
Beyond Viagra: Sex Therapy in Poland*

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Abstract: In the 1970s and 1980s, Poland, like most other countries in the region, provided not only unlimited access to abortion and contraceptives, but also a liberal sex education. This period moreover constituted a golden age in sexology in the country. Sexual science developed as a holistic discipline, embracing achievements in medicine, psychology, sociology, anthropology, philosophy, history, and religious studies, providing recourses for sex education and therapy. Sexuality was perceived as multidimensional and embedded in relationships, culture, economy, and society at large. This approach was fundamentally different from the biomedical model, which started to develop rapidly in the United States after Masters and Johnson's publication of *Human Sexual Response* in 1966. Contemporary feminist critics like Leonore Tiefer point out that Masters and Johnson's approach initiated the process of biomedicalisation and commodification of sexuality and led to the domination of pharmaceutical industries in sex therapy. Meanwhile, owing to the given political and economic context, socialist sexual science was not tied to the market and remained holistic until the advent of capitalism in the 1990s. Along with the invention of Viagra, the free market significantly reshaped the field of sex therapy, giving priority to pharmacotherapy, promoting new sexual dysfunctions, and marginalising other forms of treatment. Nevertheless, Polish sexology was not fully transformed. It proved surprisingly resilient to the influence of pharmaceutical industries and the holistic approach to sex therapy remains highly valued and often practised; pharmacotherapy is perceived as insufficient and sexual dysfunctions, including erectile dysfunctions, are frequently treated using psychotherapy, which takes into account not only psychological but also social, economic and cultural issues. This article is based on the author's ethnographic and archival research on the development of Polish sexology since the 1970s. She focuses on the relationship between sexuality, socialism, and capitalism and shows that an analysis of socialist sexology sheds light on the nature of the contemporary hegemonic understating of sexuality and sex therapy.

Keywords: history of sexology, history of sexuality, post-socialism, gender roles, Poland

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Introduction

'Treating erectile dysfunction is now much easier than in the past. We have a very efficient tool. We write a prescription ... and we can usually help our patients. But it would be a sin to say that sex therapy is all about prescribing drugs.' I was told this in an interview with a medical doctor in his early forties who specialises in sexology and gynaecology. Polish sexologists, across various therapeutic areas—physicians, psychotherapists, feminist and LGBT counsellors—share a common understanding of sexuality and sexual problems as related to various factors: physiology, psychology, culture, society, religion, and the economy. They follow the path marked out by Kazimierz Imieliński, the founding father of Polish post-Second World War sexology, who took a holistic approach to sexuality, stressing its relationship to culture and society as much as to bodily reactions. He laid the foundations of the Polish school of sexology, which was deeply interdisciplinary; it combined various branches of medicine (e.g. psychiatry, gynaecology, urology) with psychology, the humanities, and the social sciences. He proposed a model of sex therapy that took into consideration multiple factors including physiological, psychological, relational, and cultural aspects. Other important sexologists like Michalina Wiśłocka, the author of the most widely read Polish book on sex, and Zbigniew Lew-Starowicz, who has published extensively in the Polish popular press since the late 1960s, also consider sexuality to depend on culture, society, and psychology. This situation is fundamentally different from that of North America. In the second half of the 20th century, sexology in the United States became dominant in world sexology. The works of William Masters and Virginia Johnson [1966, 1970] shaped the field of sexology by framing human sexuality as depending on physiology only and as experienced within the scheme of a sexual response circle. Since the 1990s, US-based pharmaceutical companies, following the physiological model of Masters and Johnson, have introduced a series of drugs intended to treat sexual dysfunctions. Viagra is the most famous of them. As alternatives to the medical-physiological model other forms of therapy have developed: psychological and feminist/LGBT self-help groups. Nevertheless, as Janice Irvine argues in her history of North American sexology, there has

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been very little dialogue between these three approaches [Irvine 2005]. Feminist therapists have been especially critical of the medicalisation and commodification of sexuality and sexual treatment [see, e.g., Tiefer 2000, 2001, 2004; Kaschak and Tiefer 2002]. Meanwhile, on the other side of the Iron Curtain, the situation in Poland was quite different: since the late 1960s, thanks to Imieliński and others, sexology developed as one interdisciplinary field (feminist and LGBT movements in their Western form did not exist in Poland under socialism). In this paper, using examples from Poland and the United States, I show how sexology developed on both sides of the Iron Curtain and ask: What are the post-socialist consequences of the various processes behind the construction of sexology and what can we now learn from the experience that formed under the conditions of socialism? Could socialist sexology contribute to a contemporary critique of sexuality constructed and experienced through the logic of market economy?

This last point brings us to a general discussion of socialism, capitalism, and the post-socialist transformation in Central Europe. Although strongly criticised in the past decade (see, e.g., Buchowski [2006]; on sexuality, see Owczarzak [2009] and Sharp [2004]), the dominant narrative of post-socialist restructuring has remained unchanged since the early 1990s and can be summed up in a single sentence: the backward East has to catch up with the West.¹ The latter is associated in this story with characteristics such as progress, freedom, and, when it comes to sexuality, also pleasure and sexual rights: only by internalising the values, lifestyle, and worldview of the West can the peoples of the East achieve the Western level of development, freedom, and pleasure. Translating this into the field of sexology, sexologists should switch to the Western model of science and therapy in order to give their patients and readers what they want or, perhaps, even explain to them what they should expect from their sex lives.² Contrary to this approach, in this study, I show some advantages of the development of sex therapy under socialism associated with the specific type of financing, training and research, fundamentally different from market-oriented financing under the conditions of capitalism. While transnational debates on sexuality, gender and health are mostly based on developments in western and postcolonial contexts, the so-called second world usually remains unnoticed [Grabowska 2012]. I present some possible contributions to these debates from the former socialist world.

¹ This narrative of unilinear progress is also widespread in relation to LGBT rights all over the world (see Altman [1997]; for a critique of this approach see, e.g., Renkin [2009], Rofel [1999], and Donham [1998]).

² Following Foucault [1978] and other historians of sexuality, I assume that sexology plays an important role in constructing sexuality and sexual identities. Hence, research on sexology might shed light on how sexuality is constructed in a given context.

Methods

In this paper, I refer to multiple sources. I draw on my archival and ethnographic research on sexual science in Poland under socialism, during the post-socialist restructuring, and in the present. In the period from 2008 until 2012, I attended numerous sexological trainings, seminars, and conferences.³ This allowed me to learn about contemporary Polish sexology, and I selected 35 physicians, therapists, counsellors, and educators with whom I wanted to conduct in-depth interviews. In the interviews, the following issues were discussed: the sources of the interlocutors' knowledge (publications, trainings, and the people that constructed their perception of sexuality); the nature of their research and therapeutic and/or educational activity.⁴ Interviews and participant observation allowed me to select the most influential sexological works from the period from the mid-1960s to the present day. I analysed major sexological publications, both scientific and popular, and articles in the press written by major Polish sexologists.

When describing North American sexology, I mostly rely on Janice Irvine's study *The Disorder of Desire* [2005], as well as critical studies by feminist therapists and researchers, such as Lenore Tiefer [2000, 2001, 2004], Jennifer Fishman [2004], and Laura Mamo [Fishman and Mamo 2001]. I also did my own reading of major works in North American sexology. Further, I participated in a number of conferences and seminars during the academic year 2010–2011, including the Western Region Annual Meeting of the Society for the Scientific Study of Sexuality in San Francisco in April 2011, and followed discussions on sexual dysfunctions and the market by US experts.

Mainstream sexology in the United States

Although sexual science developed in Europe with Kinsey's reports [Kinsey et al. 1948, 1953] and especially after the publication of *Human Sexual Response* by William Masters and Virginia Johnson [1966], mainstream sexology in the United State constitutes the mainstream of world sexology. Masters and Johnson's work in particular has shaped North American sexual science since the late 1960s. An enormously popular work, it contributed greatly to the popular understanding of sexual pleasure and the construction of sexuality [see, e.g., Vance 1989].

³ The trainings and conferences included: training for sex therapists at a state-sponsored medical-education centre (courses on female sexual dysfunctions, male sexual dysfunctions, new trends in sexology, issues related to sexual orientation, forensic sexology), classes for sex educators at a public university, educational medical conferences (organised among others by the Polish Sexological Association, medical-education institutes), and workshops for therapists (organised by public universities).

⁴ In the Polish context, given the interdisciplinary character of sexology, therapists often serve as educators; researchers work as therapists, and so on.

What do Masters and Johnson say about sexuality? They recruited 694 volunteers for the research on which their main work, *Human Sexual Response*, is based. When he started his research, Masters studied prostitutes. Later, Masters and Johnson chose men and women who had had positive sexual experiences in the past. Almost all of them represented the well-educated, white, wealthy middle class of St. Louis, Missouri, where the Masters and Johnson's lab was located. The volunteers were asked to have sex or masturbate in the laboratory while Masters and Johnson measured their bodily responses. From this they presented what is called the human sexual response cycle, the same for both genders. In this model, human sexual reactions consist of four phases: excitement, plateau, orgasm, and resolution. They argued that effective stimulation leads to sexual satisfaction. They did not take into account any non-physiological circumstances, such as psychological functioning and socio-cultural settings (for instance, power relations in relationships), or any subjective experiences. They stressed the sexual similarities between men and women. According to them, sexual responses are essentially the same; the only difference is that women can experience multiple orgasms [Irvine 2005: 45–60]. In many ways their work was very innovative: given their methodology, their description of similarities between genders, and their discovery of female sexual capacity, manifested in multiple orgasms and clitoral orgasm. Similarities between men and women were in accordance with the understanding of gender under second-wave feminism, and their conceptualisation of female orgasm and female sexual capacity initially generated enthusiasm among feminists [see, e.g., Koedt 1970; Sherfey 1970]. However, Masters and Johnson explicitly distanced themselves from feminism; they also saw pleasurable sex as an important element of a successful marriage [Irvine 2005: 162–164].

The focus on physiology was part of their strategy to legitimise controversial research. As Irvine says, they 'invoked the culture's idealization of science to legitimize their work, emphasizing at every turn their devotion to the scientific method and the pursuit of knowledge. ... they appealed to the power of the medical profession as well ... they asserted "medicine's responsibility" to uncover and disseminate accurate information on sex' [Irvine 2005: 60]. Furthermore, they proposed methods of treatment based on their understanding of sexuality. They meant their research to be liberating: 'Their assertion that sex is "natural" was meant to contravene thousands of years of punishment, prohibitions, and mysticism. There is no sexual mystery, and, most important, we are all capable. By ignoring the social and political construction of sexuality, they could convey instead the image of an inherent, lusty sexuality hidden inside everyone, a sexuality that could be brought to the surface with a few practical suggestions for changes in technique and position.' [Irvine 2005: 63]

Masters and Johnson's work shaped sexology all over the world and became the point of reference for therapists and researchers. Their books were translated into multiple languages (including Polish; both *Human Sexual Response* and *Human Sexual Inadequacy* were published in Poland in 1975). Their work also

influenced how sexuality and sexual dysfunctions were defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) since its 1980 edition. Dysfunctions are organised in accordance with their four-phase model.⁵ The DSM is the point of reference for therapists all over the world, especially since the World Health Organization uses the same definitions in its International Classification of Diseases (ICD) (see, e.g., ICD 10 which partly incorporated Masters and Johnson's language; for a discussion, see Tiefer 2001: 75–82)).

Critical responses

Masters and Johnson's work was also widely criticised, notably by researchers and therapists who perceived sexuality in a more contextual way, and mostly because Masters and Johnson saw sexuality outside of social, cultural, psychological, relational, economic, and political contexts, as well as outside of power relations. Masters and Johnson hardly ever talked about men and women, they usually used biological terms: males and females [see, e.g., Tiefer 2004].⁶ Feminists argue that within this research women are not asked about their emotional experiences and as a result orgasm is perceived as the only form of sexual satisfaction [Hite 1976; Tiefer 2001]. Furthermore, underlining the similarities between 'males' and 'females' obscures the social settings that construct men's and women's sexuality. Leonore Tiefer, a psychologist and feminist, says: 'The HSRC [Human Sexuality Response Circle] assumes that men and women have and want the same kind of sexuality since physiological research suggests that some ways, and under selected test conditions, we are built the same. Yet social realities dictate that we are not all the same sexually—not in our socially shaped wishes, in our sexual self-development, or in our interpersonal sexual meanings. Many different studies ... show that women rate affection and emotional communication as more important than orgasm in a sexual relationship.' [Tiefer 2004]⁷ She argues that women's sexuality is limited by various factors, such as, 'socioeconomic subordination, threats of pregnancy, fear of male violence, and double standard' [2004].⁸

Furthermore, as Irvine showed in her analyses, even the physiological similarities between sexes in Masters and Johnson's work are rather problematic. She writes, '[a] closer look at HSR [*Human Sexual Response*], reveals ... many descriptions of discrepancies between male and female responses' [Irvine 2005: 61], and she presents several quotes and examples from *Human Sexual Response* to

⁵ This also included Helen Kaplan's modification of their cycle: she added sexual desire to their model [Kaplan 1979].

⁶ Location 804. When quoting Tiefer 2004, I refer to an electronic (Kindle) edition and I use location instead of a page number to indicate the exact fragment of the book.

⁷ Location 790–794.

⁸ Location 787.

substantiate her claim. For instance, in chapter one, Masters and Johnson write: 'Only one sexual response pattern has been diagrammed for the human male. ... Comparably, three different sexual response patterns have been diagrammed for the human female.'⁹

As mentioned above, owing to their method of recruitment Masters and Johnson failed to take into account, not only gender, but also other socio-cultural factors. Their research describes the sexuality of members of the white, well-educated middle class who had had positive sexual experiences. This sexuality, however should not be generalised [Tiefer 2004].¹⁰

Researchers looking at sexuality in a holistic way argue that the Masters and Johnson's model leads to the commodification and medicalisation of sexuality and the domination of the pharmaceutical industry—since sexual response is always the same and comes from the body, dysfunctions in both males and females can be treated with drugs, such as Viagra [Irvine 1995; Tiefer 2001]. Irvine shows that their understating of sexuality 'was vital for the development of their clinical practice. One can establish a market only with the promise of simple and effective techniques and commodities that will ameliorate, if not solve, the pressing dilemma. To succeed as a business, sexology had to view sex as simple, natural, and responsive to technical intervention, not complicated by thorny social relations' [Irvine 2005: 63–64]. Although Masters and Johnson themselves suggested behavioural treatment of sexual dysfunctions, their physiological model, with its 'simple' understanding of sexuality and treatment and a promise of sexual satisfaction with the result of effective stimulation (combined with other factors, such as neoliberal deregulation allowing pharmaceutical companies to become active agents in the field of sexology [Fishman 2004; Tiefer 2000]), for more general discussion on biomedicine and the market see Clarke et al. [2010]), paved the way for the invention and popularity of sexual drugs. That in turn led to even the further medicalisation of sexuality.

Research conducted in Western Europe [see, e.g., E. Johnson 2008] shows that the physiological medicalised model of sexuality extends well beyond the United States it was particularly strengthened by the invention of Viagra, followed by attempts to invent a Viagra-type drug for women and the advertising or even the invention of female sexual dysfunctions in the media [Fishman 2004]. As a result, often women who find their emotional and sexual lives satisfying suddenly change their view and consider themselves abnormal or sick [see Canner 2009].

⁹ The quote is from the work of Masters and Johnson [1966: 4] as cited in Irvine [2005: 61]; see also Masters and Johnson [1966: 5], Figure 1–1, The male sexual response; and Figure 1–2, The female sexual response cycle.

¹⁰ Location 616–620.

The development of Polish sexology under socialism

Although the Polish sexological tradition dates back to the second half of the 19th century, its contemporary form was shaped in the 1970s and 1980s. My interlocutors referred to this period as the golden age of sexology in Poland. Sexual science developed during these two decades as a holistic discipline embracing achievements in medicine, psychology, sociology, anthropology, philosophy, history, and religious studies, providing resources for sex education and therapy. Sexuality was perceived as multidimensional and embedded in relationships, culture, economy, and society at large. Furthermore, psychology played an important role in sex therapy.

Kazimierz Imieliński (1929–2010) was the person instrumental to the institutionalisation of sexology in Poland in the 1970s and 1980s. His initial training was in internal medicine. In 1958 he was a visiting fellow at a clinic in Cologne. As he described in an interview for a student weekly, he spent his after-work hours in a medical library and this is how he became acquainted with the classic German works on sexology. He developed an interest in this, for him new, field and decided to visit sexological institutes in Hamburg and Frankfurt am Main. He said in the interview: 'Back then, this branch of medicine was very little known in Poland, not popular at all. It encouraged me: to transplant this non-trivial piece of knowledge about the human to the Polish ground.' [Kryska 1967]

Imieliński decided to specialise in sexology. After coming back to Poland, he studied under the supervision of Tadeusz Bilikiewicz and then worked with Kazimierz Dąbrowski. Both of them were not only medical doctors but also philosophers with broad intellectual horizons [Darewicz, Moszyński and Sikorski: 250–251]. Clearly, they influenced Imieliński's thinking about sexology. In the interview, he explained what sexology was: 'It is believed that sexology is a highly narrow specialization. This is a huge misconception. Needless to say that it is closely related to medical disciplines such as psychiatry, neurology, urology ... But please note links of sexology to disciplines which are not part of the natural sciences: to pedagogy, law, psychology, and even someone could insist—to theology' [Kryska 1967]; (for his definition of sexology, see also Imieliński [1982: 7]). His medical practice and his writings were based on this approach. In the 1960s and 1970s he published eleven books about sexuality and sexual therapy, including three popular books that enjoyed high print runs. Some of his publications had multiple editions—for instance, *Życie seksualne. Psychohigiena* (Sexual Life: Psycho-hygiene) had four editions: 1963, 1967, 1969, 1975. The book was published by a medical press, but it was written for a wider audience and addressed such topics as: sexuality among youths and guidelines for parents on how to talk to children about sexuality; masturbation; sexual techniques; the sexuality of men and women; reasons for sexual conflicts; contraception; sexuality in the context of various illnesses; wage work; alcohol abuse. The book gained great popularity; for example, 30 000 copies of the first edition were printed and it sold out within a few weeks; the second edition had a print run of 60 000 copies [see

Imieliński 1967: 8]. His more scientific works dealt with issues such as masturbation [Imieliński 1963a] or the social aspects of homo- and bisexuality [1963b]. He also started to develop a theory of 'social sexology'. In the introduction to the volume he edited, entitled *Seksuologia społeczna* (Social Sexology) [Imieliński 1984b], he argues that sexology developed out of the conjunction of various disciplines (medical and non-medical) and that it deals with: 'all kinds of phenomena related to humans and differences between people, conditioned by their gender and their influence on human personality, life, health, marriage and family, wage work and general psycho-physiological capacity and the entirety of human relations' [Imieliński 1984a: 6]. Furthermore, Imieliński followed his teachers in believing in the responsibility of physicians, as members of the elite, to educate people and give them access to scientific knowledge that will improve their lives and general social happiness [Bilikiewicz 1967: 3].¹¹

In 1971, Imieliński decided to institutionalise this approach to sexuality and sex therapy. He established a sexology unit at the Medical University in Krakow. One of his first interns was Stanisław Dulko, a psychiatrist from Warsaw. He moved to Krakow to practice sexology under Imieliński's supervision. Imieliński not only organised his formal training, but also made an effort to educate Dulko in other spheres of human life. The doctor from Warsaw was forced to spend every afternoon and evening exploring the artistic and intellectual life of Krakow (which was considered the 'cultural capital' of Poland), as Imieliński believed that these spheres could give insight into human sexuality [Wasilewski and Dulko 2011].

In the early 1980s, Imieliński set up a sexology unit at the Centre of Postgraduate Medical Education in Warsaw, which was based on his interdisciplinary and holistic approach. The unit was dedicated to both treating patients and training future sex therapists and it still exists today. The training consisted of classes taught by specialists in various medical and non-medical disciplines (such as history, art history, sociology, ethnology, religious studies, pedagogy). My interlocutors, who in that period were Imieliński's students and collaborators, highly value this interdisciplinary approach. They pointed out that he found a way to combine medicine with psychology. They also described everyday practices in Imieliński's sexology unit in the 1980s. Although it was a medical unit in a hospital, Imieliński created a home-like space and forbade doctors from wearing white coats. Each patient was treated by both a physician and a psychologist. Furthermore, the whole team discussed each case, often building on the achievements of other disciplines (which the team was familiar with thanks to frequent seminars with specialists in the social sciences and humanities). The openness of Imieliński to non-medical perspectives was also demonstrated by the fact that he hired a Catholic priest as a full-time employee. The priest's task was to support transsexual patients during the process of preparation for sex reassignment sur-

¹¹ This approach was typical of other Polish sexologists [see, e.g., Wisłocka 1978: 42].

gery. Polish sexology also developed its own method for such surgery. All these trainings and collaborations (which included collaboration with sexologists in other socialist countries) were fully sponsored by the socialist state (including the funding to cover the priest's salary).

Another specific aspect of Polish sexology was its focus on patients and on the correspondents' experiences. For Masters and Johnson the main source of knowledge was laboratory research conducted on subjects who had had a satisfactory sexual life in the past; meanwhile, Imieliński mainly drew on his experiences with his patients as well as letters he received from his readers¹² [e.g. Imieliński 1967: 8–9]. He never conducted laboratory research on sexuality.

There were two other important figures of Polish sexology in the 1970s and 1980s: Michalina Wisłocka (1921–2005) and Zbigniew Lew-Starowicz (born in 1943). Michalina Wisłocka was a gynaecologist and the author of the most popular Polish book on sex (*Sztuka kochania* [The Art of Love], it sold 7 million copies and was first published in 1978). Lew-Starowicz, one of Imieliński's students, is now a major figure in Polish sexology (the president of the Polish Sexological Association and the editor-in-chief of *Seksuologia Polska* [Polish Sexology]). In the 1970s and 1980s he published extensively in the popular press and received an enormous number of letters from the public. In this period, he also wrote fifteen books, the majority of them addressed the general public and they were very popular; only two books from these two decades addressed solely professionals [1985, 1988a]. His most famous book, *Seks partnerski* (Sex on Equal Terms [1983]), had four editions in the 1980s, each with a print run of 100 000 copies.

In their books, both Wisłocka and Lew-Starowicz draw widely on their patients' particular cases and on letters they received and combined them with other sources. For instance, in *The Art of Love*, Wisłocka relied on: medical research, her patients' experiences, but also literature, philosophy, and so forth. Wisłocka explains in the introduction that she collected materials over fifteen years of working as a gynaecologist and sexologist, and drew on data from 5000 gynaecology patients and 1000 sexology patients, as well as letters she received while working at the magazine *Zdrowie* (Health) and as a counsellor for the Planned Parenthood Association's distance counselling service [Wisłocka 1978: 10]. Lew-Starowicz also drew on information from his patients and correspondents. While publishing in the popular press, he received letters from his readers, and constructed many of his articles as replies to those letters, in which he discussed the cases the letters' authors had described. He also published analyses of the letters [1973a, 1973b]. *Sex on Equal Terms* [1983] was partly written in this way; he combined knowledge with what he had learned from his patients and from the results of research conducted by other scientists. One of his scientific books, addressed to future sexologists and other physicians, is based on his experience as a sexologist

¹² He also conducted social surveys [e.g. Imieliński 1963a].

and an overview of international sexology literature. For the book he analysed 780 cases that he had worked on between 1970 and 1982 [Lew-Starowicz 1985: 5]. Masters and Johnson's research was known in Poland; as I mentioned above, their major books were translated into Polish and Polish sexologists discussed them in detail in their books [Wisłocka 1978; Lew-Starowicz 1983]. However, they contextualised them and stressed that physiology cannot explain everything. Wisłocka for instance argued against Masters and Johnson's claim that women experience only clitoral orgasm. She writes that from her conversations with her patients it is clear that women experience vaginal orgasm and that this form of orgasm is very important for them because of their relationships. She shows this as an example of the lack of interest in the subjective experiences of women on the part of Masters and Johnson. As her patients did and wanted to experience orgasm through vaginal stimulation, she developed her own method of achieving it and claimed it was very successful [Wisłocka 1978: 250]. Her approach to orgasm points to three characteristics of her sexological approach. First, the source of her knowledge: she treats her patients' experiences as more useful data than North American clinical research. Second, it shows what kind of sex Wisłocka valued the most; her understating of orgasm shows that she (and her patients) associated sex with marriage and equal pleasure with relationships and love, and did not necessarily define everything in physiological terms. Finally, she denies women sexual autonomy, as in her view the most valued form of sex requires penetration. At the same time Wisłocka, Imieliński and Lew-Starowicz were telling their readers that clitoral orgasm was not a pathology, as many patients and correspondents were at the time struggling with this sort of stereotypical thinking.

Polish sexologists moreover contextualised pleasure. For instance, Lew-Starowicz wrote about the 'tyranny of the orgasm' [Lew-Starowicz 1985b]—the issue described by Tiefer in an article in 2001. Lew-Starowicz wrote: 'One can say that the interest in the phenomenon of orgasm and the development of sexology allow many women to enter into a formerly unknown world of experiences. But there is also the other side of the coin: the popularisation of ... sexology, publications concerning orgasms and satisfactory sex propaganda have led to ... the tyranny of the orgasm. For many women the capacity to have an orgasm indexes their self-esteem. ... Women who were happy in their relationships and satisfied with their sex life, have started to doubt the normality of this situation and have lost their sense of happiness.' [Lew-Starowicz 1985: 12]

Additionally, Imieliński, Wisłocka and Lew-Starowicz stressed that effective stimulation, highly valued by Masters and Johnson, does not always lead to sexual satisfaction. Following their patients' and correspondents' cases, they showed various non-physiological obstacles to women's pleasure, such as exhaustion [e.g. Lew-Starowicz 1970a: 14], which was a common result of the contradictory gender politics of socialism: women were encouraged to participate in the work force, but they were also responsible for housework and for the happiness of their families [see, e.g., Marody and Giza Poleszczuk 2000; Szpakowska 2003].

Polish sexologists also argued against Masters and Johnson's assertion that males and females or, as Wisłocka and others preferred to say, men and women, are the same. They stressed that there are physiological, psychological, and socio-cultural differences between genders that make the sexual lives of men and women fundamentally different. They also pointed to so-called traditional gender roles as a route to sexual satisfaction for both genders [e.g. Wisłocka 1978: 65, 77–78, 101; Lew-Starowicz 1983].

Imieliński, Wisłocka and Lew-Starowicz, as well as other Polish sexologists, responded to the concerns of their patients: they provided basic information and destigmatised various sexual behaviours and experiences (for example clitoral orgasms); and they based their analyses on those concerns as well as their patients' cases. At the same time, their views are very problematic from a feminist perspective. Although they criticised Masters and Johnson for the very same issues as North American feminists did, they saw gender relations differently and reinforced stereotypes by linking pleasure to traditional gender roles. For instance, Wisłocka suggests in *The Art of Love* that for a satisfactory sexual life women should operate mostly in the domestic space and should allow men the possibility of 'conquering' them [Wisłocka 1978: 90, 151–152]. Lew-Starowicz argues in many articles that women's emancipation threatens sexual satisfaction and family happiness. Sex on equal terms—a key to sexual satisfaction—is defined as a relation between feminine women and masculine men: femininity means passiveness, maternal qualities, and a domestic orientation, while masculinity is associated with activeness, independence, and a public orientation [Lew-Starowicz 1983: 109]. Any disruption of this order leads to sexual dysfunctions. The sexologist writes that some 'contemporary women' are experienced, active, and take the initiative in sex [Lew-Starowicz 1970: 14]. This situation may lead to male sexual problems: 'Women's sexual expectations are increasing which is partly a result of emancipation and sex education. This phenomenon is the most frequent cause of male sexual dysfunctions.' [Lew-Starowicz 1983: 334] Hence, traditional marriage was deemed the essential frame of 'healthy' sex.¹³ This vision of sexuality and gender relations was partly due to these sexologists' openness to the cultural context: the contradictory socialist politics of women's emancipation (women were encouraged to enter the labour force, but the division of labour within the household and power relations in the family remained patriarchal, and there was no promotion of new gender models within the domestic sphere) and the influence of the Catholic Church, which remained powerful under communism (on the Church under socialism, see, e.g., Mishtal [2009]).

¹³ A discussion of the stance of Polish sexologists on homosexuality goes beyond the scope of this paper. However, it is worth noting that Polish sexologists in the 1970s and 1980s presented it as either pathological or less satisfactory than heterosexuality. At the same time they stressed the suffering of homosexuals and provided information on the gay and lesbian liberation movement in the West [see, e.g., Lew-Starowicz 1970c, 1975, 1978, 1988].

In Poland, nobody ever conducted Masters and Johnson-style research. We could explain this by saying it would be impossible in a Catholic country or it would be too expensive under the conditions of socialism. However, my informants—sexologists to whom Imieliński was a mentor—argue that the reason was different: they didn't believe that this kind of research could really contribute to understanding human sexuality. They say that, in fact, under socialism they never experienced any serious obstacles from the Catholic Church. Furthermore, they say that in that period they were very well funded. They developed expensive collaborations with sexologists in other socialist countries and complex training systems for therapists at home. In the 1990s, when they were able to collaborate with Western scholars, it appeared that they had relatively more freedom in their research and more funding than their Western colleagues. My informants noted that sexologists in the United States had to work for the pharmaceutical industry in order to make a living. My interlocutor, a sexologist and psychiatrist of the older generation, recalled in the interviews a visit to Poland of a group of North American sexologists in the early 1990s. He told me that the guests had been impressed by the freedom Polish sexologists had under socialism. They envied their colleagues from the other side of the Iron Curtain because they were not dependent on the pharmaceutical industry and could rely on state funding. At the same time, my interlocutor described North American sexology as commercial, which meant restricted to conducting research and training that had market value. In this way he reversed the narrative of progress that has accompanied the transition to capitalism.

Post-socialist sexology

The situation in Poland changed in the 1990s. State funding was limited and sexologists had to find new resources to cover the costs of training and research. Pharmaceutical companies became the main source of funding. This shift restructured the field of sexology. Only research and training that could lead to prescribing drugs would be funded. As one informant said: 'they [pharmaceutical companies] don't care about psychologists, philosophers, they don't care about ethics, morality, education or art, God knows what! They are only interested in whoever can write a prescription'. Furthermore, as I mentioned above, in the second half of the 1990s world sex therapy was reshaped by the invention of drugs on erectile dysfunctions.

My research shows that Polish sexology appears to be very resilient to the influence of the industry. There is no doubt that Viagra and other sexopharmaceuticals are present on the Polish market and physicians rely on them extensively, and North American mainstream sexology is the point of reference for many Polish contemporary sexologists. My informants stressed that physicians are becoming more and more important in the field of sexual science in Poland. In 2004, a new professional organisation was established—the Polish Society for

Sexual Medicine. This society is open only to physicians. However, Polish sex therapists also combine prescribing Viagra and other drugs with other therapeutic methods: like in the Imieliński unit in the 1980s, physicians who are sexologists often collaborate with psychologists who specialise in sex therapy.¹⁴ There is a general consensus between physicians and psychologists that the activity of the pharmaceutical industry in the field of sex therapy is too extensive and invasive. Even those physicians who benefit from pharmaceutical companies (for instance, using industry funding for research or participation in conferences) are very critical of their influence. The informant whom I just quoted is a physician and can write a prescription. Another of my interlocutors, the physician quoted at the very beginning of this paper, combines his therapeutic practice with research conducted for the industry. Furthermore, training for future sexologists consists of elements of psychology and in it frequent references are made to the humanities and the social sciences. In addition, lecturers rely greatly on their experiences as therapists and cite cases of their patients, which are discussed to a greater extent than in North American clinical research. Moreover, during the classes in which I participated, lecturers often urged future sexologists to be open to the achievements of non-medical disciplines and to follow art and literature, as they give insight into human sexuality. Philosophers, historians, and sociologists are invited to give talks to sexologists. For instance, during an educational conference¹⁵ for physicians on human sexuality organised in Warsaw in April 2012, the guest speakers consisted of physicians with various specialisations, as well as a historian and a professor of pedagogy and sociology.¹⁶

Furthermore, the multidisciplinary tradition of Polish sexology supports the development of feminist sexology.¹⁷ Although, as I wrote above, Polish sexology was (and still is) full of gender stereotypes, it is also open to the achievements of other disciplines. This tradition allows elements of feminist and queer theory

¹⁴ There are two official ways to become a sexologist in Poland. Candidates have to be either physicians or psychologists. Further, they must have a medical specialisation (e.g. gynaecology, urology, psychiatry) or in the case of psychologists they must also be therapists. Candidates need to complete special training in sexology and pass an exam (different for physicians and psychologists). After completing all the requirements, physicians receive their certificates within the national system of medical education and psychologists receive certificates from the Polish Sexological Association.

¹⁵ Participation in such conferences is part of the training required to become a sexologist.

¹⁶ The title of the conference was: *Kobieta i mężczyzna. Zdrowie reprodukcyjne i seksualne* (The Woman and the Man: Reproductive and Sexual Health).

¹⁷ In Poland as elsewhere, there are multiple feminist approaches to sexuality. In this paper, when I talk about 'feminist sexology' or 'the feminist definition of sex', I refer to the whole range of ideas that were expressed by my informants who identified themselves as feminists in the course of interviews, as well as to Polish feminist writings on sex (in particular Długolecka and Reiter [2011]). The common ground for these ideas was: perceiving female sexuality as autonomous; stressing the importance of clitoral orgasm; focusing on gender stereotypes and sexism as major constraints on female sexuality and female sexual agency.

to be incorporated into sexological, medical knowledge. Feminist sexologists can refer to the works of Imieliński or Wisłocka for justification. During an interview, I asked one of my interlocutors, an important figure of Polish feminist sexology in her mid-forties, what constructed her understanding of sexuality. She mentioned Foucault's *The History of Sexuality* and Imieliński's works, 'because of his holistic approach'. Imieliński's holistic approach is used as an argument to convince mainstream sexologists that feminist ideas can be incorporated into sexual science.

Major Polish feminist sexologists now offer classes as a part of official sexological training, although they are not physicians. In their classes they draw attention to gender and sexual stereotypes. Lecturers who do not identify themselves with feminism also refer to feminist ideas, although they sometimes express their disapproval of the feminist definition of sex. However, feminist ideas are more and more visible within sexology. This development is a result of the very specific tradition of Polish sexology, but also of feminist activity. Since the late 1980s, activists have sought dialogue with sexologists and have tried to incorporate feminist critique into sexological knowledge. They have done this through both formal and informal conversations. They have invited sexologists to attend feminist conferences [see, e.g., Sierzpowska 1993], but they have also discussed sexuality-related issues in informal settings. This has been possible because sexologists and feminists tend to belong to the same social networks (for instance, both sexologists and feminists were deeply involved on the same side of the battle over abortion in the early 1990s).

Conclusion

Michel Foucault's [1978] assumption that expert knowledge is instrumental to the construction of sexuality allows us to ask the following question: How do the different—socialist and capitalist—models of sexual therapy and different models of financing sexual science along with different sexual policies influence sexual cultures and subjects?

Research conducted in the late 1980s in Eastern and Western Germany showed that women in the socialist GDR claimed to have significantly more satisfaction in their sex lives than women in the capitalist Federal Republic. Social researchers link this to the progressive gender and sexuality politics of the GDR: abortion was legal, divorces were easy, public childcare was established, sex education existed in schools, and women were able to support themselves owing to their massive presence in the labour market. At the same time, prostitution was illegal and sex shops did not exist. The situation in West Germany was the opposite: there was an established sex industry while women's rights and participation in the work force were minimal [Sharp 2004; see also Meier 2007]. Sexuality in the two Germanys was thus based on two models: socialism and capitalism. Ingrid Sharp, in her study on the 'sexual unification' of Germany, shows that the

dominant narrative in the early 1990s was that sexuality in the East had to catch up to that in the West, as the Western model was considered better. The development of sexuality was understood through the development of the market, in this case of the sex industry, although the facts about the sexual satisfaction of women in the East spoke against this [Sharp 2004].

The case of sexology in Poland also tells a story that goes against the dominant narrative of post-socialist transformation. Polish sexology under socialism developed as an interdisciplinary field, perceiving sexuality as dependent on physiological, psychological, and socio-cultural settings. This holistic approach is now advocated by North American therapists and researchers who argue that the physiological model of Masters and Johnson and its consequences (the domination of pharmaceutical companies in the field of sex therapy and research) have led to the omission of multiple aspects of sexual problems and sexuality in general. The kind of approach proposed by Imieliński is the one that these therapists would like to implement now. However, it should be noted that Imieliński, Wiśłocka, Lew-Starowcz, and other Polish sexologists are in many ways fundamentally different from contemporary feminists, especially when we take into consideration their understanding of gender: they perceived gender roles in a stereotypical way, associating women with passivity and the domestic sphere and men with activity and the public sphere. At the same time, their holistic understanding of sexuality and their openness to multiple non-medical sources of knowledge created room for the contemporary influence of feminism.

Finally, the question remains: in what way did Polish sexology, so popular in the 1970s and 1980s, influence sexual subjects and sexual culture in Poland? Recent research shows an incredibly high level of sexual satisfaction; only 7% of women report not having orgasms; 75% report no difficulties at all [Izdebski 2012]. Research conducted in the United States shows that only about 55% of women have no dysfunctions, and more than 40% report orgasmic dysfunctions.¹⁸

As a part of my research, in November 2011, I participated in a public debate at which the Polish research findings were discussed. The difference in findings relating to sexual dysfunction in Poland and the United States was noticed by the discussants. They argued that this had to do with the fact that Poles had low sexual expectations. However, I would like to offer another interpretation: maybe there is a different sexual culture, and Poles, Polish women in this case, measure their satisfaction in a different way, do not equate sex with physical experiences, and see sex in a broad relational, cultural, and social context, something

¹⁸ '64% of women ... report having had an orgasm at their most recent sexual event' (National Survey of Sexual Health and Behaviour, quoted in: <http://www.kinseyinstitute.org/resources/FAQ.html#orgasm>); 42–43% of women have sexual dysfunction (<http://women.webmd.com/guide/sexual-dysfunction-women>; see Laumann, Paik and Rosen [1999]; and see also: <http://feministwithfsd.wordpress.com/2010/06/07/statistics-and-fsd-part-1-of-2/> (both retrieved 20 November 2014).

they learned from the Polish sexologists who for decades had been presenting sexuality in a holistic way and therefore contributed to the construction of enduring models of sexual subjects and sexual cultures. There is no doubt that today multiple other factors construct sexuality in Poland. However, socialist sexological works are still popular (*The Art of Love* was published in March 2011 as an e-book¹⁹); popular authors who started their careers under socialism publish new books based on the holistic view of sexuality rooted in the approach of the 1970s and 1980s (for example, Lew-Starowicz [2012]); Imieliński's textbooks are still obligatory readings for future sexologists;²⁰ models of sexuality are also transmitted through various intergenerational modes of knowledge transmission. Finally, as Carole Vance [1989] argues, the processes of the social construction of sexuality result in stable and not easily changed identities.

I am not suggesting that Polish sexology does not have limitations or weaknesses (it certainly has, especially when it comes to gender), nor that real socialism in Poland was an ideal political system. I am only pointing to the fact that we are dealing here (in Poland and also in some other (post-)socialist cases; see the GDR example above) with a certain way of constructing sexuality and performing sex therapy that were made possible by a certain political and economic situation and a specific intellectual tradition (combining medicine with philosophy and the social engagement of physicians, like in the case of Imieliński's teachers), which were fundamentally different from the US model that developed under the influence of the market. Today, when the physiological-capitalist North American model is under criticism, the socialist model could provide experience-based knowledge on alternative solutions and point to their advantages (the holistic perspective) and disadvantages (gender stereotypes).

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¹⁹ http://www.czarnaowca.pl/erotyka/sztuka_kochania,p262571485 (retrieved 30 May 2014).

²⁰ <http://www.cmkp.edu.pl/wp-content/uploads/2013/07/Seksuologia.pdf> (retrieved 30 May 2014).

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