lies in the FSFI’s definitions? It is one that reinforces the already-dominant arrangement of gender role, sexuality, genitalia, and sexual practice that centers the penis. Penetration of the vagina by the penis (sometimes called “PIV,” for “penis in vagina”) is given emphasis through its repetition as a constituent of both “sexual activity” and “sexual intercourse,” while other sexual acts such as digital penetration, oral sex, and anal penetration do not merit any mention at all. The primacy of PIV in the FSFI thus constitutes it as *the* sexual act, the “truth of sex” in Foucault’s (1980b) terms, from which all other acts are measured as falsehoods, aberrations, deviations, perversions.

Simultaneously, the FSFI privileges vaginal lubrication to similar ends. The focus on vaginal lubrication reveals a particular, very narrow enactment of female sexuality. To begin,

vaginal lubrication is neither the primary nor the only physical sign of arousal for persons possessing a vagina. Additional and important signs of physiological responses to arousal include vasodilation in the skin, sweating, salivation, and the hardening of the nipples and the clitoris which makes both more sensitive to touch, though it should be noted none of these signs are always present in every person every time they feel aroused, nor does their presence indicate sexual arousal or even desire to engage in sexual activity (Levin & Meston, 2006).

Furthermore, this centering of lubrication and “wetness” evinces prioritization of vaginal penetration over other possible sex acts. Vaginal lubrication is an irrelevant factor when it comes to such sex acts as giving or receiving oral or anal sex, fondling, and making out. Indeed, vaginal lubrication is really only crucial during vaginal penetration by a penis (it should here be noted that digital penetration without vaginal lubrication is more feasible than penile penetration, but both acts are more pleasurable with lubrication). The FSFI isolates this one physiological response from the intricate web of all possible physiological responses and prioritizes it above the others by specifically asking about lubrication as the only marker of physiological arousal. Indeed, four of the 19 questions explicitly ask about lubrication, while an additional four questions implicitly address lubrication through using “sexual arousal” as a synecdoche. None of the other 6 domains of dysfunction (desire, arousal, lubrication, orgasm, satisfaction, and pain) are represented on the questionnaire to this extent. Recall, too, that the “arousal” domain was to measure subjective perceptions of arousal in contrast to physiological response, which the “lubrication” domain was to cover. But in the FSFI questionnaire, “arousal” is specified as including “feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions” (p. 2). The subjective experience of arousal is subsumed under perceptual awareness of vaginal wetness and secretion, again distilling a vast and complex mental and

physical process into a narrow, static state.

Such a paring away of the myriad rich physiological responses would seem to hinder a scientific investigation into ciswomen's sexual arousal but in fact makes sense within a heteropatriarchal regime that privileges both heterosexuality and the penis such that the vagina becomes the receptacle for the penis. Other sex acts and sexualities that do not privilege or otherwise facilitate this one act become irrelevant. Thus the FSFI uses the word "foreplay" but not "oral sex" or "fondling" to describe possible "sexual activities." In the worldview of the FSFI, such acts are mere preludes to the important act, "sexual intercourse;" they are important only insofar as they make a ciswoman receptive to cismale penile penetration, a receptivity marked solely by the presence of vaginal lubrication.

This androcentric worldview is further demonstrated in the wording of the arousal and lubrication questions, which seem to have originated from an erectile dysfunction questionnaire with "erection" merely replaced by "lubrication." The lubrication questions are as follows: "Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse? Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse? Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?" (p. 3) The focus of these questions is on achievement and maintenance of lubrication, a framework that is frequently applied to penile erections but is less applicable to ciswomen's physiological arousal response for all of the reasons discussed above.

There's an interesting gender paradox here in how low desire is defined and measured. A healthy level of sexual desire is measured against a hypermasculine ideal of constantly desiring

sex such that the right stimulus should always lead to arousal and excitement. But what is the “right” stimulus? Their partner’s advances. Thus “healthy” libidos, for these women, is also delimited by how feminine their sexualities are: that is, to what extent they are receptive and responsive to their partner’s advances. In the science of desire, the women are expected to have hypermasculine quantities of desire as well as hyperfeminine qualities in performing their sexualities. They should be ready and receptive but not overly active or aggressive. Thus, normal or abnormal levels of sexual desire are configured such that a “healthy” sexuality is presumed straight and cismasculine—and for women additionally includes desiring to be the object of straight, cismale desire.

The Neurorhetoric of Sexual Desire

The final strategy employed by the scientists was a turn to neurorhetorics, and for this I’m drawing from Jack and Applebaum’s definition in which neuroscientific findings take on rhetorical force by presuming neuroscience definitively “proves” or “disproves” the reality of subjective feelings. Essentially, HSDD is argued to be a real disorder because it is visible in brain scans.

Given that much of the testimony in 2010 accused Boehringer Ingelheim of “disease-mongering” and that much of the press coverage in response to Even the Score’s campaign likewise debated whether low libido constituted a medical condition, it is no surprise that many of the speeches given by the flibanserin supporters, including one entire presentation by Sprout’s scientists, argued that HSDD is a real disorder and low sexual desire a real problem. Central to this argument are the criteria for a problem being “real” or not, and for that evidence the supporters turned to neurorhetoric.

Jack and Applebaum (2010) define two strands of neuro-rhetoric. In one, implications for communication and rhetorical theory are drawn from findings in neuroscience. In the second—and more pertinent to this chapter—neuroscientific findings take on rhetorical force and enable certain kinds of arguments to be made and to be persuasive. Racine, Bar-Ilan, and Illes (2005) identify three of these kinds of neuro-rhetorics, though they do not use the term: neuro-essentialism (in which the brain is a synecdoche for the self, one's personality, or one's identity); neuro-policy (in which neuroscientific findings are used to justify lawmaking); and neuro-realism (in which neuroscience is presumed to definitively “prove” or “disprove” the reality of subjective feelings). In this section, I am most interested in the rhetorical force of neuro-realism as it is marshaled to support the existence and severity of HSDD.

What makes a sexual disorder “real” according to the flibanserin supporters? A clue lies in the presentation Sprout scientist Sheryl Kingsberg gave at the beginning of the hearing. In FDA drug approval hearings, representatives from the pharmaceutical company seeking approval are given a block of time in the morning to present their research findings from the clinical trials. The FDA then responds with presentations from their scientists that offers alternative interpretations of the data and outlines the key questions the committee will have to answer in deciding whether to approve the drug. Kingsberg's presentation was the first content presentation by Sprout, following brief introductory remarks by Sprout's executive vice president of corporate and regulatory affairs, Josephine Torrente. Kingsberg's presentation, titled “Overview and Impact of HSDD,” gave the background for the disorder and spent most of her roughly 7-minute speech defending HSDD as a real disorder—because it is visible in brain scans.

Indeed, the centerpiece of Kingsberg's presentation were the first two slides, titled “Neural Basis of HSDD” (see Figures 1 and 2) which depicted scans of the brains of women

diagnosed with HSDD and those described as “normal.”

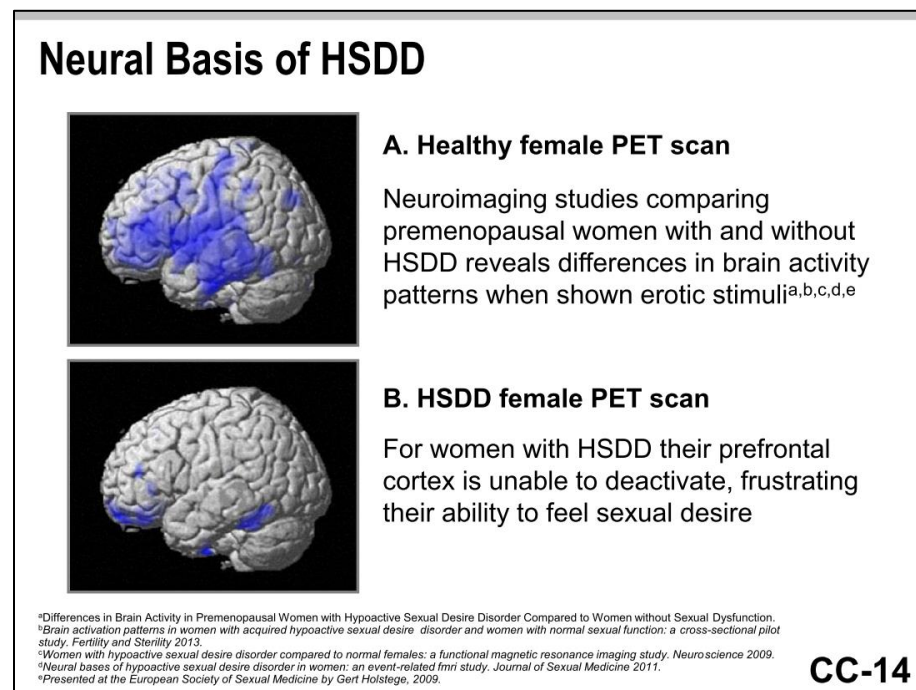


Figure 1. PET scans

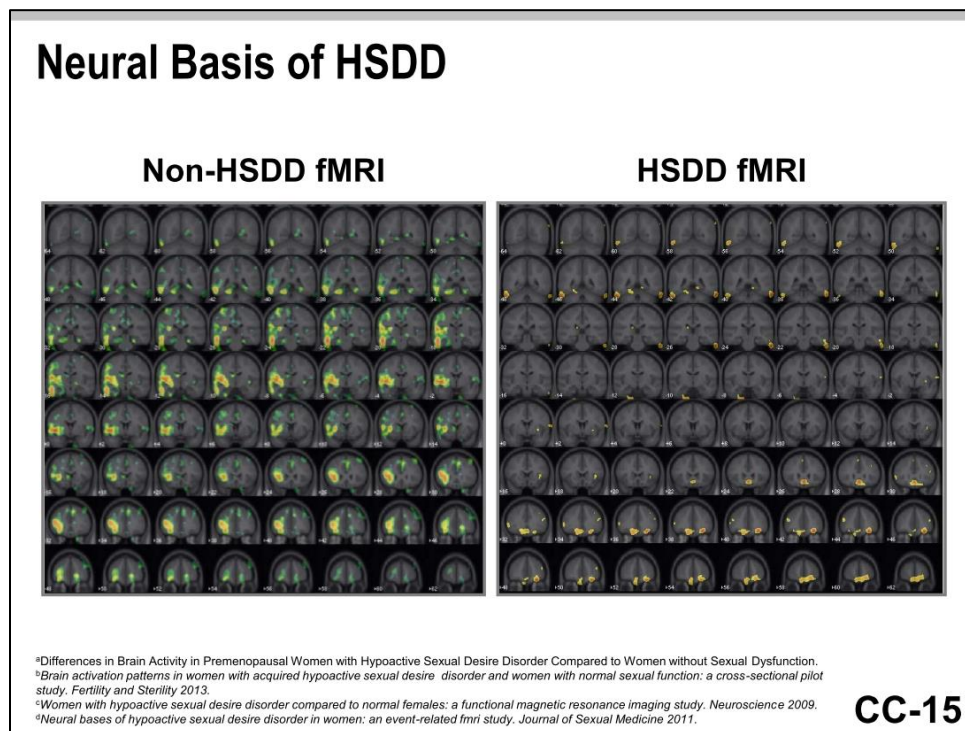


Figure 2. fMRI scans.

Both PET scans and fMRI scans were used to depict this “visual difference” between the “normal” and the “abnormal” female brain. Kingsberg walks the committee through the “fundamental difference” in the “lighting up” of the brain of a woman without HSDD (p. 48). Kingsberg explains the blue coloring is a deactivation, or lighting up, of the brain of a woman without HSDD. This blue deactivation, particularly in the prefrontal cortex, signals the brain's quieting, the cooling, to allow for desire to take hold. The brain of the woman with HSDD does not show the same deactivation” (pp. 48-49). Kingsberg claims the scans show a “dramatic contrast” and goes on to describe the PET scans, from research in 2009, as part of a “landmark study” that was validated “multiple times with functional MRI” as the screen behind her flashes two groups of fMRI scans, one full of colorful activity (labeled “Non-HSDD fMRI”), the other a monotonous gray (labeled “HSDD fMRI”).

Because a difference in the brain scans can be visually represented, Kingsberg can assemble and associate a variety of rhetorical allies, especially the rhetoric of neuro-realism and the visual bias of science, to argue for HSDD being “real.” Cambrosio et al. (2005) posit such visualizations in science utilize two argumentation techniques primarily: figuration (in which a rhetor claims an image represents “true” reality) and demonstration (the claim that because an image represents reality, it lays the object bare such that anyone can “see” it for themselves). In Kingsberg’s presentation of brain scans, we see both kinds of techniques utilized. The images come to represent the *brain itself*, as if the skulls of two women were sawed open and on display. In a double synecdoche, the image stands in for the brains of these women, which likewise are taken to represent the women’s “selves,” their neurological capacity for sexual desire—or incapacity thereof. Similarly, via the technique of demonstration, Kingsberg discusses the images as “self-explanatory” by bidding her audience to gaze upon the “dramatic contrast” the visuals offer, eliding the explicit explanatory work she had to do at the beginning of her presentation to set up the images on the slides.

It is important to remember that such visualization techniques create one version of the reality they claim to represent transparently. There is always work to be done to make the image readable, measurable, sensible. These practices of looking enable us to see certain things and not see other things; in this case, the focus settles on the mere presence of a “dramatic contrast” in color instead of asking if neurological or biochemical changes are the underlying *cause* of the contrast, as Kingsberg argues, or if something else might be occurring. For instance, if the scans do indeed illustrate the brain’s ability or inability to quiet itself and “allow for desire to take hold,” why not suggest mindfulness training as a way to “quiet the brain” and to be more fully present in a stimulating moment? Eliding such alternatives is easy to do when the rhetorical force

of the images of brain scans already grants momentum to the figuration and demonstration of the neuro-realism of HSDD. Additionally, blaming a lack of desire on neurobiology in some ways removes individual responsibility: If the problem were relationship dissatisfaction, then it would be the couple's responsibility to repair their relationship. Nobody is at fault for biochemical irregularities.

From the primacy of the EPOR model to ways sexual desire is measured and researched to the neurorhetoric employed by Sprout's scientists, the science of sexual desire enacts "sexual health" as a straight, cismale ideal. People falling outside of those criteria—women, gays and lesbians, transpeople, intersex people, genderqueer people—are rhetorically positioned as "deviations" from the ideal. In the science of sexual desire, sexual health is attainable only insofar as a person can perform heterosexuality, hegemonic gender roles, and cisgender sex identities. How one desires sex, one's object of desire, and one's sexual practices are intricately linked in the deployment of "sexual health."

A rhetorical lens helps to show how part of the measurement of sexual desire as well as the measurement of the drug's efficacy is not just a testing of the biochemical reactions, but also to what extent the participants are enabled to perform their gender and sexuality in normative ways. To have a "healthy" sexuality means, to some degree, to be able to perform traditional gender roles through how one desires sex, what the object of one's sexual desire is, and what sexual practices one undertakes. This section has shown how a hegemonic definition of sexual desire undergirds the assumptions of the pharmaceutical scientists; in the next section I turn to the laypeople at the hearing as they attempt to delineate a chasm between a "normal," "healthy" sexuality and their own "unhealthy" sexualities.

Lay Testimony: Persuading the FDA to “Cure” Unhealthy Sexualities

Through the statements made by the speakers at the FDA hearing we see a portrait of what “health” looks like in a medicalization context. If health is not a state one achieves but a process of becoming via practice (Akrich, 2009; Carmack, 2010; Mol, 1999), then the doctor’s office is a key site (or stage even) of specific health performances (Carmack, 2010; Charon, 2008; Garden, 2010; Langellier, 2009). The speakers allude to a kind of expected exchange with their doctors: they describe their symptoms, the doctors listen to the description and deduce an underlying problem or disease as the cause (a deduction perhaps aided by the application of their trained medical gaze via a physical examination of the body as well), and dispenses medication as the solution. This description-deduction-dispensation script so fully pervades medical practice that some doctors now blame the over-prescription of antibiotics on patients’ expectations that a trip to the doctor’s office ends with a prescription (Laxminarayan et al., 2013). This script thus becomes a powerful ally easily marshaled in arguing for flibanserin’s approval.

Enactments of Femininity via Sexuality: On “Being Broken”

Just as the science Sprout generates and marshals in its approval application expect “normal” vaginas to be responsive and receptive to penises, so too did the FDA testimony by the recruited Even the Score women reveal a presumption that sexual health for women includes a passive, receptive, responsive sexuality—in other words, that hegemonic femininity be performed through how women express sexual desire and through the sexual acts they engage in. This expectation of a specific, narrow enactment of sexuality manifested primarily in a rhetoric of lack utilized by flibanserin proponents in arguing that the drug should be approved to remedy that lack. Additionally, it manifested in an appeal to “sexual health” being the foundation for

“marital health,” such that the later was reduced to the former. Finally, given these manifestations, potential solutions like testosterone therapy were described as “not working,” while other non-solutions like having sex out of a sense of obligation were deemed viable. I shall address each of these in turn, beginning with the rhetoric of lack.

Many of the women testifying at the hearing spoke of their low or absent desire as a lack that made them “broken” or “not whole.” Sue Goldstein, a sexuality educator diagnosed with HSDD, spoke of her body having “betrayed” her (p. 238) and begged the FDA to “allow women to feel whole again” (p. 239). Another woman, Kelli Stoup, took the argument further, explaining that to even stand before the FDA and testify “that I am broken and cannot be fixed, that I could go without sex for the rest of my life, that I have zero interest in sex, is humiliating, depressing, and causes great anxiety and distress in both myself and my marriage” (p. 275). Doctors, too, picked up on the language of brokenness and wholeness. Alyse Kelly-Jones, an OBGYN, explained one of her patients’ distress thusly: “The first thing my patient said to me [...] was, ‘I feel like I’m dead inside.’ She was broken. She was suffering. [...] While telling me about her concerns, she paused and said, ‘There’s something broken inside of me, and I can’t fix it’” (pp. 297-298). Throughout the meeting, the women, doctors, researchers, regulators, and activists talked about low sexual desire as a loss, a lack.

The sense of not being whole, of missing something, was further underscored as the women discussed what they felt they had lost as a result of their diminished sexual desire. Amanda Parrish, one of the 11,000 women who participated in the flibanserin clinical trials, described her low desire as an aberration, like a sudden-onset illness: “What neither of us expected was the abrupt and total disappearance of my libido and desire for sex. [...] We were totally unprepared when my desire for sex suddenly left the building like Elvis’ blue suede

shoes” (p. 257). Sheryl Kingsberg, a clinical psychologist and paid consultant for Sprout, described the “loss” more bluntly: The average patient has “lost a sense of self, a connection with her partner, the benefits of a positive sexual relationship that move from the bedroom to the breakfast table the next morning. [...They] feel less connected to their partner. There's less communication, and there's a loss of self-confidence” (p. 50). Indeed, at several points in the hearing speakers contrasted their libidos with those that were still “intact” (p. 282) or otherwise mourned their lost libido despite possessing “intact biology” or “intact anatomy” that should permit a flourishing sex drive. They spoke of the hope for “restoring” (pp. 66, 123, 244, 245, 258, 329) these fractured libidos that have become severed from the affordances of their anatomy.

This presumed wholeness and interaction of anatomy, desire, sexual practice, and pleasure reveals the vestiges of the androcentric EPOR model outlined at the beginning of this chapter. Anatomy, desire, practice, and pleasure are presumed to be arranged together not in a multidirectional web of reciprocal influence (as they would in an assemblage), but in a stratified, linear, causal relationship, such that experiencing attraction and desire is presumed to lead directly to physical sensations of arousal (such as feeling a penis become vasocongested), just as the physical ability to become aroused (such as getting an erection) is presumed to facilitate sexual practice (such as inserting an erect penis into a vagina). As my examples in the previous sentence illustrate, such causal relationships are most sensible when the person experiencing sexual desire, arousal, and activity is a straight cisman. Such stratified linearity starts to break down, however, when we abandon androcentrism and strive to center the experiences of transpeople or gay people or even straight ciswomen.

Moreover, such a turn actually gives the lie to the androcentric model. Merely being in

possession of a penis and a heterosexual orientation does not necessarily mean one will conform to the linearity the EPOR model predicts. Of the possible combinations of sex organs, sexualities, sexual desires, and sexual practices, a straight cisman's penetration of a vagina comes the closest to aligning with the EPOR model of sex, but to assume that that alignment is perfect, absolute, and enduring is to forget the vast variation in human behavior (both over a lifetime and across centuries) and the fluidity of sexuality and sexual practice themselves. Indeed, we might infer that what flibanserin truly offers is a "cure" for not being a straight cisman.

Not only that, but the women who suffer from low libido are doubly cursed for failing to perform hegemonic femininity, even though successful performances of femininity will still be damned for not achieving the straight, masculine, cisman ideal established in the science of sexual desire. Later in Kingsberg's presentation she is explicit that what is "lost" or "fractured" about these women is their hegemonic femininity. She describes sexual desire as deeply entwined with certain performances of femininity and its loss or absence as a hindrance to that performance: "And over 40 percent of women with HSDD want their femininity back. In fact, the other day, I saw a self-portrait of a woman with HSDD. In it, she had drawn no breasts, no hair, and no hands. That is a self-image of a woman who is profoundly distressed, a woman who's lost her sense of self" (pp. 52-53).

Kingsberg, Campbell, Parrish, and the other presenters articulate a vision of healthy sexual desire that aligns with particular hegemonic performances of femininity, along with the trappings of marriage and children. This is especially obvious in Kingsberg's description of the woman's self-portrait. Without hair or breasts, Kingsberg's enthymeme implies, how are we to identify the self-portrait as feminine? Here, too, lies an assumed conflation of biological sex with

gender such that the greatest lack is a ciswoman without her femininity. To want and to have a femininity that is at home in the cisgendered, heterosexual, monogamous home is figured as “healthy;” therefore their diminished sexual desire is a violation of not just these norms but health itself. We can recall here Canguilhem’s (1989) argument that “the pathological is designated as departing from the normal not so much by *a-* or *dys-* as by *hyper-* and *hypo-*” (p. 42). A “healthy” sexuality is one aligned with the “normal,” here rendered as the invisible centers of our society—whiteness, straightness, cisgenderedness.

Indeed, the “healthy” female sexuality figured in the discourse at the FDA is intimately entwined with a particular performance of femininity. When the speakers at the FDA hearing discuss “female sexual desire” they envision a sexuality grounded in passivity, receptivity, and responsiveness to the sexual advances of cismen. They describe a sexuality whose primary pleasure is in being the object of desire rather than the desiring subject. David Portman, an OBGYN and one of the clinicians recruited by Sprout, described HSDD by echoing the broken/intact language but adding an emphasis on the woman’s receptivity to sexual advances: “It’s the total lack of interest and receptiveness and responsiveness to her partner’s approach” (p. 125). The FDA’s scientists adopted this same language of measuring female desire in terms of sexual receptivity and responsiveness. The key measurable action according to both the FDA and the Sprout scientists is whether a woman *responds to* a partner’s advances, but not whether she feels driven to *initiate* advances of her own.

The advisory committee meeting illustrates ways some desires are more desirable than others. The concern here is not simply that some women do not desire sex, but that white, heterosexual, premenopausal, married women are not desiring enough sex. The impetus here is to continue to value heterosexual reproduction, and by that I mean both reproduction that occurs

heterosexually and the reproduction of heterosexuality itself. The claims that low sexual desire affects families, marriages, and husbands further underscores this point. What is actually at risk is the central unit for heterosexual reproduction; women with low sexual desire become the “fail point” at which white heteropatriarchy collapses. The distress these women feel is at least in part due to this sense of failing to live up to the role white heteropatriarchy ascribes to “properly feminine” women, though of course such distress at failing to align with systemic reproductive imperatives remains in the background, felt perhaps but never articulated.

The “lack” these women describe thus illustrates ways ciswomen’s bodies in general and white ciswomen’s bodies specifically are valued primarily for their ability to reproduce not just more humans but biopolitically “desirable” humans, humans who will reify white heteropatriarchy. That 75% of the women who participated in the trials and nearly all of the women who testified at the FDA were white is no accident, but a reflection of which kind of non-sexual bodies are of gravest concern. The historic over-sexualization of Black bodies and especially female Black bodies further attests to this. Black women’s libidos are here, as elsewhere in U.S. discourses, presumed not to be hypoactive, but hyperactive, excessive.

Even the argument that HSDD is neurological in etiology, that biology has ultimately caused a low libido, is one which would provide little comfort to people of color, for whom such biological determinism has always been inextricably tied to scientific racism. The women Sprout recruited have obtained the white, straight, cisgendered, middle-class ideal of a husband and children and yet are still unhappy. Rather than blame the “ideal” for its narrow and limiting roles (cf. Friedan, 2013), these women want to hold on to biology as somehow determining inherent value and medicine as the means for correcting biology’s mistakes. It is a desire thoroughly enmeshed in privileging white futurity. They see their biological inheritance as simultaneously to

blame for their lack of desire, but because it is a white biology it is also inherently worthy of being reproduced. Flibanserin is the means to ensure satisfaction with a white, straight, cisgendered, middle-class ideal that perhaps is satisfying for only a very narrow segment of the population and attainable for an even smaller percentage.

Furthermore, the fact that premenopausal women are the target population for flibanserin, were the only women allowed to participate in the clinical trials, and remain the only population for which the drug is approved—despite low sexual desire affecting more postmenopausal women than premenopausal—attests to an implicit valuing of reproductive capacity itself as worth saving, protecting, and (if lost) restoring. In this way, white cis women’s sexual desire remains firmly yoked to heterosexual reproduction, even if (as is the case of nearly all of the women who testified) a woman has already given birth to all of the children she planned for.

Domestic Distress

The second line of argumentation sought to demonstrate not just that these sexualities are unhealthy but distressing as well. In this argumentation, the rhetors express a deep shame at not wanting their husbands, because they believed they unequivocally SHOULD. They talked about having “duty sex” or sex with their husbands out of a sense of obligation instead of a sense of desire or yearning. They also testified that their absent libidos were causing a strain on their relationships, “killing” or “destroying” their marriages and hurting their husband’s feelings. Their absent libidos negatively affect their whole families, and they talked about separation or divorce as the inevitable outcome.

In the flibanserin testimony, a very real source of distress for the women who testified is the difference between their libido and their husbands’. They spoke of “loss of intimacy and

subsequent strain” on their marriages (p. 271). They often understood and discussed it as somehow denying their husbands or even causing them to suffer. Amanda Parrish, a clinical trial participant diagnosed with HSDD, explained, “A silent wall of shame grew between us, shame of guilt on my part for not wanting to have sex with a man whom I loved, and hurt on his part wondering what he was doing wrong. Often pretending to be asleep before he came to bed, we suffered separately in silence, seriously threatening our relationship.” The women spoke of techniques for avoiding sex or simply having sex out of obligation, as Amanda Parrish said “I love sex with my husband, but if I don't have the desire to have sex, I will either opt out or simply oblige, which shortchanges us both. Much like even though I love steak, I'm not going to eat one if I'm not hungry. I want to want my husband. It is that simple. I implore you to approve flibanserin” (p. 258). Kelli Stoup argued that her “broken” sexuality hurts her husband and her marriage: “It has caused strife in my marriage. My husband knows I love him, but he continually feels rejected and knows when we do have sex, it's because I know he needs it and is what a husband and wife should want to do” (p. 277).

Describing the life of a typical HSDD patient, OBGYN Kelly-Jones said, “Her lack of desire hurt her husband and affected her entire family” (p. 297). Lori Weinstein, CEO of Jewish Women International, similarly argued that flibanserin should be approved because it has the potential to “rejuvenate a deteriorated sexual relationship with an intimate partner, and create happy couples, which undergird happy families” (p. 244). Amanda Parrish, another woman diagnosed with HSDD, illustrated in her speech the stakes of the strain that low sexual desire can take on a marriage. “I hear from men every day who believe their former spouses suffered from HSDD. Former is the operative word. Could their relationship have been saved? No one can know. What I know is that flibanserin taken each night worked for me and worked for my

marriage” (pp. 258-259).

The common theme among these statements is the interdependence between sexual activity and marital health. Masculinity for the husbands tied up in setting the norm for sexual desire. Femininity for these women is in desiring their husbands’ advances and performing “wife” in a particular way, through particular sexual acts and in matching their husbands’ levels of desire. These gender roles have long histories, especially in Victorian and Progressive era morality, in which women were expected to remain not just virginal but nearly asexual until their husbands awakened their sexualities on their marriage beds. A woman who displayed too much sexual desire and aggression was just as disconcerting as the woman who abstained from marital sex. These rhetors are, in a way, mourning their failure to perform “wife” in a traditional way that conforms to traditional gender norms.

This topos of having “duty sex” also was discussed by the scientists during the morning session. OBGYN Dr. David Portman, one of Sprout’s scientists, explained that the average woman in the clinical trials was not abstinent but rather “always or almost always engaged in sexual activity out of a sense of obligation and never with sexual interest or encouragement.” During a question-and-answer portion of the hearing, Portman further explained that when the women in the study reported a “satisfying” sexual event, the source of that satisfaction was also tied to a sense of obligation: “women often said, I was satisfied because I satisfied my obligation” (p. 125).

These arguments position sexual desire as foundational to a “healthy marriage” and yet their husband’s level of sexual desire is treated as the yardstick for “normal.” It is curious that these rhetors would voice their preference for abstaining from sex as evidence in favor of approving a pill like flibanserin. The lack of any desire for sex could just as easily support not

approving the drug: “I never want to have sex for the rest of my life, please let that be okay and do not force medication upon me.” In fact, this is the very argument asexual activists make.

Alternatively, these rhetors could make the argument, “My husband is hypersexual. Please approve a drug that will lower his excessive desire to my normal level.” But these rhetors do not make such arguments. In part, they do not make such arguments because they only understand a healthy marriage within the context of a sexually satisfying relationship. Even though for them a satisfying amount of sex ranges from little to none, because their husbands do not find this amount sufficient and satisfying, the women see themselves as failing to perform “healthy marriages” through their “unhealthy” sexualities.

In essence, the rhetors who testified are trying to force an unruly sexuality to adhere to an idealized “feminine wife” script. Part of the problem is that women’s sexuality has been constructed via the male gaze such that women understand themselves as objects of desire and focus on how they appear to an observer rather than thinking about how they feel (Drew, 2003; Mulvey, 1975). But beyond the effects of the internalized male gaze, sexology research has also shown that intense mental focus on and worry about not orgasming represent large obstacles to experiencing orgasm (Basson, 2007; Tiefer, 2002, 2010, 2012). Engaging in “duty sex” at least permits a performance of the kind of femininity these women hoped flibanserin would help them enact. In the rhetorical force of the supporters’ arguments, the enrollment of actants such as gender roles, marital expectations, and notions of “health” becomes a crucial step in creating an assemblage of sex in which flibanserin plays a central role. This is why duty sex seems a viable solution: because they’re fulfilling their obligation. They want a pill to make this obligation more palatable.

Rejected Alternatives

While options like having sex out of a sense of obligation were deemed viable, both testosterone therapy and counseling were rejected as viable solutions, argumentation strategies I now unpack, beginning with counseling.

Counseling could help improve couples' communication and sexual practices, identify gaps in knowledge, or address feelings of shame or repression that might be inhibiting sexual desire. But the rhetors in favor of flibanserin discussed counseling as a non-solution that served only to dismiss women experiencing low sexual desire. They argued that anyone who proposes counseling was "ignoring" or "not listening" to women or must think HSDD is "not real," "made up," or "all in [women's] heads." They argued that they knew something was wrong with their *bodies*, so counseling is tantamount to an insult and a dismissal of the problem.

For example, Speaker 19 Dr. Lauren Streicher, a practicing clinician, connected counseling with dismissing or ignoring women with HSDD: "Sexual health problems are real and deserving of research and development of not only this, but other new drugs. [...] I see these women in my office every day, and I will not insult them by recommending talk therapy for a biological imbalance." In this excerpt therapy is aligned with not addressing the problem, while prescribing a drug aligns with addressing it. Similarly, Erica Palim, a woman diagnosed with HSDD, characterized counseling as a disrespectful dismissal of both HSDD and the women who have it: "We need to acknowledge that HSDD exists. [...] I do not understand those who do not give women the respect they deserve by refusing to listen to their very real symptoms, but instead deny the existence of a proven medical condition." Speaker 32, Jan Erickson, even marveled at the "compelling" brain scan images from the scientists' presentations, arguing they "provide graphic evidence" of HSDD as a real condition that counseling would not treat.

Much like with the other argumentation strategies, the discussion of counseling as an insufficient solution appeared in the scientists' testimony in the morning. Kingsberg, speaking on behalf of Sprout Pharmaceuticals, grounded the "realness" of HSDD in a biological etiology via a potent analogy: the history of depression treatment. She speaks of the "days before antidepressants when skeptics said depression was all in someone's head. But we learned that treating a neurotransmitter imbalance made a biologic and clinical difference for some of those patients. HSDD should be no different" (p. 48). I call this analogy "potent" for two reasons. First, for an audience of women feeling frustrated with the lack of medical knowledge about women's sexual health, the analogy speaks volumes about the historical relationship between women and medicine. From the damages caused by prescribing the dangerous drugs Thalidomide and Diethylstilbestrol (DES) to pregnant women to the severe injuries caused by the Dalkon shield to the establishment of a new medical term (Yentl Syndrome) to describe the way heart attacks present different symptoms in women than in men the introduction of depression in Kingsberg's testimony evokes a historical pattern wherein women have voiced concerns to doctors only to be ignored in the moment yet vindicated much later, after great damage has already been sustained (Murray, 2014). To deny the existence of HSDD, to claim that it is merely a "drummed up" disorder crafted by a conniving disease-mongering company, is to cast aside the women with low libido in much the same way women in the 1950s with depression were told to simply try "being happy."

The depression analogy resonated with the women who spoke during the public comments period, its trace haunting many of the speeches. Throughout the hearing, flibanserin supporters passionately asserted HSDD is a "real disorder," that it is not a figment of the women's imaginations. The argument that perhaps HSDD had been created by pharmaceutical

companies like Sprout in order to create a market for a product was met with anger and disdain, as can be illustrated in the comments made by Katherine Campbell, who was flown in by Sprout to speak during the open comments period: “If your sexual desire issues can be cured with a good day and a babysitter, then congratulations, you do not have HSDD. But the rest of us would sure appreciate it you would stop dismissing our concerns and making a complete mockery of the issue. If I sound frustrated, it's because I am” (p. 261). Another speaker during the open comments period, clinician Lisa Larkin, echoed that frustration: “I take real issue with those who suggest that low libido in women is always the result of relationship or situational issues, anxiety or depression, it's something that can always be addressed with psychotherapy, or that pharma has somehow created this disorder as a niche for a drug. If you believe any of those things, I would ask that you come spend a day in my practice and meet the women I care for” (pp. 232-233).

These speakers rhetorically positioned HSDD as “real” by contrasting the help they envisioned flibanserin to provide with the lack of help provided by suggesting counseling or other therapy options. Indeed, many of the speakers seemed insulted that counseling would even be suggested, as illustrated above. These rhetors lamented that the FDA and anyone arguing against flibanserin’s approval were not listening to these women and were dismissing their concerns. To claim that their low sexual desire could be best addressed by therapy is, for these women, to suggest the wrong solution to a “real problem” and thus, effectively, to dismiss it.

Second, the depression analogy is also potent in that it works as argument via analogy, further bolstering HSDD’s “realness” and flibanserin’s role as a pharmacological solution, just as depression and anti-depressants work together. This progress narrative in medicine looms large, positing that for every human problem, there exists a perfect cure, like a lock and a key or

approaching pharmacology as a “magic bullet.” Indeed, such lock-and-key logic is how many disorders are diagnosed; if taking Adderall seems to improve a child’s rambunctious misbehaving, then the child is diagnosed with ADD (Goldman et al., 1998). If HSDD is akin to depression, then just as depression’s “key” is anti-depressants, so is HSDD’s “key” a pharmaceutical—flibanserin.

However, if we interrogate the depression analogy, we easily uncover its limits. Anti-depressants do indeed help treat depression, but, in many cases, so does therapy. Encouraging someone with low sexual desire to talk to a sex therapist is *not* the equivalent of telling someone with depression to “be happy.” To someone suffering with depression, “try being happy” is a dismissal; both anti-depressants and therapy are solutions. Perhaps one or the other (or both) might be more effective for different individuals, but neither is a dismissal, neither frames depression as a non-problem or as not real. And herein lies the fault with the depression analogy.

Why, then, do the pro-flibanserin rhetors talk about therapy as though it were a means to dismiss HSDD? If real things are able to be visually figured and demonstrated (as discussed in the previous section), if real problems have neurological etiologies, and if HSDD’s reality is grounded in its neurorhetorical realism, then the solution (and there must be a solution, a cure, never acceptance) must have similar qualities. Therapy cannot be figured and commodified like a pill can be; therapy was not given a neuro-realism in the FDA speeches. Additionally, seeing therapy as a solution to a neurobiological disorder (as the proponents from HSDD to be) requires rejecting or at least modifying the mind-body division that undergirds Western medicine. Understanding HSDD as a deficit in neurotransmitter activity means locating the problem in the *soma*. Therapy may treat the *psyche*, but pills and surgery treat the *soma*. It takes some mental effort to buck this neat division and see minds and bodies as an interdependent unit, a body-

mind, whereas rejecting therapy because it is for the psyche only is a rhetorical move that harnesses—and reifies—extant dominant discourses.

This argumentation shows how the testimony from the scientists circulates among the public testimony that afternoon. Proving HSDD is real continues to be a rhetorical goal, insofar as these rhetors mobilize its existence to justify treating low sexual desire as a *medical condition* and flibanserin as the only viable treatment for that condition. There's a mind-body divide articulated here too, as if solutions that treat the mind could not possibly affect the body as well. Counseling cannot be treated as a viable solution because that would open space to think of HSDD as something other than a medical condition. On the other hand, if something is treatable with a pill, there must be a biological (or in this case, neurological) etiology, and therefore the problem can be seen as medical in nature (as opposed to relational or personal).

Testosterone Therapy Rejected

Because a healthy sexuality is entangled with hegemonic gender performances and white supremacy, testosterone and other hormone therapy treatments likewise were rejected as non-solutions. It is important to note that as a hormone, testosterone plays a large role in human libido, and higher levels of it does tend to increase one's appetite for sex. However, because a healthy sexuality here is entangled with hegemonic gender performances testosterone is articulated as an insufficient solution. Thus, the women who spoke at the FDA hearing soundly and explicitly rejected it as a viable option because testosterone therapy violates the performances of hegemonic femininity they are seeking to enact and be satisfied with.

In this argumentation, the women spoke of testosterone as “Scary” or “frightening.” They also characterized it as a “last resort” with “minimal benefits” and “unpleasant” or “negative side

effects” and thus was a poor solution or not a solution at all. For example, Vicki Lofthus said “Out of desperation, I recently went as far as trying a new testosterone treatment that is on the market for men, and the side effects were negative, including breakage and thinning of my hair along with facial hair growth.” Lofthus further characterized testosterone as offering “minimal benefits” that nevertheless outweighed the “unpleasant side effects” (p. 269). Parrish called testosterone therapy “completely ineffective, and the side effects frightened” her (p. 258). Kelli Stoup illustrates the precise source of this fear and rejection of testosterone: “On the testosterone, I was neurotic about growing facial hair, which by the way did not increase my libido” (p. 276).

Contrast the description of testosterone’s side effects with the way flibanserin’s side effects were characterized by its supporters. Anita Clayton, a psychiatrist and Sprout consultant, argued that if the FDA voted not to approve flibanserin would be “to paternalistically decide that a drug with benefits that are meaningful to patients should be withheld because you’re worried that on an extremely rare occasion someone may faint” (p. 254). This downplaying of flibanserin’s concerning and frequent side effects like hypotension, syncope, and nausea while emphasizing testosterone’s side effect of facial hair growth inverts which of the two treatments is riskier. Hypotension and syncope can impair one’s ability to drive a car, and since alcohol can exacerbate these side effects, a person on flibanserin should not consume alcohol, and the pill is recommended to be taken at night, so as not to interfere with daytime alertness. But this inversion of which side effects are more dangerous *does* make sense within a particular, normative gender performance. Being able to perform normative femininity is an important criterion in determining what treatments are and are not solutions.

Furthermore, transphobia runs rampant through these comments. The growth of facial hair figures as a clear metonymy for masculinity and maleness. Such a side effect is

“frightening,” “unpleasant,” and a source of “neurosis.” It dampens libido. For these women, facial hair represents a departure from cisgendered womanhood. They cannot envision a femaleness nor a femininity that includes facial hair. The kind of femininity they desire is one connected to smooth, hairless faces and bodies, a beauty ideal grounded not just in cisgendered notions of femininity and femaleness, but also white standards of beauty that mark thicker and/or more visible hair on the forearms or upper lip as “unattractive” and “unpleasant.”

These rhetors soundly and explicitly rejected testosterone as a viable option because testosterone therapy violates the performances of white femininity they are seeking to enact and feel satisfied with. In ANT terms, normative performances of white femininity are already allied with the construction of sexual health communicated in the testimony, and these intersections of race and gender are powerful rhetorical allies. Testosterone and facial hair growth threaten to dissolve their alliance with health and thus must be avoided, passed over in the circulation of exchanges.

Discussion: Queering Desire

Through these arguments of “having a broken sexuality,” “low sexual activity damaging marriages,” and “other solutions lacking viability,” the women at the FDA made the case that their levels of desire constitute unhealthy sexualities. Between the medical science of desire and the women’s own definition of desire, an impossible double-bind was created: Their *performance* of sexual desire was deemed not feminine enough—that they aren’t being receptive enough or satisfied enough with being the objects of others’ desires and yet, also, their *levels* of sexual desire were not masculine enough, not at high enough levels to match their husbands’ levels. What is a “normal” level of sexual desire is determined by hypermasculine ideals in the

science and by a husband's ideal in a marriage. Where the women with low sexual desire are falling below "normal" is in comparison to this subjective hypermasculine ideal that not even many men achieve. What flibanserin offers, then, is a "cure" for not desiring sex in the way these women imagine their husbands want their sexual partner to behave: being passive, being receptive, and being *available*.

What flibanserin also offers is a means of scapegoating the dissatisfaction of heteronormative gender roles and sexualities. It allows the women who testified to be absolved of guilt at being dissatisfied with the state of their relationships. The entire hearing, too, allows them to declare publicly their collective dissatisfaction, to lay claim to sexual pleasure as their right, a radical argument flying in the face of societal taboos even if, ultimately, the solution they seek might function to further ally them with the very structures causing their dissatisfaction in the first place. Flibanserin might offset the guilt these women feel at not wanting their husbands, but it does not address the ways heteronormative gender performances such as the good wife and the happy marriage are so narrowly defined and rigid as to not allow space for exploration and pleasure. The women's testimony illustrates how the prevailing assemblage of "sexual health" includes defining sex in ways that leave many women dissatisfied.

Circulation links everything in sexual desire. The linear model used in the clinical trials expects a direct and linear process connecting stimuli to desire to arousal to pleasure, but those processes are neither linear nor so easily distinguished from each other. They feed into each other and circulate around and through each other in complicated ways resembling less a line a more like a web. Context, emotional connection, relationship status, motivation, cultural expectations, gender roles all affect sexual desire in intricate feedback loops. What's more: this non-linearity is not a special feature of bodies with vulvas. Sexual desire for all humans is

affected by a host of factors. But when we try to fit that complexity into a linear model the contingent factors are minimized, even erased. The linear model clearly has several disadvantages, then, but it does have one powerful advantage: it mirrors and reifies prevailing notions about cismen's insatiable libidos that can be satisfied regardless of the situational context. By capitalizing on masculine stereotypes, the linear model—and the science and testimony based on it—holds together with the assemblage of sexual health these rhetors construct. But a close attention to circulation gives the lie to the linear model and to the ways gender stereotypes shape how medical science differentiates the normal from the pathological.

Circulation also connects the rhetorical movement of arguments among different spheres in the flibanserin case. What we might consider private sphere matters—the performance of one's gender and sexuality within one's marriage—actually greatly shapes the discourse within the technical sphere, as the domination of the linear model in the clinical trials illustrates. Furthermore, these private sphere concerns of not desiring one's husband are, by virtue of the public testimony, circulating publicly as well. A rhetorical lens allows me as a researcher to trace these circulations of discourse as they connect, move, and interact across spheres.

My intervention is to bring the body into this analysis, and this is the advantage that ANT brings to communication and how it advances rhetorical theory: it changes how we read texts. Although the primary artifact of analysis for this chapter is the oral testimony—and I spent a long time immersed in that testimony—bodies and images are also deeply linked to the text. If a rhetorician attended only to the written transcripts or only to the scientific images or only to a single rhetor, they would miss a great deal of the story. The flibanserin case is important to rhetoricians because of the interaction of all of those elements: the science, the images of brain scans, the women who testified, their very bodies. My intervention is offering rhetoricians ways

to read the testimony along with the bodies that deliver it and the images they use. To understand these texts, you have to look at how all of these things co-construct abnormal desire. For the FDA to rule that flibanserin can treat HSDD is to concede that HSDD is a disorder needing medical treatment, which entails accepting there are normal and abnormal levels of sexual desire in the first place. To call a particular level of sexual desire abnormal would not have nearly the rhetorical force it has without the weight of the technical sphere's authority and the private sphere's stakes. Aligning all of these allies makes approving and prescribing flibanserin the most logical solution to this problem.

One of the more disturbing effects of the focus on medicating women's sexual desire is that taking a pill permits a turning away from some tough questions whose answers should be carefully unpacked: Does my partner know how to please me? Do I actually know what pleases me? Am I gay? Am I asexual? Should we transition our relationship to an open marriage? For a monogamous 30-something white woman having little or no sexual desire for an average of 5 years (the profile of the average woman in the flibanserin clinical trials), there are myriad potential causes which merit hard investigation.

The women who spoke at the hearing did not offer any challenge to the intersecting systems of oppression that demand narrow, heterosexist, cisgendered, masculinist ideals of sexual desire—they mourned their failure at maintaining it. They cannot continue being satisfied with being objects of male desire. They desire assemblages of gender, sex identity, sexuality, practices, appetites that allow for pleasure at merely being desired, at being the passive recipient of others' desire. To be clear: some people's sex assemblage *do* allow such configurations to be pleasurable, but it is erroneous to assume all straight ciswomen fall into this category or that it is a category only comprised by straight ciswomen.

If the domination and constraints of the EPOR model are at the heart of the flibanserin case, then a more liberatory potential might be found in a web-like assemblage model that does not reduce any one component to the other but sees multiple factors acting simultaneously and interdependently. We need a reconception of sexuality and sexual health that breaks free of the androcentric model, or we will continue to medicate women for being “lesser men.” Such an assemblage model would focus attention on the enrollment and arrangement of actants that avoids the conflation I have traced in this chapter by recognizing no one actant can be reduced to another (cf. Latour, 1993).

Just as we need to conceptualize sex as an assemblage, we need to study sex via ecological approaches that address not only what we say about sex but also how we “do” sex, how discourses of gender, sexuality, desire, sex identity, and marriage come together to create sexual practices and prohibitions, not just for individuals but in the construction (in the minds of laypeople and the scientists who study sex) of the ideal or “typical” sexual act and the performance thereof.

We can turn to queer theory for guidance in thinking beyond these androcentric, cisgendered, heterosexist constraints. Queer theory provides tools for deconstructing narratives about the “naturalness” and biological determinacy of gender, sex identity, and sexuality (Berlant, 2012; Butler, 2006, 2011; Halberstam, 2005; Halberstam, 1998; Sedgwick, 2008). “‘Queer’ then, demarcates not a positivity but a positionality vis-à-vis the normative,” (Halperin, 1997, p. 62). The concept of “queering” something is especially useful. To queer something means to question its foundations, its underlying assumptions (Halberstam, 1998; Seidman, 1997). I want to think about ways to bring queer theory to bear on the flibanserin case and the women who testified at the FDA, starting with Deleuze’s theorization of desire contra pleasure.

Deleuze (Deleuze & Guattari, 1987) thinks about plateau as neither termination (which is an interruption) nor building toward climax but a continuation of energy and intensity. Climax here is and is not orgasm. Massumi (2002), writing in the translator's preface to *A Thousand Plateaus*, argues "a plateau is reaching when circumstances combine to bring an activity to a *pitch of intensity* that is not automatically dissipated in a climax. The *heightening of energies is sustained* long enough to leave a kind of afterimage of its dynamism that can be reactivated or injected into other activities" (p. xiv, emphasis mine). As Beckman argues in her book, *Between Desire and Pleasure* (2013), the association Deleuze outlines between orgasm and dissipation is a cismale association, but not necessarily applicable to ciswomen or transpeople. Sexology research into cisfemale orgasm has found that, rather than signaling an end to a sex act and sliding naturally and readily into Masters and Johnson's "resolution" phase, such orgasms produce "tendencies to wakefulness and continued states of arousal" (Lloyd, 2005, p. 226) In fact, a sexual practice that involves a "heightening of energies" and a continuous feedback loop of orgasm and arousal sounds remarkably similar to lesbian sexual practices and experiences.

I propose a queering of desire that follows in the vein of Deleuze and Beckman. To "queer" desire does not necessarily mean to adopt homosexuality as one's sexual orientation, but rather "queering" in the sense of destabilizing the heteronormative discourses traced throughout this chapter. To queer desire would be to embrace the practices and performances that are rendered illegible and deviant by the EPOR model, to elevate the "plateau" phase as all-encompassing constantly interconnected with other modes of desire such that beginning and end are no longer easily demarcated. In such a schema, desire can never be absent or a lack; to desire no sex would itself be a valid desire. Furthermore, we could envision a body always immersed in pleasure, attuned to multiple, simultaneous registers of pleasure. To stay in the plateau would

mean electrified skin tingling from a gentle brush, a fine-tuned instrument to all the modalities of touch.

Throughout this chapter, I have traced the linear directionality of desire, how it is presumed to move only in one direction, from the desirer to the desired. Deleuze posits desire as rhizomatic, something that is built bidirectionally between two people. If we introduce the theoretical work of scholars like Latour, Mol, and Bennett, we can posit a “doing” or an “enactment” of desire that is made not just interpersonally but with myriad human and non-human actants (bodies, prostheses, discourses, histories, etc.) as well. Just as Annemarie Mol argues that myriad enactments of atherosclerosis mean the disease itself is multiple, so is sex multiple, its daily enactments many and its possibilities vast. We have only to shed the vestiges of androcentrism to recognize it.

CHAPTER TWO: THE CLITORIS MULTIPLE: ASSEMBLAGES OF PRESENCE AND PLEASURE

The story of the clitoris is one of discovery and near-constant re-discovery. Dating back to the 16th century, anatomists would claim to “discover” the clitoris only to have future anatomists, biologists, and physicians erase it because its depiction was deemed too obscene, leaving it to be re-discovered yet again by future groups (Harvey, 2002; Moore & Clarke, 1995; Tuana, 2004).

In volume one of *The History of Sexuality*, Foucault argues that such erasure is but one of several techniques of power, along with the restriction of speech (silencing) and claims of nonexistence, that makes and constrains sex (Foucault, 1980b, p. 84). Although Foucault was specifically thinking of gay male sexuality, all of these mechanisms also apply to the clitoris: Historically it is a forbidden organ whose name must not be spoken and whose image shall not be depicted, an organ made so illicit and so silenced that its very existence becomes threatened.

And yet.

People continue to be born every day with clitorises, clitorises they touch and can feel. Clitorises continue to exist regardless of whatever taboo or illicitness is attempted to be associated with them. This tension between discursive prohibitions and material existence is one of the animating themes for this chapter, in which I trace efforts to make the clitoris more or less present, more or less *real*.

Given the historical context of depicting and erasing the clitoris, of forgetting and rediscovering it, it is no wonder that feminist activists over the past half-century have striven to make the organ present, efforts that have culminated in the object at the center of this chapter’s analysis: a model of the entirety of the clitoral organ, produced via 3D printer (Figure 1).



Figure 1. The 3D printed clitoris.

The 3D printed clitoris was designed in 2016 by biologist and sociologist Odille Fillod, who described the impetus behind the project as an educational one. She believed that a more detailed knowledge of clitoral anatomy could help to illustrate the range of human genitalia. By showing the entire clitoris, Fillod hoped similarities between the clitoris and the penis would be highlighted, which could help people to reconceptualize both organs as connected on continuum. Such an understanding could then make space for people who do not fall at the ends of the continuum or neatly into a single category, such as intersex people or even people with a micropenis or a large clitoris. In creating the files for the 3D clitoris, Fillod encouraged people to download the files and print their own models. Through the proliferation of models of the entire clitoris, Fillod hoped knowledge about the clitoris would increase, as would discussions about female pleasure.

In tracing the actants that are assembled together to create the 3D printed clitoris, I use the concept of *density* to unpack the object's rhetorical force. I argue the 3D printed clitoris is

the result of dense enrollment of three distinct yet interrelated cultural logics: a logic of visibility, a logic of sensation, and a logic of virality. Each of those logics results in a particular assemblage of the clitoris—the textbook clitoris, the haptic clitoris, and the iconic clitoris—but also together combine to assemble the 3D printed clitoris. Density is an important concept to attend to for this case study, because (as I will discuss below) the primary actors are densely interconnected, and the greater number of those interconnections, the more “real” a given assemblage can be said to be.

And this matter of “realness,” of ontology, is at the heart of this chapter. Much of the feminist activism discussed in this case study seems to be a project of epistemology, of knowing the clitoris (and also one’s self). However, I argue that it is equally important to attend to humans’ relationship to the clitoris through the lens of *ontology* as opposed to epistemology. Rather than striving to know the clitoris by visualizing the organ or handling a model or disseminating icons, I argue that what is needed is a radical rethinking of who or what can exist as a subject of sexual desire. As I laid out in the introduction to this dissertation, feminist STS articulations of Actor-Network Theory give me the leverage for that rethinking by providing the tools to reconceptualize the relationship between subjects and objects.

In this chapter, I return to a brief discussion of ANT insofar as it prompts an attention to ontology as well as my concept of network density. After providing a brief background on the clitoris in vivo, I turn to my analysis, in which I unpack the assemblages of the textbook clitoris, the haptic clitoris, and the iconic clitoris, and explain how all three, as deployments of particular cultural logics, help to make manifest the most dense of the assemblages, the 3D clitoris. Finally, I conclude by discussing how this project can speak back both to feminist theory and to communication theory.

Ontology, Density, and Cultural Logics

Recall from the introductory chapter that Actor-Network Theory has ramifications for ontology by conceptualizing facts and artifacts as assemblages of human and non-human actants. An actant with many connections within a network is more central and thus can be said to be “more real.” Similarly, an actant with fewer connections within its assemblage is “less real” and at greater risk of not only being ignored (that is, passed over) in the network’s movement but it is also at greater risk of dissolving or breaking away from that network entirely. Should this happen, it might become reabsorbed into another network at another time, or it might form its own network by gathering its own forces, or it might remain in total isolation—erased from existence. “It’s essential to continue to generate interest, to seduce, to translate interests. You can’t ever stop becoming more real” (Latour, 1996, p. 85). The relationship between the clitoris and its humans is one of such flux, of periods of becoming more real and more salient and of periods of becoming less real, of becoming situated in silence, taboo, illicitness, near-nonexistence.

And this is where Foucault can help us to tease out the so-what of ANT, to unpack the ramifications for different techniques of power. In *The History of Sexuality, Volume 2*, Foucault traces the origins of a stark binary of gender roles tied to specific subject-positions and object-positions (Foucault, 1988). In Foucault’s accounting, for the Ancient Greeks “moral” sexuality was only available to men and pertained to whether their pleasure was excessive and whether it was derived from their being the subject or object of sex. According to Foucault, the “‘masculine’ role in intercourse” was tied “to the active function defined by penetration” and contrasted with “the ‘passive’ role of the object partner. This role is the one that nature had set aside for women [...]; it is the role that could be imposed by force on someone who was thus

reduced to being the object of the other's pleasure; it is also the role accepted by the boy or man who let himself be penetrated by his partner" (Foucault, 1988, p. 46). Being penetrated was connected to passivity, objectivity, and femininity—connections that persist in discourses of sex today. An ANT approach creates space for seeing other connections, other alliances forming other assemblages of sex. Because ANT's flat ontology collapses subjects and objects, there is no longer an active male subject nor a passive female object. There are people, bodies, organs—actants with the agency to network.

But power and sexuality do not only manifest in a subject-object dichotomy; they also converge in the incitement of discourse that Foucault traces from the seventeenth century to the Victorians. Rather than simply repressing sex, schemes for "transforming sex into discourse" (Foucault, 1980b, p. 20) were devised and multiplied through several institutions: the church confessional, juridical testimony, medical examination. Even as these incitements to discourse about sex proliferated, there simultaneously existed measures to stifle discourse outside of these sanctioned contexts. Although Foucault critiques this "repression hypothesis" as insufficient in explaining the "veritable discursive explosion" (Foucault, 1980b, p. 17) around sex from the seventeenth century onward, he does not deny that, simultaneously, techniques for censoring sex in Western culture also existed.

Specifically, the inexistent, illicit, and inexpressible parts of sex together function to erase it *outside of the proliferating incitement to discourse*: "one must not talk about what is forbidden until it is annulled in reality; what is inexistent has no right to show itself, even in the order of speech where its inexistence is declared; and that which one must keep silent about is banished from reality as the thing that is tabooed above all else" (Foucault, 1980b, p. 84). This "triple edict" resonates with Adrienne Rich's observation, "Whatever is unnamed, undepicted in

images, whatever is omitted from biography, censored in collections of letters, whatever is mis-named as something else, made difficult-to-come-by, whatever is buried in the memory by the collapse of meaning under inadequate or lying language — this will become, not merely unspoken but unspeakable” (Rich, 1995, p. 199). Our discourses about sex, about the clitoris, are what shape the formations and dissolutions of assemblages and subsequently what is said to be more real—or less.

In this way, a turn to assemblages prompts an attention to what exists, a theoretical framework best explicated by feminist STS scholar Annemarie Mol. Mol advances the concept of “ontological politics” to address both ANT’s turn to ontology and such a turn’s political ramifications.

If the term ‘ontology’ is combined with that of ‘politics’ then this suggests that the conditions of possibility are not given. That reality does not precede the mundane practices in which we interact with it, but is rather shaped within these practices. So the term politics works to underline this active mode, this process of shaping, and the fact that its character is both open and contested. (Mol, 1999, p. 75)

Mol argues that “the mundane practices” actually function to create multiple *ontologies*, a process she terms “enactment,” or the ways “objects come into being—and disappear—with the practices in which they are manipulated” (Mol, 2002a, p. 5). This move permits Mol not only to address the multiple realities that are simultaneously layered upon an object (and the multiple perspectives created by different practices with that object), but it also allows her to shift away from the establishment of fact (e.g., epistemology) and toward the handling of objects in practice (e.g., ontology). Mol notes that such a move toward enactment is vital in overcoming the poststructural tendency to disappear the body into discourse. “In a world of meaning, nobody is

in touch with the reality of diseases, everybody ‘merely’ interprets them. There are different interpretations around, and ‘the disease’—forever unknown—is nowhere to be found” (2002, pp. 11-12). Mol’s grounding of ANT in a praxiography (an ethnography of practices) of multiplicity thus also acts as a corrective to Foucault’s privileging of discourse.

Furthermore, Mol’s theorizing of enactment also resonates with a conception of rhetoric as making and doing, with the way rhetoric can make or unmake beliefs, perceptions, and worlds (Blair, 1999; Charland, 1987; DeLuca, 2013; Edbauer Rice, 2005; T. Rickert, 2004). In *The Politics of Pain Medicine*, Graham turns to Mol to develop his “rhetorical-ontological” approach. Graham argues that Mol’s emphasis on practice directs scholars to focus “not so much on what people say or what texts mean, but rather on how representational activity circulates within and contributes to a deeper ecology of practices in which those acts of representation are embedded” (Graham, 2015a, p. 78). In other words, Mol’s work prompts rhetoricians to think about circulation, such that actor-networks become the “medium” through which discourse, objects, and texts circulate.

Density of Cultural Logics

Throughout this dissertation, I turn to rhetorical scholarship on circulation to theorize the rhetorical force of an assemblage. Taking up this idea of circulation, some rhetoricians have conceptualized rhetoric as ecological (see Edbauer Rice, 2005; Jensen, 2015c). In turning to her reconception the rhetorical situation as a rhetorical ecology, Jenny Edbauer Rice proposes thinking of rhetoric as a verb, as something we do. She thus argues for conceptualizing rhetorical processes as something that circulates and can go viral within a networked social field. In Chapter 1, I gave particular emphasis to rhetorical circulation as part of the constitution of sexual

health (or the lack thereof). In this chapter, I expand attention from not just circulation but also what I am referring to as *density*, or the mass of interconnections among assemblages that permit the circulation of particular cultural logics.

Rhetorician Gerard Hauser explains “cultural logic” as a “mastery of or indoctrination to a form to the extent that it serves as a way of understanding and responding to the world. A capitalist, having internalized the logic and value of acquiring excess capital, can transfer the logic and value to other venues, such as displays of military might or displays of injury” (Hauser, 2011, p. 162). Or to put it more simply, STS scholar Joseph Dumit explains a cultural logic as “the ways in which concepts make sense together” (Dumit, 2012, p. 20). The rhetorical circulation of cultural logics helps to hold together or dissolve away assemblages in the ways they circulate. It what is included and what is excluded from the paths of motion.

Each of the different assemblages of clitorises advances or circulates a different cultural logic regarding the criteria for existence: vision, feeling, and virality. The 3D clitoris attempts to enroll all of these logics in order to be the most-real assemblage with the greatest density of networks, and, as I will argue, it succeeds to greater and lesser extents.

Clitoris in Vivo

Before proceeding to the analysis, a bit more information on the in vivo clitoris will be illustrative. Although most commonly described as a small organ found at the apex of the labia, the clitoris is actually a much larger and complicated body part, with much of the organ residing inside the body. In addition to the clitoral glans (which is visible outside the human body) are the clitoral shaft, which splits into two crura, or tapering arms, that wrap around the vagina. Branching off of each crus is a vestibular bulb, which also wraps around the vagina. These

internal parts can engorge with blood during sexual arousal, in many ways like a penis does. The clitoris is the only organ in the human body whose sole purpose is pleasure; while the penis can certainly provide its owner with pleasure, as an organ containing the urethra it has functions besides pleasure. The clitoris appears to serve no other function than pleasure.

Odile Fillod, the original creator of the 3D clitoris design and printing files, has a master's degree in cognitive science and a doctorate in sociology, a background that helps her to understand both the medical-scientific discourses she studies and their broader social and political implications. Since 2012 she has run a blog that critiques scientific articles that claim to demonstrate biological origins for social constructions of race and gender.

In creating the 3D printed clitoris, Fillod hoped that detailing clitoral anatomy could ultimately bring more emphasis to female pleasure. “Knowing the clitoris, how it works, its role in sexual pleasure, its fundamental homology with the penis, and having a clear and unrestricted image of it beyond a tiny piece of flesh helps women to become active subjects of their sex life, rather than as (passive) objects of the desire of others” (qtd in Bensoussan 2017, para. 2). Fillod further clarified that discussion of the clitoris in particular could help women “understand what gives them pleasure and why. We must end this idea that female pleasure is an enigma” (qtd in Bensoussan 2017, para. 2). Fillod's interview connects knowledge and pleasure: knowing about the clitoris should somehow usher in sexual pleasure for women, treating the clitoris as not just a synecdoche for sexual pleasure but also as a counterbalance to heteropatriarchal emphasis on penial pleasure. There is a slippage here between “clitoral pleasure” and “female sexual pleasure,” assuming all women have clitorises and only women have clitorises—a slippage I seek to challenge. For this chapter, I use the phrase “clitoral pleasure” to try to avoid such slippages and subsequent erasures of transpeople and intersex people.

I turn now to my analysis, in which I trace the circulating logics by which different enactments of the clitoris are assembled and made to be more or less “real:” the textbook clitoris, the haptic clitoris, and the iconic clitoris. These assemblages subsequently are themselves assembled to create the 3D clitoris, which responds to exigencies raised by each and recirculates the logic of each in increasingly dense networks.

Logics of Vision: The Textbook Clitoris

The first enactment of the clitoris also has the longest history of the four: the textbook clitoris. Here I mean “textbook” in both its figurative sense (“a textbook case”) and its literal sense, as it appears in medical textbooks. From about the 16th century onward, medical scientists, biologists, and anatomists have approached the human body within a logic of occularcentrism: If we cannot see it, it does not exist (Harvey, 2002; Moore & Clarke, 1995; Tuana, 2004).

This is a cultural logic deeply embedded in and developed alongside logics of colonialism and Western expansion, so a brief discussion of postcolonial STS literature will provide important background and context. Postcolonial science studies offers a way of critiquing and re-thinking some of the very foundations of Western medical science, its assumptions and values. Thus postcolonial science studies can provide a lens for understanding not only how a logic of occularcentrism “holds together” internally, but also how it has been used as a guiding logic to support oppression in other contexts, e.g., the history of using scientific knowledge as a “benchmark” for determining a culture’s “development” or “advancement,” especially as practiced by the British during imperialism in India (see, e.g., Seth, 2009). If it is true that “the problems of medical knowledge were the problems of colonial order”

(Seth, 2009, p. 376) — that the projects of science and medicine helped to constitute and bring into being the colonial project — the reverse is also true: Colonization projects also shaped Western science and medicine as tools to “cure” “diseased” indigenous bodies. “Medicine, in Daniel Headrick’s later terminology, was one of the most important ‘tools of empire,’ to be counted along with the power of steamships and machine guns” (Seth, 2009, pp. 373–374).

Although postcolonial research is far from a monolithic enterprise, scholars using a postcolonial lens share a skepticism of “the rationalizing, homogenising, and universalising assumptions of naive scientism and its apotheosis in modernisation theory” (Seth, 2009, p. 376). These assumptions (rationalizing, homogenizing, universalizing) are all epistemological moves: how to get from the thing observed to the thing known. And indeed, another through-line for many postcolonial critiques of Western science is how to deconstruct scientism’s epistemological stronghold (see, for example, Anderson, 2017; González, 2003b; Harding, 2011; Seth, 2009). We cannot limit our critique to epistemology, however; we need to consider how Western science entangles epistemology and ontology, how we move from what is known to what exists.

These originating values—universality, homogeneity, rationality, objectivity—ground and contextualize the occularcentric logic of scientific observation. In modern medicine’s formative decades, the need to categorize and universalize humans arose out of colonialist encounters with peoples from Africa and Asia (Gilman, 1985). Keen to “prove” the difference and inferiority of Africans, eighteenth century empiricists turned to observations of sexual organs for objective evidence. “This paradigm (of Black inferiority) would have to be rooted in some type of unique and observable physical difference; they found that difference in the distinction they drew between the pathological and the normal in the medical model” (Gilman,

1985, p. 212). The 1810 exhibition of Saartjie Baartman, the so-called “Hottentot Venus,” supported this logic of visual inspection of female bodies to warrant claims that significant differences between the races existed (Collins, 2002; Gilman, 1985). The project of universalizing medical-scientific knowledge is thus grounded not only in colonial racialization but also reinforced the logic of visual observation: if something can be seen (even a social construction such as race), it must exist.

This cultural logic has been applied to the clitoris throughout the history of Western medicine. Early medical anatomists both celebrated and disparaged the clitoris, calling it the “sweetness of Venus” and the “seat of a woman’s delight” on the one hand or “the devil’s teat” or a “shameful member” on the other (Moore & Clarke, 1995; Tuana, 2004). Depending on the extent of this celebration or degradation, the clitoris would be depicted in or erased from medical textbooks, not only in 1500s, but up to and including the 20th century.

For example: one of the most well-known anatomy textbooks, Gray’s Anatomy, contained diagrams of the exterior and interior clitoris since its first publication in 1858 until the 25th edition in 1948, which saw the removal of the clitoris, both its depiction and its name, from the textbook (Moore & Clarke, 1995). Removing the clitoris from a medical textbook does not remove the organ from all of those bodies possessing it, but it does remove the ability to teach medical students about it, to talk about its presence and existence and—most importantly—its role in sexual pleasure.

The literal erasure of the clitoris from medical textbooks has additional material consequences as well. There is a complex network of nerves, veins, and arteries that ensure the clitoris’ function and which are easily severed during surgeries such as hysterectomies if the surgeon is ignorant of their location. The clitoris remained absent from Gray’s Anatomy through

the 1970s and into the 1980s, and it was not until the early 2000s that medical textbooks began depicting not just the organ but also the neurovascular bundles related to clitoral anatomy.

Part of the reason why those nerves and blood vessels were left out of medical textbooks for so long was because anatomists had not bothered to investigate and document those structures until a landmark 1998 study that demonstrated via dissection that the interior structures of the clitoris also contain dense neurovascular bundles and connections to the urethra previously ignored in medical anatomy textbooks.

Urologist Helen O'Connell had noticed that medical textbook descriptions and images of the clitoris were vague and inaccurate, leading to the poor surgical techniques mentioned above. O'Connell's research was dually motivated by a feminist concern over unequal visualization and treatment of women and women's bodies as well as a scientific concern over the many inaccuracies and lacunae in medical textbooks at that time: "The [vestibular] bulbs are either omitted or, if described, their relationship to other cavernous tissue is not observed. The urethra is not shown to relate to the clitoris. The erectile tissue complex is displayed as if it were flat against the pubic symphysis and not 3-dimensional. The clitoris is pictured as minute or not represented at all, and its neurovascular supply is rarely described" (O'Connell et al., 1998, p. 1894).

O'Connell was determined to rectify this situation, but she could not (nor should we expect her to) challenge the logic of visualization which enabled the erasure of the clitoris in the first place; instead, she operated *within* that logic, striving to make the clitoris more visible and thus more "real." In her landmark study, she and her team conducted dissections of 10 female cadavers (ranging in age at the time of death from 22 to 70 years old) and photographed the structures they uncovered, demonstrating that neurovascular bundles around the clitoris existed

and were comparable to those around the penis (O'Connell et al., 1998).

O'Connell and her team of researchers continued to publish medical papers through the early 2000s focused on clitoral anatomy. In their 1998 article the authors argue ardently for new methods to “see” the clitoris and new publishing conventions to represent it. O'Connell would spend the next decade publishing articles that used myriad visualization techniques to display the entirety of the clitoris, including MRI scans of both aroused and quiescent clitorises. In O'Connell's later publications (O'Connell et al., 1998; O'Connell et al., 2005, 2008), she focused on such visualization tools as MRIs as well as PETs and sonography to reproduce the full anatomy of the clitoris in the pages of medical journals. She also proposed new textbook diagrams that would more accurately depict the clitoris, recommending several diagrams that would show the organ from multiple angles.

O'Connell's research, in striving to represent the entire clitoral complex in the pages of a medical journal, ends up demonstrating the very limits of images she sought to overcome: the fact that images can ever only exist in two dimensions, at best giving the impression of a third. The various methods of visualization re-present these very limitations. O'Connell and her colleagues desire to depict the motion, dimension, and orientation of the clitoris *in vivo*, and yet even their preferred tools (MRI and sonography) can only gesture at these things through serializing two-dimensional images.

All of these complex efforts at translating a 3-dimensional body into 2-dimensional diagrams make sense- they “hold together”—within the cultural logic of medical visualization, that we must “see” a body part for it to exist. This enactment of the textbook clitoris, however, never makes present the presumed connection to clitoral pleasure. The textbook clitoris is a medicalized clitoris, serving as a visual aid for assembling knowledge *about* the body without

ever practicing or discussing the use of the clitoris.

In Foucault's (1980b) terms, we are squarely within the discourse of *scientia sexualis*, never bridging the gap to an *ars erotica*. In Foucault's accounting, the treatment of sex as an object of scientific knowledge meant "annexing sex to a field of rationality." *Scientia sexualis* is a way of producing "true" discourses about sex, "carefully tailored to the requirements of power" (Foucault, 1980b, p. 72). *Scientia sexualis* makes sex legible to science, medicine, psychiatry, law, but it also makes it illegible, opaque even, to laypeople. Furthermore, the textbook clitoris, as "textbook" purports to be universal—to be *the* one, singular clitoris, when in fact there exists a great deal of variation among in vivo clitorises. This purported medical authority and claims to universality become allies holding the textbook clitoris together, and thus become the allies of the 3D clitoris. Simultaneously, it solves the problem of planar representation that O'Connell identified by erupting into a third dimension.

This eruption is enabled by the enrollment of new allies into the assemblage, such as the 3D printing process, which takes thin plastic wires and heats them near their melting point, then feeds them one on top of the other until the object is printed, layer by painstaking layer. This layering of plastic physically enacts the mental layering usually done in viewing MRI images, and indeed Fillod used O'Connell's MRI scans to create the files for the 3D printing. Being able to turn the model around in one's hands engages one's tactile perception in ways that perhaps support and enhance one's vision; it is possible, with the 3D model, to see *all* of the clitoris as it is perpetually rotated and (re)oriented in one's palm. Also among those allies the 3D clitoris enrolls are, most importantly, the claims to precision and replication (that the computer will precisely replicate the blueprints in the design files) that such technology promises. This means that, like the textbook clitoris before it, the 3D clitoris can engage its audience with an air of

authority: It is *the* clitoris, meticulously captured from real bodies and faithfully printed according to a precise design.

And yet, the nature of the printing process produces rigid objects; there is no bend or give to clitoral body, the crura seem fragile in their stiffness. The surface is rough from the layers of plastic wire fed on top of each other, and the object feels like plastic, not flesh. Furthermore the model surrenders its context, becoming a clitoris without a body and raising anew the worn-out question, “Where is the clitoris?”

The crura and bulbs wrap around and envelope the urethra and vagina to varying degrees depending on the person. However, this variability and diversity is lost once we are holding *the* clitoris outside of its bodily context. These limitations illustrate that one cannot merely add a dimension to a visual depiction and expect to better inform and educate.

Recall that part of the impetus behind 3D printing clitorises was not just education about anatomy but also about pleasure. But the 3D clitoris cannot help but to fail in this regard as well, since clitoral pleasure arises primarily and for most people from touch. One cannot look at the 3D printed clitoris and know how to bring oneself (or one’s partner) to orgasm; this knowledge of pleasure is inextricably tied to touch—to the tactile perception of feeling a clitoris beneath one’s fingers and the kinesthetic perception of the organ within one’s own body.

The failure of the 3D clitoris to inform fully about bodily anatomy and to center clitoral pleasure is tied to its alliance with the medical gaze and its concomitant occularcentrism. What a clitoris is and what it means corresponds much more to what it feels like than to what it looks like. The 3D model can offer little more than a study in clittoral form.

Logics of Feeling: The Haptic Clitoris

Adding a third dimension does create a new enactment of the clitoris, one that opens the possibility of engaging senses other than just sight. This becomes the project of the “haptic clitoris,” in which the clitoris’s strongest allies are feeling and sensation. Against this backdrop of erasure and medical ignorance, which privileges and operates within a deeply visual epistemology, feminist activists of the 1960s-1980s sought to center *feeling*, both in the sense of the personal being political and in the sense of an embodied orientation to knowledge and ontology.

In particular, the women’s health movement activism of this period sought multiple ways of knowing one’s body, by challenging existing discourses and circulating new logics for making sense of one’s self. I turn here to an examination of two prominent books in this period, *Our Bodies, Ourselves* (Boston Women’s Health Book Collective, 1976) and *A New View of a Woman’s Body* (Gage et al., 1995).

No better emblem of the movement exists than the Boston Women’s Health Collective’s *Our Bodies, Ourselves*. First published in 1970, the book emphasizes feeling as an important criterion for determining reality and existence, but not the only criterion. Anatomical information from medical science textbooks found its place alongside hand-drawn diagrams of male and female reproductive systems, first-person accounts of experiences with one’s body and the social and cultural discourses that sought to contain it, and encouragement for readers to explore and examine their own bodies. On this latter point *Our Bodies, Ourselves* and the feminist activism of this time are probably most (in)famous for instructing readers to acquire a hand mirror (better yet, a mirror and a speculum) and to inspect their genitalia. By encouraging such practices be done in groups, *Our Bodies, Ourselves* strove to make public matters which previously had been considered private and taboo (Wells, 2010).

Growing out of the same impetus to encourage self-examination was *A New View of a Woman's Body* by the Federation of Feminist Women's Health Centers, first published in 1981. The origin of the title arises from the 45 color photographs of vulvas, clitorises, and cervixes taken by photographer Sylvia Morales and the 166 illustrations of exterior and interior anatomy drawn by Suzann Gage. This seeming occularcentrism—the centrality of images and depictions of the exterior and interior anatomy, the emphasis on certain points of view, the visual comparison between existing textbook anatomy and one's own body—is counterbalanced by the instructions for self-examination, which emphasize touch and sensation. The haptic clitoris isn't a pure rejection of the cultural logic of visual ontology advanced by medical science, but a *response* to it. By encouraging individual experiences of touching one's own body as well as by displaying images of the vast variations in vulvar anatomy, these texts show how the God trick of medical-scientific discourse in fact *limits* understanding. The haptic clitoris, as assembled in these texts, seeks a merging of vision and touch, a triangulation of the senses that enrolls multiple allies at once in a dense connection of senses and ontological experience.

Both books, in fact, combine haptic feedback with visual inspection *in tandem* as the primary means of understanding one's body. *Our Bodies, Ourselves*, for example, describes the exterior parts of the clitoris in relation to the rest of the vulva, commenting that the reader “will understand this best if you examine yourself with a mirror” (Boston Women's Health Book Collective, 1976, p. 13). Farther down that page, the reader is instructed: “If you are not sure of the location of your clitoris, feel your outer genitals until you hit upon the most sensitive spot. This is pretty sure to be the clitoris” (p. 13). Similarly, *A New View* encourages a combination of sight and touch in locating the clitoris: “Sitting on the floor or on any other firm surface, you can locate the glans and shaft of the clitoris by feeling. Here [referring to illustration 3-3] this woman

places her fourth finger at the point where the inner lips meet and gently presses down” (Gage et al., 1995, p. 36). With *A New View*, the combination of the visual (the illustration showing the placement of one’s hands) and the haptic (the sensations of touch that both the fingertips and the clitoris would communicate to the brain) provides a means of “triangulating” the location of the clitoris.

A New View in fact calls upon the sense of touch to a great degree. After explaining how to locate the clitoris, the book goes on to explain how many of the structures that are beneath the surface of the skin—and therefore invisible—are nevertheless knowable through touch. The muscles of the clitoris, which engage during orgasm, can be located kinesthetically: “You can locate these muscles by squeezing as if you wanted to stop the flow of urine or a bowel movement” (Gage et al., 1995, p. 38). Additionally, the features of the clitoris that seem to have eluded and befuddled medical anatomists for centuries—the long, skinny crura and spongy vestibular bulbs—can easily be discovered “by inserting your thumb into your vagina and pressing down toward the anus. [...] If you try this, you might feel pleasurable sensations in other parts of the clitoris,” namely the interior parts which wrap around the vagina (Gage et al., 1995, p. 45).

Going beyond the reliance on touch alone, *Our Bodies Ourselves* encourages its readers to use as many of their senses as possible in experiencing their bodies. In the introduction of *Our Bodies, Ourselves* the authors instruct: “Touch yourself, smell yourself, even taste your own secretions. After all, you are your body and you are not obscene” (Boston Women’s Health Book Collective, 1976, p. 14). Such an injunction to taste oneself might very well seem obscene or even disgusting to some readers, but the larger project here is to try to render the body not as an object of disgust but an object of knowledge and then, perhaps, one of pleasure.

Attention to bodily sensations that make in vivo clitorises not just present but *felt*. Pleasurably felt. Pleasure and its partner, pain, thus become vital allies in the assemblage of the haptic clitoris, allowing the in vivo clitoris to communicate. A clitoris that does not like being touched (which is true of some clitorises) can use pain signals to communicate exactly that desire: “Please don’t touch me and please don’t let anything else touch me.” Other clitorises might communicate exactly the opposite, demanding when, where, and how to be touched. Sensation is part of the clitoris’s native “language,” and is the means by which an in vivo clitoris asserts its existence.

The body here is one whose existence is demonstrated through all possible bodily sensations: touch and sight, yes, but also sound and taste and smell. If the textbook clitoris argues, “If you cannot see me, I do not exist,” then the haptic clitoris counters, “Touch me and know I exist.” The haptic clitoris is lively and beckons its human allies to engage in a full-sensory immersion. It is by this logic, that what can be felt is what can exist, that the emergence of the 3D clitoris makes the most sense because it is meant to be touched and handled, but also meets its strongest limitations.

To understand why, we need a brief digression into touch as a sense. There are two main kinds of touch perception: tactile perception and kinesthetic perception. The former deals with sensors in the skin which detect temperature, pressure, texture, density; the latter comes from sensors in the muscles and joints which detect balance, movement, muscular extension/retraction. Tactile perception is what we tend to think of most when we think of our sense of touch, but a great deal of our interaction with the world relies upon our kinesthesia, which allows us to aware of the movement of our limbs, to bring food to our mouths, to sense where we are in space and in relation to other people and objects in space. Our kinesthetic

perception is also our “muscle memory,” our learned patterns of bodily movement ingrained in us through the repetition of behaviors.

Part of the problem with the 3D clitoris is that such models are not designed for the full range of touch, for both tactile and kinesthetic perception. The 3D printed clitoris attempts to substitute a limited tactile sensation—the sensation felt in one’s fingertips upon touching the hard, rigid plastic of the model—for all of one’s sense of touch. In other words, although one’s fingertips can receive sensory information about the 3D printed clitoris, such information is only a fraction of the full range of feedback one receives when tactile and kinesthetic feedback are combined, when one can touch one’s own clitoris with one’s fingertips, flex one’s pelvic floor muscles, and sense the clitoris *in relation to the rest of one’s body*.

Outside of the 3D clitoris’s assemblage are those actants it cannot enroll as allies, that elude or resist connection to this plastic model. Flesh and blood are obdurate allies that remain tied to the haptic clitoris alone and are not translated over to the 3D clitoris. The parts of the *in vivo* clitoral complex all swell and engorge with blood during sexual arousal, just as the penis does. But the 3D printed clitoris lacks this dynamism and movement. It cannot demonstrate clitoral erection even though this similitude to the penis is one of the little-known facts that the model is supposed to highlight. The 3D clitoris is perpetually locked in a quiescent state.

This means the 3D model cannot be responsive in the way the haptic clitoris is. None of the other clitorises—neither the iconic nor the textbook nor the 3D printed clitoris—can make the demands the haptic clitoris can. Only the haptic clitoris can demand it be touched harder or softer, with faster or slower movements. The 3D clitoris cannot make such demands, but it can make others, thanks to other allies that are part of its assemblage, which I’ll unpack in the next section.

Of all the assemblages I discuss in this presentation, the haptic clitoris comes closest to enrolling a feminist politics of pleasure. Pleasure is not alluded to or implied, not presumed to be understood by virtue of the clitoris's reputation. Pleasure is centered as a mode of inquiry, as a means of discovering not just where the clitoris is, but what it is. Pleasure does not remain enrolled for long, however, for as the clitoris becomes the focus of 21st century feminist activism, these rich haptic details soon give way to minimalist iconicity.

Logics of Virality: The Iconic Clitoris

The spirit of second-wave women's health activism which sought multiple avenues for sensing one's body that included especially touch was somehow lost or abandoned in the activism of the 2000s and 2010s, which emphasized once again *seeing* the clitoris in order for it to be present. This strategy involves an extension and application of medicine's visual ontology, taken to its extreme. It is a shift from the visuality of the textbook clitoris—in which things that exist must be able to be visualized—to a logic of visibility, in which a criterion for existence is being highly visible or salient among a large group of people (cf. Kaszynski, 2016).

This third enactment brings together art, activism, and digital spaces with a return to emphasis on the visuality of seeing the clitoris in order to “prove” its existence and, by synecdochic extension, its importance in sexual pleasure. This is the period of the iconic clitoris, which seeks to harness the logic of virality—or “going viral” as the condition for existence. The iconic clitoris is thus not about the relationship between a clitoris and its body but between *the* clitoris and the body politic.

The iconic clitoris originates in an art installation and expands out into a full-on media? campaign. The “Cliteracy Campaign” is the brainchild of conceptual artist and feminist activist

Sophia Wallace, who began the campaign in 2013 with a 10-foot-by-13-foot art installation called “100 Natural Laws of Cliteracy” at Baang and Burne Contemporary in New York, NY. The installation includes a 6-foot neon “Cliteracy” sign hung over columns of text stating facts and slogans about the clitoris, such as “The clitoris is not a button it is an iceberg” and “Democracy without cliteracy? Phallusy,” slogans I mention here to illustrate the scope and tone of the language used in the art installation (Figure 2).

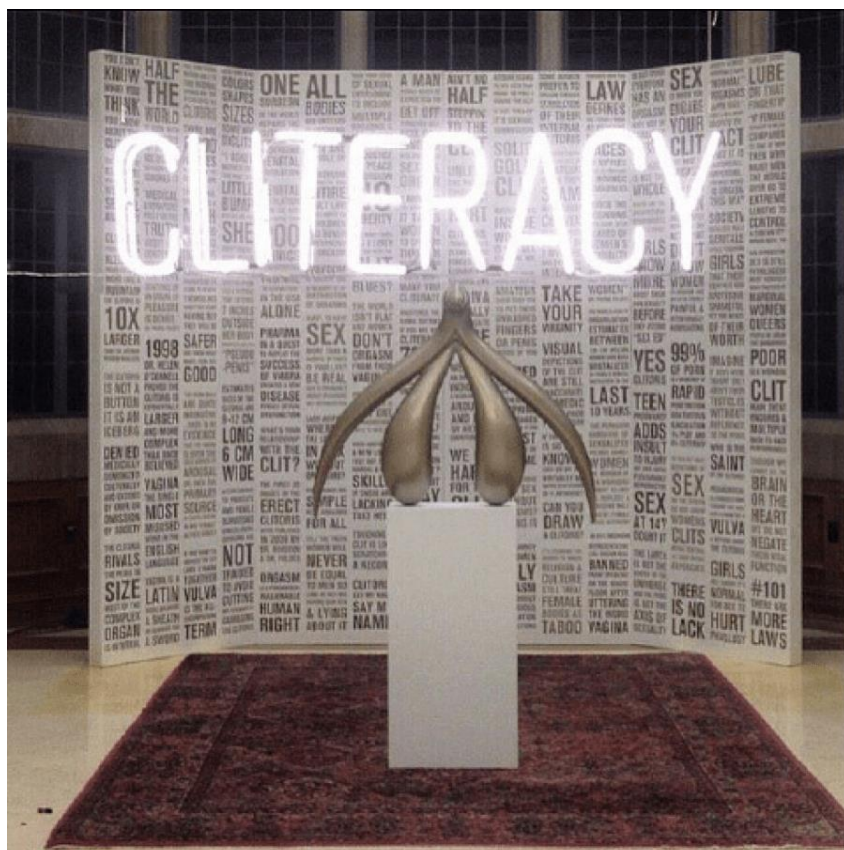


Figure 2. The “100 Natural Laws of Cliteracy” by Sophia Wallace

The Cliteracy Campaign now resides online on the Huffington Post website in its “projects” section as a multi-page collection of history, anatomical facts, and calls for action such as downloading and sharing via social media an assortment of “quote cards” that feature an icon of the clitoris, snippets of text from Wallace’s “100 Natural Laws,” and the hashtag

#GetCliterate. The iconic clitoris has proliferated since Wallace's art installment. Appearing on coffee mugs, as bronze statues, as jewelry, in street art, and in infographics, the iconic clitoris is reproduced, circulated, and sold (Figure 3).



Figure 3. The commodified iconic clitoris.

Attempting to spread “cliteracy” or knowledge of the clitoris and hence clitoral pleasure, Wallace argues one can have “literacy” of the clitoris in the same way one can have media literacy or digital literacy. Wallace explained her decision to draw upon the literacy metaphor was prompted by a concern about the licentiousness of images of clitoral anatomy: “I’ve been trained in photography but I knew that I couldn’t use images for this work and that using images would be a distraction. Text was really the space, the medium, the material, and the resource that I drew upon” (Grosso, 2013). In Wallace’s interpretation, images of the clitoris have been given over to the male gaze; there is no looking at the clitoris without falling into either clinical, textbook dissection or objectifying prurience. She turns therefore to reading, to a kind of gaze that looks at but does not see the body. Indeed, the crux of this enactment of the clitoris lies in practices of reading, of specific gazes at texts and, as Foucault would remind us, at the body.

Furthermore, Wallace argues the best way to achieve said literacy is through mere exposure. Wallace strives to achieve this goal by rendering the clitoris into a form that can easily go viral: words and icons. Repetition is perhaps the bluntest way to keep a message moving

through a network, to strengthen ties among actants. It is the logic of activism on Twitter, whereby the idea that is retweeted the most, shouted the loudest, and repeated most frequently, becomes more “real.” This repetition strategy is what the Cliteracy campaign aims to do, to draw the clitoris into more networks by flooding both digital and offline spaces with the iconic clitoris via sharable cards, hashtags, and street murals.

Iconicity serves as a place of overlap for texts and images. Because rhetoricians have theorized iconicity in relation to both texts (e.g., Leff & Sachs, 1990) and images (e.g., Hariman & Lucaites, 2002), iconicity serves as a helpful lens for understanding Wallace’s turn to both text and minimalist image in her Cliteracy Campaign. In regard to the iconicity of sentences, paragraphs, and discourses, Leff & Sachs (1990) contrast icons with symbols, arguing the latter has an arbitrary relationship to what it represents while the former does not. Textual icons are important for rhetoricians because their rhetorical force hinges upon “an interaction between discursive form and representational content,” a co-constitutive action that makes form inseparable from content (Leff & Sachs, 1990, p. 257). Regarding the iconicity of images, Hariman and Lucaites (2002) advance a definition that similarly emphasizes the image’s non-arbitrary relationship to that which it represents: Iconic photographs are “widely recognized, are understood to be representations of historically significant events, activate strong emotional response, and are reproduced across a range of media, genres, or topics” (Hariman & Lucaites, 2002, p. 366). In both of these treatments of iconicity, non-arbitrary representation and cultural potency or impact are key qualities, however Leff and Sachs’ texts derive their iconicity through the interplay of form and content, while Hariman and Lucaites’ iconic photographs derive theirs from content alone, from accurately depicting historical events.

Henry Jenkins complicates this understanding of iconicity in his call to emphasize instead

the visual form and compositional features. In a move that echoes Leff and Sachs' insistence that "above the level of the word, discursive form often enacts representational content" (1990, p. 258), Jenkins likewise draws from semiotic theory to argue iconic images function "as signifiers that bear a resemblance to their signified" (Jenkins, 2008, p. 469) through their form as well as content. Jenkins' icons may have both a non-arbitrary relationship to what they represent (in that their content resembles what is being depicted) *and* a more arbitrary resemblance in their form. Thus, icons contain many "types of resemblance, lying somewhere between 'concrete' realism and 'abstract' symbolism. The icon is a concrete embodiment of an abstract state" (Jenkins, 2008, p. 470). This lying between abstract and concrete precisely describes the image Wallace uses to depict the clitoris: its main components—crura, glans, shaft, vestibular bulbs—are all concretely present, and yet the minimalist design (in which the vaginal opening, clitoral hood, urethra, labia, and neurovascular bundles are all excised) lends itself to iconicity (Figure 4).



Figure 4. Wallace's iconic clitoris.

Several of the "100 Natural Laws" align "cliteracy" with democracy, liberty, and freedom: "Democracy without cliteracy? Phallusy." "Freedom in society can be measured by the

distribution of orgasms.” “Girls are taught it's normal for sex to hurt: Phallusy.” “Orgasm is a fundamental inalienable human right.” “Lady Justice, where is the liberty in sex without orgasms?” On the surface these laws suggest liberation for women’s sexuality is a requisite for full citizenship. However, they also reveal the presumption that all women are sexualized equally, ignoring the ways racialized bodies are enrolled into very different assemblages of sex. If iconicity is tied to visibility, then what is permitted to be visible (and thus what circulates) must also be palatable. Iconicity and visibility coordinate assemblages of sex to circulate the most “palatable” form of female sexuality: white women’s.

Historically in Western culture, Black bodies have always already been sexualized in ways that white bodies, especially white female bodies, have not. As colonial expansion brought more Europeans into contact with Africans, demonstrating innate differences between the races—and thence Black inferiority—became paramount. Europeans who traveled to Africa reported a “lascivious, apelike sexual appetite of the black,” especially Black women (Gilman, 1985, p. 212). “The black female thus comes to serve as an icon for black sexuality in general” such that the “antithesis of European sexual mores and beauty is embodied in the black” (p. 212). For justification of these claims, empiricists pointed to the labia of some southern Africans (which often were larger than European labia due to the practice of labia stretching among certain tribes), claiming the “primitive” genitalia were evidence of “primitive” and excessive libidos (Gilman, 1985, p. 213).

In the U.S., the ideas that Black women are deviantly and excessively sexual as well as expendable (since they are closer to animals than to humans in their primitiveness) coalesce in the icon of the Black female slave as commodity and forced prostitute (Collins, 2002; hooks, 1992). “The prostitution of Black women allowed white women to be the opposite; Black

'whores' make white 'virgins' possible. This race/gender nexus fostered a situation whereby white men could then differentiate between the sexualized woman-as-body who is dominated and 'screwed' and the asexual woman-as-pure-spirit who is idealized and brought home to mother" (Collins, 2002, p. 157). It is this idealized, asexual white woman whose sexuality must be liberated, whose freedom and human rights will be guaranteed by "free orgasms."

The slogans and facts that make up the "100 Natural Laws" are designed to be provocative, and unpacking them is not a straightforward task due to their referential nature. Many of the "laws" reference each other or build off each other, while others function synecdochically or enthymematically. On the one hand this technique has the effect of drawing the reader in by requiring them to fill in the missing premises or to make the missing connections which creates a more active and engaged reader. Additionally, the technique assists in countering a linear, coherent progression that is characteristic of the phallogocentrism the art rails against.

On the other hand, the missing referents are most frequently descriptions of clitoral pleasure—the very thing Wallace is striving to make present. For example, a number of the laws appear, at first blush, to address sexual practices and sex acts, similar to the way the women's health activism books do. A sampling of such laws: "Penetration with a penis is just one of innumerable ways to have sex," "Touching a clit is like scratching a record," and "Sex is when you engage your clit and have an orgasm." These laws, however, do not actually give voice to what a particular clitoris might want. What exactly is the verb "engage" supposed to signify?

Additionally Wallace encounters the same limitations of the textbook clitoris: there is no one universal clitoris. Not all clitorises would like being scratched like a record. Furthermore, not all clitorises want to be engaged in sexual acts. Some clitorises—and the people who house them—do not want to be touched at all, and orgasm is achieved via other means. Still other

people—regardless of their genital makeup—have a different telos for sex than their own orgasm. What is needed here is space for the full range and variety of human desire. To allow those who have clitorises and wish to experience clittoral pleasure the space to have that, and to remove pressure from those whose clitorises do not want to be engaged. We need space for all of these clitorises to be the subjects and objects of their own pleasure, but such a project is so individualized it ends experiencing the same limitations as the haptic clitoris: haptic, in vivo pleasure cannot be shared on Tumblr.

And this limitation is what the 3D clitoris seeks to rectify. The 3D clitoris fully embraces the logic of proliferation and virality. Its digital incarnation—the files that tell a 3D printer what to print—is easily shared and proliferated, while its final product—a 3D model—allows a kind of engagement with the sense of touch. The printing files are copyrighted under a Creative Commons Attribution-Noncommercial-Sharealike license, which means that any user who downloads the files may share them with anyone else as long as they provide attribution (usually by providing a link back to the original) and do not use the files for commercial purposes. Additionally, users are free to build upon the original files (by editing, remixing, or in some other way transforming the design) and to circulate their altered designs, as long as they abide by the attribution and noncommercial stipulations. (In other words, you cannot download the 3D printing files, shrink the clitoris size down, and then attempt to commercially license that design.) By making the files free, Fillod increases their chances of circulating, of being downloaded, uploaded, shared and, ultimately, printed.

The 3D clitoris also embraces the logic of proliferation in that the object itself can be passed around, held, and shared. All of these allies in the 3D clitoris's assemblage—the printer, the files, the Internet, the Creative Commons license—are held together via the cultural logic of

proliferation and virality that “makes sense” in this particular moment, in this time and this place.

Concluding Thoughts: The Clitoris Multiple

Across the assemblages of clitorises I have discussed, the textbook, the haptic, and the iconic, we can trace the different cultural logics that co-constitutively assemble them. The textbook clitoris operates within a medical-scientific occularcentrism, deploying the logic of enhancing vision of the clitoris in order to make it more “real” to physicians and surgeons. The haptic clitoris, responding to medical visibility, turns to a logic of sensation as a means to prove something’s existence. And the iconic clitoris returns to a privileging of vision by extending medicine’s cultural logic. Here we shift from visibility to visibility and virality: that which exists is that which is socially salient. Each of these logics circulates from their original contexts to assemble the 3D clitoris, which makes sense as a medical visual aid, as a touchable model, and as an object that can go viral. The 3D clitoris can hold together despite its clear limitations—being made of rigid plastic and lacking any indication of orientation inside a body—because these cultural logics are powerful rhetorical allies. They make this clitoris “real,” but this model is not the only clitoris in existence. If a politics of pleasure is important, we need a centering of the particular needs of individual, myriad clitorises and the unique bodies that house them.

A politics of the clitoris cannot be centered on epistemology; it is an ontological project. It’s not about “knowing” the clitoris, even though second-wave feminist activism has long argued that different ways of knowing will be the path to liberation. Epistemology is in fact a red herring. For one, an epistemological project is also a Western European, colonial, Enlightenment project: it is centered on fixing, dissecting, and universalizing objects of knowledge. Removing

knowledge about the clitoris is as easy as deleting it from textbooks. And as Foucault argues regarding power, knowledge, and discourse, it is easy to take that which is illicit and inexpressible and make it unknowable as well. Even at the level of our grammar, “to know the clitoris” makes the clitoris into an inert object when this chapter has shown how lively and vocal it can be.

The clitoris can be said to be more present or more absent depending upon its arrangement in networked assemblages and the *density* of those networks. There are human actants who try to remove the clitoris from their assemblages, who try to isolate the clitoris into non-existence. Theirs is the work of breaking off the clitoris’s allies, of shrinking its connections and banishing it from circulating within the networks. Similarly, there are human actants who try to enmesh the clitoris even deeper in whatever networks they can, who try to multiply the clitoris’s connections and in doing so, to make it ever more present.

Across the textbook, haptic, iconic, and 3D-printed clitoris, we can see the dense interconnections of certain human actants. Odile Fillod used Helen O’Connell’s MRI scans to form the basis of her 3D model. Sophia Wallace used Fillod’s model to make her golden clitoris statue, which she featured in her “100 Laws” installment and which further inspired her clitoris icon. O’Connell cites *A New View* in her landmark 1998 study as “a feminist account of female perineal anatomy” and suggests it as an inspiration to conduct the dissections because the *New View* authors “had no access to dissection material on which to base their description of anatomy” (O’Connell et al., 1998, p. 1896). These are not just interesting coincidences but examples of how particular arrangements and alignments of assemblages can serve as inventional resources for future rhetors in creating and mobilizing discourse and, in Fillod’s case, creating and mobilizing rhetorical objects. ANT posits that the density of these networks enable

an assemblage to be more real; in addition, I posit such density enables rhetorical construction and circulation such that the more nodes there are to serve as allies, the more pathways there are for cultural logics to circulate and generate rhetorical force. In other words, much like in physics I am positing a (metaphorical) relationship between density (mass) and circulation (velocity).

This consideration of density also prompts us to attend to the ontology of the clitoris and its relationship to discourse and materiality. The clitoris's presence or absence is not a matter of language alone, but language in concert with the physical body, with gendered discourses, with circulating logics and systems of sensemaking. For those who would make the clitoris absent or present assemblages are not mere tools laying at the humans' feet, awaiting to be called into action. There are actants beyond just the humans, and they have plans of their own. There are gametes whose DNA instructions call for the fabrication of clitorises. There are blood vessels carrying oxygenated blood to the clitoris and nerves carrying sensory information from it. There are myriad *ars eroticas*, authored by culture, by romantic coupling, by private exploration, that direct attention to the clitoris. Human efforts to erase or confirm the clitoris are but a small part of the clitoris's entire assemblage.

So what of this relationship between the clitoris and language? The clitoris does not speak, but it does communicate. If we think about communication in the sense of communing, in a partaking-connecting-belonging sense, the clitoris is a lively and demanding communicator, indeed. Across all enactments of the clitoris I have explored in this chapter—the textbook, the haptic, the iconic, and the 3D printed—is a yearning for connection, for communing, for bringing together parts of the human body and parts of the social body.

In communing, the clitoris desires to *be with* other parts of its body and parts of others' bodies. Communing allows the clitoris to connect disparate parts and thereby complicate so

many of our neat dichotomies. It connects subjectivity and objectivity by simultaneously being the recipient of pleasure and the entity demanding or rejecting acts as pleasurable or not pleasurable. The clitoris is both subject and object of its own desire. It connects interiority to exteriority: part of it is always outside of the body, part of it inside. The clitoris also confounds the structure of heterosexuality. How to draw the line between active masculinity and receptive femininity, when the actant at the center is perhaps both, perhaps neither? Perhaps in this regard, Fillod wasn't too far off in her hope that seeing the clitoris in its entirety might at the very least make it possible to create of different cultural logics and ways to think otherwise.

**CHAPTER THREE: PLEASURE WHICH EXCEEDS LANGUAGE: INTERROGATING
THE RHETORICAL PRACTICES OF ORDERING, NAMING, AND VISUALIZING
WOMEN'S PLEASURE IN OMGYES**

Perhaps the body speaks, but understanding what it says requires interpretation.

– Nancy Tuana, *Coming to Understand: Orgasm
and the Epistemology of Ignorance*

In February 2016, actress Emma Watson made headlines after enthusiastically endorsing, in a conversation with Gloria Steinem, a website that purports to teach owners of vulvas and vulva-adjacent folks how to give and experience sexual pleasure. The website, OMGYes.com (hereafter OMGY), was launched in 2015 by Lydia Daniller and Rob Perkins, a self-described “lesbian and straight man duo.” Neither Daniller nor Perkins have formal medical training, health communication training, or research training.⁴ Rather, they were interested in creating the website after noticing that no scientific surveys of sexual techniques existed. As Daniller explains, “When we looked at the research, we were kind of dumbfounded to see that the specifics of sexual pleasure hadn’t been researched in this way before” (*OMGYES -- The Webby Awards*, 2017). In media interviews, Perkins and Daniller explain their goal was to provide an

⁴ Daniller is a visual artist and photographer and earned her bachelor’s degree in comparative literature from UC Berkeley, where she met Perkins, who got his bachelor’s in neuroscience.

“interactive educational experience” that demystified women’s pleasure.

According to Daniller, the team strove to create “a research-driven website that presents the most prevalent findings around sexual pleasure in a relatable and human form” (Rogers, 2016). Beginning with interviews of 1,000 women (found primarily through a Craigslist ad), Daniller and Perkins began distilling their findings of the most common techniques these women preferred, and eventually partnered with Indiana University’s School of Public Health and the Kinsey Institute to interview another 1,000 women and launch the website. OMGY now claims to have interviewed over 20,000 women to bring more insights and techniques to their website. Users who wish to access those techniques must pay a one-time fee of \$50 for the first collection or \$90 for the first and second collection (additional future collections are planned). In 2017, OMGY won a Webby award in the General Website category for its groundbreaking “interactive video” technology and its taboo-breaking content. The website is available only via browsers; it is not available in app stores due to its explicit content.

The way Daniller and Perkins speak of demystifying women’s sexual pleasure and providing science-based information speaks to their pedagogical purpose for the website, an admirable goal given their U.S. context. In the U.S., public schools are incentivized to teach abstinence-only sex education, which focuses on deterring teen sexual activity. However, such programs often fail in reducing teen sex and have been found to spread misinformation leading to more instances of unplanned pregnancies and STI transmission (Santelli et al., 2006). In the face of this large gap in information and instruction, teens frequently turn to pornography for sex education (Rothman et al., 2015). However, this solution is perhaps even worse than no sex education at all: from pornography, viewers learn sexist and misogynist scripts regarding what sex is and how it is practiced (Goldstein, 2020; Rothman et al., 2015, 2019; Weingarten, 2013).

Teens encounter these lessons at a formative time that then shapes their expectations for sexual practices in adulthood. This is why Emma Watson said she wished OMGY “had been around longer” and hailed the site as “definitely worth checking out.” The site helps to counter dominant narratives—in pornography as well as in Hollywood filmmaking—that women can orgasm from the same sexual acts that pleasure men. As Perkins explained in a media interview, “It’s this epidemic where women’s pleasure is taboo, partners aren’t asking and women aren’t telling, it’s omitted from sex education, and there’s a lot of misinformation. [...] When we put a call out to women to share and set the record straight, we had an outpouring of support” (Rogers, 2016).

That support has been mobilized into hours of videos and instructional guides geared toward centering women’s sexual pleasure. The most notable feature of OMGY is that beyond description of common themes from their interviews, beyond the videos of women talking frankly about their sexual preferences and experiences, beyond even the instructional videos that show women demonstrating their preferred techniques—beyond all of that (which is quite a bit more information than any sex education program currently provides) is this: touch-screen-integrated interactive tutorials with photorealistic virtual vulvas. Users are encouraged to drag their fingertips across a touch screen and practice the techniques they have read and heard about and get verbal and non-verbal feedback from that vulva’s owner.

Part of the challenge for Daniller and Perkins is in striking the appropriate tone for a website that, in their own words, had to be specific in its details and explicit in its communication without becoming pornographic. The final product is a website replete with well-produced videos that, rather than objectify women, *subjectify* them by shifting the purpose of explicit videos from prurience to pedagogy. In this assemblage of sexual health, pleasure is

enrolled and densely connected as that supreme instructor of experience; pleasure is healthy, so health is experienced when one feels good. Bodily senses—sight and sound, yes, but also primarily touch—take the center stage as ways of assembling one’s sexual health through how one feels.

But creating this assemblage is no mere matter of aligning all these interconnected actants. There is a deeply entrenched history surrounding women’s sexual pleasure. Allies have been enrolled in other ways in other assemblages for millennia, stretching back to the earliest days of the rise of capitalism and the beginnings of a gendered division of labor that depended on women prioritizing reproduction as the prime (and sometimes only) telos for sexual activity (Federici, 2014). The resources available for Daniller and Perkins to call upon and assemble are not neutral; they are actants with historical assemblages whose arrangements obdurately persist. In other words, in addition to having rhetorical circulation and force, I am proposing assemblages also have *rhetorical inertia*.

Inertia is often colloquially used to mean stagnant or stymied, but in physics it refers to the “innate force of matter, [which] is a power of resisting by which every body, as much as in it lies, endeavours to preserve its present state, whether it be of rest or of moving uniformly forward in a straight line” (Newton, 1846, p. 72). It is this preservation of present states, a resistance to change, that permits obdurate assemblages to withstand multiple “trials of strength” (Law, 1989) over time. I argue in this chapter that certain rhetorical strategies—in this particular case, strategies familiar to the discourses of science—have rhetorical force through their inertia in persisting, relatively unchanged, over time. Scientific graphs, diagrams, categorizations, naming schemes: these actants are powerful allies in supporting scientific truth claims and when assembled together are rhetorically potent.

Daniller and Perkins harness the inertia of these forms and assemble them together with an attention to embodiment: how does it feel to receive pleasure using one of their techniques? How does it feel to learn the technique by dragging one's finger across their touchscreen? Making space for the liveliness of the sensate body—the user's fingertip, the vulvas (virtual and in vivo), the clitorises, the sound of faster breathing, the changing color of the skin opens space to imagine pleasure as a central component in sexual health. In this opening, entire other worlds are possible. The limits of the tools they use to enact this opening, however, keep it quite small, just a crack in the patriarchy. The tools of science have inertia and force of their own that keep larger systems of oppression in motion.

In this chapter, I argue that Daniller and Perkins faced a fundamentally rhetorical exigence to provide useful, frank information about techniques of pleasure that center women's sexual desires in ways that enroll the sensuous body into their assemblage of sexual health. Further, I argue their rhetorical strategies—specifically categorization, nomenclature, and visualization—imbue the website and its taboo topics with a sense of authority, propriety, and reality in order to effect a scientific ethos. However, because of this alliance with scientific discourse, any liberatory gains are, from the outset, limited by the ways the inertia of these discourses and their previous alliances with patriarchy, capitalism, and colonialism. My argument proceeds in three parts: I begin with a review of categorization, nomenclature, and visualization as theoretical constructs. I then move into a close analysis of the website's deployment of each as a rhetorical strategy for guarding against claims of prurience. I conclude with a meditation on the role of the body in communicating health and pleasure and ways we might, as Nancy Tuana (2004) suggests, learn to interpret it.

Theoretical Foundations: Ordering, Naming, Visualizing

The theoretical concepts animating this chapter are categorization, nomenclature (systems of naming and describing), and visualization (visual (re)presentation of the things and ideas being named and ordered). The three work in concert with each other: in order to categorize, one must have labels for the categories, and one must be able to represent in some way that which is being categorized. Such representations might take the form of specimen collection or artistic rendering or tabulations of data, but the key thing about these representations is that they permit the circulation and movement of the things categorized (M. Lynch & Woolgar, 1990).

Description, representation, and categorization are not only the tools of science but they count among the tools of empire, as one of the prime means of European explorers to colonize “the New World” (Anderson, 2017; Seth, 2009). As I have shown in other chapters, colonialism and Enlightenment knowledge projects co-constituted each other, and this relationship can be seen in systems of categorization as well. For example, Pickstone (2001) calls the 1800s a time of “great excitement” about classification because it helped to answer the question of humanity’s place in nature and in relation to other animals. The placement of some humans as closer to nature and animals helped to establish sub-categories within the category of the Human to create subhumans and not-quite-humans (Wynter, 2003). The power to name and to define a group of people as “uncivilized” or “savages” was a foundational move for colonization because their establishment permits not just categorization but hierarchicalization as well: the establishment of not just the categories of white and Black but also their arrangement with regard to power. In this section, I explore the literature pertaining to categorization, nomenclature, and visualization as they contribute to a scientific ethos and to a rhetorical construction of ontology. I begin first with categorization.

Categorization

In the study of systems that order, name, and arrange things, categorization and classification are similar but distinct entities. Classification is typically taken to be the process of assigning, in an orderly and systematic way, entities to one and only one class according to preordained principles (Jacob, 2004). Categorization, meanwhile, refers to less rigid and (sometimes, though not always) informal processes of dividing the world into groups of things that are in some way similar to each other (Jacob, 2004). For this chapter, I am interested less in classification and more in categorization, for reasons that will soon become apparent.

The basic underlying premise of categorization—that things are grouped together because they share some similitude—is a premise that has existed and persisted for thousands of years in Western intellectual history, with its origin in Aristotle’s categorization of animals in his *Historia Animalium*. His system was hierarchical and binary (in the sense that the thing being categorized either does or does not have the characteristic that defines its inclusion in the category) and treated categorization as a process of recognition, meaning that the characteristics or features that determined an object’s membership existed outside of human subjectivity (Bowker & Star, 1999; Jacob, 2004; Lakoff, 2012).

The “classical view” of categorization exemplified by Aristotle lends itself to scientific practices of naming and ordering. Indeed, Aristotle is credited with inventing a binomial naming system on the basis of animals’ “genus and difference,” conventions later adopted by the renowned taxonomist Charles Linnaeus (Bowker & Star, 1999; Pickstone, 2001). Linnaeus (and botanists before and after him) helped to turn Aristotle’s ad hoc process of observation and recognition of characteristics into a methodical system of classification and taxonomy.

However, the classical view is not the only approach to theorizing categorization.

Beginning with Eleanor Rosch's work in cognitive psychology in the 1970s, an alternative to the classical view has emerged. Called the "prototype theory" (Bowker & Star, 1999, p. 62) or "experiential realism" (Lakoff, 2012, p. xv) this view addresses the fact that different groups of people will make different kinds of categorizations, emphasizing different characteristics as the defining quality. Indeed, it is more accurate to say of categories that rather than grouping together things that share similitude, "categories, in general, have best examples" and human subjectivity plays a huge role in categorization (Lakoff, 2012, p. 7). Rather than atomizing objects to parse out their defining characteristics, humans categorize holistically by judging the gestalt of a given object, using embodied as well as imaginative experiences to see interrelationships and similitudes. This is especially true for categorizing abstract ideas like emotions or social structures like governments or nations. Thus, categorization requires rhetorical strategies like metonymy and metaphor to function. Most importantly, rather than a process of recognition, categorization is a rhetorical process of creation.

Systems of categorization are important for rhetoricians to attend to because, as Bowker and Star argue, such systems function as "technologies," in the broadest sense of the word. They argue such systems are simultaneously symbolic *and* material, working as "information technologies [...] to communicate across the boundaries of disparate communities" (Bowker & Star, 1999, p. 286). Furthermore, if we take seriously Lakoff's (2012, p. 8) assertion that categorization is "essentially a matter of both human experience and imagination—of perception, motor activity, and culture on the one hand, and of metaphor, metonymy, and mental imagery on the other," then we are led, much as Edward Schiappa was, to assert it that "no matter what we are trying to define, our definitions are linguistic propositions and as such are unavoidably historically situated and dependent upon social interaction if they are to be entitled to any

standing at all” (Schiappa, 2003, p. xii). In other words, categorization sits at the nexus of rhetoric and materiality, permitting the enactment (in Mol’s (2002a) sense of the word) and coordination of reality.

It might be tempting, given the categories of categorization just laid out, to assume the prototype view of categorization best lends itself to rhetorical analysis, while the classical view remains beyond the purview of the rhetorician. However, such bracketing off of the classical view elides the fact that categorization (in all its forms) “as a historically situated activity, entrenched in social and cultural institutions and informed not only by perception and cognition but also by goals and interests [and] meaning” (Klein & Lefèvre, 2007, p. 9). Just as pioneers of rhetoric of science have made the case that science, too, is rhetorical, I argue in this chapter that no matter the view of categorization one uses *all* processes of categorizing are rhetorical. As Nathan Stormer argues, “We should consider the formation of order as action in its own right” (Stormer, 2004, p. 262). In following Stormer’s lead, I argue in this chapter that OMGY uses the “formation of order” as a rhetorical strategy to lend scientific credibility and authority to its collection of techniques of pleasure, and furthermore that such orders of formation constitute practices of categorization that undergird scientific discourse more broadly such that OMGY is able to appear scientific and avoid perceptions of prurience and salaciousness. Having established my approach to categorization, I turn now to theorizations of specific practices of categorization, naming and representation.

Nomenclature

The tools of categorization are naming and representation (which I treat in this chapter through an attention to scientific visualization, discussed below). Systems and schemes for

naming and describing the things categorized are known as “nomenclatures,” and I herein briefly review the relationship between nomenclature and categorization, as well as the rhetorical dimensions of nomenclatures.

Nomenclature and categorization are intimately related processes, as can be seen in STS scholarship on, for example, botany (Bowker, 1999) or chemistry (Klein & Lefèvre, 2007). As chemists in the 1700s and 1800s sought to establish what we now know as the periodic table of elements, how to categorize different chemicals and systematically name them became co-constitutive matters such that proposed nomenclatures were shaped “precisely to the extent to which [they] modified and complemented the traditional classificatory structure” (Klein & Lefèvre, 2007, p. 188). Often, attempts are made “to model nomenclature on a single, stable system of classification principles, as for example with botany (Bowker, 1999) or anatomy,” but such attempts often succumb to ad hoc naming systems (Bowker & Star, 1999, p. 12). One such ad hoc nomenclature of interest for this chapter is naming new things after the person who “discovers” them.

Indeed, at the very same time that imperialist powers were using naming and ordering to conquer and subjugate peoples in Africa and the Americas, physicians and anatomists from those same imperialist nations were staking claims on the female body as they described, categorized, and named parts of the vulva, vagina, and reproductive system after themselves. As Germans, Portugese, French, English, and Dutch explorers were colonizing new lands and resources, the vocabulary of discovery and colonization was applied to the human body generally and to women’s bodies specifically. For example, in the 1670s, Danish physician Caspar Bartholin “discovered” what we now call the greater vestibular glands and named them “Bartholin’s glands.” Also in the 1670s, Dutch physician Regnier de Graaf coined the term “Graafian

follicles.” From the 1670s to the 1940s, male physicians colonized the female body: Scottish physician Alexander Skene is the namesake for Skene’s glands; German physician C. F. Wolff, Wolffian ducts; Danish physician Hermann T. Gartner, Gartner’s duct; German physician Johannes P. Muller, Mullerian ducts. Many of these names persist to this day, as is the case with English physician John Braxton Hicks and German gynecologist Ernst Gräfenberg (whose G-spot remains a topic of fierce debate).

While many parts of the human body are named in relation to their function (*stomach* comes from the Greek word *stomachos*, “throat, gullet, esophagus,” which in turn is from the root *stoma*, “mouth”) or their form (*pancreas* comes from the Greek roots *pan-* “all” and *kreas* “flesh,” meaning the organ looks “all flesh” or homogeneous in form), most names for female genitalia and reproductive organs are named for the male anatomists who “discovered” them. One notable exception, of course, is the vagina, derived from the Latin word *vagina*, “sheath, scabbard, covering; sheath of an ear of grain, hull, husk,” but here the vagina’s function is figured in relation to penetration by a penis rather than its other functions as birth canal, urinary support, uterine support, or erogenous zone. Nomenclature matters in that it not only shapes perceptions of reality (Schiappa, 2003), but it also defines the process and conventions for naming, establishing which things are to be named according to their appearance and function and which are to be named to immortalize certain men of privilege. These logics of colonization and ownership carry rhetorical inertia not only across contexts (from the building of empire to the demystification of the female body) but also across time, becoming the only terms with which we can think about and discuss particular body parts and bodily sensations.

Visualization and (Re)-Presenting Data

The final piece of the categorization process that pertains to this chapter is representation, specifically ways of scientifically visualizing that which is categorized. These are processes related to and yet distinct from the verbal processes of nomenclature. Scientific “representations argue in a distinctly visual manner, in ways, that is, that are denied to verbal text” (Baigrie, 1996, p. xxii). This means that rather than merely existing “solely to shed light on the text” that accompanies scientific images, both “text and picture are resources that scientists employ in their practical activities;” both convey information, though via different means (Baigrie, 1996, pp. xviii–xix). The rhetorical force of scientific visualizations is nevertheless quite different from the rhetorical force of scientific prose in that the former constructs a “cognitive authority” from “their ability to create conviction” from their ability to claim verisimilitude to the things represented (Baigrie, 1996, p. xxi). Scientific visualizations make ontological claims by processing “the great variety of the real to make discrete units of it” which, with proper scientific training, makes the image’s truth-claims seem self-evident (Bastide, 1990, p. 228). For example, an X-ray is a powerful scientific visualization of the human skeletal system because it rhetorically claims unmediated re-presentation of the bones it has photographed.

What’s more, as Michael Lynch (1985) has demonstrated, representation is a crucial part of scientific knowledge production because “the objects scientists actually work upon are highly artificial, in that their visibility depends upon complex instruments and careful preparatory procedures [...] to represent phenomena graphically” (p. 37). Such visual (re)presentations are especially crucial in the case of objects that are not visible to the human eye, either due to their size (e.g., Jack, 2009), their ephemerality (e.g., Pauwels, 2006), their dispersement across time and/or space (e.g., M. Lynch, 1985), or even their taboo nature (e.g., van Dijck, 2005). For these reasons, scientists “embrace of the image or imaging instrument as that which [...] provid[es] the

capacity to see ‘truths’ that are not available to the human eye” (Sturken & Cartwright, 2001, pp. 280–281).

And yet, despite the claim that scientific visualizations objectively (re)present the phenomena they portray, science studies scholars have shown that there are no innocent scientific images that merely reflect the natural world and transparently supply data; quite the contrary, this body of literature shows how scientific images create a particular version of the phenomena they purport to represent (Amann & Knorr Cetina, 1990; Baigrie, 1996; Daston & Galison, 2010; M. Lynch, 1985; Pauwels, 2006). Luc Pauwels reminds us that in every representational process, especially those involved in the creation of scientific images,

the initial source (phenomenon, concept) is captured, transformed, or even (re-)created through a chain of decisions that involves several actors (scientists, artists, technicians), technological devices, and normative settings. This complex process of meaning-making has an important impact on what can be known and how, on what is revealed or obscured, and on what is included or excluded. (Pauwels, 2006, p. 5)

Once procedures for obtaining a scientific image have been established, the resultant image “is presented as a reliable and valid reflection of a broader phenomenon or population” (Pauwels, 2006, p. 6). Scientific imaging claims an objectivity through this backgrounding, which often “pretend[s] that the scientific image delivers a clear and unmediated access to the referent out there” (Pauwels, 2006, p. 43) and downplays how certain preparatory techniques “penetrate both the field of what is visible and the means for perceiving it. [...] An active reconstruction of the world is achieved” (Lynch, 1985, p. 59). Despite this inherent constructedness and reconstruction of the world, the rhetorical force of scientific visualizations lies in their credibility as veracious representations and, in some cases, the only representations with which to work.

This aspect of scientific visualization as an “immutable mobile” that holds together as it circulates across boundaries demarcating argument fields and even spheres means visualizations are some of the most important “stuff” of science. In other words, forms of scientific visualization “define the working objects of disciplines” (Daston and Galison, 2010, p. 48). Or, as Lynch and Woolgar explain:

Manifestly, what scientists laboriously piece together, pick up in their hands, measure, show to one another, argue about, and circulate to others in their communities are not ‘natural objects’ independent of cultural processes and literary forms. They are extracts, ‘tissue cultures,’ and residues impressed within graphic matrices; ordered, shaped, and filtered samples; carefully aligned photographic traces and chart recordings; and verbal accounts. These are the proximal ‘things’ taken into the laboratory and circulated in print, and they are a rich repository of ‘social’ actions. (M. Lynch & Woolgar, 1990, p. 5)

I argue that more than being “repositories of social action,” scientific visualizations—along with nomenclatural and categorical systems—have rhetorical force and inertia that carry forward into the future, shaping how (in this particular case) a woman’s body is to be named, seen, and understood. If rhetoric can be said to have circulation and force (as I have argued throughout this dissertation), it can also have momentum or inertia. Names, categories, descriptions — these all carry rhetorical force because they have inertia. Once they are established, it is difficult to think outside of them or without them. For example, in the 16th century Hippocrates was seen as the great expert on women’s bodies and health because he divided women into categories—virgin, mother, widow—and claimed understanding a woman’s marital and sexual status was the key to determining a diagnosis and subsequent treatment. And of course, we can still recognize those categories as female archetypes today, even as they have permuted into the virgin/whore

dichotomy. Many of the names of genital and reproductive anatomy retain the names of their “discoverers,” being the only tools with which to think and speak of the female body. And finally the difficulty of visualizing the vulva and the vagina without licentiousness attests to ways the male gaze has an inertia of its own, crossing from the private sphere to the technical (see also Friz and Fernholz, in press). I turn now to flesh out this argument using the website OMGYes.com to exemplify these claims.

Analysis: Categorization

Systems of categorization retain a scientific ethos due to their perceived objectivist underpinnings that the categories correspond to and reflect reality in ways that transcend human subjectivity. We might compare Lakoff’s assertion that science depends upon a view of categories as merely reflecting the “shared properties of the members and not [...] of the peculiarities of human understanding” (Lakoff, 2012, p. 8) with Merton’s scientific norms, in which universalism and “disinterestedness” (along with organized skepticism and communism) together to “comprise the ethos of modern science” (Merton, 1973, p. 270). Universalism for Merton “is rooted deep in the impersonal character of science” because “truth-claims, whatever their source, are to be subjected to pre-established impersonal criteria” such that “objectivity precludes particularism” (1973, p. 270). Disinterestedness “has a firm basis in the public and testable character of science,” imbuing the institution with “integrity,” “reputability,” and a “lofty ethical status” (Merton, 1973, pp. 276–277). Science, objectivity, and categorization, it would seem, go hand in hand in hand.

And yet, as the previous section lays out, systems of categorization often only appear to be objective. In fact, they are among the most rhetorical tools of science. In part, this is because

“a large proportion of our categories are not categories of things; they are categories of abstract entities. We categorize events, actions, emotions, spatial relationships, social relationships, and abstract entities of an enormous range” (Lakoff, 2012, p. 6). Furthermore, “all practices are performances of order” inasmuch as “they constitute order through doing” (Stormer, 2004, p. 272). Rhetoricians have always recognized arrangement as a rhetorical canon and a constitutive practice; within the fields of science, categorization is a rhetorical, constitutive practice as well. It, too, is a “performance of order.” The rhetorical force of scientific discourse is enrollment in the logic of categorization as a means of knowing the world through sorting and fixing it into categories.

How does categorization perform ontological order? I argue in this section that the answer is three-fold: First, categorizations have embedded narratives within them which are all the more compelling due to their concealment in scientific objectivity. Second, they permit a spatial organization of concepts. And third, systems of categorization are obdurate actants with rhetorical inertia. I unpack each of these in turn, first briefly describing how OMGY categorizes and orders the techniques it instructs its users in.

Embedded Narratives

The website is organized into “seasons,” mimicking the convention of asynchronous entertainment distribution outlets such as Netflix that release a season of episodes at periodic intervals. Season 1 of OMGY is titled “Original Collection” and features “twelve ingredients,” or techniques of inducing and experiencing sexual pleasure centered on the vulva. Although OMGY calls these twelve techniques “ingredients,” that terminology is dropped for Season 2; therefore, for the sake of consistency I refer to them in this chapter as “techniques” or “episodes”

in keeping with the theme. Season 1 episodes include the following: Staging, Hinting, Edging, Rhythm, Consistency, Surprise, Multiples, Accenting, Framing, Layering, Orbiting, and Signaling. Season 2 is titled “The Inner Pleasure Collection” and includes the following episodes: Shallowing, Pairing, Staying In, Broadening, Flexing, G-Regions, Angling, Renewing, Breathing, Booty, Adding, Squirting, and Deep End. At the time of writing this chapter, most of the episodes of Season 2 are marked “Coming Soon” and thus this analysis will focus on Season 1 since all of its episodes are available. I did examine the episodes of Season 2 that are currently available, primarily noting consistencies and deviations from Season 1.

Here is where we can see how, at “the point at which order becomes perceptible, meaning also becomes possible” (Stormer, 2004, p. 267). The juxtaposition of Season 1’s “Original Collection” with Season 2’s “Inner Pleasure Collection” makes meaning of them both together. Season 1’s emphasis on vulvar pleasure is contrasted with Season 2’s penetrative pleasures. If the former is construed as “inner pleasure” the latter is assumed to be “external pleasure,” even though the website never uses the term. By separating inner and external pleasure into different categories, the website elides the fact that the clitoris (the star of Season 1) is both an internal *and* external organ. Furthermore, these divisions are complicated by the fact that many people women prefer both vaginal and clitoral stimulation simultaneously.

Bodies, order, meaning—these are the crux of OMGY’s rhetorical force, articulating the three together. From these articulations, the narratives embedded in the categorization emerge because the perceptability of order makes meaning possible. What narratives, then, emerge from the order of these things? First, that vulvas are complicated. They must be, if they require all of this special research and education just to please them. Penises are left, once more, as the invisible center, the easily-pleased organs that need no such instruction. (This is, of course, a

narrative belied by any penis-owner who has felt frustrated by a lover and wanted to take over the task of bringing themselves to orgasm.)

A second narrative from this order of things is the reassurance that the mysterious, unknown vulva is now an object of science: through the power of *Scientia Sexualis* the wild vulva is tamed. I use “tame” because it is an act of domestication. Systems of categorization are tools of control, of ordering the world. Women’s sexual pleasure is disordered, both in the sense that it is without order (because of its wide variation from person to person and within one person’s own preferences) and in the sense of being a disorder, a pathology, an abnormality, as the history of nymphomania and frigidity illustrate. If women’s sexual pleasure is by its nature disordered, this categorization orders it, both ontologically and rhetorically. Disordered pleasure is far more threatening than pleasure that has been named, classified, dissected, fixed. Variable pleasure is unpredictable, but with the OMGY system now it can be tamed. Previously random-seeming touches are now given names and forms: accenting (variation 2), orbiting with tall ovals, layering by moving the hood. The mystery has been eliminated.

Spatial Organization of Concepts

A final narrative from the bifurcation of genital pleasure into external and internal is the question of how the two relate to each other: Are they equals? Or is one “better” or “more acceptable” than the other? And it is here that the embedded narratives enable another rhetorical technique: the spatial organization of concepts. By “spatial” I refer to the vertical ordering known as hierarchies and a horizontal ordering along a continuum. Spatial organization orders categories in relation to one another and in relation to existing systems of power. For examples of a hierarchy of sexual pleasure, one need look no further than Freud, who famously answered

the “which is more acceptable” question with an authoritative response: The vaginal, of course (see Angel, 2010; Koedt, 2010 for further discussion of the effects of Freud’s pronouncement). In 1905, Freud not only dichotomized orgasms into clitoral and vaginal but hierarchicalized them into a position of privilege (for vaginal orgasms) and degradation (for clitoral). More than 100 years later, those categories and hierarchic arrangement are still the topic of research seeking to debunk and undo the damage they have caused (see, for example, (Prause et al., 2016) for a recent example of such research).

Another example of a spatial organization that has persisted is Kinsey’s namesake, the Kinsey scale. In this 1948 volume, Kinsey introduced his continuum of sexuality this way: “While emphasizing the continuity of the gradations between exclusively heterosexual and exclusively homosexual histories, it has seemed desirable to develop some sort of classification which could be based on the relative amounts of heterosexual and of homosexual experience or response in each history. Such a heterosexual-homosexual rating scale is shown in Figure 161” (Kinsey, 1948, p. 639). The liberatory potential of his continuum was to demonstrate that gay people and straight people had much more in common with each other and might not be differentiated so readily. This potential is undercut, however, with Kinsey’s own description of the scale as a series of opposites: “It will be observed that this is a seven-point scale, with 0 and 6 as the extreme points, and with 3 as the midpoint in the classification. On opposite sides of the midpoint the following relations hold: 0 is the opposite of 6; 1 is the opposite of 5; 2 is the opposite of 4” (Kinsey, 1948, p. 641). Instead of arranging fine gradations of sexual orientation in a fluid continuum, Kinsey sets up opposing sides, just with six categories instead of two.

These two examples of spatial organization of concepts also demonstrate the last rhetorical effect of categorization, what I call rhetorical inertia. In essence, previous systems of

categorization and spatial organization have rhetorical force over time by persisting, by maintaining some degree of inertia. As Bowker and Star explain: “Systems of classification (and of standardization) form a juncture of social organization, moral order, and layers of technical integration. Each subsystem inherits, increasingly as it scales up, the inertia of the installed base of systems that have come before” (Bowker & Star, 1999, p. 33). This means that it takes a great deal of effort to move against the inertia of previous classification systems. Freud’s classification system, which divided vaginal orgasms from clitoral, still has inertia and is reflected in *OMGY*’s two seasons. Once particular divisions are drawn, it becomes difficult to think outside those divisions or to see the similarities that cross a division as more important or salient than the differences that divided them. Such rhetorical inertia for the categories of “sexually normal” and “sexually abnormal” was, to a large degree, what Kinsey was fighting against with his research:

Whatever the moral interpretation, there is no scientific reason for considering particular types of sexual activity as intrinsically, in their biologic origins, normal or abnormal. Yet scientific classifications have been nearly identical with theologic classifications and with the moral pronouncements of the English common law of the fifteenth century. This, in turn, as far as sex is concerned, was based on the medieval ecclesiastic law which was only a minor variant of the tenets of ancient Greek and Roman cults, and of the Talmudic law. (Kinsey, 1948, p. 202)

The categories have rhetorical force because of their histories—millennia of networked alliances enabling or limiting what can be said to exist, to be real.

In this way, categorization systems are ontological arguments, claiming that these things categorized exist and relate to each other in particular ways. They draw attention to the similitude of the objects in each category and the differences between categories, which allows

for an abstraction of the things themselves. In the case of OMGY, the categorization of techniques—orbiting, layering, staging, etc.—helps to dispel concerns of prurient interest or salacious intent. By abstracting and categorizing these techniques along familiar hierarchic divisions, OMGY succeeds in imbuing its taboo topics with a sense of authority, propriety, and reality. This success, however, comes at the cost of reifying the very systems which silenced, suppressed, and erased women’s sexual pleasure in the first place.

Analysis: Nomenclature

In press interviews, both Daniller and Perkins have expressed the importance of the nomenclature for their overarching project. For example, Perkins said, “We have a gynaecologist who works with us and she says that there is a word for everything that can go wrong but no words for the positive aspect of female sexuality and precise vocabulary for every way that feels good touching a woman. It is literally unspeakable. So we tried to create words to talk about it.” (“The OMGyes Co-Founder on What Makes Good Sex – Material Mag,” 2018). Or as Daniller explains, “It’s tricky to translate what feels really good into words, [so we] developed a language to sort of figure out what we’re talking about” (*S2 EP 8*, n.d.).

These two quotes from Daniller and Perkins illustrate part of the exigence for their project: the absence of words to describe, direct, and explain techniques of pleasure. This exigence prompts a return to Bitzer’s original treatment of the rhetorical situation, in which he explains that an exigency strongly calls for a fitting response from a rhetor. He uses the example of a group of people working together to fish along a river to illustrate how the situation “strongly invites utterance:” “the leader of the fishermen finds himself obliged to speak at a given moment — to command, to supply information, to praise or blame — to respond

appropriately to the situation. Clear instances of artistic rhetoric exhibit the same characteristic” (Bitzer, 1968, p. 5). Further, this call to speak is no mere suggestion but a demand: “The verbal responses to the demands imposed by this situation are clearly as functional and necessary as the physical responses” (p. 5). This demand to speak might be limited by any number of constraints: “Standard sources of constraint include beliefs, attitudes, documents, facts, traditions, images, interests, motives, and the like” (Bitzer, 1968, p. 8). But what of those situations that demand a response (“touch me in a different way than how you’re touching me now”) for which there are no words to call upon? Bitzer’s theorizing presumes the words a person will need to craft a fitting response exist, or at least in stringing extant words together meaning might be conveyed. OMGY reveals an exigence in sexual pleasure whose response has long been left unanswered for the want of words themselves.

Naming is a crucial part of directing and coordinating action, and yet what few words do exist for describing sexual actions are not for women themselves. First, so many words associated with women’s anatomy—clitoris, vulva, labia—are still so taboo as to be considered vulgar. They evoke an affective response akin to shock and discomfort when spoken, in ways that speaking of penises and testes does not. Second, as Perkins explains regarding the gynecologist he and Daniller consulted, there exists “a word for everything that can go wrong but no words for the positive aspect.” Writing on the construction of the normal and the pathological, Canguilhem (1989, p. 46) quotes the French surgeon René Leriche: “Health is life lived in the silence of the organs.” Health is presumed to exist whenever “silent organs” live on, hence words are only needed to describe pathologies, as if healthy organs never speak.

This absence of words for positive sexual acts is a critique that feminist activists have made for decades: the words that do exist to describe sexual acts privilege everything but

women's pleasure. There are words for things that "can go wrong"—painful intercourse, pathology, abnormalities—and yet the words for things that "go right" center the penis: penetrate the vagina, thrust inside, enter, fuck. The penis is always the actor doing the verbs to the vagina. There are few—if any—verbs to describe the vagina as the actor doing action to a penis, a finger, a toy. Third, many of the words that do exist center other systems of power imbalance, such as the colonial history of genital anatomy we described above and the even greater lack of words for trans*folks, who must make do with existing nouns and inadequate verbs that reify a gender dichotomy and function to reinscribe their very bodies into that dichotomy. And finally, even among all these words that fall so far short of expressing and directing sexual pleasure, there are so many more aporia that never find utterance. For example, even in media outlets that ostensibly seek to provide similar information as OMGY (for example, men's and women's magazines that announce on their covers "new tips for hot sex" and the like), the words they use remain vague or not detailed. Rather, the magazines serve to titillate with the idea of alluring sexual acts without actually providing vivid, useful instructions. In titillating and serving a prurient interest, the informative purpose is lost. It is for these reasons that Daniller and Perkins' project to name techniques of pleasure is so important and imbued with liberatory potential. Although I also critique their nomenclature for falling short of fully realizing that goal, it is important to recognize their attempt at rectifying a dire situation as laudable in intent even if it stumbles in execution.

Naming Schema: Gerunds

With few exceptions, the titles of the episodes take the form of a gerund, or the nominal form of a verb: Staging, Hinting, Edging, Orbiting. The titles that do not follow this format are

simple nouns: Rhythm, Multiples, Surprise, Consistency. Whether a gerund or a noun, the episodes are named not for people (i.e., Sophie's Technique) but for nominal action.

Grammatically, gerunds can occupy either subject positions or object positions: *Hinting the clitoris allows you to build anticipation* or *In our survey, 71% of women love hinting the clitoris*.

Rhetorically, the use of gerunds opens space to dissolve the dichotomy between subjects and objects in a way that is intuitive to most English speakers. Furthermore, because gerunds describe continuous or ongoing action (or an action that occurs simultaneously with another action), by using gerunds to name the episodes Daniller and Perkins convey a sense of process, of continual doing that might be paired with the other techniques described on the website. This grammatical structure helps to reconceptualize sex not as a single short act but an ongoing practice cultivated with one's self and one's partners.

Two of the most successful episodes, "Framing" and "Signaling," do not have any tutorials, graphs, or figures on their pages. This is because they have less to do with *how to touch vulvas* and everything to do with communication. "Framing," or "The All-Important Context," as the website puts it, describes ways to "turn off distracting thoughts and just focus on enjoying the pleasure," while "Signaling" explains strategies for communicating with intimate partners. Indeed, we might think of both of these episodes as explaining different levels of communication: interpersonal and intrapersonal. Although the content of these episodes has less to do with the broader system of OMGY's nomenclature, because they offer linguistic and symbolic tools for communicating during sex I address them briefly, starting with Framing.

Framing is introduced as "techniques to turn off distracting thoughts and just focus on enjoying the pleasure." It is a technique that is simultaneously intrapersonal (in the ways that the person receiving pleasure relates to themselves and their body) and interpersonal in how the

recipient of pleasure and the giver of pleasure relate to each other. On the intrapersonal front, one interview subject (whose words were highlighted on the episode) said “I wish I hadn’t spent so many years so self-conscious during sex that I didn’t let myself really enjoy it.” This and similar quotes illustrate ways owners of vulvas might carry residual shame or guilt for wanting sexual pleasure, a feeling that can be so strong as to create what Nancy Friday has termed a “psychological clitoridectomy.” Overcoming those feelings can be a difficult personal journey, but one of the ways OMGY succeeds is in normalizing women’s sexual pleasure to counteract such narratives of shame. On the pages of this website are owners of vulvas who likewise have felt they were not entitled to sexual pleasure in the same ways or to the same extents as owners of penises, and yet here they are, having overcome their shame.

The inequality of vulvar pleasure compared to penile pleasure can be an interpersonal struggle as well. The site addresses ways givers of vulvar pleasure might (accidentally) communicate pleasure-giving as a burden or chore, and the ways such communiques can quash orgasm: “Partners: You may not mean to pressure us but these things do, anyways.” The advice the website offers for givers of pleasure is to find and communicate pleasure in the giving as well:

Repeatedly, we heard that there’s more pleasure when you’re authentically in it for the fun of the journey, not the destination—and you make that really clear. [...] Many women come more when they feel less pressure to come. They come more when they believe you’re enjoying giving pleasure. They sometimes appreciate help to stop trying to please you. When their orgasm is partly to make you feel like a good lover, then it’s harder to focus on how it feels.

What Framing points to are ways, especially in cisheterosexual relationships, receiving pleasure

is stratified along previously established lines of power. In other words, taboos against women enjoying sex too much that were prominent in the Victorian era (when nymphomania diagnoses were rampant) have inertia that carry forward even to today.

In similar ways, Signaling reveals problematic dynamics in couples where one partner bristles or actively rejects feedback or direction from the recipient of vulvar pleasure. From the episode:

The number one reason women don't tell their partner how things can be more pleasurable: they're afraid of hurting their feelings. Signaling is not criticism, it's simply a way to indicate that you want to explore more of what feels good. Instead of issuing a formal report card in the middle of sexy-time, many women swear by introducing it as a whole new thing to try. "What if tonight I try masturbating with your fingers." "How about I go down on you and try different things and you tell me what's good, what's better and what's best?" That way, partners can show each other what they enjoy and can ask each other for details during a sexy, novel kind of night, not a big sit-down conversation.

The fear of offending one's partner can cut across genders and sexual orientations but takes on heightened stakes when one considers the history and prevalence of intimate partner violence, an aspect OMGY does not address. Indeed, part of the difficulty in "shutting off your brain and just enjoying the sensations" might come from larger concerns about safety.

Even with this oversight, the Signaling episode is important for the ways it reconceptualizes intimate partner communication outside of symbolic language systems. The majority of the techniques described in this episode are ways of using one's body to communicate with another person's body:

Many women guide by adjusting the touch through body movement—if you want it higher, move your hips down. Want more pressure, move against them. Another popular approach is to actually hold your partner’s hand for a moment and do the motion you want at the speed, pressure and location you like. No words—clear as can be.

These techniques not only permit for more direct communication but they also presume women’s agency in directing and receiving pleasure. The “recipient of pleasure” position is reconfigured from passive object to active subject, a powerful reconfiguration considering the extents to which the rhetors at the FDA hearing in Chapter 1 grappled with “passive recipient” as the script for feminine sexuality.

Of Bodies and Language

Sensation speaks but its language is not words nor symbols nor signs. This is why Scarry (1987) can write that “pain destroys language” because pain’s native tongue is not words. And the nomenclature of OMGY’s classification system is a process of giving names to sensations. The larger project cannot be about simply inventing more names for things, adding more gerunds to the list of sex acts (like penetrating and climaxing) that already exist. If it is true that “the body often contains emotional truths that words can too easily gloss over” (Perel, 2006, p. xvi) then shifting the communicative mode from symbolic language to nonsymbolic might open space to let the body speak its truths. Elaine Scarry (1987) has written that pain unmakes language, but what I am suggesting here is that perhaps symbolic language falls short of pain and pleasure, fails to communicate their vastness and nuance.

What might a bodily language look like? If we examine the words English has for the various senses, distinct patterns emerge. We have rich vocabularies for things seen: color, shape,

size, number, and so on, can all be described in nuance. Words like chartreuse and rectangle and speckled. We also have great words for sounds: volume and tone and pace and tenor. Sarcasm, imperative mood, interrogative tense—we have whole conjugations and punctuations to transcribe just the sounds of our speaking voices. Smell resorts to metaphor: something smells like rotten eggs, like roses, like burnt toast. Taste, too, often relies on metaphor (this tastes like chicken) but also borrows adjectives: crunchy, moist, hot, soft. Touch, though, touch lives in actions, in doing; its native words are verbs, which is why the turn to gerunds for the nomenclature makes the most sense. But touch is also body-to-body communication that is best conveyed in the doing rather than the describing (cf. Walters, 2014).

As long as symbolic language holds the primacy for accessing reality, touch and bodily sensations will always be circumscribed. In a sense, then, OMGY's nomenclature both succeeds and fails. It succeeds in expanding the names for things done in the name of sexual pleasure and in giving people with vulvas (and those who are vulva-adjacent) a symbolic language to discuss, describe, direct—and this is an important project, as I discussed at the beginning of this section. And yet, by participating in the scientific-linguistic system that subjugated women's bodies in the first place it leaves open the possibility for its nomenclature to become reinscribed in and part of the reification of that system.

In other words, I am suggesting that modes of touch are best communicated by doing and feeling rather than by naming and dissecting it. Indeed, this very idea undergirds the practices of sex therapy today: “Desire is fueled by the unknown [...]. Faced with the irrefutable otherness of our partner, we can respond with fear or with curiosity. We can try to reduce the other to a knowable entity, or we can embrace her persistent mystery. When we resist the urge to control, when we keep ourselves open, we preserve the possibility of discovery” (Perel, 2006, p. 18). By

creating a nomenclature, by focusing on the production of knowledge of and about the clitoris and vulvar pleasure, the website resists mystery. It tries to reduce the vulva to a knowable entity. It's an understandable impulse, to be sure, and as Foucault (1980b, 1988) would say, produces its own pleasures too. In the face of the mysterious vulva, too many lovers have thrown up their hands and claimed its desires are impossible to determine and even more difficult to provide. OMGY tries to overcome that exasperated frustration and foreclosure by saying the vulva need not be mysterious. But both the frustrated lover and the patient educator expect the vulva to become known, for the mystery to dissolve away into knowledge like pre-dawn mists in the light of the morning sun. Rather than seeking vulvar knowledge, the task before us lovers of vulvas is to learn how to embrace mystery.

Analysis: Visualization

The nomenclatural system OMGY develops intends to be didactic, but as discussed in the previous section, to a certain degree words by themselves fail to describe fully the actions and techniques that OMGY purports to provide instruction in, hence the turn to strategies of visualization, which I now address. In terms of scientific visualization, OMGY employs three main genres: interactive tutorials with virtual photorealistic vulvas, line graphs, and diagrams. As mentioned above, these visualizations carry a scientific ethos by serving a didactic purpose that explains and demonstrates ontological truth-claims.

Much like other didactic and activist efforts discussed in previous chapters of this dissertation, visualizing the vulva presents particular challenges for the creators of OMGY. In some ways, they echo Sophia Wallace's concern that images of vulvas have been so fully consumed by the logic of the male gaze that they cannot be separated from prurient or

pornographic images. And yet, as Daniller and Perkins argue, line drawings that suggest bodies and genitals without providing details are of little use as well because they lack key visual information (such as the tendency of such diagrams to erase the clitoris) and thereby implicitly communicate that the vulva is something shameful that must remain secret, hidden away. As Foucault reminds us, such erasures have self-fulfilling efficacy in that things treated as nonexistent, illicit, and inexpressible become mutually constitutive: “one must not talk about what is forbidden until it is annulled in reality; what is nonexistent has no right to show itself, even in the order of speech where its inexistence is declared; and that which one must keep silent about is banished from reality as the thing that is tabooed above all else” (Foucault, 1980b, p. 84). It is from this position -- an acknowledgment of the ways words so often fail to express *and* the ways pornographic images fail to instruct *and* the ways clinical images fail to center pleasure — that Daniller and Perkins invented the most notable feature of OMGY: its interactive tutorials.

Enrolling Touch in Didactic Visualizations

The interactive tutorials are accompanied by demonstration videos in which the featured person explains the technique they enjoy, why they enjoy it, and how to do it. The people in these videos, as across the entire site, vary in age, race, gender presentation, and sexual orientation. The videos are captioned with the person’s name and the technique they demonstrate: “Alba Demonstrates Her Style of Consistency” or “Sidney shows you her style of Continuous Edging.” The first time a viewer clicks on one of these demonstration videos, a warning message pops up over the whole video: “Heads up! This is a demonstration video, so it has explicit content. All of these videos are marked with this symbol in lower right:” and an icon of womanly hips and thighs is displayed below it. The demonstration videos are neither

pornographic nor clinical but descriptive and educational. The women they interview describe the techniques they like in a voice-over; tasteful soft music plays in the background. The shots change from the women in their homes to walking down the street to close-ups of genitalia to lying on their beds then back to walking or laughing.

After watching the demonstration video, the viewer is then encouraged to try it themselves in the interactive touchscreen tutorial. Upon clicking the “BEGIN” button, another warning fills the screen: “Heads up: An interactive version of Amber’s vulva is about to fill your screen. (Really.) Why? You get to try the technique and hear different ways women guide partners.” The viewer is then given two button options: “I’M READY” and “NOT NOW.”

The tutorials were made by photographing each of the tutors lying on their backs with the camera pointed at their vulvas with their torsos at the top of the frame, out of focus. Their heads and necks are not in the frame. Some tutors kept shirts or bras on, some did not. Rather than using a program like Photoshop to motion blur a still image to mimic movement, the vulvas were photographed in hundreds of incremental positions such that, for example, if a viewer’s finger drags across a labium to the right, the screen shows the labium being pulled and stretched in that direction. As techniques are performed correctly, the skin color changes, flushing. The chest can be seen rising and falling as breaths come faster, and the person’s voice provides directions and feedback.

The interactive part is best done with a finger on a touchscreen; other tools (such as a track-pad, stylus, or mouse) proved very difficult to use. When you do the technique wrong, the screen fads to the OMGYes logo and the woman’s voice says, with disappointment, “let’s take a break for now” or “let’s try again later.” When you do the technique correctly, same fade to the logo but now the voice says enthusiastically “Now that’s what I call staging!” (or orbiting or

whatever technique is being practiced).

In ANT terms, the interactive tutorials enroll multiple senses—sight, sound, and touch—into the assemblage. Much like Jack’s (2009) pedagogy of sight, the tutorials create a pedagogy of touch. This is an important move for a feminist politics of pleasure. As explained in the previous chapter on the 3D clitoris, a haptic rhetoric grounded in tactile and kinesthetic touch provides the richest experience of the clitoris in which multiple senses help to triangulate its location and its desires (how and where to touch, for example).

One of the key features of the tutorial is that it includes both spoken and written (via subtitles and on-screen graphics) feedback, assembling together sight, sound, touch, and language as possible routes through which an understanding of vulvar pleasure might circulate. This sensual and verbal assemblage is important. As Stormer writes: “Bodies and language are mutually emergent in performance. [...] The convergence of perceptability and intelligibility is the point of intersection that brings bodies and language together” (Stormer, 2004, p. 267). In encouraging rhetoricians to “think prosthetically” Stormer encourages attention to bodily modifications, extensions, replacements. “To think through the prosthesis as a concept is to see rhetoric at work within networks articulated in performance. It is to see rhetoric in which the ‘human’ may be absent or only one element among many” (Stormer, 2004, p. 275). In much the same way, OMGY forms a prosthesis for embodied performance and exploration of pleasure. Your finger contacts the computer’s touchscreen and glides over the virtual vulva as it responds.

The tutorials attempt to recreate the experience of touching and exploring an *in vivo* clitoris (much like the 3D clitoris model), and yet like the plastic model they fall short of this goal because they can enroll only tactile touch into the assemblage. Kinesthetic touch—how the clitoris, vagina, and vulva all feel in concert with each other and within a particular body—

remains elusive.

Graphs and the Inertia of Form

Graphs are another way OMGY visualizes sex. As rhetorical objects, graphs have their own conventions of representation, derived from geometry: the point, the line, the two-dimensional grid consisting of vertical and horizontal dimensions that delimit a space within which data are plotted and rendered. Because of these conventions and their association with geometry, “graphing a phenomenon identifies the thing or relationship with the analytic resources of mathematics” (M. Lynch, 1990, p. 170). I argue, further, that mathematics are powerful allies in establishing ontological reality; if something can be counted and measured, the case for its existence is more easily made. This explains, in part, why OMGY uses the same basic line graph in several places on the website.

The first graph a user encounters on OMGY is for the technique of Staging (see Figure 1).

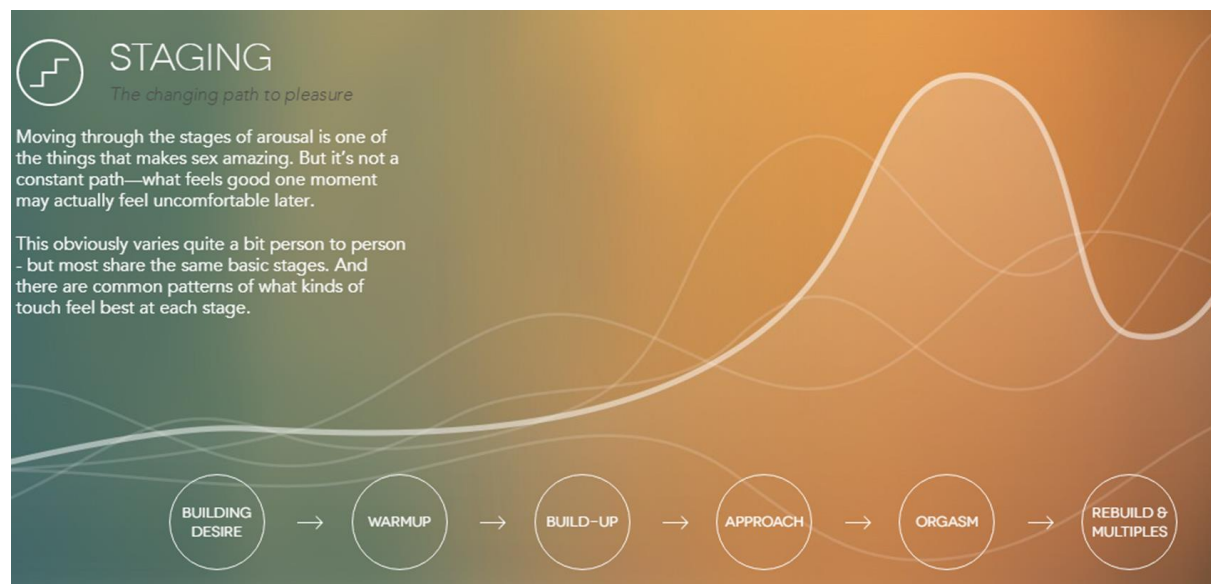


Figure 1. The shape of sex, graphed.

Staging, as a technique, is meant to explain the various phases from desire to orgasm. The caption that accompanies this graph asserts that movement through each phase “varies quite a bit person to person—but most share the same basic stages” and “it’s not a constant path.” Even so, the linear representation of discrete stages moving from “building desire” to “warmup” to “build-up” to “approach” and “orgasm” belies a straight, simple path. The other graphs used throughout the site follow these same stages, as Figure 2 (from the episode on Edging) does.

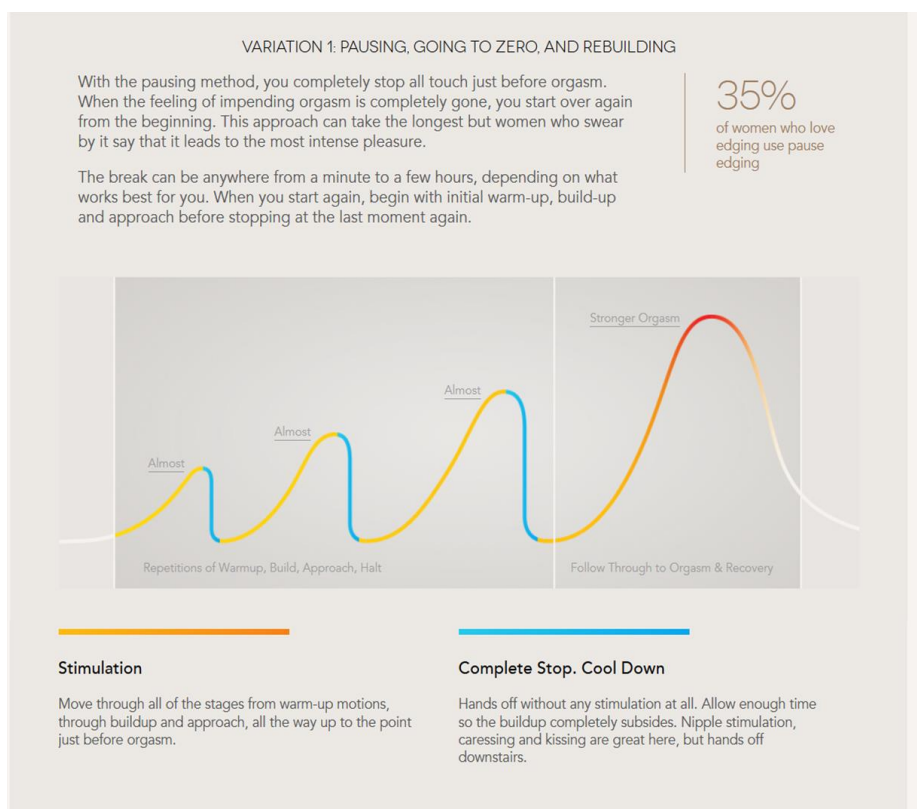


Figure 2. Repetition of graphic form.

The small white vertical line demarcates the transition from the first half of the stages

(Warmup, Build, and Approach) to the second half (Orgasm and Recovery/Rebuild). Similarly

Figure 3, captured from the episode on Layering, utilizes the same stages.

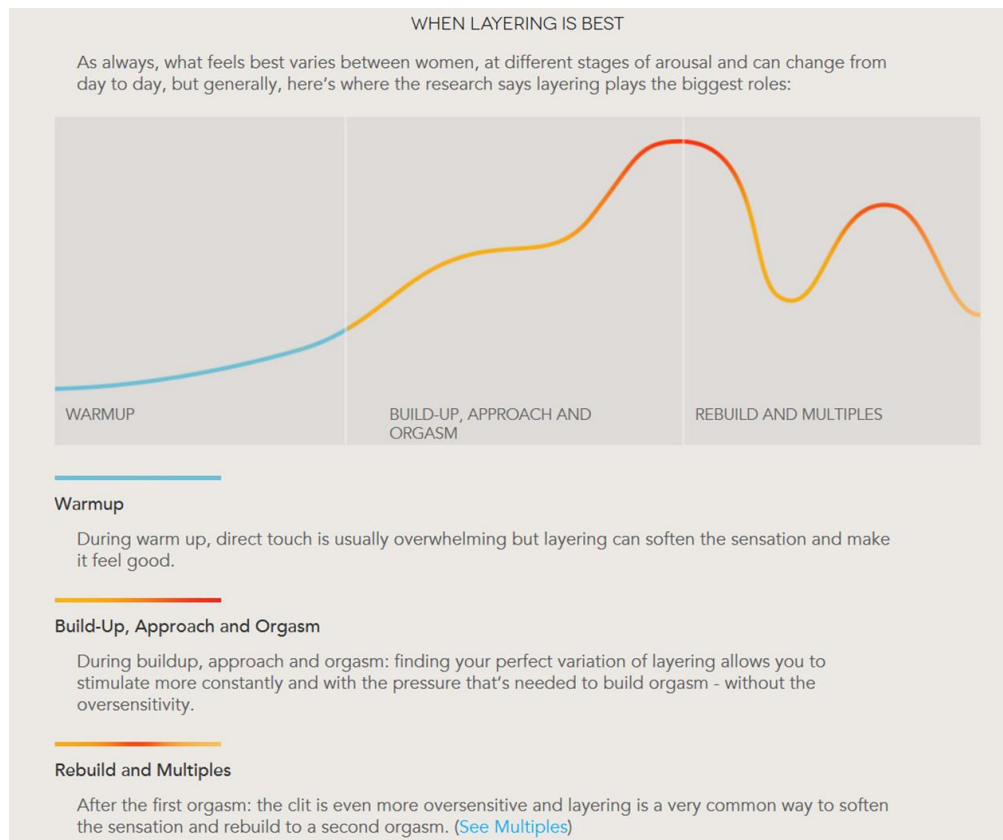


Figure 3. Repetition of stages.

The privileging of graphic representations can have limiting effects, too, however. The form lends itself most readily to phenomena that are quantifiable and measurable. That which cannot be measured, quantified, and graphed might be excised entirely from other assemblages as too obdurate to represent. If not completely ignored, an obdurate phenomenon might be broken apart into constituent parts that are easier to graphically represent, “so that their visible characteristics become congruent with graphic lines, spaces, and dimensions” (Lynch, 1990, p. 179). In either case, diversity and nuance are lost.

This is the case with the OMGY graphs, which draw on the graph format even though they have no data points to plot; although there are lines with peaks and valleys, visually indicating the genre of the line graph, these lines do not correspond to any data. Rather, they visually depict the sensation of increasing pleasure leading to a climax. In other words, these graphs draw their rhetorical force from what Lakoff and Johnson call “orientational metaphors” that connect *up* with *happiness* and *goodness*: “I’m feeling up. That boosted my spirits. My spirits rose. You’re in high spirits. Thinking about her always gives me a lift” (Lakoff & Johnson, 2003, p. 15). Although the graphs do not have labeled X- or Y-axes nor any data, nor do they reflect a change in data over time (as most scientific graphs do) they do draw rhetorical force from their similitude to scientific charts of data. Furthermore, their rhetorical force is bolstered via their resemblance to another, similar graph and stages: that of Masters and Johnson’s famous sexual response cycle (Figure 4).

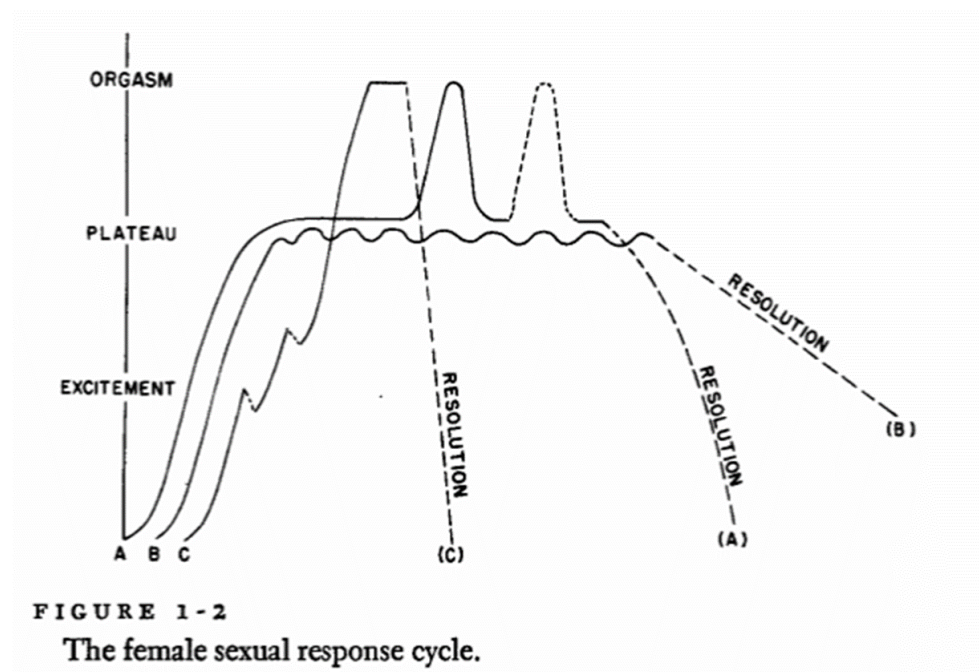


Figure 4. Masters and Johnson’s sexual response cycle.

Recalling from chapter 1, Masters and Johnson's sexual response cycle also visually depicts a sexual event from excitement (the phase of physiological arousal and desire) to plateau (a physiologically stable phase) to orgasm and resolution (a return to the body's resting state). Masters and Johnson's model and OMGY's graphs share a visual depiction of sexual arousal and pleasure as entities that build and grow. OMGY has parsed out more phases (adding "warmup" and "build-up" and renaming plateau to "approach") but the basic shape remains the same. On the one hand, this means OMGY's graphs retain the same limitations as the EPOR model: In trying to represent all sexual encounters with a line graph, the circularity and variability of sexual pleasure is lost. However, the OMGY graphs, in calling back to the EPOR model, are able to harness a rhetorical inertia. An assemblage is able to "hold together" and be "more real" not just through the allies it enrolls, but through the inertia of past rhetorical force carried forward. In other words, the OMGY graphs are recognizable not only as "scientific" images but also as conveying reliable information about sexual pleasure and orgasm because they function as a visual citationality.

"Rhetorics are genealogical; they descend and emerge from myriad past arrangements, which means that collective memory places limitations on the invention of new forms of rhetoric" (Stormer, 2004, p. 275). Stormer's observation echoes Bowker and Star's point about the inertia of systems of categorization: past arrangements persist, through collective memory or the inheritance of established systems or perhaps through some other means yet unnamed, and limit the invention of new forms of rhetoric, or in this case, new forms of sexual practice. We can't ever escape Freud's division of women's orgasms into clitoral and vaginal. By virtue of their visual allusion to Masters and Johnson's work, they can harness the rhetorical force established by the previous images, force that carries forward into this context with momentum—rhetorical

inertia.

Diagrams and Scientific Instruction

The final kind of visualization OMGY employs is the diagram. These minimalist line drawings accomplish a scientific ethos by closely cropping the image to omit any parts of the phenomenon that might detract from the instructional information to which the viewer ought to attend. If the diagram is cropped too large, the fine detail of important features might be lost; cropped too close and the viewer might lose all sense of location, orientation, and perspective (Friz & Fernholz, 2020 discuss this point in further detail).

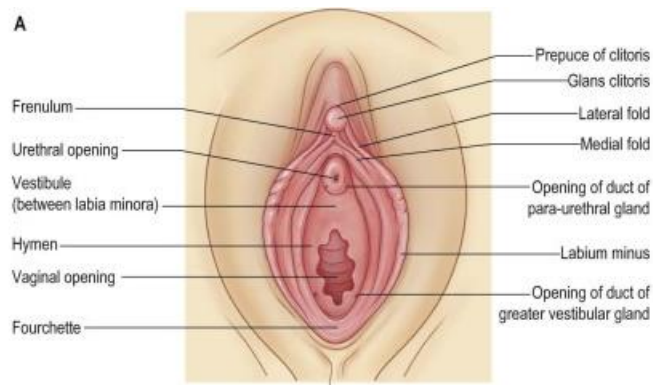


Figure 5-A. Clitoris and labia from *Gray's Anatomy*, 41 edition (2016).



Figure 5-B. Clitoris and labia minor from the episode *Accenting*.

As examples, the diagrams in Figure 5 A & B both adhere to these conventions. Figure 5-A is from the most recent edition of *Gray's Anatomy*, while 5-B is from the OMGY website. Figure 5-A is typical of medical anatomy textbook diagrams in that it shows the vulva with labia spread so as to label the various anatomical features. The labia are shown as smooth, with the labia minora smaller than and contained within the labia majora. The diagram includes only the bare details needed to convey the shape and location of the anatomical features. Contrast that visual approach to the one used by OMGY (Figure 5-B). The labia are not spread but lie in their natural position. The clitoral hood, too, is not symmetrical, as is the case with many clitorises. The lines at the bottom of the image and on both labia minora suggest texture in the skin, evoking the sense of touch as well as sight as allies in this assemblage. Both diagrams are didactic; figure 5-A invites inspection while the OMGY diagram invites a larger sensory experience.

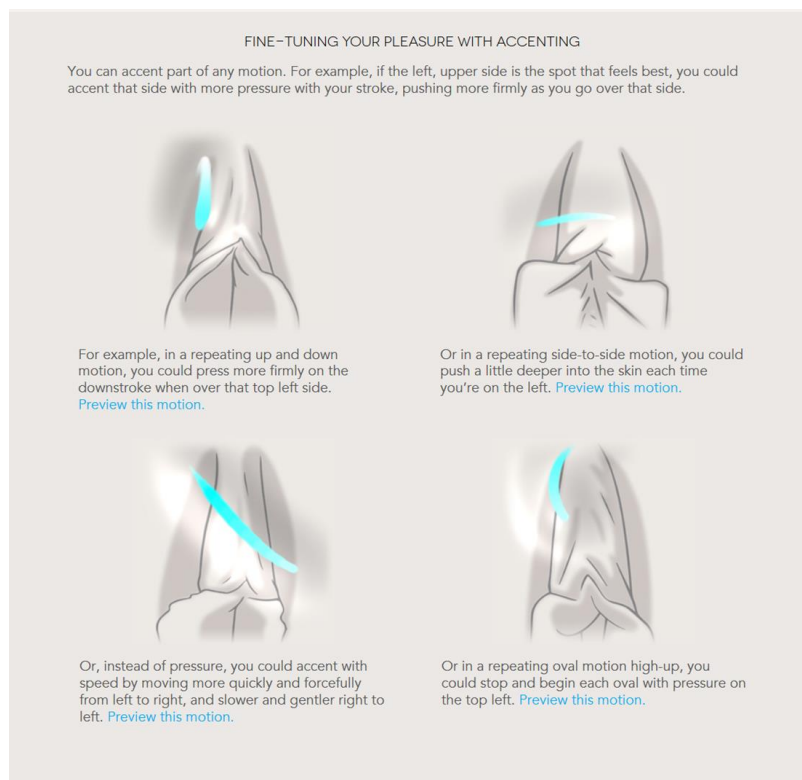


Figure 6. Clitoris and labia minor, four variations.

The difference between those two diagrams illustrates a key tension in all scientific diagrams: “The tension between the specific and the generic, between the individual (with all its accidental features) and the typical (where variations have all disappeared in favor of insight into underlying structures) represents one of the enduring and characteristic problems” of scientific visualization (Hall, 1996, p. 6). In other words, the “specific, individualistic, and idiosyncratic is suppressed in favour of the generic and the typical” (Hall, 1996, p. 6). This tendency has a practical purpose grounded in diagrams’ didacticism: By favoring a minimalist design with few colors, shading, or details, scientific diagrams restrict “the number of possible interpretations of an image” (Bastide, 1990, p. 219). However, this same feature is double-edged: it also “reveals the interpretation of the author” (Bastide, 1990, p. 219). The favoring of the typical over the

specific when depicting vulvas (which naturally vary a great deal) has had negative ramifications for women's perceptions of their genitalia as "abnormal." As Friz and Fernholz (2020) have demonstrated, this tendency to present a singular vulva as the "universal" and "typical" vulva is especially damaging to women of color and transwomen, since white cisgendered vulvas are often presented as the "norm."

These tendencies of scientific diagrams to favor the "typical" vulva are directly countered in the diagrams used throughout *OMGY*. For example, Figure 6, taken from the episode on *Accenting*, shows not one, singular clitoris but four, one for each of the four *Accenting* techniques described. A standard medical textbook might diagram one clitoris and then repeat the same image four times for each of the techniques. By using four different clitorises, *OMGY* reminds its audience that just as what feels pleasurable will vary from person to person, there is also natural variation in what "normal" genitalia looks like.

Visual rhetoric scholars (e.g., DeLuca, 1999) have argued that images persuade enthymematically; they require the viewer to "fill in" the missing premises of the image, such as by connecting it to a broader context or to verbal statements on or around the image. This discussion of scientific diagrams of vulvas shows how some of the premises that often are suppressed or missing have to do with the individual variability of the organ itself. This is, of course, a problem in all scientific diagrams, but as the immutable mobile objects that circulate and represent the category of "normal vulva" there are implications of such suppressions for the maintenance of particular power relations in sexual practices. This means that scientific visualizations are didactic beyond conveying basic anatomical information and beyond merely representing data that have been collected and plotted: they also instruct someone who is learning about this anatomy for the first time which parts are "essential" and which "ancillary,"

which are “typical” and which are “atypical variations.”

Conclusion

Throughout this chapter, I have argued that OMGY effects a scientific ethos through deployment of categorization, nomenclature, and visualization to imbue a sense of authority, propriety, and reality to its taboo topics. These are rhetorical strategies designed not only to ward against accusations of prurience but also to make an implicit ontological claim that women’s sexual pleasure is real and able to be fixed as a knowable entity. The power of this website lies in the ways it counters claims that women do not like sex or are not sexual creatures. The website screams: here are all the ways women are, in fact, very sexual and enjoy sex very much! To say, we have collected and catalogued stories from thousands of women and herein distilled and visually represented our findings; here are all the kinds of clitoral touch and vaginal penetration and each of these major categories of touch have genres and species of their own; and here are these new words for techniques that previously had no name—these are powerful ontological claims.

In many ways, by centering women’s pleasure, OMGY is working against taboos that continue to harm women, and yet this project is not without its limitations. Many of the very techniques the site uses open space for short term gains at the expense of reifying the very systems which silenced, suppressed, and erased women’s sexual pleasure in the first place. Perhaps they do counter gender stereotypes but fall short of more radical change resorting to palatable terms, didactic visuals, and the problematic inner/external dichotomy. If OMGY succeeds, it is in spite of itself, by its form (showing the vulva without shame or licentiousness and treating vulvar pleasure as common and normal) rather than by its content (its categorization

and nomenclature, its interactive tutorials). This critique is not to say that this one website should have striven to undo millenia of patriarchy and centuries of colonialist and masculinist epistemologies but rather that as feminist activists we cannot ever be satiated by only working within our systems of oppression. We must always search for the openings to undo those systems.

Scientific discourses function to name, order, control, and ultimately fix the phenomena they study, and women's sexual pleasure is no different. Historically, women have been presumed to be too sexual, too bodily, too ravenous. Their curiosity and appetites both needed to be curtailed, tamed by civilization. Scrolling through page after page of episode after episode begins to feel less like liberation and more like homework. The mysterious vulva has become domesticated. The antidote is not more dissection and analysis, but an opening of space for exploration and invention. Curiosity, creativity, and play are crucial to pleasure.

There is a wildness to bodily signs and signals, to the ways bodies communicate with and to other bodies. It is communication without language, signifieds without signifiers. Indeed, the body is like language, but not exactly language, if it is to be understood as active. Although the exact nature of the distinction between the body and language is left problematic, that some founding distinction must exist is naturalized. There is a synecdochic fallacy here: mistaking language as the whole of action so that the order of things must be a function of linguistic action or at least linguistic-like action. (Stormer, 2004, p. 274)

If Elaine Scarry is correct that “pain destroys language,” it is equally correct to say “language fails pleasure.” I argue this not to claim that there is no pleasure *in language*—as a rhetorician my love of words has been a central and sustaining pleasure throughout my life—but rather that

pleasure exceeds language just as pain does, if without the urgency that pain demands.

This chapter is about communication in the broadest sense of the term, about the unique forms of communication enabled by our bodies, most especially by our sense of touch. Too often, we think of ‘communication’ from within a paradigm that seeks a perfect melding of the minds rather than acknowledging the chasms of incommunicability that sever that paradigm. “Too often, ‘communication’ [eg, the dream of communicating perfectly] misleads us from the task of building worlds together” (Peters, 2000, p. 30). If we turn our attention to the chasm, the goal of communication becomes not perfecting our word to better transmit our thoughts but building worlds and experiences together. Our minds might never touch each other in the ways we wish they would, but our hands can so easily grasp each other and hold on in ways words sometimes cannot. It is a blessing to be embodied, not a curse; embodiment is our best means for ever reaching one another.

CONCLUSION CHAPTER: PLEASURE AS REMAINDER

Throughout this dissertation I have made a two-fold argument tracing the constitution of assemblages of sexual health and the rhetorical forces that enable them to hold together or permit them to dissolve apart. This argument begins with the testimony at the FDA to approve flibanserin. In this case study, the assemblage is one of sexual un-health, constituted via discourses of medicalization that figure low or absent desire as medically unhealthy and treatable only through medication. In this assemblage, physical pleasure is excluded in the circulation of exchanges, backgrounded in favor of the social capital (or might we say “social pleasure”) of abiding by traditional gender roles and sexual scripts in order to be perceived as “normal.” In this case study, rhetorical force not only helps to hold this assemblage together, but it helps that assemblage to do work in the world (to get flibanserin approved) through its circulation and movement among spheres. The testimony of the scientists and lay women demonstrates a clear discursive exchange whereby the claims from one group are echoed, amplified, and incorporated into the testimony of the other. For example, I showed how the scientists’ neurorhetoric and display of brain scans was extemporaneously addressed by the rhetors in the afternoon as they argued no treatment but flibanserin could rectify their state of un-health.

In the 3D clitoris case study, the assemblage of sexual health enrolls physical sensation as a key ally. The rhetorical force of the 3D clitoris lies in its alignment of multiple allies, especially touch, vision, MRI scans, anatomical dissection, medical science, feminist activism, and iconicity. Sexual health is thus constituted by anatomical norming, as the model assumes the place of not just any clitoris, but The Clitoris, the universal norm against which others are measured. The rhetorical force in this case study operates via circulation, yes, but also is enabled by the particular density of the different assemblages. The greater the density, the more

connections are available for greater circulation and movement, while lesser density prohibits movement.

Finally, in the OMGY website case study, the presence or absence of health is determined by the centrality of pleasure within the assemblage. In this way, pleasure is a teacher, guiding individuals to enroll or abandon particular actants (techniques of touch) into their sexual health assemblages. Daniller and Perkins are not unlike Latour's fact-builders, in that they must establish certain techniques as real and pleasurable in the face of society-wide and historically entrenched assumptions about the supremacy and necessity of vaginal penetration. To convince their website user audience that other techniques do exist and are pleasurable, Daniller and Perkins enroll the discourses of science and the cultural cache it carries. This strategy is simultaneously successful and limited in its success. It is successful in that it expands the repertoire of possible techniques of pleasure and in doing so makes possible other ways of being in the world, ways of centering vulvar pleasure. However, it is also limited in that its successes do not challenge the systems of cisheterosexism and patriarchy that encouraged the repression of women's sexual pleasure in the first place, but rather work within those systems. The inertia of those systems—their resistance to change and ability to persist over time—is a fact with which future activism must carefully contend.

Throughout the preceding paragraphs, I described three key qualities of rhetorical force—movement, density, and inertia—that animate each of my case studies. These are important qualities to address for the broader theorizing of rhetorical force my dissertation offers, and therefore they merit additional explication here. In physics, force, density, movement, and inertia are all related to each other. Density is mass over volume (which we might also think of as bounded space). Highly dense objects have a great deal of mass in a smaller space, while less

dense objects might have less mass in that same volume or might have the same mass dispersed over a greater space. Inertia is a function of mass; the more massive an object, the more it resists changes to its location in space, its movement. Whatever movement and velocity it has is retained unless it is acted upon by a greater force. Force is measured by multiplying mass by acceleration, which itself is change in directional speed over change in time. Movement, density, and inertia affect each other and describe the nature of a force—its direction over time through space, its mass, and its resistance to or acceptance of change.

These are not only key qualities of physical forces, but rhetorical force as well.

Throughout the case studies in this dissertation, I have shown how movement, density, and inertia enable the construction of some arguments and assemblages while constraining others. In the first chapter, discursive movement among the technical, personal, and public spheres enabled the arguments in favor of approving flibanserin to be more persuasive than those opposed. In the second chapter, the density of connections enabled or constrained arguments about the reality and importance of the clitoris. The denser the assemblage—the more actants that are enrolled—the more real and valuable the organ becomes. For example, the haptic clitoris enrolls a logic of touch along with sight, anatomical dissection, scientific diagrams, encouragement to taste oneself, and second wave feminist political organizing (among other allies) to make itself more present, more real. In the density of its connections, it is less at risk of being passed over in broader circulations because it is centrally located in and connected to many assemblages. The textbook clitoris, meanwhile, is much less dense, and its erasure is as simple as excising it from a few pages in a book, as has been done countless times over centuries but most recently in the 1940s in the U.S. With fewer connections and less circulation, the textbook clitoris is always in danger of falling away from most assemblages entirely. In the last chapter, I showed how

rhetorical force operates with inertia, or resistance to change. As discourses move through time and space, some are obdurate and maintain inertia, such as Freud's vaginal-clitoral dichotomy or Masters and Johnson's linear model. These discourses can become inventional resources, as Daniller and Perkins harnessed them to open space for centering women's sexual pleasure within an assemblage of sexual health. However, because those very same discourses originate from and reify the cisheterosexist assumptions about women's position with regard to sex and sexuality, the rhetorical force of OMGY and its science of pleasure can only bend heteropatriarchy slightly off-course rather than halt its momentum entirely.

As rhetoricians have begun to theorize circulation, movement, and speed (see Bradshaw, 2018; Chaput, 2010; Edbauer Rice, 2005; Gries, 2015; Stuckey, 2012) we should not shy away from metaphors from physics but embrace them. They provide an intellectual scaffolding for conceptualizing rhetoric as a force and detailing its effects in more nuance than simply achieving (or failing to achieve) persuasive goals. They allow us to address rhetoric within an ecology and to attend to changes over time and through space. Most importantly, they offer means for expanding the "texts" rhetoricians study by providing methodological considerations for addressing materiality in new ways. Throughout this dissertation, I have argued that an attention to materiality cannot overshadow attention to power, privilege, and human oppression and suffering. I argue here that a full and nuanced adoption of ANT cannot ignore the density of networks and how that density enables power via circulation and momentum. In addressing not just what is part of an assemblage, but who is centrally located and who is distanced and who is excised, we can avoid the political pitfalls of new materialisms while exploring the new theoretical ground they offer.

In Defense of Pleasure

I began this dissertation with a question: What would it take to see women's sexual health beyond the boundaries of reproduction? As I conclude this dissertation, I want to pull on some of the threads that have been interwoven throughout this project to give them more prominence. Throughout my case studies, I have interspersed discussions of the intersection of capitalism and women's sexuality; here, I knit them together. From the deep concerns about women having low or absent sexual desire (Chapter 1) to constructions of Black women as hypersexual and white women as needing sexual liberation (Chapter 2) to the quagmire of valorizing non-reproductive sexual practices just for the pleasure of them (Chapter 3), women's sexual pleasure and desire are not just political issues but dangerous things. To put a slight spin on the question animating the introduction, I now ask: "Why is women's sexual health so frequently restricted to reproduction?"

In part, it is because the dominant discourses about women's sexual desires figure sex as a means to an end rather than an end in itself. From early sexology studies like Dickinson and Beam's (1931) *A thousand marriages: A medical study of sex adjustment* to the Hite Report (1976/1994) and its predecessor *Sexual honesty, by women, for women* (Hite, 1974) to more recent books such as *Why women have sex: Understanding sexual motivations, from adventure to revenge (and everything in between)* (Meston & Buss, 2009) why women have sex has been the key problematic for those who study women's sexuality. It is presumed that sex is an end unto itself for men; it is pleasurable and socially and reproductively encouraged for heterosexual men and understood as a barely controllable urge. But, these sexology studies ask, why would women want to have sex? To what ends is sex a means?

Often, these studies frame themselves as emancipatory in that they offer motivations

beside reproduction and relational maintenance, the dominant narratives of women's sexuality. Although it is true that women's sexuality has been subject to intense scrutiny and regulation by both Church and state since Christianity's earliest years (Federici, 2014) and certainly since the earliest colonial settlers arrived in America (D'Emilio & Freedman, 2004), merely expanding the list of motivations women have for sex leaves uncontested the presumption that sex for women must be a means to some ends other than sex itself.

This presumption both arises out of and reinforces narratives about women's "asexuality," that women do not experience a desire for sex but a desire for children and/or relationships. These narratives are vital to maintaining capitalism in order to keep at least part of the population expending unpaid labor as social glue: caregivers, child bearers and raisers, homemakers. In brief, the narrative declares that men desire sex while women desire children (and stable environments in which said children can grow). Men shall be productive while women shall be reproductive.

Federici (2014) sees this division of labor as crucial to men's domination of women in the West and in Western colonies. Freud posits the division of labor and the channeling of sexuality it entails as the foundation for civilization. In *Eros and Civilization* Herbert Marcuse (1974), however, offers an interesting critique of Freud that is relevant to our concerns here. Freudian psychoanalysis posits two impulses or principles at odds with each other: the reality principle and the pleasure principle. Crudely, the former permits the triumph of reason over passion, delaying gratification for long-term gain, while the latter seeks only immediate gratification of the basest impulses. Marcuse argues that if the reality principle requires social domination and repression to tame the pleasure principle, then the instincts it represents can never be fully repressed nor are they unchangeable: "The vicissitudes of the instincts are the

vicissitudes of the mental apparatus in civilization. The animal drive become human instincts under the influence of the external reality” (Marcuse, 1974, pp. 11–12). Entire institutions like religion, the family, and the state as well as economic systems like capitalism guard against the pleasure principle, encouraging sex to be reproductive and not recreational. But the very fact that the reality principle must be defended in the face of the pleasure principle means that no matter how often pleasure is repressed, subsumed, defeated—it always remains. Pleasure persists.

Marcuse’s argument about pleasure and civilization directs us to reconsider how we relate to eros, an especially important project for rhetoricians, since as a field we so often narrow our focus from an expansive view of rhetoric as force and instead attend to persuasion as accomplished via good reasons, via logos. However, this dissertation has also shown that eros is as rhetorical as logos, pathos, and ethos. An attention to assemblages redirects our understanding of rhetoric from persuasion alone to the enrollment of allies and the alignment of desires. When the women with HSDD testify at the FDA, they hope flibanserin will bring into alignment their desire to perform their gender hegemonically with their desire for sexual pleasure. The rhetorical force of their testimony lies less in the soundness and validity of their arguments and more in the ways they enroll gender norms, medicalization discourses and science into the assemblage of (un)health they construct. When activists draw attention to the sensuous body—whether through books that show vulvar variation, instructions to touch and taste oneself, or the circulation of plastic models—they, too, enroll the body’s senses into an assemblage of health dependent upon sensation and anatomical norms. When a website catalogs and names various techniques of pleasure, they enroll the very tools of science to align not just knowledge and power, but knowledge and pleasure as well. Eros is as central an appeal as logos, pathos, and ethos.

My argument here is not to elevate eros above the other traditional rhetorical proofs but,

much like Marcuse, to restore it as their equal. It is perhaps not too difficult to see eros operating in and through pathos (desire, of course, is also a feeling) and even ethos (the desire cultivated from childhood onward to please authority figures) but logos presents a particular challenge to eros. From Descartes onward, philosophy and Enlightenment thinking have figured the Human as abstract consciousness, pure reason always in danger of corruption by the passions, by authority, by desire. Fortunately, Marcuse offers a fusion of logos and eros, the “rationality of gratification,” in which cooperatively fulfilling one’s needs is both logical and desirable (Marcuse, 1974, p. 224). That cooperative element of need fulfillment can be understood, at least from the case studies I have discussed in this dissertation, as a process of enrolling human and non-human allies, cooperatively aligning interests such that the assemblage of allies holds together and persists.

Resisting and Persisting: Pleasure as Remainder

As the title of this chapter indicates, I am once again relying upon a metaphor, this one derived from mathematics, specifically from long division. If the divisor does not divide evenly into a particular dividend, the quotient can be expressed either with a decimal point or as the quotient with a remainder, the excess that does not fully or evenly divide. Across all of the assemblages of sexual health I have discussed throughout this dissertation, pleasure is a remainder. Even when it is excised completely from an assemblage of sexual health, it still remains. It is indivisible and excess.

Take, for example, the connection between orgasm and ovulation, a connection early physicians posited must exist (Laqueur, 2003). The thinking (prior to the seventeenth century) was that just as men experienced orgasm with ejaculation, women must experience orgasm as

they contributed their part to procreation (Laqueur, 2003; Lloyd, 2005). Besides being biologically incorrect, such theories of sexual pleasure implied that a woman could not become pregnant from being raped, because she must have enjoyed the encounter (orgasmed) in order to become pregnant.

Curiously, in some mammals, there *is* a connection between orgasm and ovulation, such as for rabbits, ferrets, and minks. At some point in the far distant past, our proto-human ancestors might have had such a connection as well. One can imagine how different the politics of sex would be, were that still the case for humans today. However, I think it is equally powerful that, despite millennia of evolution separating orgasm from ovulation, that orgasms remain. Stripped of their procreative telos, orgasms promise a radical—dangerous, even—relationship to bodies: that we were made for pleasure. In spite of millennia of evolution, pleasure persists.

Pleasure also resists. You cannot achieve pleasure by fiat. A lover cannot command their partner to orgasm nor demand that pleasure be felt. Eros is among the most unruly and obstinate actants; its can be enrolled in an assemblage, but only if its interests are in alignment with the rest of the assemblage. Otherwise, it tears itself away. This obstinacy of eros is well-known by sex therapists today, who guide their patients to re-establish lost connections to pleasure and forge new ones. As one renowned sex therapist, Esther Perel, explains: “To sustain an elan toward the other, there must be a synapse to cross. Eroticism requires separateness. In other words, eroticism thrives in the space between the self and the other. In order to commune with the one we love, we must be able to tolerate this void and its pall of uncertainties” (Perel, 2006, p. xv). Eros defies attempts to control it, but it can be coaxed. If instead of approaching sex through pre-defined scripts, gender roles, goals, and repetition, one embraces the unpredictability of eros, myriad possibilities unfurl like a flower in bloom. By “embracing unpredictability” I

mean approaching eros with curiosity, asking it: “Where will you lead me, if I follow you?”

Curiosity is one technique for enrolling pleasure. Another is play. Playfulness operates with a spirit of curiosity as well as experimentation and discovery. We can imagine here young children at play. Their games might involve mimicry of things they have heard adults say and things they have seen adults do: playing house, for example. But their games also involve a degree of experimentation: What if we played house but as a family of chipmunks? Or what if our house was on the moon? Play, curiosity, and their tool, imagination, do far more to open space for liberatory sexual practices than any institution ever has. This claim is not to say that institutions have been unsuccessful in their attempts to regulate and repress sexuality, especially that of women, lesbians, gays, trans folks, Black people, and indigenous and colonized peoples, to name a few.

One of the critiques I have made throughout this dissertation has been the default assumption of procreation as the “goal” for sex. By making this critique and now valorizing pleasure, I do not mean to imply one goal ought to be replaced with the other, that procreation should be substituted with recreation. Quite the contrary, I am as suspicious of pleasure as a telos as I am of reproduction as the goal for sex. Researchers have found that in heterosexual relationships, men tend to view their partner’s orgasm as a “masculinity achievement,” meaning the absence of an orgasm is interpreted as “either a ‘failure’ of men’s skill or of women’s bodies” (Chadwick & van Anders, 2017, p. 1150). Rather than being emancipatory, an obsessive focus on whether women are orgasming “decreases women’s perceptions of sexual fulfillment by suggesting that women are missing out on ‘good’ sex when they do not have an orgasm” (Chadwick & Anders, 2017, p. 1150). Furthermore, if “providing” their partners with orgasms makes men feel more masculine, they might also be less likely to believe their partners when

they explain they only orgasm through self-stimulation, or only with particular toys, or even that they prefer not to have an orgasm. Rather, such statements become more likely to be viewed as challenges to be overcome.

Such a situation is further complicated by the fact that the more a person feels pressured to have an orgasm, the harder it is to have one. Physiologically, orgasms are involuntary events for the vast majority of humans. Rather than champion the orgasm as the “goal” for sex, I believe—if sex is to have a telos—that it should be satiety, a feeling of satisfaction, as defined and negotiated by the individuals involved in a sexual encounter. Perhaps an orgasm might be the criterion for satiety one day, perhaps giving pleasure to one’s partner is the criterion the next. At some points in a person’s life, conception and pregnancy might be what satisfy, or emotional closeness or human connection might be. An attention to the flux and dynamism of assemblages encourages us to remember that satiety will be different not just from person to person but from moment to moment within a person’s life.

A World without Pleasure

There are plenty of studies and scientific evidence I could turn to in supporting this thesis that pleasure is our birthright. For example, there are the studies on the cruelty of solitary confinement and its toll on mental health and wellbeing. Or I could point to studies that have found hugging releases bursts of dopamine (the “pleasure” neurotransmitter) and oxytocin (the “social bonding” neurotransmitter) that are themselves linked to lower blood pressure (Light et al., 2005; see also Gallace & Spence, 2010 for a review of such studies). But pleasure as humanity’s birthright is something each of us already knows deeply, intimately, and bodily; it is the wisdom of our very organs, our blood and our bones. We do not need scientific authority to

underwrite that which our bodies already know.

An example: I write these words while self-isolating during the 2020 coronavirus pandemic. The springtime air of Madison, Wisconsin, still carries a chill, and gray clouds blot out the sun. The pleasures of human connection—the company of friends, a lover’s touch, a colleague’s laugh, a mentor’s encouraging smile—these all somehow flatten in virtual worlds. There is an energy from being in someone’s presence, and no amount of video conferencing and touchscreen interaction can replicate it. All of us, living in some degree of quarantine in 2020, know firsthand the effects of isolation and the denial of bodily pleasures, even the simple pleasures of freely moving about our towns or of running into colleagues in the halls of our once-open buildings.

Our technology mimics connection, but as John Durham Peters writes in differentiating between “communication” (the process) and “communications” (the technology that sometimes mediates the process of communication): “The mistake is to think that communications will solve the problems of communication” (Peters, 2000, p. 9). In discussing those problems, Peters traces the etymology of “communication” back to the verb “to commune”—to be with. Setting aside the philosophical question of “being” (with apologies to Heidegger), what does it mean to be *with*?

As a preposition, *with* is a word of connection and relation, of bringing together in alignment, no matter how temporary. *With-ness* is not a permanent state of affairs, nor is it a prescription for an ideal future. Rather, it is descriptive of a present state, a relating-to in the Now. “To be with” someone is a relation that operates at both the figurative and the literal registers, sometimes both simultaneously. To say to a friend in need, “I’m with you,” is to stand at their side figuratively, but the phrase also frequently describes physical with-ness as well.

Our technology often permits a figurative “being with” while eliding the importance of the physical “being with.” Returning to the friend in need: imagine the difference between texting them “I’m with you” from miles away and sitting beside them, placing a hand on their shoulder, and speaking the words, “I’m with you.” We know, in receiving the text message, that the subtext implies “I would be beside you physically if I could, but in spirit I am with you.” But sometimes, in some contexts, we frail humans need the hand on our shoulder as well. The most important communications sometimes require the body itself, in excess of language.

“Being with” is a superb phrase to describe assemblages as well, the enrollment and securing of allies so that by being with each other, the actants hold together. The case studies I have discussed illuminate different ways of assembling sexual health, of “being with” one’s body, one’s performance of gender, one’s lover, one’s self. Sometimes the allies we call upon— anatomical medicine, social media, websites, feminist consciousness raising, neurorhetoric— help us to be with our bodies, and sometimes they disperse those connections through such great distancing that we might feel disembodied, even feel that we are “being without.” Whether we actively seek to enroll pleasure within our own assemblages or whether we allow it to dissolve away, I have no doubt pleasure will continue to persist, and because of that I also have hope that it will, some day, return.

REFERENCES

- Ahmed, S. (2006). *Queer phenomenology: Orientations, objects, others*. Duke University Press.
- Akrich, M. (1992). The de-description of technical objects. In W. E. Bijker & J. Law (Eds.), *Shaping technology/building society: Studies in sociotechnical change* (pp. 205–224). The MIT Press.
- Akrich, M. (2009). From communities of practice to epistemic communities: Health mobilizations on the internet. *Sociological Research Online*, 15(2), 10.
- Akrich, M., & Latour, B. (1992). A summary of a convenient vocabulary for the semiotics of human and nonhuman assemblies. In W. E. Bijker & J. Law (Eds.), *Shaping technology/building society: Studies in sociotechnical change* (pp. 259–264). The MIT Press.
- Alcoff, L. (2005). *Visible identities: Race, gender, and the self*. Oxford University Press.
- Alexander, J., & Rhodes, J. (Eds.). (2016). *Sexual rhetorics: Methods, identities, publics*. Routledge.
- Amann, K., & Knorr Cetina, K. (1990). The fixation of visual evidence. In M. E. Lynch & S. Woolgar (Eds.), *Representation in scientific practice* (pp. 86–121). The MIT Press.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). American Psychiatric Association.
- Anderson, W. (2017). Postcolonial Specters of STS. *East Asian Science, Technology and Society*, 11(2), 229–233. <https://doi.org/10.1215/18752160-3828937>
- Angel, K. (2010). The history of ‘Female Sexual Dysfunction’ as a mental disorder in the 20th century. *Current Opinion in Psychiatry*, 23(6), 536–541. <https://doi.org/10.1097/YCO.0b013e32833db7a1>
- Angel, K. (2012). Contested psychiatric ontology and feminist critique ‘Female Sexual Dysfunction’ and the Diagnostic and Statistical Manual. *History of the Human Sciences*, 25(4), 3–24. <https://doi.org/10.1177/0952695112456949>
- Asen, R. (2009). *Invoking the invisible hand: Social security and the privatization debates*. Michigan State University Press. <http://hdl.handle.net/2027/heb.31779>
- Asen, R. (2010). Introduction: Rhetoric and Public Policy. *Rhetoric & Public Affairs*, 13(1), 1–5. <https://doi.org/10.1353/rap.0.0128>
- Ashline, J., & McKay, K. (2017). Content Analysis of Patient Voices at the FDA’s “Female Sexual Dysfunction Patient-Focused Drug Development Public Meeting.” *Sexuality & Culture*, 21(2), 569–592. <https://doi.org/10.1007/s12119-016-9405-7>

- Baigrie, B. S. (Ed.). (1996). *Picturing knowledge: Historical and philosophical problems concerning the use of art in science*. University of Toronto Press.
- Barad, K. (1996). Meeting the Universe Halfway: Realism and Social Constructivism without Contradiction. In L. H. Nelson & J. Nelson (Eds.), *Feminism, Science, and the Philosophy of Science* (pp. 161–194). Springer Netherlands. https://doi.org/10.1007/978-94-009-1742-2_9
- Barad, K. (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Signs*, 28(3), 801–831.
- Bartz, D., & Greenberg, J. A. (2008). Sterilization in the United States. *Reviews in Obstetrics and Gynecology*, 1(1), 23–32.
- Basson, R. (2007). Sexual desire/arousal disorders in women. In S. R. Leiblum (Ed.), *Principles and practice of sex therapy* (4th ed, pp. 25–53). Guilford Press.
- Bastide, F. (1990). The iconography of scientific texts: Principles of analysis. In M. Lynch & S. Woolgar (Eds.), & G. Myers (Trans.), *Representation in scientific practice* (pp. 187–229). MIT Press.
- Beckman, F. (2013). *Between Desire and Pleasure: A Deleuzian Theory of Sexuality*. Edinburgh University Press. <http://www.jstor.org.ezproxy.library.wisc.edu/stable/10.3366/j.ctt3fgsds>
- Bennett, J. (2010). *Vibrant Matter: A Political Ecology of Things*. Duke University Press Books.
- Berlant, L. G. (2012). *Desire/Love*. Dead Letter Office, BABEL Working Group.
- Biesecker, B. (1989). Rethinking the Rhetorical Situation from within the Thematic of “Différance.” *Philosophy & Rhetoric*, 22(2), 110–130.
- Biesecker, B. (1992). Coming to Terms with Recent Attempts to Write Women into the History of Rhetoric. *Philosophy & Rhetoric*, 25(2), 140–161.
- Biesecker, B. (1993). Negotiating with Our Tradition: Reflecting again (Without Apologies) on the Feminization of Rhetoric. *Philosophy & Rhetoric*, 26(3), 236–241.
- Biesecker, B., & Lucaites, J. L. (2009). *Rhetoric, materiality, & politics* (Vol. 13). Peter Lang.
- Bitzer, L. F. (1968). The rhetorical situation. *Philosophy & Rhetoric*, 25, 1–14.
- Black, E. (1978). *Rhetorical criticism: A study in method*. University of Wisconsin Press.
- Blair, C. (1987). The statement: Foundation of Foucault’s historical criticism. *Western Journal of Speech Communication*, 51(4), 364–383. <https://doi.org/10.1080/10570318709374279>
- Blair, C. (1999). Contemporary U.S. memorial sites as exemplars of rhetoric’s materiality. In J.

- Selzer & S. Crowley (Eds.), *Rhetorical bodies* (pp. 16–57). University of Wisconsin Press.
- Blair, C. (2001). Reflections on criticism and bodies: Parables from public places. *Western Journal of Communication*, 65(3), 271–294. <https://doi.org/10.1080/10570310109374706>
- Boston Women’s Health Book Collective (Ed.). (1976). *Our bodies, ourselves: A book by and for women* (2d ed., completely rev. and expanded). Simon and Schuster.
- Bowker, G. C. (1999). The game of the name: Nomenclatural instability in the history of botanical informatics. *Science Information Systems*, 74.
- Bowker, G. C., & Star, S. L. (1999). *Sorting things out: Classification and its consequences*. MIT Press.
- Bradshaw, J. L. (2018). Slow Circulation: The Ethics of Speed and Rhetorical Persistence. *Rhetoric Society Quarterly*, 0(0), 1–20. <https://doi.org/10.1080/02773945.2018.1455987>
- Brummett, B. (1976). Some Implications of “Process” or “Intersubjectivity”: Postmodern Rhetoric. *Philosophy & Rhetoric*, 9(1), 21–51.
- Brummett, B. (2010). *Techniques of close reading*. SAGE.
- Brunner, E. (2017). Wild Public Networks and Affective Movements in China: Environmental Activism, Social Media, and Protest in Maoming. *Journal of Communication*, 67(5), 665–677. <https://doi.org/10.1111/jcom.12323>
- Bryant, D. C. (1973). *Rhetorical dimensions in criticism*. Louisiana State University Press.
- Burke, K. (1962). *A rhetoric of motives*. Univ. of California Press.
- Butler, J. (2006). *Gender trouble: Feminism and the subversion of identity*. Routledge.
- Butler, J. (2011). *Bodies That Matter: On the Discursive Limits of Sex* (1 edition). Routledge.
- Cacchioni, T. (2015). *Big Pharma, Women, and the Labour of Love*. University of Toronto Press.
- Cacchioni, T., & Tiefer, L. (2012). Why Medicalization? Introduction to the Special Issue on the Medicalization of Sex. *Journal of Sex Research*, 49(4), 307–310. <https://doi.org/10.1080/00224499.2012.690112>
- Calafell, B. M. (2007). *Latina/o communication studies: Theorizing performance*. Peter Lang.
- Calafell, B. M. (2014). Performance: Keeping Rhetoric Honest. *Text and Performance Quarterly*, 34(1), 115–117. <https://doi.org/10.1080/10462937.2013.846476>
- Callon, M. (1986). Some elements of a sociology of translation: Domestication of the scallops

- and the fishermen of St Brieuc Bay. In J. Law (Ed.), *Power, action and belief: A new sociology of knowledge?* (pp. 196–223). Routledge.
- Cambrosio, A., Jacobi, D., & Keating, P. (2005). Arguing with images: Pauling's theory of antibody formation. *Representations*, 89(1), 94–130.
<https://doi.org/10.1525/rep.2005.89.1.94>
- Campbell, K. K. (1989). *Man cannot speak for her* (Vol. 1). Greenwood Press.
- Canguilhem, G. (1989). *The normal and the pathological*. Zone Books.
- Carmack, H. J. (2010). Bearing witness to the ethics of practice: Storying physicians' medical mistake narratives. *Health Communication*, 25(5), 449–458.
<https://doi.org/10.1080/10410236.2010.484876>
- Carstarphen, M. G., & Zavoina, S. C. (Eds.). (1999). *Sexual rhetoric: Media perspectives on sexuality, gender, and identity*. Greenwood Press.
- Chadwick, S. B., & van Anders, S. M. (2017). Do Women's Orgasms Function as a Masculinity Achievement for Men? *Journal of Sex Research*, 54(9), 1141–1152.
<https://doi.org/10.1080/00224499.2017.1283484>
- Chańska, W., & Grunt-Mejer, K. (2016). The unethical use of ethical rhetoric: The case of flibanserin and pharmacologisation of female sexual desire. *Journal of Medical Ethics*, medethics-2016-103473. <https://doi.org/10.1136/medethics-2016-103473>
- Chaput, C. (2010). Rhetorical Circulation in Late Capitalism: Neoliberalism and the Overdetermination of Affective Energy. *Philosophy and Rhetoric*, 43(1), 1–25.
<https://doi.org/10.1353/par.0.0047>
- Charland, M. (1987). Constitutive rhetoric: The case of the peuple québécois. *Quarterly Journal of Speech*, 73(2), 133–150. <https://doi.org/10.1080/00335638709383799>
- Charland, M. (1999). Rehabilitating rhetoric: Confronting blindspots in discourse and social theory. In John Louis Lucaites, C. M. Condit, & S. Caudill (Eds.), *Contemporary rhetorical theory: A reader* (pp. 464–474). Guilford Press.
- Charon, R. (2001). What Narrative Competence is For. *American Journal of Bioethics*, 1(1), 62–63. <https://doi.org/10.1162/152651601750079186>
- Charon, R. (2008). *Narrative medicine: Honoring the stories of illness* (1. paperback ed). Oxford Univ. Press.
- Chauncey, G. (1982). From Sexual Inversion to Homosexuality: Medicine And The Changing Conceptualization Of Female Deviance. *Salmagundi*, 58/59, 114–146. JSTOR.
- Chávez, K. R. (2018). The Body: An Abstract and Actual Rhetorical Concept. *Rhetoric Society*

- Quarterly*, 48(3), 242–250. <https://doi.org/10.1080/02773945.2018.1454182>
- Chodorow, N. (1979). *The reproduction of mothering: Psychoanalysis and the sociology of gender* (1. paperback print). Univ. of California Press.
- Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review*, 68(2), 161–194. <https://doi.org/10.2307/1519765>
- Cloud, D. L. (1994). The materiality of discourse as oxymoron: A challenge to critical rhetoric. *Western Journal of Communication*, 58(3), 141–163. <https://doi.org/10.1080/10570319409374493>
- Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Condit, C. M. (1996). How bad science stays that way: Brain sex, demarcation, and the status of truth in the rhetoric of science. *Rhetoric Society Quarterly*, 26(4), 83–109. <https://doi.org/10.1080/02773949609391080>
- Condit, C. M. (2008). Race and Genetics from a Modal Materialist Perspective. *Quarterly Journal of Speech*, 94(4), 383–406. <https://doi.org/10.1080/00335630802422212>
- Condit, C. M. (2013). “Mind the Gaps”: Hidden Purposes and Missing Internationalism in Scholarship on the Rhetoric of Science and Technology in Public Discourse. *Poroi*, 9(1). <https://doi.org/10.13008/2151-2957.1150>
- Condit, C. M., Lynch, J., & Winderman, E. (2012a). Recent rhetorical studies in public understanding of science: Multiple purposes and strengths. *Public Understanding of Science*, 21(4), 386–400. <https://doi.org/10.1177/0963662512437330>
- Condit, C. M., Lynch, J., & Winderman, E. (2012b). Recent rhetorical studies in public understanding of science: Multiple purposes and strengths. *Public Understanding of Science*, 21(4), 386–400. <https://doi.org/10.1177/0963662512437330>
- Conquergood, D. (1985). Performing as a moral act: Ethical dimensions of the ethnography of performance. *Literature in Performance*, 5(2), 1–13. <https://doi.org/10.1080/10462938509391578>
- Conquergood, D. (1991). Rethinking ethnography: Towards a critical cultural politics. *Communication Monographs*, 58(2), 179–194. <https://doi.org/10.1080/03637759109376222>
- Conrad, P. (1975). The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior. *Social Problems*, 23(1), 12–21. <https://doi.org/10.2307/799624>
- Conrad, P., & Schneider, J. W. (2010). *Deviance and Medicalization: From Badness to Sickness*.

Temple University Press.

- Constantine, G., Graham, S., Portman, D. J., Rosen, R. C., & Kingsberg, S. A. (2015). Female sexual function improved with ospemifene in postmenopausal women with vulvar and vaginal atrophy: Results of a randomized, placebo-controlled trial. *Climacteric*, *18*(2), 226–232. <https://doi.org/10.3109/13697137.2014.954996>
- Crowley, S. (1992). Reflections on an argument that won't go away: Or, a turn of the ideological screw. *Quarterly Journal of Speech*, *78*(4), 450–465. <https://doi.org/10.1080/00335639209384010>
- Cryle, P. M., & Moore, A. (2011). *Frigidity an intellectual history*. Palgrave Macmillan.
- Czerwiec, M. K., Williams, I., Squier, S. M., Green, M. J., Myers, K. R., & Smith, S. T. (2015). *Graphic medicine manifesto*. The Pennsylvania State University Press.
- D'Aquila, P., Monleon, S., Borsini, F., Brain, P., & Willner, P. (1997). Anti-anhedonic actions of the novel serotonergic agent flibanserin, a potential rapidly-acting antidepressant. *European Journal of Pharmacology*, *340*(2–3), 121–132. [https://doi.org/10.1016/S0014-2999\(97\)01412-X](https://doi.org/10.1016/S0014-2999(97)01412-X)
- Daston, L., & Galison, P. (2010). *Objectivity*. Zone Books.
- Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. University of Minnesota Press.
- DeLuca, K. M. (1999). *Image politics: The new rhetoric of environmental activism*. Guilford Press. <http://www.getcited.org/pub/100418412>
- DeLuca, K. M. (1999). Unruly arguments: The body rhetoric of earth first!, ACT UP, and Queer Nation. *Argumentation and Advocacy*, *36*(1), 9–21.
- DeLuca, K. M. (2013). Practicing rhetoric beyond the dangerous dreams of deliberative democracy: Engaging a world of violence and public screens. *Communication and Critical/Cultural Studies*, *6*(2), 171–192.
- D'Emilio, J., & Freedman, E. B. (2004). *Intimate matters: A history of sexuality in America* (2. ed., [Nachdr.]). Univ. of Chicago Press.
- Derrida, J. (1978). *Writing and difference* (A. Bass, Trans.). University of Chicago Press.
- Dickinson, R. L., & Beam, L. (1931). *A thousand marriages; a medical study of sex adjustment*. Williams & Wilkins. <https://search.library.wisc.edu/catalog/999489261802121>
- Doyle, R. (1997). *On beyond living: Rhetorical transformations of the life sciences*. Stanford University Press.

- Drew, J. (2003). The myth of female sexual dysfunction and its medicalization. *Sexualities, Evolution & Gender*, 5(2), 89–96. <https://doi.org/10.1080/14616660310001632563>
- Drucker, D. J. (2014). *The classification of sex: Alfred Kinsey and the organization of knowledge*. University of Pittsburgh Press.
- Dubriwny, T. N. (2008). Constructing breast cancer in the news: Betty Ford and the evolution of the breast cancer patient. *Journal of Communication Inquiry*, 33(2), 104–125. <https://doi.org/10.1177/0196859908329090>
- Dumit, J. (2012). *Drugs for life: How pharmaceutical companies define our health* (1 edition). Duke University Press Books.
- Dusenbery, M. (2017). *Doing harm: The truth about how bad medicine and lazy science leave women dismissed, misdiagnosed, and sick* (First edition). HarperOne.
- Dutta, M. J. (2007). Health Information Processing From Television: The Role of Health Orientation. *Health Communication*, 21(1), 1–9. <https://doi.org/10.1080/10410230701283256>
- Dutta, M. J. (2010). The Critical Cultural Turn in *Health Communication*: Reflexivity, Solidarity, and Praxis. *Health Communication*, 25(6–7), 534–539. <https://doi.org/10.1080/10410236.2010.497995>
- Edbauer Rice, J. (2005). Unframing models of public distribution: From rhetorical situation to rhetorical ecologies. *Rhetoric Society Quarterly*, 35(4), 5–24. <https://doi.org/10.1080/02773940509391320>
- Enke, F. (Ed.). (2012). *Transfeminist perspectives in and beyond transgender and gender studies*. Temple University Press.
- Enoch, J. (2005). Survival Stories: Feminist Historiographic Approaches to Chicana Rhetorics of Sterilization Abuse. *Rhetoric Society Quarterly*, 35(3), 5–30.
- Fahs, B., & McClelland, S. I. (2016). When Sex and Power Collide: An Argument for Critical Sexuality Studies. *The Journal of Sex Research*, 53(4–5), 392–416. <https://doi.org/10.1080/00224499.2016.1152454>
- Federici, S. B. (2014). *Caliban and the witch*. Autonomedia.
- Firestone, S. (2003). *The dialectic of sex: The case for feminist revolution* (1. ed). Farrar, Straus and Giroux.
- Flores, L. A., & Moon, D. G. (2002). Rethinking race, revealing dilemmas: Imagining a new racial subject in Race Traitor. *Western Journal of Communication*, 66(2), 181–207. <https://doi.org/10.1080/10570310209374732>

- Floyd, B. J. (1997). Problems in accurate medical diagnosis of depression in female patients. *Social Science & Medicine* (1982), 44(3), 403–412. [https://doi.org/10.1016/S0277-9536\(96\)00159-1](https://doi.org/10.1016/S0277-9536(96)00159-1)
- Foucault, M. (1980a). *Power/knowledge: Selected interviews and other writings, 1972-1977* (C. Gordon, Ed.; 1st American ed). Pantheon Books.
- Foucault, M. (1980b). *The history of sexuality, volume I: An introduction* (R. Hurley, Trans.). Vintage Books.
- Foucault, M. (1982). *The archaeology of knowledge*. Pantheon Books.
- Foucault, M. (1988). *The history of sexuality, volume II: The use of pleasure*. Vintage Books.
- Franklin, S. (2013). *Biological relatives: IVF, stem cells, and the future of kinship*. Duke University Press.
- Friedan, B. (2013). *The feminine mystique*. W. W. Norton & Company.
- Friz, A. M., & Fernholz, M. L. (2020). The Male Gaze in the Medical Classroom: Proximity, Objectivity, and Objectification in “The Pornographic Anatomy Book.” *Women’s Studies in Communication*, 0(0), 1–25. <https://doi.org/10.1080/07491409.2020.1740899>
- Gage, S., Morales, S., Allers, K., & Federation of feminist women’s health centers. (1995). *A new view of a woman’s body: A fully illustrated guide*. Feminist Health Press.
- Gallace, A., & Spence, C. (2010). The science of interpersonal touch: An overview. *Neuroscience & Biobehavioral Reviews*, 34(2), 246–259. <https://doi.org/10.1016/j.neubiorev.2008.10.004>
- Garden, R. (2010). Telling Stories About Illness and Disability: The Limits and Lessons of Narrative. *Perspectives in Biology & Medicine*, 53(1), 121–135.
- Gilman, S. L. (1985). Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature. *Critical Inquiry*, 12(1), 204–242.
- Goetsch, M. F., Lim, J. Y., & Caughey, A. B. (2015). A Practical Solution for Dyspareunia in Breast Cancer Survivors: A Randomized Controlled Trial. *Journal of Clinical Oncology*, 33(30), 3394–3400. <https://doi.org/10.1200/JCO.2014.60.7366>
- Goldman, L. S., Genel, M., Bezman, R. J., Slanetz, P. J. (1998). Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *JAMA*, 279(14), 1100–1107. <https://doi.org/10.1001/jama.279.14.1100>
- Goldstein, A. (2020). Beyond porn literacy: Drawing on young people’s pornography narratives to expand sex education pedagogies. *Sex Education*, 20(1), 59–74.

<https://doi.org/10.1080/14681811.2019.1621826>

- González, M. C. (2003a). An ethics for postcolonial ethnography. In R. P. Clair (Ed.), *Expressions of ethnography novel approaches to qualitative methods* (pp. 77–86). State University of New York Press.
- González, M. C. (2003b). An ethics for postcolonial ethnography. *Expressions of Ethnography: Novel Approaches to Qualitative Methods*, 77–86.
- Goyal, M. K., Kuppermann, N., Cleary, S. D., Teach, S. J., & Chamberlain, J. M. (2015). Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments. *JAMA Pediatrics*, *169*(11), 996–1002. <https://doi.org/10.1001/jamapediatrics.2015.1915>
- Graham, S. S. (2015a). *The politics of pain medicine: A rhetorical-ontological inquiry*. The University of Chicago Press.
- Graham, S. S. (2015b). *The politics of pain medicine: A rhetorical-ontological inquiry*. University of Chicago Press.
- Gray, J. B. (2007). Interpersonal Communication and the Illness Experience in the *Sex and the City* Breast Cancer Narrative. *Communication Quarterly*, *55*(4), 397–414. <https://doi.org/10.1080/01463370701657889>
- Greene, J. A. (2008). *Prescribing by numbers: Drugs and the definition of disease* (1 edition). Johns Hopkins University Press.
- Gries, L. E. (2015). *Still life with rhetoric: A new materialist approach for visual rhetorics*. Utah State University Press.
- Grobman, W. A., Bailit, J. L., Rice, M. M., Wapner, R. J., Reddy, U. M., Varner, M. W., Thorp, J. M., Leveno, K. J., Caritis, S. N., Iams, J. D., Tita, A. T. N., Saade, G., Rouse, D. J., Blackwell, S. C., Tolosa, J. E., & VanDorsten, J. P. (2015). Racial and Ethnic Disparities in Maternal Morbidity and Obstetric Care. *Obstetrics and Gynecology*, *125*(6), 1460–1467. <https://doi.org/10.1097/AOG.0000000000000735>
- Groneman, C. (1994). Nymphomania: The Historical Construction of Female Sexuality. *Signs*, *19*(2), 337–367.
- Groneman, C. (2001). *Nymphomania: A history*. WW Norton & Company.
- Grosso, C. (2013, February 12). *CLITERACY: 100 Natural Laws*, by Sophia Wallace. Vimeo. <https://vimeo.com/59497570>
- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, subcultural lives*. New York University Press.

- Halberstam, J. (Jack). (1998). *Female Masculinity* (1 edition). Duke University Press Books.
- Hall, B. (1996). The Didactic and the Elegant: Some Thoughts on Scientific and Technological Illustrations in the Middle Ages and Renaissance. In B. S. Baigrie (Ed.), *Picturing knowledge: Historical and philosophical problems concerning the use of art in science* (pp. 3–39). University of Toronto Press.
- Halperin, D. M. (1997). *Saint Foucault: Towards a Gay Hagiography*. Oxford University Press, USA.
- Happe, K. E. (2013). *The material gene: Gender, race, and heredity after the Human Genome Project*. NYU Press.
- Haraway, D. (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14(3), 575–599. <https://doi.org/10.2307/3178066>
- Haraway, Donna J. (1991). *Simians, cyborgs, and women: The reinvention of nature*. Routledge.
- Haraway, Donna J. (1997). *Modest_Witness@Second_Millennium.FemaleMan_Meets_OncoMouse: Feminism and Technoscience*. Routledge.
- Haraway, Donna Jeanne. (1994). A game of cat's cradle: Science studies, feminist theory, cultural studies. *Configurations*, 2(1), 59–71. <https://doi.org/10.1353/con.1994.0009>
- Harding, S. G. (Ed.). (2004). *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. Routledge.
- Harding, S. G. (Ed.). (2011). *The postcolonial science and technology studies reader*. Duke University Press.
- Hariman, R., & Lucaites, J. L. (2002). Performing civic identity: The iconic photograph of the flag raising on Iwo Jima. *Quarterly Journal of Speech*, 88(4), 363–392. <https://doi.org/10.1080/00335630209384385>
- Hart, R. P. (1994). Doing criticism my way: A reply to Darsey. *Western Journal of Communication*, 58(4), 308–312.
- Harter, L. M., & Japp, P. M. (2001). Technology as the Representative Anecdote in Popular Discourses of Health and Medicine. *Health Communication*, 13(4), 409–425. https://doi.org/10.1207/S15327027HC1304_04
- Hartley, H., & Tiefer, L. (2003). Taking a Biological Turn: The Push for a “Female Viagra” and the Medicalization of Women’s Sexual Problems. *Women’s Studies Quarterly*, 31(1/2), 42–54.
- Hartsock, N. C. M. (2004). The feminist standpoint: Developing the ground for a specifically

- feminist historical materialism. In S. G. Harding (Ed.), *The feminist standpoint theory reader: Intellectual and political controversies* (pp. 35–54). Routledge.
- Harvey, E. D. (2002). Anatomies of Rapture: Clitoral Politics/Medical Blazons. *Signs*, 27(2), 315–346.
- Hasian, Jr, M. (2004). Remembering and forgetting the “Final Solution”: A rhetorical pilgrimage through the U.S. Holocaust Memorial Museum. *Critical Studies in Media Communication*, 21(1), 64–92. <https://doi.org/10.1080/0739318042000184352>
- Hauser, G. A. (2011). Attending the vernacular: A plea for an ethnographical rhetoric. In C. Meyer & F. Girke (Eds.), *The rhetorical emergence of culture* (pp. 157–172). Berghahn Books.
- Hawhee, D. (2015). Rhetoric’s Sensorium. *Quarterly Journal of Speech*, 101(1), 2–17. <https://doi.org/10.1080/00335630.2015.995925>
- Hawk, B. (2004). Toward a Rhetoric of Network (Media) Culture: Notes on Polarities and Potentiality. *JAC*, 24(4), 831–850.
- Hayden, W. (2013). *Evolutionary rhetoric: Sex, science, and free love in nineteenth-century feminism*. Southern Illinois University Press.
- Heidt, S. (2012). The Presidency as Pastiche: Atomization, Circulation, and Rhetorical Instability. *Rhetoric & Public Affairs*, 15(4), 623–633.
- Herbenick, D., Fu, T.-C. (Jane), Arter, J., Sanders, S. A., & Dodge, B. (2018). Women’s Experiences With Genital Touching, Sexual Pleasure, and Orgasm: Results from a U.S. probability sample of women ages 18 to 94. *Journal of Sex & Marital Therapy*, 44(2), 201–212. <https://doi.org/10.1080/0092623X.2017.1346530>
- Hirsch, M. L. (2018). *Invisible: How young women with serious health issues navigate work, relationships, and the pressure to seem just fine*.
- Hite, S. (Ed.). (1974). *Sexual honesty: By women for women; written anonymously by women 14-64 in response to a nationwide questionnaire on their sexuality*. Warner.
- Hite, S. (1994). *Women as revolutionary agents of change: The Hite reports and beyond*. The University of Wisconsin Press.
- Hoberman, J. M. (2012). *Black and blue: The origins and consequences of medical racism*. University of California Press.
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, 113(16), 4296–4301. <https://doi.org/10.1073/pnas.1516047113>

- Hoffmann, D., & Tarzian, A. (2001). The girl who cried pain: A bias against women in the treatment of pain. *Journal of Law, Medicine & Ethics*, 29(1), 13–27.
- hooks, bell. (1992). *Black looks: Race and representation*. South End Press.
- Howarth, C., Hayes, J., Simonis, M., & Temple-Smith, M. (2016). ‘Everything’s neatly tucked away’: Young women’s views on desirable vulval anatomy. *Culture, Health & Sexuality*, 18(12), 1363–1378. <https://doi.org/10.1080/13691058.2016.1184315>
- Howell, E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical Obstetrics and Gynecology*, 61(2), 387–399. <https://doi.org/10.1097/GRF.0000000000000349>
- Howell, E. A., Egorova, N. N., Balbierz, A., Zeitlin, J., & Hebert, P. L. (2016). Site of delivery contribution to black-white severe maternal morbidity disparity. *American Journal of Obstetrics and Gynecology*, 215(2), 143–152. <https://doi.org/10.1016/j.ajog.2016.05.007>
- Irvine, J. M. (2005). *Disorders of desire: Sexuality and gender in modern American sexology* (Rev. and expanded ed.). Temple University Press.
- Jack, J. (2009). A Pedagogy of Sight: Microscopic Vision in Robert Hooke’s Micrographia. *Quarterly Journal of Speech*, 95(2), 192–209. <https://doi.org/10.1080/00335630902842079>
- Jack, J., & Appelbaum, L. G. (2010). “This is your brain on rhetoric”: Research directions for neuro-rhetorics. *Rhetoric Society Quarterly*, 40(5), 411–437. <https://doi.org/10.1080/02773945.2010.516303>
- Jacob, E. K. (2004). Classification and Categorization: A Difference that Makes a Difference. *Library Trends*, 52(3), 515–540.
- Jenkins, E. (2008). My iPod, My iCon: How and Why Do Images Become Icons? *Critical Studies in Media Communication*, 25(5), 466–489. <https://doi.org/10.1080/15295030802468057>
- Jensen, R. E. (2007). Using Science to Argue for Sexual Education in U.S. Public Schools Dr. Ella Flagg Young and the 1913 “Chicago Experiment.” *Science Communication*, 29(2), 217–241. <https://doi.org/10.1177/1075547007309101>
- Jensen, R. E. (2008). Sexual Polysemy: The Discursive Ground of Talk about Sex and Education in U.S. History. *Communication, Culture & Critique*, 1(4), 396–415. <https://doi.org/10.1111/j.1753-9137.2008.00032.x>
- Jensen, R. E. (2010). *Dirty Words: The Rhetoric of Public Sex Education, 1870-1924*. University of Illinois Press.
- Jensen, R. E. (2015a). From Barren to Sterile: The Evolution of a Mixed Metaphor. *Rhetoric*

- Society Quarterly*, 45(1), 25–46. <https://doi.org/10.1080/02773945.2014.957413>
- Jensen, R. E. (2015b). Improving Upon Nature: The Rhetorical Ecology of Chemical Language, Reproductive Endocrinology, and the Medicalization of Infertility. *Quarterly Journal of Speech*, 101(2), 329–353. <https://doi.org/10.1080/00335630.2015.1025098>
- Jensen, R. E. (2015c). An Ecological Turn in Rhetoric of Health Scholarship: Attending to the Historical Flow and Percolation of Ideas, Assumptions, and Arguments. *Communication Quarterly*, 63(5), 522–526. <https://doi.org/10.1080/01463373.2015.1103600>
- Johnson, J. (2014). *American Lobotomy: A rhetorical history*. University of Michigan Press.
- Jones, M. (2019). Sylvan Rhetorics: Roots and Branches of More-than-Human Publics. *Rhetoric Review*, 38(1), 63–78. <https://doi.org/10.1080/07350198.2019.1549408>
- Kailas, M., Lu, H. M. S., Rothman, E. F., & Safer, J. D. (2017). Prevalence and types of gender-affirming surgery among a sample of transgender endocrinology patients prior to state expansion of insurance coverage. *Endocrine Practice*, 23(7), 780–786. <https://doi.org/10.4158/EP161727.OR>
- Kaplan, H. S. (1979). *Disorders of sexual desire and other new concepts and techniques in sex therapy*. Simon and Schuster.
- Karon, L. A. (1976). Presence in “The New Rhetoric.” *Philosophy & Rhetoric*, 9(2), 96–111.
- Kaszynski, E. (2016). “Look, a [picture]!”: Visuality, race, and what we do not see. *Quarterly Journal of Speech*, 102(1), 62–78. <https://doi.org/10.1080/00335630.2015.1136074>
- Kennedy, G. A. (1992). A Hoot in the Dark: The Evolution of General Rhetoric. *Philosophy & Rhetoric*, 25(1), 1–21.
- Keränen, L. (2001). The Hippocratic Oath as Epideictic Rhetoric: Reanimating Medicine’s Past for Its Future. *Journal of Medical Humanities*, 22(1), 55–68.
- Kinsey, A. C. (1948). *Sexual behavior in the human male*. Philadelphia, W.B. Saunders Co.
- Klein, U., & Lefèvre, W. (2007). *Materials in eighteenth-century science: A historical ontology*. MIT Press.
- Klonoff, E. A., & Landrine, H. (1997). *Preventing misdiagnosis of women: A guide to physical disorders that have psychiatric symptoms*. Sage Publications.
- Koedt, A. (2010). Le mythe de l’orgasme vaginal. *Nouvelles Questions Féministes*, 29(3), 14–22. JSTOR.
- Koerber, A. (2018). *From hysteria to hormones: A rhetorical history*. The Pennsylvania State University Press.

- Krafft-Ebing, R. von. (1886). *Psychopathia sexualis: The classic study of deviant sex* (F. S. Klaf, Trans.). Arcade Publishing.
- Kroløkke, C. H. (2010). On a trip to the womb: Biotourist metaphors in fetal ultrasound imaging. *Women's Studies in Communication*, 33(2), 138–153. <https://doi.org/10.1080/07491409.2010.507577>
- Kruks, S. (2001a). Going Beyond Discourse: Feminism, Phenomenology and “Women’s Experience.” In *Retrieving experience: Subjectivity and recognition in feminist politics* (pp. 131–52). Cornell University Press.
- Kruks, S. (2001b). Phenomenology and difference: On the possibility of feminist world-traveling. In *Retrieving experience: Subjectivity and recognition in feminist politics* (pp. 153–176). Cornell University Press.
- Lakoff, G. (2012). *Women, fire, and dangerous things: What categories reveal about the mind* (paperback ed., [Nachdr.]). The Univ. of Chicago Press.
- Lakoff, G., & Johnson, M. (2003). *Metaphors we live by*. University of Chicago Press.
- Langellier, K. M. (2009). Performing narrative medicine. *Journal of Applied Communication Research*, 37(2), 151–158. <https://doi.org/10.1080/00909880902792263>
- Laqueur, T. (2003). *Making sex: Body and gender from the Greeks to Freud*. Harvard University Press.
- Latour, B. (1987). *Science in action: How to follow scientists and engineers through society*. Harvard University Press.
- Latour, B. (1992). Where are the missing masses? The sociology of a few mundane artifacts. In W. E. Bijker & J. Law (Eds.), *Shaping technology/building society: Studies in sociotechnical change* (pp. 225–258). The MIT Press.
- Latour, B. (1993). *The pasteurization of France*. Harvard University Press.
- Latour, B. (1996). *Aramis, or, The love of technology*. Harvard University Press.
- Latour, B. (2004). Why has critique run out of steam? From matters of fact to matters of concern. *Critical Inquiry*, 30(2), 225–248.
- Latour, B. (2007). *Reassembling the social: An introduction to actor-network theory*. Oxford University Press.
- Latour, B. (2011). Networks, societies, spheres: Reflections of an actor-network theorist. *International Journal of Communication*, 5, 796–810.
- Latour, B., & Woolgar, S. (1986). *Laboratory life: The construction of scientific facts*. Princeton

University Press.

- Law, J. (1989). Technology and heterogeneous engineering: The case of Portuguese expansion. In W. E. Bijker, T. P. Hughes, & T. J. Pinch (Eds.), *The social construction of technological systems: New directions in the sociology and history of technology* (pp. 111–134). MIT Press.
- Law, J. (2008). Actor network theory and material semiotics. *The New Blackwell Companion to Social Theory*, 141–158.
- Law, J. (2009). Actor-network theory and material semiotics. In B. S. Turner (Ed.), *The new Blackwell companion to social theory* (3rd ed., pp. 141–158). Blackwell Publishers.
- Law, J., & Mol, A. (1995). Notes on materiality and sociality. *The Sociological Review*, 43, 274–294.
- Laxminarayan, R., Duse, A., Wattal, C., Zaidi, A. K., Wertheim, H. F., Sumpradit, N., Vlieghe, E., Hara, G. L., Gould, I. M., Goossens, H., & others. (2013). Antibiotic resistance—The need for global solutions. *The Lancet Infectious Diseases*, 13(12), 1057–1098.
- Leff, M. (1987). The habitation of rhetoric. In J. Wenzel (Ed.), *Argument and critical practice: Proceedings of the fifth SCA/AFA conference on argumentation* (pp. 1–8). Speech Communication Association.
- Leff, M., & Sachs, A. (1990). Words the most like things: Iconicity and the rhetorical text. *Western Journal of Speech Communication*, 54(3), 252–273. <https://doi.org/10.1080/10570319009374342>
- Leiblum, S. R. (Ed.). (2007). *Principles and practice of sex therapy* (4th ed). Guilford Press.
- Leiblum, S. R., & Rosen, R. (1988). *Sexual desire disorders*. Guilford.
- Levin, R., & Meston, C. (2006). Nipple/breast stimulation and sexual arousal in young men and women. *The Journal of Sexual Medicine*, 3(3), 450–454. <https://doi.org/10.1111/j.1743-6109.2006.00230.x>
- Light, E. (2016). Visualizing homeland: Remembering 9/11 and the production of the surveilling flâneur. *Cultural Studies ↔ Critical Methodologies*, 16(6), 536–547. <https://doi.org/10.1177/1532708616655823>
- Light, K. C., Grewen, K. M., & Amico, J. A. (2005). More frequent partner hugs and higher oxytocin levels are linked to lower blood pressure and heart rate in premenopausal women. *Biological Psychology*, 69(1), 5–21. <https://doi.org/10.1016/j.biopsycho.2004.11.002>
- Liu, K. A., & Mager, N. A. D. (2016). Women’s involvement in clinical trials: Historical perspective and future implications. *Pharmacy Practice*, 14(1).

- <https://doi.org/10.18549/PharmPract.2016.01.708>
- Livesey, S. M. (2002). Global warming wars: Rhetorical and discourse analytic approaches to Exxonmobil's corporate public discourse. *Journal of Business Communication*, 39(1), 117–146. <https://doi.org/10.1177/002194360203900106>
- Lloyd, E. A. (2005). *The case of the female orgasm: Bias in the science of evolution*. Harvard University Press. <http://site.ebrary.com/id/10314309>
- Lucaites, J. L., & Condit, C. M. (1990). Reconstructing <equality>: Culturetypal and counter-cultural rhetorics in the martyred black vision. *Communication Monographs*, 57(1), 5–24. <https://doi.org/10.1080/03637759009376182>
- Lynch, J. A. (2009). Articulating Scientific Practice: Understanding Dean Hamer's "Gay Gene" Study as Overlapping Material, Social and Rhetorical Registers. *Quarterly Journal of Speech*, 95(4), 435–456. <https://doi.org/10.1080/00335630903296168>
- Lynch, M. (1985). Discipline and the Material Form of Images: An Analysis of Scientific Visibility. *Social Studies of Science*, 15(1), 37–66. <https://doi.org/10.1177/030631285015001002>
- Lynch, M. (1990). The externalized retina: Selection and mathematization in the visual documentation of objects in the life sciences. In M. Lynch & S. Woolgar (Eds.), *Representation in scientific practice* (pp. 153–186). MIT Press.
- Lynch, M., & Woolgar, S. (1990). Introduction: Sociological orientations to representational practice in science. In M. Lynch & S. Woolgar (Eds.), *Representation in scientific practice* (pp. 1–18). MIT Press.
- MacKinnon, C. A. (1989). Sexuality, Pornography, and Method: "Pleasure under Patriarchy." *Ethics*, 99(2), 314–346.
- Madison, D. S. (1993). "That was my occupation": Oral narrative, performance, and black feminist thought. *Text and Performance Quarterly*, 13(3), 213–232.
- Marcuse, H. (1974). *Eros and civilization: A philosophical inquiry into Freud with a new preface by the author*.
- Marecek, J., & Gavey, N. (2013). DSM-5 and beyond: A critical feminist engagement with psychodiagnosis. *Feminism & Psychology*, 23(1), 3–9. <https://doi.org/10.1177/0959353512467962>
- Margolin, L. (2016). Sexual frigidity: The social construction of masculine privilege and feminine. *Journal of Gender Studies*, 1–12.
- Martin, E. (1991). The egg and the sperm: How science has constructed a romance based on stereotypical male-female roles. *Signs*, 485–501.

- Massumi, B. (2002). *Parables for the Virtual: Movement, Affect, Sensation* (First Edition edition). Duke University Press Books.
- McDermott, L. M. (2016). *Liminal bodies, reproductive health, and feminist rhetoric: Searching the negative spaces in histories of rhetoric*. Lexington Books.
- McGee, M. C. (1977). The Fall of Wellington: A Case Study of the Relationship Between Theory, Practice, and Rhetoric in History. *Quarterly Journal of Speech*, 63(1), 28.
- McGee, M. C. (1980). The “ideograph”: A link between rhetoric and ideology. *Quarterly Journal of Speech*, 66, 1–16.
- McGee, M. C. (1990). Text, context, and the fragmentation of contemporary culture. *Western Journal of Communication*, 54(3), 274–289.
- McHugh, M. C., & Chrisler, J. C. (Eds.). (2015). *The wrong prescription for women: How medicine and media create a “need” for treatments, drugs, and surgery*. Praeger.
- McKerrow, R. E. (1983). Marxism and a rhetorical conception of ideology. *Quarterly Journal of Speech*, 69(2), 192–205. <https://doi.org/10.1080/00335638309383648>
- McKerrow, R. E. (1989). Critical rhetoric: Theory and praxis. *Communication Monographs*, 56, 91–111.
- McKerrow, R. E. (1991). Critical rhetoric in a postmodern world. *Quarterly Journal of Speech*, 77(1), 75–78. <https://doi.org/10.1080/00335639109383945>
- McKinnon, S. L., Asen, R., Chávez, K. R., & Howard, R. G. (Eds.). (2016). *Text + field: Innovations in rhetorical method*. The Pennsylvania State University Press.
- Meghani, S. H., Byun, E., & Gallagher, R. M. (2012). Time to Take Stock: A Meta-Analysis and Systematic Review of Analgesic Treatment Disparities for Pain in the United States. *Pain Medicine*, 13(2), 150–174. <https://doi.org/10.1111/j.1526-4637.2011.01310.x>
- Meijer, I. C., & Prins, B. (1998). How Bodies Come to Matter: An Interview with Judith Butler. *Signs*, 23(2), 275–286.
- Meixel, A., Yanchar, E., & Fugh-Berman, A. (2015). Hypoactive sexual desire disorder: Inventing a disease to sell low libido. *Journal of Medical Ethics*, 41(10), 859–862. <https://doi.org/10.1136/medethics-2014-102596>
- Melonçon, L., & Scott, J. B. (2018). Manifesting a Scholarly Dwelling Place in “RHM.” *Rhetoric of Health & Medicine*, 1(1–2). <http://journals.upress.ufl.edu/rhm/article/view/670>
- Merton, R. K. (1973). The normative structure of science. In *The sociology of science: Theoretical and empirical investigations* (pp. 267–278). University of Chicago Press.

- Meston, C. M., & Buss, D. M. (2009). *Why women have sex: Understanding sexual motivations from adventure to revenge (and everything in between)*. Times Books.
- Metzl, J. M., & Roberts, D. E. (2014). Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge. *AMA Journal of Ethics*, 16(9), 674–690. <https://doi.org/10.1001/virtualmentor.2014.16.9.spec1-1409>.
- Middleton, M. K., Hess, A., Endres, D., & Senda-Cook, S. (2015). *Participatory critical rhetoric: Theoretical and methodological foundations for studying rhetoric in situ*.
- Middleton, M. K., Senda-Cook, S., & Endres, D. (2011). Articulating Rhetorical Field Methods: Challenges and Tensions. *Western Journal of Communication*, 75(4), 386–406. <https://doi.org/10.1080/10570314.2011.586969>
- Miller, B. L., Benson, D. F., Goldberg, M. A., & Gould, R. (1986). Misdiagnosis of hysteria. *American Family Physician*, 34(4), 157–160.
- Mol, A. (1999). Ontological politics. A word and some questions. *The Sociological Review*, 47(S1), 74–89. <https://doi.org/10.1111/j.1467-954X.1999.tb03483.x>
- Mol, A. (2002a). *The body multiple: Ontology in medical practice*. Duke University Press.
- Mol, A. (2002b). *The Body Multiple: Ontology in Medical Practice*. Duke University Press.
- Moore, L. J., & Clarke, A. E. (1995). Clitoral Conventions and Transgressions: Graphic Representations in Anatomy Texts, c1900–1991. *Feminist Studies*, 21(2), 255–301. <https://doi.org/10.2307/3178262>
- Morgan, J. (2015). Why We Get Off: Moving Towards a Black Feminist Politics of Pleasure. *Black Scholar*, 45(4), 36–46. <https://doi.org/10.1080/00064246.2015.1080915>
- Morris, C. E. (2002). Pink herring & the fourth persona: J. Edgar Hoover’s sex crime panic. *Quarterly Journal of Speech*, 88(2), 228–244. <https://doi.org/10.1080/00335630209384372>
- Morris, C. E. (2006). Archival Queer. *Rhetoric & Public Affairs*, 9(1), 145–151.
- Morris, C. E., & Rawson, K. J. (2013). Queer archives/archival queers. In M. Ballif (Ed.), *Theorizing histories of rhetoric* (pp. 74–89). Southern Illinois University Press.
- Mulvey, L. (1975). Visual Pleasure and Narrative Cinema. *Screen*, 16(3), 6–18.
- Murray, H. (2014). “My Place Was Set At The Terrible Feast”: The Meanings of the “Anti-Psychiatry” Movement and Responses in the United States, 1970s–1990s. *The Journal of American Culture*, 37(1), 37–51. <https://doi.org/10.1111/jacc.12105>
- Newton, I. (1846). *Newton’s Principia: The mathematical principles of natural philosophy*.

- Daniel Adee. <https://search.library.wisc.edu/catalog/999810640302121>
- O'Connell, H. E., Eizenberg, N., Rahman, M., & Cleeve, J. (2008). The Anatomy of the Distal Vagina: Towards Unity. *The Journal of Sexual Medicine*, 5(8), 1883–1891. <https://doi.org/10.1111/j.1743-6109.2008.00875.x>
- O'Connell, H. E., Hutson, J. M., Anderson, C. R., & Plenter, R. J. (1998). Anatomical relationship between urethra and clitoris. *Journal of Urology*, 159(6), 1892–1897. [https://doi.org/10.1016/S0022-5347\(01\)63188-4](https://doi.org/10.1016/S0022-5347(01)63188-4)
- O'Connell, H. E., Sanjeevan, K. V., & Hutson, J. M. (2005). Anatomy of the clitoris. *The Journal of Urology*, 174(4, Part 1), 1189–1195. <https://doi.org/10.1097/01.ju.0000173639.38898.cd>
- Office of the Commissioner. (2016, October 7). *Learn About Patient Engagement at the FDA* [WebContent]. U.S. Food and Drug Administration. <http://www.fda.gov/ForPatients/PatientEngagement/default.htm>
- OMGYES -- *The Webby Awards*. (2017). <https://www.webbyawards.com/winners/2017/websites/general-website/weird/omgyes/>
- O'Riordan, K. (2012). The Life of the Gay Gene: From Hypothetical Genetic Marker to Social Reality. *Journal of Sex Research*, 49(4), 362–368. <https://doi.org/10.1080/00224499.2012.663420>
- Ott Anderson, J., & Geist Martin, P. (2003). Narratives and Healing: Exploring One Family's Stories of Cancer Survivorship. *Health Communication*, 15(2), 133–143. https://doi.org/10.1207/S15327027HC1502_2
- Pauwels, L. (Ed.). (2006). *Visual Cultures of Science*. Dartmouth College Press.
- Perel, E. (2006). *Mating in captivity: Unlocking erotic intelligence* (1st ed). Harper.
- Peters, J. D. (2000). *Speaking into the air: A history of the idea of communication*. University of Chicago Press.
- Pflugfelder, E. H. (2015). Rhetoric's new materialism: From micro-rhetoric to microbrew. *Rhetoric Society Quarterly*, 45(5), 441–461. <https://doi.org/10.1080/02773945.2015.1082616>
- Pickstone, J. V. (2001). *Ways of knowing: A new history of science, technology, and medicine*. University of Chicago Press.
- Pollack, A. (2015, May 31). 'Viagra for women' gets push for F.D.A. approval. *The New York Times*. <http://www.nytimes.com/2015/06/01/business/groups-press-fda-to-approve-womens-viagra.html>

- Prause, N., Kuang, L., Lee, P., & Miller, G. (2016). Clitorally stimulated orgasms are associated with better control of sexual desire, and not associated with depression or anxiety, compared with vaginally stimulated orgasms. *The Journal of Sexual Medicine*, 13(11), 1676–1685. <https://doi.org/10.1016/j.jsxm.2016.08.014>
- Racial and Ethnic Disparities in Obstetrics and Gynecology—ACOG*. (2015). <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Obstetrics-and-Gynecology>
- Racine, E., Bar-Ilan, O., & Illes, J. (2005). fMRI in the public eye. *Nature Reviews Neuroscience*, 6(2), 159–164. <https://doi.org/10.1038/nrn1609>
- Rich, A. (1995). *On lies, secrets and silence: Selected prose, 1966 - 1978*. Norton.
- Rickert, T. (2004). In the House of Doing: Rhetoric and the Kairos of Ambience. *JAC*, 24(4), 901–927.
- Rickert, T. J. (2013). *Ambient rhetoric: The attunements of rhetorical being*. University of Pittsburgh Press. <http://public.eblib.com/choice/publicfullrecord.aspx?p=2039385>
- Roberts, D. E. (1997). *Killing the black body: Race, reproduction, and the meaning of liberty* (1st ed). Vintage books.
- Rogers, A. (2016, February 12). The website OMGYes uses qualitative research and slick design to help women have better orgasms. *Wired*. <https://www.wired.com/2016/02/silicon-valley-wants-to-disrupt-orgasms-with-science/>
- Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D., & D’Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, 26(2), 191–208. <https://doi.org/10.1080/009262300278597>
- Rothman, E. F., Daley, N., & Alder, J. (2019). A Pornography Literacy Program for Adolescents. *American Journal of Public Health*, 110(2), 154–156. <https://doi.org/10.2105/AJPH.2019.305468>
- Rothman, E. F., Kaczmarzky, C., Burke, N., Jansen, E., & Baughman, A. (2015). “Without Porn ... I Wouldn’t Know Half the Things I Know Now”: A Qualitative Study of Pornography Use Among a Sample of Urban, Low-Income, Black and Hispanic Youth. *The Journal of Sex Research*, 52(7), 736–746. <https://doi.org/10.1080/00224499.2014.960908>
- Rubin, G. S. (1998). Thinking sex: Notes for a radical theory of the politics of sexuality. In P. M. Nardi & B. E. Schneider (Eds.), *Social perspectives in lesbian and gay studies: A reader* (pp. 100–133). Routledge. http://www.123library.org/book_details/?id=109507
- S2 EP 8: Rob Perkins & Lydia Daniller, Founders of OMGYes*. (n.d.). Retrieved March 9, 2020,

- from <https://www.webbyawards.com/news/s2-ep-8-rob-perkins-lydia-daniller-founders-of-omgyes/>
- Sanders, M. (2016). Sex, Drugs, and Advisory Committees: An Analysis of Pharmaceutical Industry Manipulation of FDA Vulnerability to Sociopolitical Influences on Matters of Women's Health. *Columbia Human Rights Law Review*, 48, 149–202.
- Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescent Health*, 38(1), 72–81. <https://doi.org/10.1016/j.jadohealth.2005.10.006>
- Scarry, E. (1987). *The body in pain: The making and unmaking of the world* (First issued as paperback). Oxford Univ. Press.
- Schiappa, E. (2003). *Defining reality: Definitions and the politics of meaning*. Southern Illinois University Press.
- Schulte, B. (2015, June 4). FDA advisory panel recommends approval of 'female Viagra.' *The Washington Post*. <https://www.washingtonpost.com/news/to-your-health/wp/2015/06/04/widely-varying-views-of-female-viagra-emerge-at-fda-hearing/>
- Schulte, B., & Dennis, B. (2015, August 18). FDA approves controversial drug for women with low sex drives. *The Washington Post*. https://www.washingtonpost.com/national/health-science/fda-approves-controversial-female-viagra-drug/2015/08/18/68d34eca-45f6-11e5-8e7d-9c033e6745d8_story.html
- Scott, J. W. (1991). The evidence of experience. *Critical Inquiry*, 17(4), 773–797.
- Scott-Dixon, K. (Ed.). (2006). *Trans/forming feminisms: Trans/feminist voices speak out*. Sumach Press.
- Sedgwick, E. K. (2008). *Epistemology of the closet* (Updated with a new preface). University of California Press.
- Seegert, N. (2014). Play of sniffication: Coyotes sing in the margins. *Philosophy and Rhetoric*, 47(2), 158–178.
- Segal, J. Z. (1997). Public discourse and public policy: Some ways that metaphor constrains health (care). *Journal of Medical Humanities*, 18(4), 217–231.
- Segal, J. Z. (2005). Interdisciplinarity and bibliography in rhetoric of health and medicine. *Technical Communication Quarterly*, 14(3), 311–318. https://doi.org/10.1207/s15427625tcq1403_9
- Segal, J. Z. (2015). The rhetoric of female sexual dysfunction: Faux feminism and the FDA. *Canadian Medical Association Journal*, 187(12), 915–916. <https://doi.org/10.1503/cmaj.150363>

- Seidman, S. (1997). *Difference troubles: Queering social theory and sexual politics*. Cambridge University Press.
- Seth, S. (2009). Putting knowledge in its place: Science, colonialism, and the postcolonial. *Postcolonial Studies*, 12(4), 373–388. <https://doi.org/10.1080/13688790903350633>
- Shugart, H. A. (1994). The missing text: Rape and women’s sexuality. *Women and Language*, 17(1), 12.
- Shugart, H. A. (2007). Crossing over: Hybridity and hegemony in the popular media. *Communication & Critical/Cultural Studies*, 4(2), 115–141. <https://doi.org/10.1080/14791420701296505>
- Shugart, H. A. (2008). Sumptuous texts: Consuming “otherness” in the food film genre. *Critical Studies in Media Communication*, 25(1), 68–90. <https://doi.org/10.1080/15295030701849928>
- Shugart, H. A. (2010). Shifting the balance: The contemporary narrative of obesity. *Health Communication*, 26(1), 37–47. <https://doi.org/10.1080/10410236.2011.527620>
- Shugart, H. A. (2011). Heavy viewing: Emergent frames in contemporary news coverage of obesity. *Health Communication*, 26(7), 635–648. <https://doi.org/10.1080/10410236.2011.561833>
- Stormer, N. (2004). Articulation: A working paper on rhetoric and taxis. *Quarterly Journal of Speech*, 90(3), 257–284. <https://doi.org/10.1080/0033563042000255516>
- Stuckey, M. E. (2012). On Rhetorical Circulation. *Rhetoric and Public Affairs*, 15(4), 609–612.
- Sturken, M., & Cartwright, L. (2001). *Practices of looking: An introduction to visual culture*. Oxford University Press.
- Sun, Y., DeLuca, K. M., & Seegert, N. (2015). Exploring Environmentalism amidst the Clamor of Networks: A Social Network Analysis of Utah Environmental Organizations. *Environmental Communication*, 1–21. <https://doi.org/10.1080/17524032.2015.1094101>
- Sutton, J. (1992). The taming of Polos/Polis: Rhetoric as an achievement without woman. *Southern Communication Journal*, 57(2), 97–119. <https://doi.org/10.1080/10417949209372857>
- Tasca, C., Rapetti, M., Carta, M. G., & Fadda, B. (2012). Women And Hysteria In The History Of Mental Health. *Clinical Practice and Epidemiology in Mental Health : CP & EMH*, 8, 110–119. <https://doi.org/10.2174/1745017901208010110>
- The Issue. (2015, November 1). *Even The Score*. <http://eventhescore.org/the-problem/>
- The OMGyes Co-Founder on What Makes Good Sex – Material Mag. (2018, June 1). *Material*

- Magazine*. <http://material-magazine.com/omgyes-interview/>
- Tiefer, L. (2001). A new view of women's sexual problems: Why new? Why now? *The Journal of Sex Research*, 38(2), 89–96. <https://doi.org/10.1080/00224490109552075>
- Tiefer, L. (2002). Arriving at a “New View” of Women's Sexual Problems: Background, Theory, and Activism. *Women & Therapy*, 24(1–2), 63–98. https://doi.org/10.1300/J015v24n01_12
- Tiefer, L. (2003). Female sexual dysfunction (FSD): Witnessing social construction in action. *Sexualities, Evolution & Gender*, 5(1), 33–36. <https://doi.org/10.1080/14616660310001594962>
- Tiefer, L. (2006). Female sexual dysfunction: A case study of disease mongering and activist resistance. *PLoS Med*, 3(4), e178.
- Tiefer, L. (2010). A skeptical view of desire norms and disorders promotes clinical success. In S. R. Leiblum (Ed.), *Treating sexual desire disorders: A clinical casebook* (pp. 114–133). Guilford Press.
- Tiefer, L. (2012). Medicalizations and Demedicalizations of Sexuality Therapies. *Journal of Sex Research*, 49(4), 311–318. <https://doi.org/10.1080/00224499.2012.678948>
- Tuana, N. (2004). Coming to understand: Orgasm and the epistemology of ignorance. *Hypatia*, 19(1), 194–232.
- van Dijck, J. (2005). *The transparent body: A cultural analysis of medical imaging*. University of Washington Press.
- van Lunsen, R. H., & Laan, E. (2004). Genital vascular responsiveness and sexual feelings in midlife women: Psychophysiologic, brain, and genital imaging studies. *Menopause*, 11(6, Part 2 of 2), 741–748.
- Vance, C. S. (Ed.). (1992). *Pleasure and danger: Exploring female sexuality*. Pandora Press ; Distributed in North America by New York University Press.
- Walters, S. (2014). *Rhetorical touch: Disability, identification, haptics*. The University of South Carolina Press.
- Wander, P. (1983). The ideological turn in modern criticism. *Central States Speech Journal*, 34, 1–18.
- Wander, P. (1984). The third persona: An ideological turn in rhetorical theory. *Central States Speech Journal*, 35(4), 197–216. <https://doi.org/10.1080/10510978409368190>
- Washington, H. A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Harlem Moon.

- Weingarten, K. (2013). Talking Sex: The Rhetorics of Reproduction, Sex Education, and Sexual Expression in the Modern United States. *Feminist Studies*, 39(1), 235–247.
- Wells, S. (2010). *Our Bodies, Ourselves and the work of writing*. Stanford University Press.
- Woolgar, S. (1991). Configuring the user: The case of usability trials. In J. Law (Ed.), *A sociology of monsters: Essays on power, technology, and domination*. Routledge.
- Wynter, S. (2003). Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument. *CR: The New Centennial Review*, 3(3), 257–337. JSTOR.
- Zoller, H. M. (2003). Health on the Line: Identity and Disciplinary Control in Employee Occupational Health and Safety Discourse. *Journal of Applied Communication Research*, 31(2), 118–139. <https://doi.org/10.1080/0090988032000064588>
- Zoller, H. M. (2005). Women caught in the multi-causal web: A gendered analysis of Healthy People 2010. *Communication Studies*, 56(2), 175–192. <https://doi.org/10.1080/00089570500078809>
- Zoller, H. M., & Dutta, M. J. (Eds.). (2008). *Emerging perspectives in health communication: Meaning, culture, and power*. Routledge, Taylor & Francis Group.