

## The Expert Manipulation of Female Orgasm

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**Through its examination of the history of the vibrator and of techniques of female masturbation, Rachel Maines' text depicts the contentious nature of the female orgasm as it appears in expert discourse, as well as in commercial practice. She thus unmasks an androcentric concept of sexuality, of which the vibrator is an essential component, and she renounces what she refers to as the mystery of penetration.**

Reviewed: Rachel P. Maines, *Technologies de l'orgasme. Le vibromasseur, l' "hystérie" et la satisfaction sexuelle des femmes*, Payot, 2009. 272 p., 20€. French translation of *The Technology of Orgasm: 'Hysteria', the Vibrator, and Women's Sexual Satisfaction*, Baltimore, MD: Johns Hopkins University Press, 1999.

The author of a medical treatise, dating from the 17<sup>th</sup> century, suggests the following cure for what he calls a “suffocated matrix”: “we believe it to be necessary to engage the help of a mid-wife who will massage the genitals with a finger inside, using lily oil, the roots of musk plants, crocus, or other similar substances. In this way, the afflicted is brought to climax. This type of manual stimulation is recommended by Galien and Avicenne among others, particularly for widows, for those living a life of chastity, and for nuns, as is also suggested by Gradus. It is prescribed less often for very young women, for prostitutes or for married women, for

whom there can be no better remedy than to “unite with one’s husband.” (p. 43)

From Antiquity right up until the 20<sup>th</sup> century, female genital stimulation by medical practitioners was common practice, and Rachel Maines’ work (translated into French ten years after it was first published in 1999) depicts in detail the various technical, therapeutic and erotic aspects of this practice by referring to expert medical treatise, mail order catalogues, and museum analysis throughout North America and Europe. The strength of the work lies in its depiction of the way in which these three aspects overlap, and in its detailed portrayal of the views underlying them. What we would consider today to be an erotic act is presented in the treatise cited above as being merely therapy. The genital stimulation of a patient by a doctor would today be condemned as an abuse of power and even rape, while previously it was seen as medical practice. In order to explain this practice, it is thus necessary to explain the history of such practices, of sexuality and of medicine, as well as to examine views of the female orgasm. It is a question of understanding where such views come from and what they are based on.

Put most simply, the expert production of an orgasm involves in this case the genital stimulation of a woman by her doctor. Rachel Maines shows the way in which this act of sexual stimulation contributes to a whole arsenal of therapeutic acts, which aim to control female ailments, in particular, that of hysteria. At this point, the text examines the point of view of the doctors; expert discourse here is discourse on female sexuality, the latter being considered as essentially pathological. Hysteria does not distinguish one group of women from another but is rather an inherent part of female sexuality, as these doctors conceive it to be. But this expert discourse and its acts do not necessarily represent an erotic practice, and Rachel Maines notes in several places that there is no sign that these doctors enjoyed exploring the female vagina. On the contrary, as is stated in the treatise cited above, the mid-wives and, from the end of the nineteenth century onwards, vibrators were to take over the task of

carrying out this “dirty work”. It was left to an outsider to question the validity of this practice, to unmask it and to grasp its erotic potential. This is what happened at the beginning of the nineteenth century to Mesmer, not only because attitudes to the body’s sexuality were changing, but more importantly, because Mesmer came from outside the world of medicine. (p. 89) If the use of vibrators and other electric and hydraulic techniques became more widespread at the end of the nineteenth century, it was within the context of medicine, and the medical world defined their use. Fondling, hydrotherapy and mechanical vibrators are milestones in the history of orgasm as a cure.

However, Rachel Maines maintains that the expert production of orgasm is not only represented by the act of stimulation of the female body by doctors, but also by the male definition of female sexuality. Without moving too far from the influence of medicine, she outlines the points of view that men as a group have of women, by showing how this act of professional stimulation ties in strongly with the notion of female pathology and also with the “androcentric model of sexuality”, (p. 45) a model which promotes vaginal penetration, shared climax, and the pathologisation of female sexuality which is unable to find pleasure within these defined boundaries. Taken from this angle, it seems to be less an issue of female sexuality than one of heterosexuality. If women visit their doctors, it is not merely that they suffer from a condition, but also that their partners are struggling to satisfy them adequately. The text clearly indicates that the aspects of therapy involved and the emergence of hysteria are signs which point to the presence of a pathology, but also to a failed heterosexual eroticism. The doctors’ acts are clearly erotic gestures which dare not reveal their true nature, in an attempt to conceal the fact that their real function is to compensate for failed conjugal relations. The history of the technology of orgasm is one of denial, which can be seen in the treatise cited above, and which Rachel Maines refers to as the “mystery of penetration.” The vibrator is an object which masks and unmasks the contradictions of the androcentric model of sexuality as it implicitly

compensates for masculine weakness by concealing conjugal inadequacies under a medical blanket. By pathologising feminine sexuality, the partner is spared all blame.

And so the practice of expert manipulation of orgasm can only really be understood if we consider a third point of view – a female point of view which renounces the androcentric model. This is the stance taken by Rachel Maines herself, as put forward in the introduction. She mentions that her interest in vibrators came about as part of her work on sexual instruments, but also by observing the differences in masculine and feminine reactions to her research; conspiratorial laughter from one side and unease, bordering on incomprehension, from the other. While denouncing the mystery of penetration on which the practice of expert production of orgasm is based, Rachel Maines redraws the map of the female sexual body. If vibrators fulfil their role, it is not that they replace the penis, but that they reveal the importance of clitoral stimulation. The text explains how this is a cause that has been taken up by the consumer market. By the twentieth century, the vibrator was no longer merely a medical tool but became part of a whole new world, that of the mail order catalogues, where it sat side by side with the likes of other handy electrical gadgets. Originally a therapeutic tool handled by men, it has become a female erotic appliance more or less explicit, and more or less fully reclaimed. The text represents part of this historical evolution, and can be read as an opposing discourse to that put forward by those doctors and by men on the subject of female sexuality, an opposing discourse which bases itself on the promotion of the clitoral orgasm. This objective point of view allows us to qualify the medical discourse as being based on “blanket concepts.”(p. 72)

The issue at stake is thus how to define female orgasm; either as an orgasm stimulated by doctors, for whom there was nothing orgasmic to be found in such stimulation; or as a failed orgasm for those men incapable of conceiving anything other than the vaginal orgasm; or finally as the clitoral orgasm as reclaimed by

women. The medical practice which is unable to recognise this third type of orgasm without undermining the androcentric model of sexuality, is referred to by Rachel Maines as “social camouflage,” (p. 89) but it is the whole history of orgasm which seems to be an issue of camouflage, such as when vibrators are camouflaged as instruments of pleasure by magazines who refuse to show their real function, as shown by Baptiste Coulmont<sup>1</sup>, or when the inadequacy of male penetration is camouflaged using a whole host of strategies aimed at making feminine sexuality coincide with the androcentric model, as shown by R. Maines. (p. 114-115)

Two final points. By sticking to its focus on expert discourse on female orgasm, and in offering a long chronology, the text provides little information on more common usage, practice and less official discourse, which would probably raise other questions, and which would allow for an examination of the limits of and resistance to the androcentric model. It is true, as noted by R. Maines herself, that the role of female orgasm throughout history is influenced by the “androcentrism of the sources” (p. 51), which leave feminine experience very much in the shadows.

In promoting the clitoral orgasm as an erotic technique relevant to female sexuality, the text promotes a technical and physiological concept of feminine sexuality, which it then tends to normalise. This is paradoxical for a book on vibrators. Rachel Maines thus distinguishes between “simple vibrators” and “vibrating dildos” as seen in pornographic films, referring to the latter as “penis substitutes” (p. 212). There is no doubt that in heterosexual pornography, this is the function that they serve. But if promoting the symbolic qualities of the vibrator is an essential part of denouncing the vaginal orgasm as being a heterosexual norm and encouraging an alternative form of feminine sexuality, it normalises the clitoral orgasm and the clitoris as a legitimate erogenous zone. What the text does not touch on is the role of

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<sup>1</sup> See Baptiste Coulmont, « Camouflage et libéralisme », <http://coulmont.com/blog/2006/02/06/camouflage-et-liberalisme/>

the dildo as fantasy, and more widely, the fantasmatic dimension of sexuality, which the book hardly mentions. The dildo is not necessarily a substitute for the penis nor does it have to be the instrument of an androcentric model; for example, in the case of happy conjugal relations (where we might assume that it does not act as a substitute for an already present penis, or where penetration is more often anal), or in the case of lesbian relationships (which are not defined in terms of there being an absent penis).<sup>2</sup> We might therefore ask whether the aim of challenging the androcentric model by drawing attention to other sexual techniques which the model represses does not in fact share the same normalising attitudes to sexuality. Promoting the vibrator as a legitimate sexual tool does not deny the potential importance of the dildo, even within a heterosexual context. Emphasis on the technical aspects of sexuality tends to undermine the role of fantasy in eroticism. Rachel Maines' work thus depicts a shared history of the medicalisation of sexuality, the techniques of eroticism, and the sexual importance of these techniques, but does not provide an exhaustive examination of the issues raised.

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<sup>2</sup> See Judith Butler, *Ces corps qui comptent. De la matérialité et des limites discursives du sexe*, Paris, Amsterdam, 2009.