

# **FIXING BROKEN MASCULINITY: VIAGRA AS A TECHNOLOGY FOR THE PRODUCTION OF GENDER AND SEXUALITY**

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In the twenty-first century, technology is not so easily divorced from the human body. Viagra, the blockbuster drug hailed as the “magic erection pill,” exemplifies the increasingly accepted technologically-enhanced body. After a history of medical experts applying technology to women’s bodies in times of weakness, male bodies are now deemed in need of treatment. As male bodies digress from “normal” (erect and penetrating) sexuality, techno-scientific advances promise to “fix” the problem, and thus the patriarchal “machine.” Thus, Viagra is both a material and cultural technology producing and reshaping gender and sexuality under the guise of techno-scientific progress. Drawing on my own ethnographic data, I explore the use and circulation of techno-scientific advancement and inevitability discourses and the ways in which masculinity and heterosexuality are reproduced, as well as contested, critiqued, and reshaped by those who prescribe, dispense, market, and/or use Viagra. Finally, I argue that Viagra is currently being understood and employed as a “tool” to avert or treat masculinity “in crisis” in the contemporary America.

## **Introduction**

The surging popularity of the quick-fix erectile dysfunction drug Viagra<sup>1</sup> and the now-regular proclamation in newspapers that close

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to one-half of all Americans are “sexually dysfunctional”<sup>2</sup> make clear that science, medicine, technology, gender, and sexuality are inextricably linked in contemporary times. During this time of advancing technology and unheard of pharmaceutical industry growth, especially in the realm of “lifestyle drugs,”<sup>3</sup> twenty-first century America is witnessing the rise of the pharmacology of sex, where pharmaceutical companies exercise increasing authority over areas of life, such as sexuality, not previously requiring prescription drugs.

This article centers on the turn of the century heterosexual male body as a new site for medicalization, technological enhancement, and cultural and personal crisis. Using ethnographic data, I explore the ways in which masculinity and heterosexuality are constructed and problematized in light of the Viagra phenomenon. I expose the ways in which consumers and practitioners actively make sense of Viagra in terms of “trouble” and “repair.” And I argue that Viagra is both a cultural and material tool used in the production and achievement of gender and sexuality. For the first time in American history, biotechnology is being used to “fix” or enhance heterosexual male confidence and power, and thus avert masculinity “in crisis.”

Social science research in two arenas provides a social context from which to explore the production of gender and sexuality in the context of the Viagra phenomenon. First, I argue that the growing field of social science research on technologically-enhanced sexual bodies (Haraway, 1991; Martin, 1994; Irvine, 1990; Foucault, 1978) leaves out the crucial role that pharmaceuticals play as biotechnologies with potential to construct, shape, and enhance bodies. Furthermore, my research points to the male heterosexual body as a new locus for technological innovation and enhancement. Second, scholarship on late twentieth-century masculinities (Bordo, 1999; Connell, 1995; Faludi, 1999; Kimmel, 1996; Messner, 1997) would benefit from considering the ways in which pharmaceuticals such as Viagra play a role in the social and material construction of masculinity.

Before focusing on a particular turn of the century biotechnological phenomenon, we must understand the context from which it came. Socio-historical insight into the increasing use of techno-

logical apparatuses of control is a crucial starting-place. Only then can we begin to understand the use of Viagra as a technology of gender and sexuality in late capitalism.

### **A Brief History of Techno-Treatments**

#### *Biotechnology*

Therapeutic, technological, and bio-technological<sup>4</sup> efforts to define, construct, inhibit, and enhance sexual bodies have a long history.<sup>5</sup> Such efforts—which evolved from the nineteenth century into the late twentieth-century—represented a major mobilization of empirical, medical, and technological tools to treat sexual problems, usually thought to be synonymous with social problems (Foucault, 1978; Irvine, 1990: 189).

Foucault used the term “technologies of sex” to refer to institutions of the nineteenth century that medicalized and controlled deviant sexualities. For example, the medicine of perversions and the programs of eugenics were two great innovations of the technology of sex of the second half of the nineteenth century” (Foucault, 1978: 118). These institutions and “apparatuses of control” are constituent of modern “scientific biopower,” an era during which there was an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations (1978, 140).<sup>6</sup>

Foucault’s theoretical models have been criticized as deterministic and lacking significant depth relating to gender (de Lauretis, 1987; Basalmo, 1996). Gender theorists have co-opted and developed Foucault’s concepts of technologies and repressive techniques and applied them to understanding how gender is produced, promoted, and controlled through social technologies, institutionalized discourses, critical practices, epistemologies, and daily practices (Basalmo, 1996; de Lauretis, 1987). This broad understanding of “technologies” and apparatuses is useful in conceptualizing sexual pharmacology as producing and controlling sexuality.

Feminist scholars of science and medicine writing in the past three decades have been particularly concerned about the relationship between women’s bodies and techno-scientific control. Femi-

nist scholars of science have exposed the crucial role women's bodies play and played as the ideal subjects and objects of medical and technological intervention in the nineteenth and twentieth centuries. Once female bodies were investigated, medical scientists found them to be fundamentally different from the male norm, and then grappled with how to control such "unknowable" bodies (Basalmo, 26).<sup>7</sup> Research at the intersections of science, technology, and sexuality reflects this gender imbalance, focusing on technological forces as determining, "articulating," or controlling primarily female bodies beginning in the eighteenth century and persisting through the twentieth century (Basalmo: 1996; Ehrenreich & English, 1973; Groneman, 1994; Hausman, 1995, 1978; Mumford, 1992; Maines, 1999; Raymond, 1979; Reissman, 1983). This body of research reveals the historical construction of pathologized male and female bodies in need of "fixing" as one of two extremes: nymphomaniacal and/or hysterical, or frigid and/or impotent. "Technofixes" of the Victorian era included clitoridectomies and other surgeries, electrotherapy, hydrotherapy, vibrating machines, tonics, harnesses, and others.

A very limited cohort of scholars have written about how men's heterosexual bodies have been normalized and naturalized, and in rare cases, pathologized (Bullough, 1987; Mumford, 1992). Kevin Mumford explores how male impotence was medicalized, constructed, and cured in the Victorian era. Starting from advertisements promising male virility and vigor, Mumford traces the "crisis of masculinity" along with modernization, and the changing American conceptions of male sexuality and masculinity from the 1830s to the 1920s. In the colonial era, "techno-fixes" such as aphrodisiacs and elixirs were sold and prescribed for males on a very limited basis as fertility-aids (1992: 36-7). Such limited work reveals that male sexualities have clearly been shaped by sexual science and technologies, social institutions, historical contexts, and sexual politics over time.

### *The Forward March of Biotechnology in the Twentieth Century*

By the twentieth century medical hegemony reached its peak: medicine, with its models, metaphors, institutions, and distinctive

ways of thinking had come to exercise authority over areas of life not previously considered medical (Conrad & Schneider, 1980; Reissman, 1983). In the age of medical "progress," scientific knowledge and medical answers to problems are generally unquestioned as the best, most efficient, most legitimate solutions. Technology, as an applied science, is similarly constructed and championed. Thus, the history of science, medicine, and technology is also a history of attempting to solve social problems and control populations (Davis, 1981; Ehrenreich & English, 1973, 1979; Foucault, 1973, 1978; Jacobson, 1999; Maines, 1999; Terry, 1995). In twentieth century America, biotechnology is deployed to solve social problems (deemed largescale sexual problems) such as poverty, fertility, adolescent sexuality, teenage pregnancy, venereal disease, and AIDS.<sup>8</sup>

It is out of this context of medical and biotechnological hegemony, along with U.S. government de-regulation of the pharmaceutical industry, that late twentieth century American society witnessed the rapid expansion of pharmaceutical power, and the rise of the pharmacology of sex.<sup>9</sup> The development of reproductive technologies in the mid-twentieth century was a clear precursor to the pharmacology of sex. The oral contraceptive pill was an early success in medical, technological, and social worlds. Watkins tracks how the combination of media, medical researchers, physicians, and manufacturers seduced the public into seeing "the pill" as the ideal "techno-fix" to solve individual and social problems related to fertility control without knowing the hazards of the drug until the late 1960s. The new oral contraceptive also served as a barometer of changes in social attitudes about science, technology, and medicine as well as illuminated conceptions about sexuality, women's health and medicine, and science and technology as applied to women's lives (D'Emilio & Freedman, 1997: 339; Watkins, 1998: 8). Most importantly, Watkins suggests that "although Americans expressed skepticism toward medical science and its products, for example, the pill, they continued to embrace the culture of 'modern' medicine and technology after the 1960s"—a "culture" that was rapidly expanding and changing (Watkins, 1998: 132).

In the past twenty years, there has been an increase in scholarship focused on the merging of technology and medical science to construct “postmodern” or cyborgian bodies, including the construction of sexual or gendered bodies through surgeries, implants, hormones, drugs, appliances, and reproductive technologies in the twentieth-century (Basalmo, 1996; Franklin & Ragone, 1998; Haraway, 1991, 1999; Hausman, 1995; Irvine, 1990; Raymond, 1994). This growing field of research on biotechnology and sex explores the myriad ways in which gender, sexuality, and reproduction are naturalized, reinforced, inhibited, inscribed, surveyed, and controlled through technology in the twentieth-century. Postmodern techno-science scholarship suggests that transsexual, reconstructive, and cosmetic surgeries as well as reproductive technologies provide a window onto both social constructions and medico-technological interventions into gendered and sexualized personhood. In late capitalism, Americans have a newly transformed relationship with biotechnology; one that goes beyond “healing,” to now “transforming” bodies (Basalmo, 1996; Hausman, 1995; Jacobson, 1999; Raymond, 1994). In the last twenty years, historians have outlined the convergence of markets and science in the new, “totally replaceable body” (Irvine, 1990: 259). Thus, in a postmodern world, where bodies are a collection of various parts, and sexuality is fractured and dispersed in and around the body, the surgeon’s knife and hormonal treatments become tools for sexual enabling, reinvention, and goal-attainment.

Twentieth century scholarship on biotechnology tends to over-emphasize medical hegemony and domination and underemphasize the role of human agency and resistance.<sup>10</sup> Donna Haraway (1995) calls the convergence of socio-historical forces and science and technology the “informatics of domination,” (a concept similar to Foucault’s “biopower”) referring to how bodies are produced, inscribed, replicated, and disciplined in postmodernity. Technology promises to be enhancing and lifesaving, while obscuring the fact that it also acts as disciplinarian and surveillant (Basalmo, 1996: 5). The individual is taught to “know her body” to the point of self-conscious self-surveillance (Basalmo, 1996: 6; Foucault, 1977) and view her body as fractured, with constantly im-

provable, fixable parts (Jacobson, 1999; Martin, 1994; Mead in Basalmo, 1996).<sup>11</sup>

Within cultural studies, sociology, sexology, queer studies, and feminist studies, the question of agency as it relates to bio-technological products and apparatuses remains urgent. Scholars have warned about the general over-emphasis on the bio-technological “impact” in such writings on sexuality and technology, to the point of losing sight of human agency (Haraway, 1999; Sawicki, 1991). Sawicki suggests using a Foucaultian analysis to view technology and medical science within a context of multiple sites of power and resistance operating within a social field of struggle (Sawicki, 1991: 87).<sup>12</sup> Technological developments are many-edged, Sawicki reminds us, for who, today, would deny women the contraceptive technologies developed in this century? (Sawicki, 1991: 89). This analysis attempts to balance agency and “impact” in considering consumers and practitioners as subjects constructing and shaping medical and biotechnological realities, bodies, and masculinities. Nonetheless, these agents clearly operate within and against constraining social contexts.

### *Enter Viagra*

The twenty-first century ushers in a new era of mass-marketed sexual bio-technology. This is the era when the “magic bullet” for sexual energy, confidence, and masculinity comes in the form of a pill. In the Viagra era, large numbers of primarily heterosexual males join the ranks of those with bodies deemed in need of “fixing.” Today, so-called lifestyle drugs of all types (such as Viagra) are available to anyone with access to the internet and a credit card. At the beginning of a new sexual millennium, “functioning normally” (or for some, hyper-potency) is still the goal for both the medical establishment and the public, and a new “widespread dysfunctionality” is the hurdle. But for whom? American medical, technological, and pharmaceutical industries currently appear concerned about primarily one segment of the population: those with money and penises.<sup>13</sup> The gaze is now turned upon the symbolic organ that the medical establishment has worked for centuries to

invest with power and privilege. This project has intensified with news that more than 1 in 10 men struggle with impotence. Investments into impotence treatments of all types continue to soar globally as more and more males admit to their erectile dysfunction, and flock to urologists, male clinics, and internet sites seeking treatment.<sup>14</sup> American insurance providers have agreed, for the most part, to subsidize Viagra, and consequently, to back mass efforts to normalize male potency and confidence levels. In a patriarchal world, the traditional American phallogocentric sexual script is alive and well. And it looks like the tide has changed—the West’s twenty-first century sexually frigid and sick who deserve to be healed are primarily white, middle class heterosexual males over forty.<sup>15</sup>

Using a Foucauldian understanding of the micropolitics of power, I explore the ways in which social theorists, medical practitioners, and consumers engage in an ongoing dialogue about the construction of bodies, genders, and selves. These consumers and medical professionals are attempting to make sense of biotechnology and masculinity as they interact with Viagra. Through multiple and varied discourses of “trouble” and “repair,” consumers grapple with bodies, manhood, and medical diagnoses and expose as constructs that which we take for granted. In this context, I argue that Viagra is imagined and utilized as a tool for “fixing” and producing masculinity, but what form this takes and how this gets played out is varied and complex.

## Methods

I use a grounded theory-based approach and ethnographic methods to explore and analyze the Viagra phenomenon, which I define as a dynamic, tension-filled, ongoing and varied cultural movement, centered around a blockbuster drug and biotechnological product, which constructs and problematizes gender, sexuality, aging, and medicine. By triangulating my data, I have integrated interviews with participant observation and discourse analysis. FolioView analytic software was employed to analyze interview data, my own media archives, and Pfizer promotional materials. Finally, as a participant observer, I have attempted to spend time



inside the institutions dedicated to legitimating, defining, mapping, institutionalizing, diagnosing, and/or producing “experts” who will speak on behalf of sexual dysfunctionality and the role of Viagra. I have logged over four hundred hours at crucial medical sites dedicated to knowledge production and sexual commodification, including three sexual dysfunction conferences, two “men’s clinics” run by urologists concerned primarily with penile enhancement, countless physicians’ offices, four sex therapy clinics, five herbal sex remedy outlets and specialized sexuality businesses, and both “virtual” and “real” pharmacies.

In this article I draw from 49 interviews (25 male consumers, 24 medical professionals) conducted between 1999–2001. All names have been changed to insure confidentiality. Male consumers (see Table 1) are a self-selected group who responded to my requests for interviews through internet postings, newspaper advertisements, practitioner referrals, senior citizens organizations, personal contacts, and prostate cancer support group meetings. Those consumers who volunteered for an interview generally had experience with Viagra and had an interest in sharing this experience because it had affected them in some way (good or bad). Others appeared to have time on their hands (many were retired) and just wanted to help a graduate student with her project. Consumers claim varied ethnicity and sexual orientation with ages ranging from 17–86 years old. Twenty-one of the twenty-six are older than forty years of age. The majority are middle class. Semi-structured conversational consumer interviews were primarily conducted over the phone or the internet (for anonymity reasons) with the in-person interview as the exception.

I chose to focus my interview and participant observation efforts on two medically-sophisticated urban areas with extremely different medical scenes: Boston and Beverly Hills. I contacted a random sample of thirty medical professionals in the southern California and Boston areas by phone or by mail to ask for an interview. After follow-up calls, twenty-six responded and agreed to speak with me, and several referred their colleagues as potential interview subjects. Seven professionals either didn’t respond or claimed to have no time or too little expertise in the area of sexual medicine. Thus, those who did speak with me were more likely to

Table 1

Consumer Demographics and Reason for Viagra use (n = 25)					
Name/Age	Occupation	Marriage Status	Ethnicity	Interview Information	Viagra Use Based on ?
Art, 76 yrs	Retired	Married 44 years	White	Phone, Senior School	Medically-induced E.D. Enhancement
Will, 53 yrs	Program coordinator	Homosexual/ Dating	White	Email, Senior School	
Byron, 70 yrs	Unknown	Heterosexual/ Dating	White	Email, Referral	Heart Failure
Gray, 80 yrs	Retired business owner	Female Partner	White	In-Person, Referral	Prostate Surgery
Bradley, 35 yrs	Unknown	Unknown	White	In-Person, Referral	Unknown
Chuck, 53 yrs	Architect	Married 25 years	White	Phone, Support Group	Prostate Surgery
Don, 67 yrs	Retired Fire Captain	Married 30 years	White	Phone, Support Group	Prostate Surgery
Elias, 60 yrs	Self-employed	Heterosexual/ Dating	Israeli	Phone, Support Group	Prostate Surgery
Fred, 75 yrs	Retired Marine	Widowed/ Dating	White	Phone, Referral	Age
Pal, 60 yrs	Retired Court Administrator	Married 39 years	White	Email, Web Posting	Age
Hancock, 69 yrs	Retired Teacher	Married 49 years	Black	Phone, Support Group	Prostate Surgery
Lue, 35 yrs	Navy Commander	Married	Unknown	Email, Referral	Enhancement
Marvin, 64 yrs	Unknown	Married	Unknown	Email, Web Posting	Diabetes
Miles, 45 yrs	Paramedic	Married 11 years	Unknown	Email, Web Posting	Enhancement
Mickey, 56 yrs	Self-employed	Heterosexual/ Dating	White	Phone, Referral	Prostate Surgery
Ollie, 64 yrs	Printer	Married 19 years	Black	Phone, Support Group	Prostate Surgery
Joel, 55 yrs	Unknown	Heterosexual/ Dating	White	Phone, Newspaper Ad	Age
Phil, 54 yrs	Insurance Broker	Married 33 years	White	Phone, Support Group	Prostate Surgery
Ricardo, 61 yrs	Painter	Married 25 years	Mexican	Phone, Support Group	Prostate Surgery
Bob, 62 yrs	Barber	Heterosexual/ Dating	Black	In-Person, Referral	Age
Scott, 37 yrs	Manager	Female Partner	Welsh	Email, Web Posting	Low Confidence
Stanford, 65 yrs	Counselor	Heterosexual/ Dating	White	In-Person, Referral	Enhancement
Stu, 36 yrs	Student	Male Partner	White	In-Person, Referral	Medically-induced E.D.
Thom, 53 yrs	Engineer	Married 32 years	Welsh	Phone, Support Group	Prostate Surgery
Dusty, 17 yrs	Student	Homosexual/ Dating	White	In-Person, Referral	Enhance

work in private practice and appeared to be interested and invested (as I was) in the Viagra phenomenon. In the end, I conducted twenty-four interviews with medical professionals through a mixture of snowball and purposive sampling (see Table 2). The medical professionals I spoke with are a mixed group of primarily white male pharmacists, therapists, urologists, general practitioners, and sexual health experts. Six of the twenty-six medical professionals I spoke with are female. The majority of these interviews were in-person, semi-structured conversations, with phone conversations as the exception.

Table 2

Medical Professionals (n = 24)

Name	Profession	Location	Affiliation
Barnes	Urologist	Beverly Hills, CA	Penile Enlargement Center
Bending	Urologist	Beverly Hills, CA	HMO
Cohn	Urologist	Santa Barbara, CA	HMO
Curt	Urologist	Santa Barbara, CA	HMO
Loud	Urologist	Santa Barbara, CA	Private Practice
Goldstein *	Urologist, FSD	Boston, MA	Sexual Medicine Clinic
Tobin	Urologist	Beverly Hills, CA	HMO
Bern	Internist	Beverly Hills, CA	HMO
Golding	Psychiatrist	Santa Monica, CA	Private Practice
Pellis	Psychiatrist	Beverly Hills, CA	Private Practice
Mason	Psychiatrist, FSD	Austin, TX	Research Clinic
Hiland	Psychiatrist, FSD	Seattle, WA	Research Clinic
Lee	Psychiatrist, FSD	Piscataway, NJ	Sexual Medicine Clinic
Baker	Psychiatrist, FSD	Bloomington, IN	Research Institute
Bastine	Psychiatrist, FSD	Ontario, Canada	Sexual Medicine Clinic
Redding	Psychotherapist	Beverly Hills, CA	Private Practice
Blackwood	Psychologist	Beverly Hills, CA	Private Practice
Patt	Psychologist	Santa Barbara, CA	Non-Profit Clinic
Tiefer *	Psychologist	New York, NY	Private Practice
Stone	Pharmacist	Santa Barbara, CA	Self-Employed
Long	Pharmacist	Santa Barbara, CA	Chain Pharmacy
Capri	Pharmacist	W. Hollywood, CA	Community Pharmacy
Wilshore	Pharmacist	Beverly Hills, CA	Medical Building Pharmacy
Jackson	Pharmacist	Ventura, CA	Community Pharmacy

\* Their real names

## Turn of the Century Troubled Masculinity

### *Problematic Package*

In the age of Viagra, most practitioners and consumers agree that loss of erectile function appears to be synonymous with loss of manhood. Early on, some medical professionals learned that they could not treat the penis in isolation from the man. To treat the penis on its own, one prominent psychiatrist commented, was not to see masculinity as a whole package.

Certainly [the discovery of a chemical injection that could produce an erection] started a new era in understanding sexual response. This really excited urologists who thought they could isolate the erection from the man. Now they have learned they can't detach the man from his penis. (Baker, psychiatrist)

It quickly became clear to many practitioners that masculinity was intimately tied to erectile functioning. A growing field of scholarship on male sexual bodies suggests that sexuality is a proving ground for masculinity (Bordo, 1999; Connell, 1995; Fasteau, 1975; Fracher & Kimmel, 1995; Kimmel, 1996; Potts, 2000). Thus, for males, gender and sexuality may be difficult to separate out. Masculinity requires sexuality and vice versa.<sup>16</sup>

This conversation between a doctor, his patient, and myself exposes this construction of a close relationship between masculinity and erectile function.

Doctor: You see, sexual dysfunction in males is peculiar. I'm sure if someone is a paraplegic and can't walk they would feel psychologically deprived. But beyond the great obvious lack—people who don't see or hear as well, they don't feel like they have lost their manhood, you see. I must tell you, and I'm not a psychiatrist, but I think it is far more prevalent in males than it would be in females. The fact that if women don't have sexual gratification, or don't have it [sex?], it isn't that they don't miss it, but they don't have the psychological burden that males seem to have. Maybe it's a throwback to the time when the caveman went and dragged a woman out on his shoulder. [Bending, internist]

Me: So sexuality is integral to male identity?

Patient: Absolutely! [My wife and I] talked about it for a long time—well a couple of weeks before the [prostate] operation itself. We talked about its possible we may not be able to have sex because the apparatuses they had out didn't necessarily work. So you could go for the rest of your life without having sex. And [the doctor] is so right. You feel part of your manhood is gone. (Gray, consumer)

Above, a practitioner and his patient agree that the “trouble” associated with erectile dysfunction is a psychological burden and loss of manhood. Most of my interview subjects were in agreement on this point; that if the penis is in trouble, so is the man.

You probably wouldn't understand it—it's a big part of manhood. Ever since you're a little boy growing up that's a part of your masculinity. And whether its right or wrong, and however you deal with it—that's, well, I'm dealing with it and I seem to be okay. If a man gets an erection, or the boys in the shower compare each other, that's your masculinity. A lot of men don't like to admit it. (Phil, consumer)

[Viagra] makes my penis larger, length and widthwise and that's inherent to the macho thing of men. With impotence, I felt like part of my manhood has been lost. (Byron, consumer)

In this way sexuality, or “erectile health,” is constructed as compulsory for men; integral to achieving manhood. “Every man must pump up for phallocracy” (Potts, 2000: 98).<sup>17</sup>

While many men may not discuss their masculinity problems openly with a doctor, the doctor-patient dialogue above and Viagra's recent blockbuster success are representative of a new global concern for the “broken,” or impotent male. If gender is “accomplished” in daily life (West & Fenstermaker, 1995), then the accomplishment of masculinity is situated, to some extent, in erectile achievement. Fixing the male machine and ensuring erectile functioning, for the patients quoted earlier and countless others, is to ensure masculinity. Viagra is a technology, or a tool, used to fix the broken machine.

### *The Poorly-Functioning Male Machine*

Donna Haraway argues that the postmodern subject is a cyborg, a hybrid creature composed of both organism and machine who

populates a world ambiguously natural and crafted (1991: 149). Medical language about the body reflects the overlap between humans and machines as consumers and practitioners describe bodies using mechanical terminology such as “functioning” and “maintenance.” The metaphor of the body as a smoothly-functioning machine is central to Viagra constructions. In her research of 20th century understandings of health and the body, Emily Martin (1994) found that the human body is commonly compared to a disciplined machine. Like a machine, the body is made up of parts that can break down. Illness, then, refers to a broken body part. To fix this part ensures the functioning of the machine. Drawing on interviews with consumers and practitioners, I argue in this section that the popularity of Viagra has exposed and created a masculinity crisis of sorts. In this section, consumers and practitioners employ industrial and technological metaphors to make sense of body and gender trouble, or masculinity in crisis.

In this section, customers and practitioners make sense of “trouble” by attempting to locate problems in the male body or machine. Such industrial metaphors are regularly used by Dr. Irwin Goldstein, a media-friendly urologist and Pfizer funded researcher, known for describing erectile functioning as “all hydraulics” and suggesting that dysfunction requires “rebuilding the male machine.”<sup>18</sup> Following this metaphor, common treatment protocols for “erectile dysfunction” center on treating the penis (broken part) separately from the body (machine). Physicians are encouraged (by Pfizer representatives) to center their doctor/patient dialogue around the patient’s erectile “performance”—asking the patient to rate their erections in terms of penetrability, hardness, maintenance, and satisfaction levels.<sup>19</sup> This construction of the penis as dysfunctional and fixable is exemplified in the following quotes.

What I do is say [to patients complaining of erectile dysfunction], ‘Tell me about the erections. When you were 20 years old lets say they were a 10, rock hard. Where would they be now on a scale from 1-10?’ So I give them some objectible evidence that they can give me. They’ll say, ‘oh, now it’s a 2.’ A lot of guys say its now a 7 or 8. I say ‘Can you still perform with a 7 or 8?’ They say, ‘Yeah, but its not as good as it was.’ (Curt, urologist)

I'd say as far as functioning sexually, I'm probably at 70 percent. I just can't get hard enough to penetrate. Everything works but the erection. If I were to rate my erectile functioning prior to surgery, with now, I'd say its at 75 percent. It will never be back to 100 percent, I know that. So I'm somewhat satisfied. And the doctors always tell me that this is a long process, and that I need to be patient about getting back to functioning. So I'm in a wait and see mode. (Chuck, consumer)

Many patients who are currently looking for treatment for erectile dysfunction inhabit the gray area (in terms of performance rankings from 1 to 10),<sup>20</sup> and appear to be concerned with restoring their "machine" to a "normal," or near-perfect level of functioning. Optimal performance, or the ability to penetrate one's partner and sustain an erection, is desired, as reflected in the earlier quotes.

### *Trouble with Normal*

While rigidity is the goal, part of optimal penile performance is to appear flexible.<sup>21</sup> In a twentieth century postmodern world, flexibility is a trait cherished and cultivated in all fields, including health (Martin, 1994). Thus, the healthiest bodies are disciplined machines that also exhibit current cultural ideals such as flexibility, fitness, and elasticity (Martin, 1994). Viagra is constructed as a tool used to achieve the ideal flexible body—a body that is always "on call."

In some cases, Viagra is used by consumers who feel that normal penile functioning is not good enough. While these consumers claim they do not "need" Viagra, they are more satisfied with their performance when they do use it. In the later quotes, Bill and Stan imply that the pre-Viagra penis is slow, unpredictable, and uncertain, and, thus, problematic.

[I was] totally surprised in my ability to stay erect without effort and the ability to repeatedly snap to attention. Amazing effect. Sorta magical in a way. (Will, consumer)

I noticed that if I get titillated, [after using Viagra] then the penis springs to attention. Not atypically. But more facile. Its easier. I don't know if it takes less time. It's more convincing. Its not like maybe I'll get hard and maybe I wont. Its like Okay, here I am! (Stanford, consumer)

For these consumers, the Viagra-body may be preferable to the natural body, because it is consistent and predictable. The “on-call” Viagra penis will consistently respond when it is needed, whereas the “natural” body is constructed as too unpredictable.

Erections are a lot more temperamental than people are willing to admit. But we have this image of masculinity and expectations of male sexuality as being virile and always ready to go and being the conqueror. And I think that this pill allows people to finally live out that myth (laughs). That was one of the things I had to learn early on is that I had irrational expectations of sexuality. And that men don’t have big erections every time they want to, usually, and that to believe that one did was to set oneself up for disappointment. (Stu, consumer)

As Stu points out, Viagra exposes the flawed “natural” body and enables a man to achieve mythic masculinity. In this way, the Viagra story is one that slips between artificial and natural, and even beyond to super-natural levels. For many, the promise of Viagra is the fact that it can deliver “optimal” results, pushing the consumer beyond his own conceptions of “normal” functioning. In this way, practitioners and customers construct Viagra as a miracle cure because it not only “fixes” the problem, but makes things “better.” In the quotes that follow, Viagra is constructed as an enhancement drug.

It’s pretty amazing if you can take a pill and get a better erection. Or even an erection. [Is this the first time you’ve seen this type of medication?] Yeah, it’s the first type of medication like this, and for it to work, I mean, it is a wonderdrug. Well maybe some of the antibiotics or diabetes drugs—those are wonderdrugs. But in the sexual area, you could say in terms of sexual activity and all of that, yeah, it’s a wonderdrug. (Tobin, urologist)

With Viagra we say it’s for a medical condition, not for just anyone. However I know a fellow who was fine who took a Viagra to get himself extra-normal. (Bastine, psychiatrist)

The entire world relies on drugs simply because they work, or solve (or help) physical conditions. Why is Viagra any different if it is able to extend—excuse the pun—the full and most zestful part of being human? (Will, consumer)



Practitioners and consumers collaborate in constructing Viagra as a magic bullet that can “extend” the realm of “normal,” and push people to the next level: extra-normality, or superhuman-ness. By pushing the boundaries of erectile function, performance, and sexuality, Viagra sets new standards and constructs countless male bodies in need of repair. Consumers and practitioners use technological metaphors to construct the ways in which Viagra can be used to repair the broken male machine.

### **Repairing the Broken Male**

There is no doubt that at the turn of the century, males may be feeling emasculated, powerless, and lifeless for any number of reasons. For those who are feeling this way, Viagra comes to the rescue, with the potential to avert or repair personal and/or cultural troubles. Acknowledging that culture, the media, or relationships can be a source of trouble is not part of the medical model, and these institutions seem too complicated to fix. However, when the problem is located solely in the body (as in medical discourse), individualized, and treated as a physiological dysfunction, it can be easier to repair. Even clinical psychologists, who acknowledge that the trouble can be psychological, social, or relational, may join medical practitioners in seeing Viagra as a tool for regaining body function and repairing confidence, and masculinity.

In the face of troubled masculinity, Viagra is commonly constructed by consumers and practitioners as a pill for masculinity-repair or construction, to be used either in extreme erectile dysfunction cases where manhood appears to be “lost,” to more common “mild E.D.” situations where manhood needs a “jump-start” or an extra boost.<sup>22</sup> In this way, Viagra itself is a technology for the production of gender and sexuality. Viagra can be understood as a tool for the repair and/or production of hegemonic masculinity and sexuality. Some consumers take Viagra hoping not only to restore or supplement “natural” physiological function, but also “normal” masculinity and heterosexuality.<sup>23</sup> Others choose not to use Viagra, claiming that Viagra is more “trouble” than solution by producing an artificial and “uncontrollable” body. This idea of trouble will be developed further in a later section.

*Techno-Fix and the Viagra "Tool"*

With the embrace of Viagra as a biotechnological "wonder," Viagra is invested with myriad technological metaphors. As we have seen, Viagra can be understood as a tool for fixing the broken male machine. The term, "jump-start," is used by many practitioners and consumers to understand Viagra's effect on the body, and to symbolize an energetic positive step forward, with biotechnology backing-up and assuring performance. Viagra can jump-start the body and the mind to produce a self-assured masculinity.

Even the ones with psychological problems, they still try the Viagra to help convince them that everything works okay. I'll give it to them. [I say] You need this to *jump-start* your system. See how it works. If it gives you the confidence that you can get an erection, it can work. Then you can taper off of it. (Curt, urologist)

Sometimes the question is do they really need it? I ask "What is the problem?" Sometimes they tell you the truth, sometimes they don't, and there's no clear-cut way, short of the examination, to test and differentiate. But you know the old saying—you don't have a second chance to make a first impression with a woman, right? [Viagra] can be a way to *jump-start* their relationship or security. (Pellis, urologist)

Viagra is employed by practitioners as a tool, similar to jumper cables, to "jump-start" the male machine—to get the patient performing again. In the earlier first quote, the urologist renders the whole body affected by erectile dysfunction as lifeless, like a dead battery. The urologist and consumers quoted after him use the same metaphor (although they don't know one another) and advocate a rapid return to normal erections, normal performance, and, thus, normal masculinity. In the following quote, a consumer uses the same terminology as practitioners to reveal how Viagra works in the body.

Viagra is a miracle product for men with performance problems. And partners love it too. I've found that it really *jump-starts* things, physiologically. I've talked to many people who say this. But where I'm at right now, with my diet and tantra work, Viagra just doesn't suit me anymore. But I think for some people it might be great to take once in a while to jump-start things. (Bradley, consumer)

Technology-based metaphors pervade practitioner and consumer explanations of Viagra's relationship to the male body. Many medical professionals choose to use machine or automobile-related metaphors to construct the type of treatment now available with Viagra. Here, Viagra does optional repair work (on the male machine) and erections are seen as enhancements or "attachments" to the basic body.

It's an accessory that wasn't available before, now it's an option. There's the basic package and that's one of the options. I don't think its part of the basic package. The basic is four wheels, the steering wheel, windshield, the frame, and the doors. What you put on that package are extras. Erectile function is not part of the basic package. You may have a patient who disagrees, but most physicians will probably say the same thing. I'm not sure about that analogy. It's an option. It's not required. (Bending, urologist)

Viagra has a snap-on component to it. People want it now. It is a metaphor for our culture. (Redding, psychotherapist)

Consumers use similar industrial metaphors to describe how penises are repaired, transformed, and enhanced after using Viagra.

It's like a ready-made hard-on. Again this whole thing about performance anxiety—yes, Viagra is a very real help in the sense that it gives one a sturdy weapon. I hate these words, but you get the point. Knowing you have that helps with the psychosocial aspect of it, which is fear you won't be as good as the last guy. (Stanford, consumer)

[My friend] Jack, on the other hand, claimed victory that night and said the little blue confidence pill helped him achieve "pink steel," which impressed his occasional girlfriend, at least that night. (Lue, consumer)

Viagra's promise is one of corporeal technological enhancement—in the form of a snap-on, an accessory, and a ready-made erection. By making such comparisons (car, steel, weapon), consumers attribute masculine characteristics such as power, resilience, hardness, and strength to the Viagra penis, essentially constructing Viagra as a tool for producing masculinity, and enforcing social meanings. In this way, myth and tool mutually constitute each other (Haraway, 1991: 164).

*Repair = Trouble*

Not all consumers buy into the techno-fix model. Some consumers commented that although Viagra may promise bodily repair it can actually cause more trouble than its worth. In this section, Viagra constructs problems, not solutions. Later, Viagra is constructed as techno-trouble, constructing the male body as increasingly out of control.

I don't ever want to try [Viagra] again. The thing about it is, the side-effects could be very dangerous for someone a little older than I am. Because you do end up with palpitation. Your body is just not your body. So if [your functioning is] not normal, I think it's better to just let it go at that. Or make pills that are much much weaker. But I wouldn't recommend it for anybody. (Joel, consumer)

I have tried it. I went a long time and the bottom line is I don't like it. It hasn't done me any good and it had a harmful side-effect—heartburn and indigestion. I'm a little fearful of it. I'm a healthy guy and I don't take any maintenance medicines of any kind. My system seems to be functioning nicely. I think I'll just leave it alone. (Don, consumer)

As we saw earlier, some men see Viagra as a tool to create the ideal flexible body. For other consumers, Viagra may produce a body that is overly rigid and inflexible. At this point, the Viagra-effect becomes “unnatural” and uncontrollable, and consequently undesirable.

Well, I also didn't like it because it was unnatural. Like you were hard and you stayed hard. And I also didn't like the fact that it guaranteed things would be sexual until you weren't hard. I didn't like the idea of being forced into being sexual. You can't do anything nonsexual when you are on it. So basically it guarantees that entire period you are on it is going to be sexual. (Dusty, consumer)

The idea that I thought was hilarious at first—the erection that won't go away—is not hilarious at all. In fact it happens and sometimes endangers one's life. (Stanford, consumer)

Rather than lose control of their bodies or experience trouble through repair, these consumers construct alternatives to the pharmaceutical fix model, accepting their bodies as they are or just “leaving it alone.” Despite overwhelming evidence that Viagra is associated with the production of normal and/or mythic masculin-

ity, these men work hard at reconstructing masculinity as separate from “erectile health.” They insist that masculinity can be achieved without the help of Viagra, or consideration of erectile potential.

Oh no, if you don't feel like a man before you take the pill, you're not a man anyways. No, you have to know where you're at. If you have a little dysfunction that's minor. But you have to be a man before you go through that. Its not a macho pill. (Joel, consumer)

I've talked to a lot of different men about this. Some cannot live without sex. They feel their sex makes them the man that they are. And I'm not sure how important that is to me. I'm a man anyways. It's about self-esteem. What do you think about yourself to begin with? (Ollie, consumer)

For many, Viagra fits perfectly in a society that is known for pushing the limits of normal. Consumers may be critical of American culture and Viagra's role in perpetuating the endless pursuit of the quick-fix. Consumers warn of a hedonistic, money-driven, artificial world, where there is a pill for everything. Viagra exists in this world as a crutch or band-aid solution to larger social problems.

We are willing to take the latest thing that is fast and painless. Also, Americans seem to think happiness is their birthright. They take Viagra to become better, happier. And supermen. All that stuff about self-worth, image, and sex life, it's what people want... And maybe those guys who think they need Viagra just need to chill out and reduce stress in their lives. It's about lifestyle modification more than anything, I think. Maybe we are too lazy and it just takes too long. We want something to work fast. (Hancock, consumer)

I think there is a gross overuse of drugs for “happiness & well-being.” Feeling depressed, get a script for a mood enhancer... feeling tired, get a pill for energy... want to have better sex, get some blue magic. What about the age-proven solution of removing or reducing the problems or stress factors affecting your life and then seeing if pharmacological agents are still needed? (Miles, consumer)

Here, consumers construct society as pharmacologically-infused, producing individuals who are dependent upon pills for health and happiness. Consumers are critical of capitalist and biotechnological attempts at constructing needs, desires, and easy markets for products.

I think everything we do nowadays is overblown. I just see that society is just driving us crazy, making us jump through hoops and do things we really don't need to do. So a drug for everything—I think they—or not they—but the way things are set up, is to make you want to do things. Even if you don't want to do it, you are driven if you pay attention to what's going on. I'm not that kind of person. I won't let you do me that way. You won't be able to drive me that way. I just don't believe in it. (Ollie, consumer)

In many ways, consumers are critical of Viagra's potential to enforce social and gendered meanings and realities. Savvy consumers refuse to "buy into" mythic masculinity, and see through problematic discourses of medical progress and widespread public health crises. In this way consumers resist and reframe masculinity, biotechnology, and medicalization in ways that make sense to them. Rather than construct their bodies and masculinities as troubled, with Viagra as a techno-fix or magical solution, these consumers construct Viagra as problematic, contributing to larger social troubles.

### **Conclusions: Masculinity, Technology, and Resistance**

At the turn of the century, partly in reaction to the gains of women's liberation and female sexual empowerment, at a time of self-help movements, great social change, and personal crisis, the desire to "fix" and "erect" male sexuality and power in a patriarchal society appears to be strong. Feminist scholars, politicians, public intellectuals, pharmaceutical companies, entrepreneurs, and reporters construct, comment on, and capitalize upon American social problems such as "male betrayal," the "malaise among men" and the "masculinity crisis." Just as Betty Friedan warned against women "buying into" their own victimhood forty years ago, so now it is argued that men are buying into commercially packaged manhood in many forms, including "amped-up virility," and "technologically-enhanced supermanhood" (Faludi: 602). Today, a highly successful masculine empowerment campaign is underway, centered around a new late twentieth century tool, a magic blue pill, which promises to produce and enhance male "magic wands." In late capitalism, then, the doctor's tools are turned back on the doctor himself. The male body is constructed as in need of repair, and

becomes a new site for medical and biotechnological innovation and healing.

Masculinities scholar Michael Kimmel suggests that the realms of health and fitness (thus the body) have replaced the workplace as the next major testing ground for masculinity, where body work inevitably becomes a “relentless test” (1997: 332). However, few masculinity scholars have taken a critical perspective on current theories of the body as machine or as a surface imprinted with social symbolism. The Viagra campaign depends on such constructions of masculinity and male health to sell its product. In this context, Viagra enters practitioners and consumers’ worlds, envisioned as a cutting edge biotechnology, and used, I argue, as a cultural and material tool in the production and achievement of hegemonic masculinity.

The implications of constructing the male body as sexually potent, or a technologically-enhanced machine can be both hurtful and helpful, as practitioners, male consumers, and their partners have discovered. Social theorists also express concern with the state of manhood in America. Social scientist Susan Bordo bemoans, “We live in a culture that encourages men to think of themselves as their penises, a culture that still conflates male sexuality with something we call ‘potency’ ...” (1999: 36). Tiefer (1994) writes, “Today, phallocentrism is perpetuated by a flourishing medical construction that focuses exclusively on penile erections as the essence of men’s sexual function and satisfaction.” Sex therapist Wendy Stock points out that to focus on male bodies as Viagra-infused, finely-tuned, flexible machines, perpetuates a detached, unemotional masculinity. She comments, “Although a common cultural male fantasy is to be able to function like a machine, as the sexual equivalent of the Energizer Bunny, both men and women may lose something if medical interventions allow us to function without the necessity of emotional connection. Is the ability to perform like a sexual machine desirable, individually or on a cultural scale?” (Stock, 2001: 27).

As my interview data reveals, Viagra can and is being used by consumers and practitioners to enforce and perpetuate such ideal and corporeal masculinities. In this way consumers collaborate with

medical professionals and pharmaceutical companies in an attempt to understand and fix “broken” bodies. Perhaps of more interest, my data also reveals consumers and practitioners struggling with the necessity of the Viagra-enhanced body, and what that represents. As they negotiate their relationship to this product, mainstream ideas about sexuality, masculinity, and health are both reinforced and redefined in important ways. For example, some insist that “doing” masculinity does not require sexual performance. Others are critical of a society that increasingly promotes and depends upon biotechnology for achieving health and happiness. This article reveals men constructing their own ideas about manhood, medicalization, and biotechnology, and creating “various and competing masculinities” in Viagra’s midst (Messner, 1997).

## Notes

1. Viagra is a popular yet expensive oral treatment for “erectile dysfunction,” marketed by Pfizer Pharmaceuticals in the United States, which sends blood to the genitals when a person is physically aroused. Viagra was intended for use by mature males with erectile dysfunction exacerbated by prostate cancer, diabetes, or other medical situations. In its first year, Pfizer made more than one billion in sales of Viagra. Two years later, Viagra is being clinically tested on women, marketed globally (especially through a network of black-markets), widely available on the internet without actually seeing a doctor, and used by young and old males and females of all nationalities and persuasions as a sexual arousal drug. For more on this see Viagra report in *New York Times Magazine*, February 20, 2000.
2. Statistics on sexual dysfunction in America originate primarily from the publication of a large-scale sex study, *Sex in America* by prominent sociologists Edward Laumann and John Gagnon (1994). Laumann and others re-published these statistics in JAMA one month after Viagra’s release, at Pfizers behest. (To see the re-published statistics, see Laumann et al.: “Sexual dysfunction in the United States: prevalence and predictors,” *JAMA*, 1999. For information on the authors’ ties to Pfizer Inc, see Associated Press, 2/11/99)
3. Lifestyle drugs generally promise to enhance a consumers life in some way. Allergy medications, hair growth medications, anti-depressants, and birth control pills may be considered lifestyle drugs by many insurers and practitioners in the sense that they are optional in terms of health, as opposed to heart or blood pressure medications, for example.
4. I have chosen the term bio-technology to reflect the merging of science, medicine, and technology in the late twentieth-century.



5. Medicine has also been a tool of power and control in colonial contexts, where third world women (for the most part) have been concurrently sexualized, surveyed, disciplined, and experimented upon. Scholars have shown that in the colonial era, technology, medicine, and science assisted in the control and surveillance of the Other (Fanon, 1963; Kafka, 1976; Hess, 1994). The exoticised female Other became a dehumanized object of scientific inquiry (Hess, 1994, in Morsy, 1997: 167) and a marker of exciting and dangerous sexual primitiveness. (See Morsy's discussion of Sarah Bartmann, a South African indentured servant in the 1800s who was an object of scientific observation and dissection due to her markers of "sexual primitiveness" Morsy, 1997: 167). In America, people of color have either been ignored by the medical establishment, stigmatized as dirty and diseased, sterilized, or studied and used for medical trials and experiments (See James Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, 1993).
6. The term "apparatus," later technology, names the connection between discursive practices, institutional relations, and material effects that, working together, produce a meaning or "truth effect" for the human body (Basalmo, 1996, 21).
7. Ehrenreich and English discuss how medicine and technology were used in tandem to control upper and middle class women's bodies and reinforce women's secondary human status (the "weaker sex") by forcing women's dependency upon men and their "treatments." Physicians, innovators, psychiatrists, and the like depended upon women for regular business and large profits, and thus gained immensely from this relationship of dependency (Ehrenreich and English, 1973: 24; Maines, 1999: 4). Because Victorian women were seen primarily as reproducers, knowledge about men's reproductive systems, on the other hand, and the physiology and pathology associated with them, was not developed until the 1960s, after gynecology had been in existence for at least a century (Hausman, 1996: 37).
8. For a history of the ways in which the poor were marked as disease carriers and controlled by the medical establishment, see, for example, Brandt, 1985. For a discussion of adolescent sexuality as a social problem, see Nathanson, 1991. For a discussion of AIDS as conflated with homosexuality, see Terry, 1995.
9. The pharmacology of sex comes out of a context of medical hegemony in the late twentieth century, during which pharmaceutical companies exercising increasing authority over areas of life, such as sexuality, not previously requiring prescription drugs. My dissertation project explores the construction of a dysfunctional male populace, and the profit-driven aspects of this phenomenon.
10. Drawing on Foucault, many feminists who write about the body see technology as a cultural apparatus working with social, historical and cultural forces to produce the body as a "sign of culture" (Basalmo, 1996: 3; de Lauretis, 1987). We live in a world in which "bionic bodies" or cyborg

- bodies are commonplace; bodies that mix the organic with the technological, the natural with the cultural (Basalmo, 1996: 5; Haraway, 1991).
11. This fix-it paradigm grew and developed in the twentieth century with the help of the war machine, impelling the development of plastic surgical technique which has won its place as a recognized surgical specialty (Hausman, 1996: 49). Reconstructive plastic surgery was used around wartime to “reconfigure the body” through consistently redefining the normal body and its repairable deviations, much like endocrinology’s approach to menopausal women (Hausman, 1996: 50). Such findings provided medicine with the tools to enforce sexual essentialism. Both endocrinology and plastic surgery are medical technologies that some have argued can (and should) be used to regulate human behavior through the production and maintenance of a physical “normality” that will lead to psychological “normality” and health. It is precisely the production and instillation of this discursive network, that sets the stage for the emergence of transsexualism in the 1950s (Hausman, 1996: 62-3).
  12. De Lauretis (1987) argues that while gender and sexuality may appear hegemonic, different constructions of each exist in the margins of hegemonic discourses, inscribed in micropolitical practices and local levels of resistance.
  13. This is nothing new. As we know, while medical history is very much about treating women’s dysfunctional bodies, husbands have historically funded these pursuits.
  14. According to mass media reports, white middle class males, who generally visit physicians much less frequently than their female counterparts, seem to be changing their ways since Viagra has achieved so much publicity. In other words, in this rather unique historical moment, upper class males over forty are acting, en masse, to offer their bodies over to medical surveillance.
  15. Pfizer’s ad campaign employs primarily white men who appear to be anywhere from their late-thirties (more recent ads) to their sixties or seventies (the early Bob Dole ads) to sell erectile dysfunction and Viagra. These men are either depicted alone, looking earnestly into the camera or driving racecars, or embracing and dancing with a younger-looking female partner. On average, then, Pfizer is targeting primarily white heterosexual males around forty years of age as their Viagra demographic. Pfizer’s commonly cited statistic (which appears throughout their promotional materials), states that half of men over forty have E.D.
  16. Susan Bordo (1999) explores the link between masculinity and the phallus throughout Western history, from Roman phallic gods, to St. Augustine’s “lustful member,” to John Bobbit’s detachable penis, to Clinton’s not-so-private parts (24-5). Bordo argues that for long as we can remember the phallus has embodied our cultural imagination, symbolic of power, permission, defiance, and performance. Annie Potts adds that medicine and sexology produce and perpetuate the idea that an erect penis signifies “healthy” male sexuality—a destructive form of

- hegemonic masculinity which “ignores the diversity of penile pleasures” (2000: 89).
17. Potts argues that we need an expansive view of male sexuality that need not rely on phallic ambitions. This would require a re-thinking of penis-power and “a relinquishment of this organ’s executive position in sex,” to “embrace of a variety of penile styles: flaccid, erect, and semiflaccid/semierect.” This way, male bodies might become differently inscribed and coded for diverse pleasures. (2000: 100).
  18. A November 1997 cover story on impotence in *Newsweek* quoted Goldstein as describing erectile functioning as “all hydraulics” and suggesting that dysfunction required “rebuilding the male machine.” Recently, Goldstein published the August 2000 cover story in *Scientific American* titled “Male Sexual Circuitry.”
  19. Pfizer’s “Sexual Health Inventory for Men (SHIM)” in which four out of five questions ask the patient to rate his erection, is distributed by Pfizer representatives to doctors nationwide, and appears to be used commonly by urologists, and less commonly by other types of practitioners.
  20. The medical professionals I spoke with were clear that if a patient experiences “deficiency” or complete lack of erectile function, Viagra might be of help. But “dysfunction” may not be this black and white. As Pfizer Inc. and its promotional information suggests, “erectile dysfunction” lies on a continuum from complete inability to achieve erection, to consistent ability to achieve an erection.
  21. Previous treatments for E.D. included a liquid injected directly into the penis that would produce an erection for several hours (Caverject and Muse, a urethral suppository). Viagra is constructed as a superior treatment due to its simple delivery (as a pill) and production of a penis that will wait to become erect until the user is ready.
  22. Such cases would be constructed as “severe E.D.” and have a host of causes, such as nerve damage (from spinal cord injuries, prostate surgery, or diabetes), medicine-induced dysfunction, or even relational, social, or psychological reasons.
  23. Potts (2000: 94) reminds us that the true mark of therapeutic success is restoration of “phallic manhood.”

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