
Sex, Lies and Pharmaceuticals (Moynihan & Mintzes, 2010) is subtitled “How drug companies plan to profit from female sexual dysfunction.” Unlike the drug companies, the book delivers on its labelled claims. Using the techniques of investigative journalism, Australian journalist Ray Moynihan teams up with medical science expert Barbara Mintzes, a researcher in the Department of Pharmacology and Therapeutics at the University of British Columbia. Together, they deftly follow a paper trail to empirically establish the social construction of a single contemporary disease state. In painstaking detail that names names, the authors document the political struggle to realize and resist the acceptance of FSD into current medical wisdom.

To this end, the book’s narrative structure follows the journalism adage “show, don’t tell.” The reader isn’t required to accept the claims made based on the professional authority of the authors; nor is an in-depth scholarly analysis included to guide the reader to an explicit thesis. The facts are left to speak for themselves; yet, the book weaves a narrative plot out of facts mined from an extensive archive of interviews, events, and other institutional, scientific, and biographical texts. The result is a damning critical treatise that warns of the public danger when four elite social worlds intersect:

- the world of corporate marketing and public relations, with its creation and distribution of salient messages to wider publics through media editorial and advertising;
- the world of corporate capitalism, with its focus on the development of products to achieve a goal of financial profit;
- the world of science, with its goal of creating new knowledge for the public good through adherence to formalized and sanctioned scientific methods and research processes;
- the world of professional medicine, particularly the physicians who apply scientific knowledge to a general public.

The first chapters navigate readers through the complicated means by which FSD was defined, and outlines what diagnostic criteria were assigned and how. In the case of FSD, the boundaries of the condition’s defining symptomology have been expanded to encompass what others would consider everyday or occasional experiences of sexual dysfunction. Similarly, the range of treatment options to be explored is contested. The authors demonstrate how the scientific research priorities narrowed to exclude non-patentable interventions, such as talk therapy and other means by which to deal with other known causes of sexual disruption in a relationship, including a breakdown in communication. Thus, the reader understands FSD as the product of statistical manipulation, and medical research regarding FSD as focused narrowly upon “genitals and chemicals” (Moynihan & Mintzes, 2010, p. 70).

The race to capture a promising new market of this fattened pool of defined suf-
ferers is explained as following three competing trajectories. First, there is the study of the relationship between testosterone levels and female sexual arousal, with a testosterone patch waiting in the wings as a patented therapy. Second, the relationship between brain chemistry and sexual arousal opens the possibility to treat FSD using an anti-depressant. Finally, the rather invasive study of the physiological biomechanics of blood flow during female arousal is hoped to reveal whether the highly successful Viagra would work for women.

The authors include Viagra's story as a cautionary tale. A chapter is devoted to demonstrating how public levels of dissatisfaction with personal sexual performance can be easily manipulated through advertising an unrealistic and unnatural ideal. More chilling is the chapter that details a similar manipulation of physicians, achieved by pharmaceutical companies through the continuing medical education (CME) practices used to keep physicians current. The authors demonstrate how knowledge creation and translation for FSD, traditionally perceived to be the domain of objective science, has become as much the domain of corporate marketing. The authority of the presumed detached, disinterested scientist is questionable in the context of corporate funding opportunities for research and speaking junkets for ambitious researchers. While the authors are very careful not to suggest these conflicts are an overt attempt by any individual to defraud the public, it is difficult to refute the potential for some causal contamination of CME by corporate interests when conferences, journals, and medical education efforts precede conclusive science, as they do in the case of FSD.

This book is the first effort by Mintzes to reach a broad, non-scholarly consumer audience. Her expertise, combined with Moynihan's detailed investigative style, is a winning combination. The book is Moynihan's second partnership with a Canadian West Coast critical health researcher. In Selling Sickness (2005) Moynihan and Canadian Alan Cassels focused on a dozen case studies in which the pharmaceutical industry's corporate marketing and promotion efforts successfully pushed the medical boundaries of existing disease states—or created new conditions entirely—in order to expand markets for drugs.

Mintzes is a rising critical medical science scholar in the Canadian activist tradition of Joel Lexchin and Cassels. Lexchin is the physician who blazed the contemporary trail to bring drug company critique to the Canadian lay public with his 1984 book, The Real Pushers. Mintzes is an established researcher, serving as an associate of the UBC Centre for Health Services and Policy Research and publishing in both scholarly medical and public policy fora. She is also a contributor to Canadian women's health initiatives such as the Working Group on Women and Health Protection. Her main focus prior to this book was the study of Direct-to-Consumer Advertising (DTCA) of prescription drugs. Her research and subsequent academic activism countered efforts by media companies and the pharmaceutical industry to relax regulations limiting DTCA in Canada (Mintzes, 2008).

This is an important book and, much like DTCA, addresses the appropriate audience. It is told as an epic saga. For example, New York University professor and sex therapist Leonore Tiefer is framed as the underdog David to the Goliath Big Pharma-medical science intersection. Tiefer and her group, the New View, exemplify a counter-
narrative espoused within the book that calls for a more holistic approach to female sexuality, and eschews the narrowing of definitions and therapies to meet corporate goals (Kaschak and Tiefer, 2001). Her group engaged in direct action intended to penetrate the insular meetings of the biomedical researchers with this alternative view. Inside medicine, the authors document further resistance to corporate incursion. One example includes efforts to limit the ability of researchers to engage in financial conflicts of interest that might put their own ambition at odds with the best evidence. Thus, the book’s conclusion is hopeful, recounting the various means by which physicians are healing themselves.

The book’s key strength lies in its ability to make complex processes within medical science accessible to the lay reader. Each interaction and event described seems rational and appropriate enough if maintained in isolation, but the authors ensure that these events are refracted by the lay reader through a vast web of inter-connected events. Analytically, this brings history and location into play when making meaning.

As such, this can be seen as a book that has critical potential, although that theoretical framework is only implicit. Ontologically, Moynihan and Mintzes (2010) are firmly grounded in the naïve realism of positivism. The book is unabashedly neutral in tone, in keeping with the norms of journalistic inquiry. No overt theoretical standpoint is declared and a neutral “view from nowhere” is maintained throughout. While a deep knowledge of scientific processes is clear, there is no chapter that situates it within the critical communications literature in the areas of risk or health. There is no offer of explicit analysis from critical communications, with either interactionist or feminist perspectives.

A lack of such analysis makes sense for a journalistic treatment of this subject. But the authors disappoint journalistically by failing to give credit here where credit is due. The book does nothing to render plain the longstanding identity of activism and academic research on sexuality with feminist approaches that Tiefer and others espousing a more holistic approach through social activism share. A few references drawn from Simone de Beauvoir’s classic, *The Second Sex* (1949), in the hopeful concluding chapter offers some suggestion of the utility and appropriateness of feminist lenses to this topic. But here is where some additional digging and positive framing might well have granted the reader a good news story of how women in the academy effect change.

That said, this remains an important book, especially for non-science majors in communications, for an accessible entry into the complex trend of the bio-medicalization of normal aspects of human life for profit. One can imagine this book to be a useful inclusion in a theory-heavy syllabus, introducing students to an important trend in medicine through an enjoyable read that can be analyzed using theories from risk assessment, feminist health, discourse or social interaction analysis, or other areas of the critical communications field. While this book explicitly considers FSD, I am told by pharmacist research colleagues that men are facing similar pressures. Testosterone is being touted as a medicalized means to alleviate the unpleasant (but certainly not pathological) consequences of aging in men, such as reduced concentration and memory, decreased muscle mass, and changes in sexual function. One
Google news search, using the words “testosterone for men,” reveals titles like “Study Suggests Alpha Man gets Women” (ClickOnDetroit.com, 2011) or “Deep voice triggers infidelity jitters” in USA Today (Vergano, 2011). One hopes Moynihan and Mintzes are working on a sequel.

References:

Maija Saari, OISE, University of Toronto.