

PHALLACIES OF MODERN MASCULINITY

PHALLACIES OF MODERN MASCULINITY:  
AN EXAMINATION OF ERECTILE DYSFUNCTION AS A SOCIAL DISABILITY

BY  
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## ABSTRACT

This thesis critically evaluates the impact of Viagra's marketing campaigns on social constructions and expectations of masculinity and masculine identities in Western society. Specifically, this project examines the implications of Pfizer's presentation of heteronormative patriarchal figures of male authority in Viagra commercials and print advertisements. In my analysis, I draw on gender theorists Judith Butler and Susan Bordo to clarify how codes of gender are established and policed within Western society. I also draw on the work of disability theorists Rosemarie Garland-Thompson and Thomas Gerschick in order to challenge the categorization of 'normal' bodies and identities. In this thesis, I argue that by distancing sexual functioning from the construction of individual identity, it becomes possible to challenge the social expectations and limitations placed on enactments of gendered sexual identity.

In Chapter One, I lay the groundwork for my discussion of erectile dysfunction by examining the body as a site of identity formation and considering theories of gender construction. By critically evaluating the existence and implications of social constructions of 'normal' bodies, it is possible to challenge the ideals of physicality that are so prevalent in Western society. I also consider the way that these ideals are mobilized in advertising in order to transform the 'desirable' body into a profitable body. In Chapter Two, I engage in a careful analysis of the Viagra commercials put out by Pfizer from 1998 to 2005, tracing the evolution of 'desirable' male bodies and identities. I argue that Pfizer's use of increasingly youthful spokesmen is indicative of an attempt to

play upon men's anxiety concerning 'normal' sexual performances. My discussion then moves to a consideration of how men with physical disabilities create sexual identities in a society that values normative modes of embodiments and often dismisses alternative sexualities. From here, I argue that by viewing erectile dysfunction as a disability rather than a medical condition, it may be possible to create new definitions of male identity that are not contingent on normative sexual performances, thereby challenging socially validated constructions of 'normal' gendered sexual identity.

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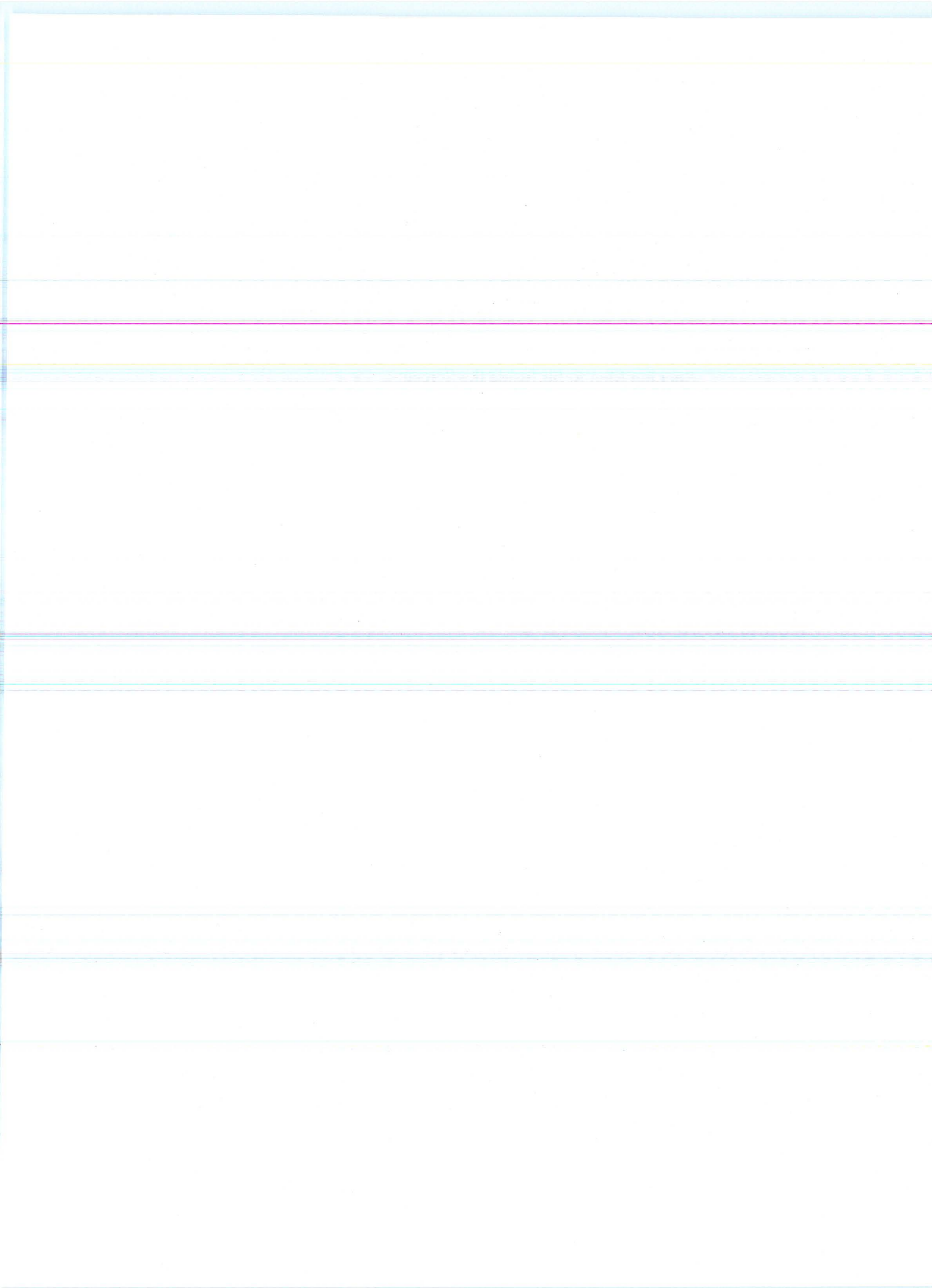
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## CHAPTER ONE

### 'Real' Men and Unreal Expectations of Masculinity

“One’s sense of self rests precariously upon the audience’s decision to validate or reject one’s gender performance. Successful enactments bestow status and acceptance, failure invites embarrassment and humiliation.”

(Thomas Gerschick, *Sociology* 167)

“We in turn tend to expect too much of sex, to see it as central to relationships, social cohesion, and our sense of identity. It plays a role in all those things, but insofar as it is expected to provide both our greatest pleasures and our most authentic sense of self, we also load sex with more than it is able to carry.”

(Dennis Altman, *Global Sex* 160)

“Nonetheless, it is precisely the unwillingness of men to let go of autonomous control – which of course already has a higher value as a marker of masculinity – that speaks to the strength of their underlying anxiety.”

(Margrit Shildrick, *Unreformed Bodies* 330)

“Power relationships...depend on a multiplicity of points of resistance: these play the role of adversary, target, support, or handle in power relations. These points of resistance are present everywhere in the power network...a plurality of resistances.”

(Michel Foucault, *The History of Sexuality* 95-96)

Sex sells. Sex can also be sold, along with desire and pleasure. Although this has long been a fact of the Western capitalist system, the introduction of Viagra to the marketplace in 1998 transformed this statement into a literal truth and the male body became an intersection point for social narratives of gender, sexuality, drug use, and capitalism. Viagra, developed by Pfizer, is a cGMP inhibitor that facilitates sexual interactions by increasing blood flow to the penis. Proffered as a cure for men suffering from erectile dysfunction, Viagra was introduced amidst a flurry of media attention, garnering \$400 million in sales in the first three months and securing 92% of the ED treatment market by December of 1998 (Keith). These figures alone compel a closer



examination of the Viagra phenomenon, and particularly, the way that Pfizer's marketing strategies created and addressed a very particular type of 'Viagra consumer'. The marketing of Viagra suggest that social definitions of male sexuality emerge directly from the erect penis, so that the male body is made to bear the burden of 'proving' the masculinity of the individual. Of course, the politics of the male body are complex, particularly because of the multiple hierarchies that exist to categorize the male identity in Western society; the constructs of race, class, and ethnicity figure heavily in the evaluation of the male body and male identity. In considering the construction of masculine identity in light of the 'ideals' that Pfizer employs to market Viagra, a great number of issues demand attention. Where do these ideals of masculinity derive from and which social forces have set them in motion? Whom do they benefit and whom do they exclude? Most importantly, who is permitted to challenge these ideals? The Viagra phenomenon offers an important opportunity to consider the constructs and constrictions of the 'ideal' (and non-ideal) male identity in Western society and culture, as well as the way that these 'ideals' intersect with hierarchies of social and economic authority.

By using cultural theory to examine the marketing of Viagra, it is possible to make clear the social forces that have created a market for products that enable and enhance the male erection. While a cursory examination of the books and articles written about Viagra attest to the importance of this topic, a vast majority of these texts approach the use of Viagra humorously, offering comedic anecdotes and jokes in place of thoughtful consideration of the impact that erectile dysfunction and Viagra can have on the individual male identities. These texts also fail to critically evaluate the reasons that



Viagra has been so overwhelmingly received by Western markets or the social ideals and expectations that have made pharmaceuticals such as Viagra so desirable. However, critical thinkers have begun to offer insight into these and other queries, exploring the Viagra phenomenon from a cultural theory standpoint to uncover the larger social implications of this product. Of these investigations, the work of Jay Baglia and Meika Loe offers the most extensive analysis of Viagra's evolving place in Western society, while Annie Potts has published several ethnographic studies that offer a counterpoint to prominent social narratives that hail Viagra as the cure-all for male sexual problems. Foucault's influence is evident in all of these texts, particularly in Loe's analysis of the power dynamics that allowed Pfizer to market both erectile dysfunction and Viagra directly to the consumer. Although Loe begins with an in-depth analysis of the development of Viagra from an unexpected side-effect of heart medication into a multi-billion dollar 'cure' for erectile dysfunction, her investigation of individual experiences with Viagra can be linked to Potts' work, as both authors challenge the 'success' narrative that Pfizer promotes to Viagra consumers. Challenging the belief that Viagra invariably improves the sexual experiences of men and women, Loe and Potts suggest that the ideals of male potency that are marketed alongside Viagra put social pressure on individuals and couples to be sexual at all ages. Jay Baglia's study of Viagra employs theories of social construction to uncover how Viagra has been assimilated into current understandings and expectations of 'normal' male identity, as well as tracing the implications of this new element of male socio-sexual identity. While existing studies such as these have examined the creation of the medical condition of erectile dysfunction

and the social responses to the release of Viagra, this thesis will provide a careful consideration of the discourses that are being mobilized by Pfizer in an attempt to sell Viagra to the American public. I will also offer a challenge to the ideals of masculinity that Pfizer extols, suggesting that these unattainable ideals negate the very possibility of a socially acceptable male identity without relying on a product like Viagra that transforms the body into a cyborg. Then, turning to critical discourses of disability, I will suggest that by de-emphasizing the body's role in the construction of identity, it is possible to envision a process of identity formation that is not subject in quite the same way to social expectations and ideals of physicality, thereby destabilizing the very social hierarchies that problematically shape the patriarchal, heteronormative social order of Western society.

Since its introduction, Viagra has been marketed as a medication that enables men to have erections "the natural way - in response to sexual stimulus" (Pfizer 1999 qtd. in Loe 76). This claim invokes multiple socially constructed discourses in an attempt to legitimate the purpose of the drug, and prompts my investigation of the gender ideologies at work in the production and marketing of Viagra. In my analysis of the commercials and advertisements produced by Pfizer to promote Viagra, I will be engaging with the theoretical frameworks of gender and identity construction, approaches to advertising in the Western market, and disability theories, each of which will help to elucidate the complex positioning of Viagra in American society in relation to masculinity and sexuality at the beginning of the twenty-first century. Although Pfizer's approach to marketing Viagra has undergone several shifts and mutations since Viagra's introduction

onto the market in 1998, traditional notions of masculine identity and sexuality have been consistently conflated in advertisements as Pfizer attempts to convince the American public of the inherent value of Viagra as a product that enables men to continue demonstrating the masculine quality of sexual potency. This is evident in Pfizer's 2004 "Wild Thing" campaign, which linked desirable male identity with active sexuality, suggesting that both could be attained through the use of Viagra. This conflation in many of Pfizer's commercials inadvertently calls attention to the way that Western society tends to understand gender and sexuality as intrinsically linked categories of identity, arising from the common misperception that these linguistic and social categories share a common, biologically rooted, meaning.

Over the past two decades, cultural critics and philosophers have stressed the importance of separating biological and social identities, while recognizing that our access to and understanding of biology necessarily involves cultural mediation. Particular attention has been given to exploring how social constructs, such as the delineation of gender and sexuality, are accepted as biological imperatives by rendering the construction of such concepts invisible. In examining the marketing of Viagra, it is just such exclusions that demand critical attention, and it is for this reason that I begin my evaluation of the Viagra phenomenon with a discussion of contemporary constructions of masculinity. Judith Butler is one of several feminist theorists who argues that "gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory framework that congeal over time to produce the appearance of substance, of a natural sort of being" (*Bodies that Matter* 33). Butler argues that gender is a performance that

creates the illusion of itself as a valid and coherent social category. However, no single performance can sustain this category, and so gender performances become a matter of continuous reenactment for the individual and for society as a whole. Contemporary society codifies gender precisely because every enactment has the potential to reveal its artifice. As such, gender can be seen as a social construction that does not in any way reflect a true or innate 'male' or 'female' principle. In her essay "Imitation and Gender Subordination," Butler states that "identity categories tend to be instruments of regulatory regimes" (*The Lesbian and Gay Studies Reader* 308) and are often defined by what they exclude rather than what they include. Gender categories are limiting precisely because they are static and socially imposed stereotypes that negate the potential for fluid identity.

Butler's conception of gender recognizes heterosexuality as the predominant socio-sexual identity because it is consistently performed within the public sphere in order to maintain patriarchal heteronormative authority. While the extensive influence of patriarchy on the organization of Western society and culture cannot be underestimated, it is also important to recognize that patriarchal authority is itself a construct that is reinforced by distinct gender identities and modes of sexual interaction. The term 'heteronormative' invokes the idea of a 'normal' heterosexual interaction as the basis of Western sexuality, although a strict definition of this term is difficult to formulate because heteronormativity is a category defined by what it excludes rather than by what it includes. Beyond the obvious exclusion of homosexual interactions, heteronormativity tends to privilege penetrative sex over all other types of sexual interactions and anticipates that traditional categories of gender will form a part of these interactions.

Heteronormativity is often seen to uphold the nuclear family structure, and thus the patriarchal social structure, that shapes Western society. Because heteronormativity maintains a limiting and hierarchical power structure, individuals are pressured to conform to this way of thinking about social and personal sexuality.

By exposing social expectations of 'normal' gendered identity as politically motivated constructions that maintain stable social categories, it becomes possible to re-imagine these categories in ways that are less exclusionary and limiting. Although dispensing with the regulatory norms and ideals of Western society altogether is an impossible goal, it is possible to challenge static expectations of identity. However, gender is only one example of the ways in which society attempts to structure and limit the construction of individual identity. In his discussion of the connection between individual and social identity, Newman analyzes the social constraints on identity formation and argues that "the fundamental task of any society is to reproduce itself – to create members whose behaviors, desires, and goals correspond to those defined as appropriate by that particular society" (101). Certainly, a great deal of importance is placed on conformity to the social norms of heterosexuality and patriarchal authority, and aberrations from these ideals are either subject to harsh criticism or categorically ignored. Men who fail to embody the ideals of masculinity that maintain these norms are particularly targeted, which is why constructions and enactments of masculinity are so closely guarded in Western society. However, it is important to note that socially constructed norms are themselves subject to revisions as the ideals and concerns of any



given society shift to become more or less inclusive. Butler, in discussing the complexity of signification and meaning-making through language, argues that

The linguistic categories that are understood to 'denote' the materiality of the body are themselves troubled by a referent that is never fully or permanently resolved or contained by any given signified. Indeed, that referent persists only as a kind of absence or loss, that which language does not capture, but, instead, that which impels language repeatedly to attempt that capture, that circumscription – and to fail. (*Bodies that Matter* 67)

Social constructions of the 'normal' function in the same way, setting up expectations that cannot be met by the body and so can only exist within language as an unattainable ideal. Such ideals, being constructed and maintained solely through language, undergo a continuous process of revision as bodies approximate, and fail to approximate, the ideals of linguistic identification.

This discussion will attempt to uncover the ideals of gender and sexuality that are currently at work in American society, with particular reference to the construction of masculinity. These two aspects of identity formation will be considered independently and in conjunction in order to flesh out the ways in which they inform and limit one another, and will then be analyzed to uncover the importance of normative gender and sexuality in American society. Having introduced Butler's theory of gender as a social construct, I propose, as have many others, that sexuality, too, is socially constructed and is subject to constant social surveillance, which often takes the form of self-surveillance and cooperative surveillance rather than overt interrogation by figures of social authority.

By linking gender and sexuality, the policing of gender performances becomes to some extent synonymous with the policing of sexual performances, thus enabling a greater degree of control over sexual performances that challenge normative ideals of social order. Stephen Whitehead references both the conflation and the complications of a socio-sexual identity in *Men and Masculinities*, stating, “like gender, sexuality is not given, it is learnt, imposed, acquired, worked at, experimented with, negotiated and, often with difficulty, experienced” (164). It is his recognition of the challenge that sexual experiences pose to the individual that I find insightful, particularly when social expectations are placed on the nature of and pleasure derived from that experience. If we accept that both gender and sexuality are shaped by social constructions then it becomes possible to think of individual sexual experiences as performances that either contradict or adhere to normative social ideals. This introductory chapter will investigate the notion of sexual “performance” in American society, raising questions about how such norms are established and making clear the implications that arise from the expectations placed on male sexual performances.

I will engage with a number of theoretical approaches in order to effectively analyze the degree to which masculinity and male sexuality are constructed through social performances, and how these performances are evaluated in the public and the private realm. In *Bodies That Matter*, Butler summarizes Lacan’s understanding of identity formation, stating, “the body...can be sustained in its phantasmatic integrity only through submitting to language and to a marking of sexual difference” (72). As such, recognition of a particular body as either male or female ideologically forms the body in

accordance with its naming. With this in mind, it is important to consider how male authority is established and transferred onto the male body and the male identity. R.W. Connell argues that “true masculinity is almost always thought to proceed from men’s bodies” (*Masculinities* 45), a viewpoint that may seem a simplistic inversion or negation of the mind/body split that has, for years, equated women with the physical realm and men with mental processes. Although feminist theorists have spent a great deal of time investigating the female experience of embodiment, far too little research has been done on the similar male experience of embodiment. Maxine Sheets-Johnstone addresses this imbalance of cultural scrutiny when she states that “within cultural practice generally, a male’s body is not anatomized nor is it ever made into an object of study in the same way as female bodies” (18). The failure to consider male bodies and male experiences of embodiment, both in academia and in western culture, has been detrimental to the understanding of the male identity, as sweeping generalities have been permitted to define the construction of, and experience of, male physicality.

Connell’s statement reflects an increasing awareness that, although some upper-class men have been aligned with the mental rather than the physical realm, they are also subject to the strict definitions and inherent limitations of their bodies. The issues of race and class further complicate social readings of the male body as a source of male authority precisely because ‘othered’ male bodies have historically been maligned on the basis of their physicality (Stuart Hall 297). The mind/body binary that has long characterized the male/female divide has also been applied to different social, racial, and classes of men, creating hierarchies within social definitions of masculinity. Men who do



not fit into the category of traditional white, patriarchal authority, such as men of color or men from the working classes, have often been negatively defined by their physicality because it is seen as the defining feature of their social identity. These men are often denied access to social power on the basis of their lower social status and an assumption that active bodies negate the possibility of an active mind. Instances such as these reveal how patriarchal social structure works against men who do not fit the categories of masculinity that are held up as social ideals. While patriarchy privileges men over women, the hierarchies that exist between men are made clear in the multiple ways that men's bodies are assigned meaning. These hierarchies also complicate current social ideals of the active male body precisely because 'other' bodies are often still subject to negative social readings. For example, Viagra commercials make evident the mind/body divide that still exists in Western society, as there is a notable difference in the way that spokesmen like Bob Dole, a Republican senator, and Mark Martin, a NASCAR driver, are presented to the audience. Bob Dole is shown seated in an office setting, wearing a suit, and speaking sedately to his audience, while Mark Martin is positioned standing beside his NASCAR racing car, dressed in his racing attire, speaking over the sounds of engines revving while a voice in the background announces, "Gentlemen, start your engines!". While both men are held up as heroes for the audience, the qualities and signifiers of each 'type' of masculinity are distinctly different. Commercials that idealize the active male body are careful to align this physicality with sporting and social success, eradicating lower class identifications by emphasizing the heroic male body as synonymous with social recognition and validation. Mark Martin's commanding

presence is emphasized in this commercial by his booming voice and powerful stance while his participation and success in this dangerous sport testify to his physical prowess and skill. By linking an active physicality with public authority, Pfizer succeeds in positioning Martin as a desirable example of physical masculinity.

In an effort to more clearly map out the ways in which male identity is tied to the body, Jenny Morris states that “[hegemonic masculinity] is inextricably bound with a celebration of strength, of perfect bodies. At the same time, to be masculine is not to be vulnerable...It is also linked to a celebration of youth and of taking bodily functions for granted” (*Pride Against Prejudice* 93, 169). It is the conflation of maleness and physical power that captures my attention, not because it is a new concept, but because the emphasis placed on the body here is in so many ways similar to the way that female identity is discussed and constructed, both in literature and in social practice. The standards of a healthy, active, and potent physicality that permeate western culture place the individual in the vulnerable position of aspiring to an ideal that is impossible to fulfill. Furthermore, the physicality of the body has been gender-coded, so that the body serves as a primary site for the enactment of acceptable gender identity. While feminist thinkers have long critiqued the construction of female identity through the body, the relationship between male physicality and identity has only recently received critical attention. In fact, many social constructions of male identity are based on active male bodies. Clarifying the relation between male identity and authority, Connell argues that “what it means to be masculine is, quite literally, to embody force, to embody competence...Force and competence are, obviously enough, translations into the language of the body of the

social relations which define men as holders of power” (*Which Way is Up* 27-28). This summation of masculinity is crucial to the discussion of the male body in a social context because Connell is gesturing towards the degree to which the physicality of the male body is involved in the coherent performance of authoritative male identity, although it must be said that only particular male bodies are free to conflate physical strength and social authority. While it is true that “bodies are substantive in play, [and] in social practices such as sport, labour and sex” (Connell *Masculinities* 58), the male body can also be seen as substantive in work, required to demonstrate physical power that translates into a social authority that upholds the patriarchal system of social organization in American society. However, it becomes increasingly clear that the system of patriarchy does not serve men particularly well. As will be discussed further in my readings of Pfizer’s commercials, even men who occupy traditionally privileged positions are subject to careful scrutiny and criticism in the name of maintaining the coherence of the social category of patriarchal masculinity.

Clearly the body is both a biological and social entity, and can be seen as “a crucial term, the site of contestation in a series of economic, political, and sexual and intellectual struggles” (Grosz 19). The body, however it is sexed, plays a large part in the process of identity formation, although this element of identity is at times ignored when examining male identity. It is for this reason that I wish to examine the process by which socially constructed definitions of male identity are imposed onto the male body, both theoretically and literally. Robert Stoller describes the penis as “the absolute insignia of maleness” (qtd. in Bordo 23), and certainly there is a great deal of importance granted to

the penis as a signifier of male identity. However, male identity cannot be so easily reduced, as the gendered identity that the penis connotes is expected to be reiterated by the rest of the body. In order to maintain social divisions between genders, it is necessary that presentations of gender, as well as categories of acceptable and non-acceptable deviation, are clear and coherent. To this end, art historian John Berger observes that “a man’s presence is dependent upon the promise of power which he embodies...what he is capable of doing to you or for you” (qtd. in Bordo 196). This statement is evidence of the importance of male action, and sets up the expectation that male embodiment be active, rather than passive, as women’s bodies are expected to be. The male body is expected to display those qualities of masculinity that are most revered and praised in society, and becomes a proving ground for the qualities of male identity which are idealized in social constructions of the power and potentiality of the penis.

Although it is important for critical thinkers to be wary of reducing any discussion of masculinity to a discussion of the male sexual organs, the narratives that surround and construct our ideas about the penis evidence how the penis has been made to serve as a significant aspect of the male identity, connected both with biological and social power. In her groundbreaking 1985 book *This Sex Which Is Not One*, Luce Irigaray posited the plurality of female sexuality, the implication of which was that male sexuality is not plural, thereby implicitly arguing on the penis as the only site of male sexual stimulation and pleasure. While the implications of such thinking have been taken up, from various perspectives, in the work of Lacan, Butler, Bordo and Faludi, to name but a few, it is evident that American culture “still conflate[s] male sexuality with something we call

“potency” and that this gives men little encouragement to explore the rest of their bodies” (Bordo 36). In an attempt to re-consider the construction of male sexuality, Susan Bordo investigates the cultural narratives that surround both the erect and non-erect penis, concluding that ““hard” and “soft” are two dramatically different physiological states that have been endowed with even more dramatic – and varied – significance by culture” (44). While Bordo’s explication of the non-erect penis is insightful, it is her analysis of the social importance of the erect penis that is most important to my purpose. She poetically observes that “the erect penis is often endowed with a tumescent *consciousness* that is bold, unafraid, at the ready” (45 original emphasis); the language she employs is a striking reflection of the ideological implications that have long been associated with the penis, and by extension, with male sexuality itself. In her discussions of the penis, Bordo calls attention to a number of common slang words that reference the penis, often a consistent reiteration of “machine metaphors [that] encase the penis in various sorts of metal or steel armor, making it a kind of cyborg and suggesting that when the penis is without such armor – that is, when “soft” – it is naked, exposed, without protection” (48). Just as the male body is seen as active and powerful in the construction of male identity, so too is the erect penis made an important signifier of male action. However, as the erect penis has come to signify the conflation between a powerful male body and a socially authoritative male identity, the non-erect penis has been ideologically linked to discourses of weakness and passivity, precisely because the flaccid penis is incapable of actively engaging in sexual relations. This differentiation between hard and soft, erect and flaccid, is indicative of several important and complex social dichotomies that have



been set up around the construction of male and female identity, both sexual and non-sexual. The penetrative male body has been coded as an aggressive and active force during sex, a construction that reflects the agency and power ascribed to the male body outside of sexual interactions. In contrast, the flaccid penis is often described in feminized terms (to invoke binary gender characterizations), equating the non-erect male with passivity, a lack of agency, and a potential sexual receptivity. When analyzed in this way, it becomes clear that the penis, and in particular, the erect penis, is an important element in the performance of socially decreed, normative gender identity.

Any discussion of the social importance of the penis must be nuanced by a consideration of the phallus, defined by the American Heritage Dictionary as “a representation of the penis and testes as an embodiment of generative power” (qtd. in Bordo 90), and generally understood in critical theory and cultural studies to reference the association of male power, in its physical, social, cultural, and political forms, with both the symbolic and literal penis. Judith Butler casts a critical eye on theorists who have taken up the phallus as a point of investigation, such as Freud’s reading of the phallus as a social construct that “confers erotogenicity and signification on [particular] body parts” (*Bodies that Matter* 61). In response to this claim, Butler astutely observes that “to be a property of all organs is to be a property necessary to *no* organ, a property defined by its very *plasticity*, *transferability*, and *expropriability*” (*Bodies that Matter* 61), suggesting that the potential eroticisation of all body parts challenges the conception of the penis as the single site of male sexual identity. Butler’s perspective emerges from a consideration of both Freudian and Lacanian approaches, as she claims that “indeed, if

men are said to “have” the phallus symbolically, their anatomy is also the site marked by having lost it; the anatomical part is never commensurable with the phallus itself. In this sense, men might be understood to be both castrated (already) and driven by penis envy (more properly understood as phallus envy)” (*Bodies that Matter* 85). Similarly, Bordo is quick to point out that although the phallus represents a (constructed) source of male power, the penis does not always serve to reiterate the power attributed to the phallus. Of the relationship between the penis and the phallus, Bordo writes that “even those who *think* that they measure up in size, cannot measure up in heroic, unflinching, constancy. The phallus, we might say, haunts the penis” (95) by setting up impossible standards of active (erect) potential power. She points to the cultural fantasy of the “humongous penis” (71) as reflective of a social conflation between the ideology of the potent phallus and the penis, valuing the erect penis over the non-erect penis in an effort to harness the power of idealized male physicality. Although the phallus, as a cultural fantasy, certainly attempts to validate the penis as the source of male authority, Bordo suggests that “the penis, in its multiple states, shapes, incarnations, threatens to undermine the idea of the phallus, which is unchanging” (95). This re-reading of the multiple states of the penis will be taken up later in a discussion about so-called erectile dysfunction, which limits or inhibits the ability of the male body to achieve an erection. Certainly, a male body that refuses to, or cannot, enact the ideals of male sexuality and reiterate the political authority of the phallus challenges the way that the male body is read and the way that male identity is constructed.

In an effort to clarify the complex relationship between the penis and the ever-potent phallus, I wish to discuss the implications of an idealized phallic power in the construction and enactment of sexual masculinity. Given that the phallic ideal shapes social conceptions and expectations of the penis, there seems to be very little room for the non-erect penis in discussions of male identity. As clinical psychologist Leonore Tiefer states, men are encouraged to believe that “the penis is immune when it comes to psychological problems, anxieties, and fears” (qtd. in Loe 33); as a result, men expect the penis to always be prepared for a potential sexual interaction and full arousal. It is a common social belief that men are always interested in and ready for sex, a misconception that challenges men to live up to that ever-erect state of the phallus in order to avoid the inevitable disappointment implicit in a flesh and blood penis. Bordo argues that “men are expected, as men seem to expect of themselves – to retain that hair-trigger sexuality of adolescence...[men] feel that they have to perform and they expect themselves to do so at the mere sight of a fancy brassiere!...They’re looking for that quick sexual fix of adolescence. It’s their paradigm of sexual response, their criterion (ironically, since it represents the behavior of a fifteen year old) of manliness” (61).

While aware of the danger of making generalizing statements, I suggest that the fervent and easily aroused sexuality that seems to characterize male adolescence has become one ideal of male sexuality precisely because it seems ever-ready for action and, thus, most like the potency of the phallic ideal of Western society. Because the cultural definition of masculinity is based on agency and power as embodied qualities, the voracious sexual appetites attributed to the young man have been taken up as the norm for all men and



transformed into a socio-sexual narrative which places the virtually impossible expectation of constant sexual potency on all men.

It is necessary, at this point, to turn to a discussion of the formation of sexual discourses within Western society and culture. Stuart Hall, evidently influenced by the work of Foucault, defines discourse as

A group of statements which provide a language for talking about...a particular topic at a

particular historical moment...Discourse is about the production of knowledge through

language. But, since all social practices entail *meaning*, and meanings shape and influence what we do – our conduct – all practices have a discursive aspect (291).

When discussing the socio-sexual discourses at work in Western society, I am also referencing the ideas and the practices that create and maintain these narratives, aware that discourses are not static, but are constantly being amended to incorporate emerging ideas and practices. It must also be said that discourses do not exist independently of social hierarchies and power relations, and often, discourses seek to influence or control people by positing social narratives as ‘true’ or ‘natural’. In his book *The Viagra Adventure*, Jay Baglia discusses this aspect of discourse, arguing that language and social performances “create the norms, regularities, and expectations that move a society from discursive to practical consciousness...[while] also produc[ing] exceptions, peculiarities, and pariahs” (13). Because this work will analyze the narratives that shape the categories of gender and sexuality in general, and the social perception of Viagra more specifically,

it is necessary to clarify how socio-sexual norms of behavior and comportment produce and shape discourses of normative and non-normative sexuality. Foucault's perception of sexuality as socially constructed is evident in his definition of sexuality as:

The name that can be given to a historical construct: not just a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power (*The History of Sexuality* 105-106).

Foucault's theoretical work provides insight into the discussion of discursive formation.<sup>1</sup>

Although religion and the law figure prominently in *The History of Sexuality*, it is

Foucault's discussion of how the medical profession influenced public perceptions of sexuality that is most applicable to my discussion of the impact of Viagra on the current Western market. The medicalization of sexuality that occurred in the nineteenth century prompted and legitimized a greater degree of individual and social surveillance with regard to sexual behavior, and emerging discussions about sexuality enabled the medical establishment to put forward categories of normative and deviant sexual activity (*The*

*History of Sexuality* 30-31). Although Foucault's work focuses particularly on the

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<sup>1</sup> Foucault examines the way that narratives of normal and abnormal sexuality flourished in the nineteenth century, at which time, he contends sexuality became a prominent topic of social discussion in Victorian culture. This shift was not, however, the result of a loosening of social strictures, but occurred as sexuality came under the control of the medical establishment. The creation of normative sexual characteristics and identities ensured that sexuality became a public rather than private matter. Foucault point out that authority over sexual conduct was given to the medical profession, as the imperative to uncover the "uniform truth of sex" (69) was set into motion.

formation of narratives of sexual deviance, there are a great many similarities between those discourses and the narratives that have been constructed around the topic of erectile dysfunction. In speaking of “aberrant sexualities,” Foucault asks, “what does the appearance of all these peripheral sexualities signify? Is the fact that they could appear in broad daylight a sign that the code has become more lax? Or does the fact that they were given so much attention testify to a stricter regime and to its concern to bring them under close supervision?” (*The History of Sexuality* 40). This question will be taken up in detail in chapter two, initiating my investigation and analysis of the emergence of Viagra onto American markets and into social discourse at the turn of the twenty-first century. Discussing the problematic conflation of pleasure and deviance that occurred in the nineteenth century, Foucault observes that “medicine made a forceful entry into the pleasures of the couple: it created an entire organic, functional, or mental pathology arising out of “incomplete” sexual practices...and it undertook to manage them” (*The History of Sexuality* 41). This move to regulate sexual identities and experiences is evidence of the perception that non-regulated sexuality poses a threat to the maintenance of Western social order. By establishing a categorization of ‘normal’ sexual behavior on the basis of medical authority, the pressures of social conformity encourage individuals to self-regulate their sexuality. Those who fail to do so can be diagnosed as medically abnormal and subject to harsh medical and social scrutiny. While the regulatory regimes that Foucault points out operated in the nineteenth century, similar approaches can be currently found in Western medicine, where the medical establishment and a growing pharmaceutical industry have spawned a social awareness of a rash of chemically-

medicated diseases and dysfunctions. Meika Loe, taking up Foucault's analysis of the construction of the socio-sexual identity, argues that doctors and pharmaceutical companies conspired to create a market for Viagra by concurrently insisting that erectile dysfunction be recognized as a medical condition that affects forty percent of the American male population (*The Rise Of Viagra* 19). Loe references Foucault in setting up her discussion of Viagra, observing that "Viagra belongs to this large collection of twentieth-century "technologies of sex", or tools used for the discipline and control of "inappropriate" bodies" (13-14).

By analyzing Pfizer's approach to marketing Viagra, as well as the way that the medical profession has helped to create the demand for products like Viagra, I will explore how prior discourses surrounding male sexual identity shaped the emergence of products such as Viagra, as well as mapping out how the medicalization of erectile dysfunction and the marketing of Viagra have impacted the construction of American narratives of masculinity and sexuality. While Foucault informs my work, as well as the work of Baglia and Loe, my analysis of the marketing of Viagra is distinguished from these other studies by my use of disability theory in order to imagine the construction of masculine identities without relying on the conventions of male physicality. I will begin by posing the following questions concerning the impact of social authority on the construction of sexual identity: who is watching? Where do we locate the audience for our bodily performances? Given Berger's suggestion that "men act and women appear" (qtd. in Bordo 196), it is clear that gender identity does impact the way that the body is observed. The female body has traditionally been positioned as an object to be observed,

while the male body is often the subject who observes, a binary that reflects the division of power implicit in the relations between the object and the observer. The gaze becomes infinitely more powerful and potentially dangerous when the body is positioned sexually precisely because the social expectations placed on sexual bodies are impossibly stringent. Bordo proposes that “for a heterosexual man to offer himself up to a sexually evaluating gaze is for him to make a large, scary leap...the naked penis...[is] a symbol for male exposure, vulnerability to an evaluation and judgment” (173), a statement that reiterates the degree to which social authority and masculinity are located in discourses about the penis. In his discussion of the body as the focus of social scrutiny, Stephen Whitehead references Foucault’s notion of the “panoptic gaze” (194), suggesting that “the gaze is not simply directed at us; we regulate our own bodies in the knowledge and presence of the authoritative gaze...[which is] invested with powers, in so much as it comes with a set of moral, social and cultural codes [that] place different values on different bodies” (195). This raises the issue of individual complicity with the social focus on the physical body as a site of identity formation. As individuals are made hyperaware of the body as social text, they become increasingly focused on ensuring that their bodies fit into normative narratives and presentations of physicality, both publicly and privately. By engaging in self-scrutinizing behavior, individual’s work to re-enforce socially prescribed ideals and further limit the potential for alternative bodily displays of identity. In discussing the gaze as accusatory, Foucault states, “just a gaze, an inspecting gaze, a gaze which each individual, under its own weight, will end by interiorizing to the point that he is his own overseer, each individual thus exercising this surveillance over,



and against himself” (*Discipline and Punish* 155). The recognition of the potential hostility of the gaze will serve as a basis for my investigation of ‘confessional’ Viagra commercials in chapter two. In exploring the normativity encouraged by the gaze, I will employ Foucault’s notion of the “regime of truth” (*The History of Sexuality* 131), which questions the idea of empirical truth in society, suggesting that ‘truth’ generally reflects the dominant discourse in any society. In doing so, I hope to illuminate the ways in which Viagra marketing strategies reinforce and naturalize constructed ideas of masculinity by appealing to, and validating, prevailing ideals of gender and sexuality.

Although power is often conceived of as the ability of one individual or group to dominate another, I will invoke Foucault’s notion that power “is everywhere, not because it embraces everything, but because it comes from everywhere...[power] is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society” (*The History of Sexuality* 93). At the same time, those who fail to challenge the prevailing social order, passively accepting the legitimacy of limiting social narratives, maintain unfair power balances. To counter such tendencies, it is necessary to evaluate dominant ideologies and social expectations to make clear who benefits and who is harmed in the maintenance of such belief systems. This project analyzes some of the dominant narratives of masculinity and sexuality in American society, and the way that such narratives are employed to maintain a seemingly stable and coherent performance of heteronormative masculinity. Because Pfizer relies so heavily on such narratives in their marketing strategy, Viagra presents itself as the perfect site for considering and re-

imagining narratives of masculinity and sexuality. In the process of my analysis, I hope to identify the counter-discourses that are emerging in response to current social constructions and readings of masculine identity, as well as to mobilize a counter-rhetoric that allows for a reconsideration of gendered sexual identities.

In steering this discussion towards the issue of sexual narratives and the formulation of identity, I would like to re-ask a question posed in “Power and Sex,” in which Foucault asks, “how has sexuality come to be considered the privileged place where our deepest “truth” is read and expressed?” (*Politics, Philosophy, and Culture* 111). Certainly it is true that in Western culture, where so much emphasis is placed on the sexual identity of the individual, sex has been positioned as offering insights into one’s “true” identity – ironic, considering that sexuality is such a contested and socially structured aspect of identity formation. The process of meaning-making within a social and cultural context is fraught with complexity particularly because meaning must be negotiated through language.<sup>2</sup> In reading for the ‘codes’ of masculinity, the limitations and restrictions implicit in such representations become evident.

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<sup>2</sup> Post-Saussurian theories of language posit that meaning is actively produced when language is applied to actions or objects and is organized by “rules of signification” (Hall 302) which structure how meaning can be generated within any linguistic system. The constructionist approach to linguistic meaning encourages recognition of the distinction between words and the material world, insisting that meaning is constructed in the application of words to objects, rather than believing that objects are endowed with their own fixed and innate meaning. While the process of using language to define objects and events is complex, Judith Butler notes that “language and materiality are not opposed, for language both is and refers to that which is material, and what is material never fully escapes from the process by which it is signified” (*Bodies that Matter* 68). With this in mind, it is necessary to examine how language, as a constructed system of signification, impacts the assignation of meaning, as language is the tool by which objects are given value and meaning. By understanding the arbitrariness of language and meaning, it once

Because Viagra is a medication marketed to men who are defined, or define themselves, as suffering from erectile dysfunction, it is important to examine the social and cultural understanding of illness and particularly how illness is understood with respect to the male body. In his insightful book, *Making Sense of Illness*, Robert Aronowitz argues that diseases are often presented as “a constant, timeless biological entity uninfluenced by the larger social context...these biases reinforce the belief that our present understanding of disease is not only correct but inevitable and superior to all previous ones” (12), suggesting that disease discourses prioritize scientific knowledge over the feelings and opinions of the individual. Although Aronowitz is speaking generally about disease in a socio-political context, his observations are helpful in conceiving of the way that erectile dysfunction has become a valid medical category. He states, “aside from a few unusual diseases, neither physicians nor lay persons generally see the appearance, naming, and definition of disease as problematic or needing any special scrutiny. The received idea is that biomedical research and astute clinical observation lead to the recognition of pathological processes that are new...or not previously recognized” (11). The diagnosis of new diseases is largely the recognition of moments when the physical body does not function in accordance with social ideals of

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again becomes clear that terms such as ‘gender’ and ‘sexuality’ can be understood as fixed concepts only when the active process of meaning making has been halted. It is essential to recognize that language, and by extension, social narratives, are the product of past and current meanings that have been produced through the attaching meaning to linguistic signifiers. Such meanings help to shape identity and are produced “whenever we consume or appropriate cultural ‘things’; that is, when we incorporate them in different ways into the everyday rituals and practices of daily life and in this way give them value or significance. Or when we weave narratives, stories – and fantasies – around them” (Hall 3-4).



health and physical fitness. While I do not wish to argue that all diseases are an attempt to force bodies to function in accordance with a social ideal, there is a specific argument to be made concerning the way in which Pfizer's marketing approaches to erectile dysfunction and Viagra. The medical profession plays upon an impulse to medicate and alleviate moments of bodily difference or difficulty by positioning ED as a disease, and Viagra as its cure. Meika Loe has effectively argued that the "recognition" of erectile dysfunction arose out of the discovery of a medical method for causing erections in men, and that this can in many ways be seen as a moment where a narrative of disease was fabricated in order to facilitate the marketing of a cure for that disease (37-38). Loe's argument will be taken up further in chapter three, as will a discussion of the social positioning of drugs and medications in American society. Although I recognize that discussing erectile dysfunction as a disease risks re-establishing this categorization, I am consciously referring to ED in this way because it is necessary to work from within current social narratives in order to understand the effect of ED on constructions of masculine identity.

Although the marketing of Viagra focuses almost exclusively on reclaiming the socio-sexual ideals of masculinity as authoritative, physically powerful and sexually potent, it is possible to recognize erectile dysfunction as a moment of disability, wherein the body fails to function as expected. Too often, emphasis is placed on 'curing' such moments of disparity between the ideals of the body and the reality, defining bodily difference as illness without a second thought. However, by exploring erectile dysfunction in light of disability studies, where emphasis is placed on creating individual

identity beyond the normative ideals of physicality and gendered identity, it becomes possible to challenge the limitations of normative socio-sexual identity. Loe argues that the medical establishment constructed erectile dysfunction in order to facilitate the marketing of Viagra (48), and traces the impact of Viagra on the American population, both male and female. Building on her work, I wish to focus on Viagra as a product that relies on and commands an active performance of gendered identity. With this in mind, it becomes possible to see Viagra both as a means of maintaining gender constructs and a moment in which such constructs can be recognized as fallacious and limiting.

The discourses that surround illness and disability have much in common, as they both address moments in which the individual fails to exemplify normative ideals of embodiment. In “Integrating Disability, Transforming Feminist Theory,” Rosemarie Garland-Thompson states that

Disability – like gender – is a concept that pervades all aspect of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment....Disability too is a pervasive, often unarticulated ideology informing our cultural notions of self and other...the informing premise of feminist disability theory is that disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune. Rather, disability is a culturally fabricated narrative of the body...the disability/ability system produces subjects by differentiating and marking bodies (75-77).

Understood in this way, the word 'disability' can be seen to reference a doubly fabricated narrative, as it is a discourse formulated in response to the *construction* of the able body as normal and ideal. However, the body figures as the primary site of identity construction for both the able-bodied and disabled individual. The ways in which the body is put to work as a site of identity formations becomes evident when the ideologies that surround the disabled body are evaluated. As women have traditionally struggled with their experiences of embodiment, feminist and disability studies have focused more broadly on the creation and maintenance of female identity outside of the traditional narratives of female embodiment, while very little scholarship has been done on the intersection of masculinity and disability. As I explore the relationship between male identity, experiences of embodiment and Viagra, it seems important to locate this project within the discourse of more traditional male sexual identities in order to effectively address the physical, mental, and emotional limitations that such narratives impose on enactments of masculinity.

Before investigating more thoroughly the benefits of using disability discourse in my analysis of Viagra commercials, it is important to clarify how both impairment and disability are defined within the theoretical framework of disability studies. In a statement issued by UPIAS (the Union of the Physically Impaired Against Segregation) in 1976, disability is defined as "the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus exclude them from the mainstream of social activities" (Light 2). This definition highlights *social* unwillingness to accommodate the disabled

body, rather than critiquing the disabled body itself. Furthermore, this definition of disability draws attention to “the devalu[ation of] bodies which do not straightforwardly conform to the time-space work regimes of capitalist society...marginaliz[ing people] socially, economically and politically” (R. Butler and Parr 4).

In the case of Viagra, erectile dysfunction can be seen as a disability precisely because late twentieth- and early twenty-first-century Western society is largely unwilling to accommodate the idea or discussion of the non-potent male body, particularly because the definition of masculinity is so very dependent on the sexually active and able body. As such, Viagra discourses exclude examples in which Viagra failed to work as expected, as well as stories of those who choose not to take Viagra in order to regain sexual potency. Rather, Pfizer has positioned Viagra as a means of meeting the expectations of masculinity that pervade western culture. Although the implicit challenges offered to normative masculinity by those who suffer from erectile dysfunction will be further discussed at a later point, I would like to suggest here that such a body challenges social systems of order in two distinct ways; firstly, by not adhering to gender expectations, and secondly, by not buying into (both literally and metaphorically) mass-produced and -marketed cures such as Viagra. In their collection of essays entitled *Mind and Body Spaces*, Ruth Butler and Hester Parr suggest that disability studies “should interrogate the unacknowledged imaginings of shared communities of able-bodied/able-minded people which results in an othering of people whose bodies and minds do not meet with the mythical ‘norm’” (9). Indeed, it is the need for just such an interrogation into the construction of masculine identity that prompts this

project, the objective of which is to create a forum for the discussion of erectile dysfunction that questions and ultimately refuses a singular vision of the natural. In her discussion of the way in which the normative body is often overlooked as a site of critical inquiry, Kristin Lindgren takes up the arguments of Drew Leder, stating that “the healthy, normally functioning body disappears from awareness...According to Leder, it is often at times of bodily dysfunction, such as pain or disease, that our bodies come to conscious awareness...these experiences of dysfunction transform one’s relation to one’s body: ‘The painful body is often experienced as something foreign to the self’” (149). In the case of erectile dysfunction, a lack of sexual response alienates the penis from the body and thus alienates men from their sexual identities. Although Leder specifies the painful body in his discussion, the same argument can be applied to the *inability to feel* that characterizes ED, as ED interrupt the usual physical awareness of the body. As the body is the primary site for physical, intellectual, and social interactions, moments in which the body is unable to feel challenge standard modes of response. The cultural and academic discourses surrounding Viagra reflect Leder’s contention concerning the visibility of dysfunction.

Viagra marketing, in particular, insists that experiences of erectile dysfunction are not natural and not to be tolerated, rejecting non-normative sexual bodies as undesirable and foreign. The seeming ‘naturalness’ of the able body can be understood as the product of consistent and sustained cultural fabrications that, ironically, render the able body less visible than the ‘delinquent’ and ‘socially unacceptable’ disabled body. However, this seems contrary to social rhetoric which identifies the disabled or non-normative body as



“intrinsically unknowable [and positioned as] the negative category of difference, of strangeness, even of the monstrous” (Shildrick 331). How are we to reconcile two such opposing strategies of understanding and positioning physical differences? Shildrick proposes that although bodies manifest themselves physically and assert their substantiality, the process of bodily change, as the result of conscious and unconscious efforts, undermines this assertion and makes evident the inherent insubstantiality of the body, creating a constant battle between the assertion and negation of the body (328). Pfizer’s approach to the marketing of Viagra demands just such a conscious effort to reshape the body of the male consumer, as medical technology is used to maintain the performance of masculine virility. However, the very existence of products like Viagra point to the fallacy inherent in such constructions of male sexual identity. Moments of bodily dysfunction make evident the constructions that shape Western definitions of the ‘ideal’ and ‘healthy’ body, as well as the social imperatives that demand that ‘aberrant’ bodies be ‘fixed’ through medical technology.

The discussion of disability illuminates how social expectations work to shape and position the body to be acceptable and desirable; however, it is particularly the intersection of disability and the male body that I wish to discuss. As disability is often understood as a narrative of weakness, dependence and inability, it is structured in direct opposition to previously discussed performances of hegemonic masculinity that prioritize the qualities of strength and competence. As a result, disabilities, and particularly physical disabilities, tend to disrupt bodily performances and necessitate changes in the interpretation of bodily codes. In assessing the impact of disability on the individual,

Shildrick points to “the lack or loss of control” (329) as the cause of social anxiety, once again privileging the connection between bodily control and personal authority.

Although all questions of social and personal authority are fraught with complexity, the issue of bodily control is particularly relevant to my discussion of erectile dysfunction, since such bodies become unpredictable in their ability to enact the ideals of socio-sexual masculinity. The implications of this ‘failure’ of the body are complex, particularly because the functions of the body are thus defined by moments of ‘success’ and ‘failure’ and are imbued with a great deal of social weight, regardless of the fact that such definitions reflect social ideals rather than biological imperatives. In an effort to make clear *how* men with disabilities negotiate masculine identity, Gerschick introduces the term “gender domination,” explaining that “men with physical disabilities are judged according to the standards of hegemonic masculinity which are difficult to achieve due to the limitations of their bodies...Because men with physical disabilities cannot enact hegemonic standards in these realms, they are denied recognition as men” (*Sociology* 165). Unable to embody successfully the ideals of Western masculinity, men with disabilities may often find themselves forced to see their disability as the defining feature of their personal identity.<sup>3</sup>

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<sup>3</sup> Although this certainly limits the ability of the non-normative body to engage in diverse self-construction, it is also possible to see disabled men as subject to less social scrutiny with respect to gender conformity, which offers the potential for greater latitude in their construction of personal masculine identities. In a radical reading of this potential subversion of normative discourse, Gerschick suggests that “by rejecting hegemonic masculinity, changing their reference groups, and asserting their agency, it is possible for men with physical disabilities largely to escape their gender domination and to construct counter-hegemonic alternatives. In doing so, these men become models for all men who struggle with their masculinity” (125). Although it is certainly idealistic, I agree with

I turn now to an exploration of the intersection between disability and male sexuality, attempting to flesh out the narratives that shape public understanding of disabled male sexuality. While there are exceptions to all generalizations, “the sex lives of men with physical disabilities symbolize the passivity and dependency that is pervasive in their lives, which contravenes what most men strive for: *activity, initiative, and control*” (*Sociology* 170). Certainly, the language employed here is reflective of an implicit discourse of power and social authority, but most important is the implication that men with physical disabilities are seen as unable to embody social and sexual agency. Because there is no popular discourse that permits men to be passive, particularly in terms of their sexual identities, men whose bodies do not enact normative gender are assumed to be unable to enact normative sexuality. Shildrick astutely observes that “those bodies labeled as anomalous, and which resist the reformations that ensure morphological acceptability, are disqualified from discourses of pleasure, particularly with regard to issues of sexuality” (327). While I am not intending to suggest that disabled bodies are, in and of themselves, deviant, it is important to consider how deviations from normative sexual identification and practice are discouraged in Western society. Whether such ‘deviance’ is taken on as a choice or arises from a disability, bodies that stray too far from the tenets of normative masculine sexuality are subject to restrictions on sexual expression, which society enforces either by silencing such

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Gerschick’s recognition of disability as a site of contestation of personal and social identity, precisely because the disabled body insistently exposes, through its own physicality, the fallacy of the able, active, potent body as the only valid incarnation of the human form.

individuals or denying their sexuality altogether. Recent work in disability theory has shown that individuals with disabilities are often seen as sexless precisely because their bodies do not meet the normative standards that have been constructed in western society (Shakespeare 12). Once again, social perceptions of sexual capacity and sexual appropriateness are generated in conjunction with the constructed ideals of gender identity. Because such an emphasis is placed on the body in social situations, the “anxiety – the fear of vulnerability – that characterizes any corporeal interaction, and which is in any case heightened in the processes of sexuality, is condensed and projected outward on to those others whose bodily disconformity and limited physical control already unsettle the ideal of embodied selfhood” (Shildrick 331). I suggest that when the “disconformity” is itself an element of the sexual experience, as in the case of erectile dysfunction, this uneasy question of embodiment is further complicated and the body is subjected to intense restrictions and social scrutiny. Rather than reflecting an attempt to confine the individual sexual identity by way of social pressure and the abjection of difference, such ‘othered’ bodies can challenge the belief that socially constructed heteronormative sexuality is a natural and biological element of the human experience and that our narratives surrounding sexuality represent the realities of lived sexual experience.

By directing attention to the construction of normative ideals that shape public conceptions of the ‘normal’ body, and concurrently insisting on the normalcy of the ‘non-normative’ body, disability theory is an important site of negotiation regarding the integration of multiple bodies into the spectrum of somatic vitality. It is precisely



because people with disabilities are often unable to undergo bodily reformation in a physical sense that “the discursive normativity of performativity [is] put under overt pressure” (333). If disabled bodies defy integration within the normative discourses of bodily existence, then disability studies has the potential to challenge and reform the discourses that shape normative male social and sexual identity by forcing a shift in the way that the body is perceived and discussed.

This thesis seeks to examine the intersection of discourses of gender, sexuality and (dis)ability in the production and marketing of Viagra in an effort to make clear the way in which Pfizer attempts to negate the non-normative sexual male body as an aberration in the construction of male identity. Although it has been argued that erectile dysfunction is a “subjective and elastic category” (Loe 48) which has been used by the medical establishment and pharmaceutical companies to create a market for products that produce erections, erectile dysfunction is also reflective of the social expectations that surround and shape the performance of male sexual identity because it posits that a penis that cannot become erect is, in and of itself, dysfunctional. Because masculine identity is in many ways reliant on the sexualized male body, the experience of erectile dysfunction can be seen to preclude the socially sanctioned performance of masculinity. The word ‘dysfunction’ implicitly suggests that there is a proper way of functioning and that, as such, the body that fails to function properly can be brought back to ‘normal,’ in this case through the intervention of medical technology. In contrast to this language of potential re-formation, the term ‘disability’ references bodies (and minds) that exist outside of the parameters of ‘normal’ social embodiment without attempting to re-create the body in



accordance with these social norms. Disability studies challenges the constructions that make up normative discourse and demands that all bodies be recognized as valid incarnations of human physicality. Disability studies, with its focus on re-imagining the ways that the body be employed in the creation of personal identity and social ideology, offers insights into the myth of male potency as a narrative that instructs men's bodies and behaviors. I propose that erectile dysfunction be examined from within the theoretical discourse of disability studies as a means of instigating a potential re-reading of the limiting strictures on male sexual identity.

The next chapter of this thesis will analyze commercials as cultural texts that both reflect and reiterate masculinity as a socially defined and maintained identity within the public sphere. Here, I intend to examine the evolution of Pfizer commercials from the initial marketing campaign to the current commercials. I have chosen to focus on the Pfizer commercials because Viagra, having been the first and most aggressively marketed erectile dysfunction medication, has become the most widely recognized brand among similar pharmaceutical products. Loe observes that Viagra is the fastest selling drug in history, grossing one billion dollars in its first year on the market, while Pfizer claims that "Viagra is the number one prescribed ED treatment in the world" (Viagra.com 2002). These commercials, read in chronological order, will trace the attempts made to discuss erectile dysfunction in the public sphere, and will make evident the omissions that exist in this social narrative. The reading of these commercials will clarify the ideologies at work and the ways in which this outward narrative relies on and contributes to social narratives about masculinity, while also exploring the narratives which these

commercials seek to discredit by omitting them from the discourse of impotence altogether. The consistent representation of heterosexual, married, middle-aged men in Pfizer commercials is an example of the ways in which aspects of normative masculinity are propagated in the public consciousness. Homosexual, bi-sexual, and transsexual men, as well as young and unmarried men are not represented in Viagra's commercials, an exclusion that implicitly suggests that these masculine identities do not suffer from erectile dysfunction and should not require Viagra, or that these identities are effectively sexual at all times. Although some commercials do present men of color, these depictions are limited and can be read as problematic in the way that they set up these masculine identities for interpretation. In this way, the marketing of Viagra creates a normative image of male sexual dysfunction and its containment, and discourages other masculine identities from admitting to experiencing erectile dysfunction. However, the commercials themselves draw attention to the limitations of current ideals of masculine identity, and can thus be mobilized as sites of contestation, out of which new narratives can perhaps be created. The conventions of representation and the ways in which the viewer is approached and manipulated in these commercials will be examined.

My third chapter explores the complex relationship between science and sexuality will be unpacked in the third chapter of this thesis by discussing Viagra as a commodity that promises to restore through chemicals what society decrees as natural. Building on Ruth Butler's discussion of the disabled body, I will explore the ways in which science has been put to work in recovering a lost 'ideal' male body, and specifically the ways in which a scientific discourse has been used to both identify men with their dysfunction

and to distance men from their dysfunctions. An analysis of the connection between advertising and the development of social ideology, drawing on the ideas of Stuart Hall, will be used to mobilize a discussion of the wider implications of this analysis. In recognizing Viagra as a drug used to medicate the problematic construction of masculine identity, I also intend to invoke Jacques Derrida's theory of "the rhetoric of drugs" (228). He points to a paradox in the conception of drugs as both a threat to the maintenance of "the social bond" (243) as well as a means to the "liberation of this same "ideal" or "perfect body" from social oppression, suppression, and repression" (244). His analysis of the role of drugs in the social arena provides an interesting basis for understanding the complex position that Viagra holds in this social moment. The marketing of Viagra perpetuates an ideal of male identity as defined by sexual performance, while the social demand for the product itself points to the fallacy of defining men by their ability to perform sexually. Meika Loe argues that the medical condition known as erectile dysfunction is largely the result of a "blurring of disease and discontent" (16), transforming the natural functioning of the body into a medical and medicatable condition. Loe claims that "spokespeople, with the help of journalists, constructed a sexually dysfunctional populace – a market primed and ready for Viagra" (27), a position that challenges not only the social imperatives of performative gender, but the extent to which economics plays a role in the perpetuation of clearly defined gender and sexual identities.

Taking the marketing of Viagra as a focal point, this project will demonstrate that the very narratives employed to maintain gendered identities create conflicting ideologies

of masculinity in the public sphere. As I examine the places where current representations of masculinity fail to effectively elucidate the problems of that masculinity, it becomes easier to identify the fallacy of the hegemonic discourse itself.

Recognizing erectile dysfunction as a disability that seriously impacts a man's ability to enact the current social constructions of masculinity, this thesis opens up the concepts of masculinity and disability for discussion and re-examination within a social and representational framework and will explore the ways in which Viagra has exacerbated and profited from the problem of erectile dysfunction by propagating the fictional ideology of the ideal male body.

## CHAPTER TWO

## Shaping Men to Fit Inside the Screen: De-constructing Pfizer's Construction of Masculinity

"How this country thinks of older people and relates to older people, and how older people think of themselves... is directly affected by what is put on television."  
(Jeffrey Sagansky, former CBS Entertainment President, *The Tampa Tribune*)

"[Other bodies] disrupt the claim that sexuality is a biological truth given once and for all, and susceptible to the confines of categorical knowledge. Rather it is revealed as a dynamic site constructed by and heavily freighted with metaphors and narrative strategies that expose the uncertainty of all modes of being."  
(Shildrick, *Unreformed Bodies* 332)

Never waste jealousy on a real man;  
it is the imaginary hero that  
supplants us all in the long run.  
(George Bernard Shaw, *Heartbreak House*, 1919)

In *Better than Well*, Carl Elliot explores how individuals are pressured to participate in the consumer marketplace in order to maintain a socially recognized identity, arguing that

Advertising is no longer just a means of selling goods: it is also an instrument for the transmission of values. Like television and the movies, it teaches us how to dress, furnish our homes, eat well, and be cool. It also tells us what kind of people deserve respect and which deserve ridicule, what romantic love looks like and how to find it, how to lead a successful life, and how to be a failure (127).

With Elliot's analysis in mind, it is clear that advertisements deserve recognition as cultural artifacts that offer important insights into the normative realities of Western culture. By studying how particular products are advertised, a great deal can be learned



about the intersection of powerful constructs such as masculinity and 'ideal' sexual identity, and their relationship to social and cultural discussions and ideologies in Western society. Michael Stephens of *PopMatters* writes that "because of its unique clinical function, Viagra became an immediate cultural point for all issues relating to virility, male sexuality, and aging, and through this continual popular referencing, much more than the effects of its \$100 million advertising budget, Viagra has achieved a level of brand recognition that is reserved only for superstar drugs like Tylenol and Prozac" (*PopMatters*). Viagra, since its introduction to the marketplace in 1998, has become a social and pharmaceutical blockbuster drug, necessitating a drastic reconsideration of the ways that Western society understands and represents male sexuality, particularly with regard to older populations.

My discussion of Pfizer's marketing approach will be prefaced by an examination of current critical literature concerning the relationship between advertising and social norms, particularly how advertising can create social ideals and construe them as normative. Recognizing that the body is not free from political, cultural, economic, and social forces, I will use the work of Stuart Hall to examine the impact of social norms and ideals on the individual body. Critical discussions about the freedom of the physical body in public space prompt a consideration of how the interactions between such politicized bodies are situated in the public domain. In preparation for my discussion of Pfizer's growing global focus in Viagra commercials, I use the work of Dennis Altman, Arlie Hochschild, and Zygmunt Bauman to clarify the impact of globalization and commercialization on the body and the interaction of bodies in current Western culture,

particularly as evidenced by Pfizer's Viagra commercials. With these theoretical bases in place, I will examine the commercials released by Pfizer from 1998 to 2005, analyzing the overt and covert strategies used to market Viagra, as well as identifying shifts in marketing focus and advertising approach. My goal is to uncover what is at stake in such representations and expectations of Western masculinity, particularly because these commercials are intended for a broad audience, and yet the representation of masculine identities is notably limited. Pfizer's marketing strategies reflect the constraints of 'ideal' masculinity that are socially imposed on men and the representation of heteronormative, monogamous, and primarily white men in Viagra commercials reflects the dominant position of this social demographic while simultaneously setting up a standard of male identity that is impossible for *any* man to approximate, thereby undermining the very constructions that maintain the racial, cultural, and economic hierarchies of Western masculinity.

While identity is often conceived of as the product of personal experiences and perspectives, broader social forces also shape the identity of the individual. I use the term 'social forces' to reference the transmission and maintenance of ideas, values, morals, and conceptions of appropriate behavior within a society, as is often accomplished through media representations and social authority figures. Any person who engages with the world around them is influenced by their interactions with such social forces, although this influence is often barely perceptible until considered *en masse* with other members of that society. Commonalities in the way that individuals are influenced by their society can be seen as forming the basis of a social or cultural 'norm'.

While such ‘norms’ reflect constructed ideas about what is standard and perhaps even expected in a particular society, they are by no means definitive, and are likely to change as interactions between individuals and social forces shift and diversify. As Stuart Hall points out, “*all* political and social forms of thought [are] inevitably caught up in the interplay of knowledge and power” (48), and as such, social ‘norms’ often reflect the ‘regime of truth’ at work in a particular society. Foucault writes that

Truth...is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its ‘general politics’ of truth, that is, the types of discourse which it accepts and makes function as true, the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned...the status of those who are charged with saying what counts as true. (*Power/Knowledge: Selected Interviews and Other Writings* 131)

Such ‘social truths’ function to maintain the hierarchies that shape social order, and are disseminated in many ways. In this chapter, I will examine how Western advertising shapes public notions of ‘normal’ and ‘ideal’ ways of living, with particular attention paid to constructs of ‘desirable’ sexual identity. Given that Western society is heavily influenced by consumerism, advertising plays a special role in the transmission of social ideals, setting in motion the belief that social ideals of identity, physical, mental, and emotional, can be met through the consumption of products and services. Advertising tends to present images of ‘ideal’ identity as a reality for the active consumer, which can result in the transmission of problematic ideas and images into the social space. This

becomes an issue when transmission of 'ideals' become understood as representations of 'truth,' so that advertising creates the 'regime of truth' that Foucault warns against.

Without intending to generalize my discussion of 'the media', it is precisely the fact that television and print media are often seen as monolithic sources of social and cultural information that discourages individuals from challenging the ideas and constructs posited by such sources. In "A Roundtable in Values in Advertising," Juliet Schor notes that "one of the big arguments coming from critics of advertising and commercialism is the idea that an increasing proportion of our culture is being manufactured by a small group of very powerful people. We are losing other forms of cultural transmission" (24). For the average consumer, it becomes difficult to determine who is producing the ideas and ideals that are presented in the media. William O'Barr responds to Schor's statement, suggesting that "what ends up happening is that we seem to have all these individual values that somehow don't find a mechanism for expression. People have to live with them privately in a system of conflict" (25). The negation of particular voices and perspectives is an important consideration when attempting to discuss broad social constructs that cannot be applied equally to all members of Western society. When referencing social ideas and ideals, I am consciously referencing those ideas and ideals commonly reiterated by various media sources, without intending to suggest that contradictory and alternative perspectives do not also exist within the social environment. Indeed, the value of such contradictions should not be underestimated, as they reveal the idea of a coherent social perspective to be a construct that only serves to privilege the voices of those most able to make themselves heard. It is precisely this conflict that may



offer the individual consumer the opportunity for resistance, while simultaneously undermining the presumption that social values are created out of and reflect the values of all members of a given society.

Of particular interest for this project is the way that the body is shaped and discussed as a result of the conformist imperative of Western society, and I will preface my discussion of the marketing of Viagra by drawing further on the work of Stuart Hall, who argues that the body “is *produced* within discourse, according to different discursive formations....[It is] a sort of surface on which different regimes of power/knowledge write their meanings and effects” (51). It is my contention that problematic ideals and understandings of the male body are produced in the marketing of Viagra, as these commercials constrain the male body by invoking particular ‘regimes of truth’ that value certain qualities of ‘masculinity’ over others. By offering up certain tropes of masculine identity, such as robust physicality and social authority, as socially normative, Pfizer directs men to adhere to codes of behavior and expectations that are often unattainable.

Because Viagra is one of the first economically successful sex drugs to maintain a degree of respectability in the public eye, it has prompted intense social and academic discussion about the way that sexuality and sexual identity are represented in the media. Viagra can be seen as evidence of a growing trend towards the commercialization of sexuality, and more importantly, of intimacy. Arlie Hochschild, the author of *The Commercialization of Intimate Life*, suggests that

In the past, the fantasy of a perfect purchase might more often have centered on some



feature of external reality...but today, as more elements of intimate and domestic life

become objects of sale, the commodity frontier has taken on a more subjective cast. So

the modern purchase is more likely to be sold to us by implying access to a 'perfect'

private self in a 'perfect' private relationship. (41)

A prime example of such a shift in the commodity market can be seen in commercials that proffer Viagra as a guarantee of a male sexual performance that ensures harmonious marital relationships. Certainly, several of Pfizer's advertising campaigns are built around images of joyful heterosexual couples in the private space, the implicit suggestion being that active consumers can protect their happiness by investing, financially and ideologically, in Viagra. However, Hochschild's statement that the "commodity frontier...is moving into the world of our private desires" (41) overlooks the way that desire, particularly sexual desire, is often influenced and constructed by social representations of what is deemed 'sexy' and 'desirable'. Despite an increasingly broad range of social, cultural, racial, and economic identities, mainstream marketing often caters to heteronormative tastes and preferences, a tendency that limits the types of representations that are made available in the 'commodity frontier'. In *Liquid Love*, Zygmunt Bauman takes up the inter-relation of sexuality and consumption, observing that "sex is now expected to be self-sustained and self-sufficient, to 'stand on its own feet', to be judged solely by the satisfaction it may bring on its own (even if it stops as a rule well

short of the expectations beefed up by the media)” (45). Western consumers are well aware that purchases generally come with a guarantee of satisfaction, and products like Viagra seem to be in demand in part because they offer a similar guarantee of satisfaction in the sex lives of the individual. Bauman goes on to write that “today’s agonies of *homo sexualis* are those of *homo consumens*. They have been born together. If they ever go away, they will march shoulder to shoulder” (49), defining *homo sexualis* as “a process, laden with trials and errors, hazardous voyages of discovery and occasional finds, interspersed with numerous slips, sorrows of missed chances and joys of looming relish” (56). The tenuousness of this process is evident in the way that Pfizer has defined and represented masculine identity as itself fraught with doubt and uncertainty, at least until such men purchase Viagra and provide themselves with an incontrovertible proof of their masculinity. Certainly, the intersection of sexuality and consumption has proven problematic and complex, and as will be shown in the case of Viagra, has resulted in social confusion about the ways that socio-sexual identities should be enacted.

Broadening this discussion to consider the impact of globalization on the American and world consumer market, I turn to the work of Dennis Altman, whose insightful analysis of the global economy will provide me with a basis for an analysis of Pfizer’s approach to the world market. In *Global Sex*, Altman defines globalization as the “simultaneous strengthening and weakening of national and local boundaries...[globalization] does not abolish difference as much as redistribute it, so that certain styles and consumer fashions are internationalized while class divides are strengthened” (20/21). With this range of influence in mind, it is important to recognize

the primacy of American marketing trends and the potential impact that Pfizer's global campaigns could have on understandings of gender. While it would be alarmist to suggest that commercial representations of masculinity could become the basis for global gender enactments, it is reasonable to see the exporting of iconographic images as encouraging the recognition and performance of 'types' of masculine identities, which are themselves invested with assumptions about economic participation in a sexual marketplace. Pfizer's commercials market a physically and authoritatively imposing version of American masculinity that, as a result of globalization, may lead to "a gradual convergence of sexual behavior across different societies" (Altman 38). Altman notes that "advertising plays a particular role in the globalization of certain body types" (58), an argument that I would also apply to specific body parts, as seen in the marketing of Viagra, which privileges the erect penis over the non-erect penis. By allowing American images to dominate the global marketplace, such instances of globalization also work to reaffirm the dominance of white, Western, heteronormative, patriarchal privilege.

The complex dynamics of Pfizer's marketing approach have been shaped by the intersection of multiple social factors, and have drawn a great deal of media and academic attention. There are two recently published texts in particular that examine the introduction of Viagra into the Western marketplace. In *The Rise of Viagra*, Meika Loe evaluates how Viagra has transformed the marketplace and the pharmaceutical industry, and investigates how 'average' consumers have reacted to, and been affected, by this drug. Jay Baglia, the author of *The Viagra Ad Venture*, discusses the intersection of masculinity, sexuality, and the media, with particular emphasis on how this drug has

literally 're-shaped' men's bodies to better meet social expectations. While both texts explore important aspects of Viagra's impact on Western culture, I believe that a detailed examination of Pfizer's marketing strategies offers further insight into how masculinity is being coded and enacted as a result of conflicting social constructs of masculine identity. Accordingly, in this chapter, I will discuss a broad selection of Pfizer's commercials and print advertisements, focusing on the implications of individual commercials, as well as these campaigns as a whole. I will specifically focus on the way that these commercials present and influence the performance of male identity in relation to sexuality.

When examining how advertisements create social expectations, it is necessary to take into account multiple approaches to garnering brand recognition. Advertising approaches have become increasingly complex in western markets, utilizing both overt and covert communication to gain the attention and respect of the consumer. Because of the time restrictions that commercials are subject to, it is also important that commercials have a succinct "informative intention" (29), defined by Sperbert and Wilson as the primary message that advertisers wishes to convey to their audience. In order to most concisely express the intended meaning, commercials often rely on broadly accepted, socially coded, values that viewers are likely to recognize (Crook 718). The representation of individuals and experiences in commercials is often an attempt, on the part of advertisers, to connect with the broadest possible audience by idealizing the

everyday world of the consumer, and can, for this reason, be seen as a means of establishing social norms and ideals.<sup>4</sup>

Prior to 1998, pharmaceutical companies were not permitted to advertise directly to the consumer and where public advertisements for sex products were not as commonplace as they are today. When introducing Viagra to the Western market, Pfizer's advertisers had to consider what the market would permit in terms of a sex-specific product that threatened to destabilize male sexual identity, as well as take into account the recent changes to advertising regulations imposed by the FDA. It is for these reasons that Pfizer's initial sales tactics presented Viagra as a scientific remedy to a legitimate physical and medical condition known as erectile dysfunction. Meika Loe, who traces the development of Viagra from its initial discovery by cardiac researchers,

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<sup>4</sup> Examining the use of overt communication techniques, John Crook states that "making intentions public seems to be a wholly viable strategy for advertisers, particularly as it is consistent with the opinions of advertisements held by an increasingly astute public" (725). This perspective is certainly in accordance with recent investigations into consumer distrust of false or manipulative advertising, which show that consumers often recognize and distrust manipulative advertising tactics. In his study of the reception of corporate responsibility advertisements, Kim Schröder notes that audiences are often skeptical of advertising claims, a tendency that advertisers have begun to anticipate and exploit through self-referential advertising campaigns in which attempts to sell products to the consumer are made overtly clear. Conversely, Keiko Tanaka argues that covert communication is often used to try to disguise the selling work that takes place in the commercial itself. Attempts to hide the purpose of commercials can be seen as an effort to overcome public distrust of advertisers, as well as avoiding what Tanaka terms "negative social reactions" (36) to provocative images or suggestions contained in commercials. Researcher John Philip Jones suggests that three characteristics of successful advertisements are that "(a) they are likable and offer a reward for watching because they are entertaining and amusing, (b) they are visual rather than verbal, and (c) they say something important and meaningful about the brand being advertised" (89). These pre-requisites seem to necessitate both overt and covert forms of communication, which adds strength to Crook's claim that effective advertising engages the viewer on multiple levels.



argues that “although the diagnostic category ‘erectile dysfunction’ existed prior to Viagra’s debut, Pfizer borrowed the term and introduced it and Viagra together in 1998, thus constructing a public association between problem and treatment” (48). She goes on to observe that erectile dysfunction, “while appearing to be a precise, objective measure, is flexible and subjective enough to include almost any male with sexual insecurities, dissatisfaction, concerns, or intermittent erectile “failures”” (50), thereby ensuring a broad market for Viagra as a pill that works to maintain an idealized expectation of modern masculinity. Loe exposes the considerable effort involved in presenting Viagra as a medication backed by valid science, marketed as a ‘quality of life’ drug as opposed to a ‘sex pill’ in an attempt to avoid the social critiques that advertisers feared would accompany the marketing of a drug with the properties and effects of Viagra (45-47). While Pfizer was right to fear the potential backlash of addressing socio-sexual taboos, hesitation over discussing and ‘fixing’ inconsistent sexual performances in both men and women was perhaps another reason for Pfizer’s initially cautious advertising strategy. The use of urologists who stated that “oral sildenafil only enhances ‘naturally occurring mechanisms’ to produce an erection in impotent men” (Loe 45) successfully positioned Viagra as a means of repairing the broken male machine, rather than fabricating male desire out of science and pharmaceuticals. Janice Lipsky, the US team leader for Viagra, argues that “our job is to communicate to men so they don’t feel so embarrassed....Viagra advertising is very targeted to men’s habits.” She goes on to say that “TV ads are a way to break down the barriers. In our case, with erection problems, a barrier is embarrassment...education can help men overcome a barrier for treatment”

(USA Today 2003). However, it is necessary to query the use of the word 'education' with respect to the commercials shown on television, as such advertisements seek to influence consumers rather than simply inform the public in an unbiased way. The 'education' occurring in these commercials is in fact a lesson in market availability and product acceptance, as consumers are taught that sexuality is a commodity available for purchase in the Western marketplace. As Hochschild notes, this growing trend is indicative of the ways in which the private world of the individual is being transformed into a site of potential market value. Pfizer's multiple marketing strategies are evidence of the complexity of transforming male virility into an economically and socially viable commodity, and it is through a careful reading of these commercials that I hope to identify further the social ideals of masculinity that have shaped Viagra's emergence into the marketplace.

In a recent *New York Times* article on Viagra's shifting advertising tactics, Stuart Elliott observes that one of Pfizer's most difficult tasks in introducing Viagra was "to build customer demand and loyalty without offending people and without providing additional fodder for endless gags by late-night talk-show hosts" (2004). It was also essential to figure out how to market the drug without alienating the very customer base they were trying to reach. Theresa Howard, in an article published in USA Today, notes that "pharmaceutical advertising has to hit a select target. That's why drug makers spend carefully aimed big budgets trying to reach the right consumer with their message and product" (2003). The successful introduction of Viagra to the Western marketplace was dependant on Pfizer's ability to address the right target market. However, as Viagra was

one of the first drugs to be marketed directly to the consumer, and certainly the first oral medication clinically proven to improve male sexual functioning (Stephens *PopMatters*), the target demographic for this campaign had not yet been established. It was therefore Pfizer's task to determine, and in many ways, create, this demographic for themselves. The concept of Pfizer's target market will be examined more thoroughly later in this chapter, however, this demographic cannot be discussed in terms of any definitive attributes or characteristics, as Pfizer's advertisers have consistently re-written the identity of their 'ideal' consumer over the past seven years, creating a shifting market that will be discussed in greater detail later in this chapter. At the same time, any discussion of the commercials themselves necessitates an awareness of how Pfizer's positions Viagra with respect to the broader social spectrum of potential customers. At this point, however, I will rely on Loe's observation that "with ethical and legal issues as potential threats to Viagra's profitability and Pfizer's reputation, Pfizer seemed to work harder to market its product to "safe" populations, primarily those males who were heterosexual, married, and aged forty and above" (47). This marketing focus on so-called 'safe populations' can be seen as part of Pfizer's effort to give social and medical validity to a potentially taboo issue, as the introduction of Viagra marked the first pharmaceutical foray into the enhancement of the individual sexual experience.

Pfizer's initially conservative approach to marketing Viagra is complicated by Loe's observation that "the successful marketing of products, from porn to jeans, increasingly depends on titillation and a sexualized marketplace" (16). Paradoxically, the highly sexual nature of the current western marketplace does not necessarily offer a

greater potential for open discussions about sexual dysfunctions and products that are designed to improve the sex lives of consumers. As Hochschild's evaluation of the merger of economics and sexuality suggests, this relationship has instituted a social rhetoric of sexual satisfaction, discouraging discussion of the moments when sexuality and sexual interactions go awry. The 'cancellation' of potential discussions of sexual identity, whether inside or outside of the ever-shifting category of 'normative sexuality,' is evident in the majority of Pfizer's commercials. The "Beep" campaign, which ran from April 2005 until March 2006, is a prime example of the silencing of discussions about sex and sexual practice in the public arena. In this series of commercials, men's animated, and at times, elated discussions about their sex lives, practices, and desires, are literally "beeped" over, silencing these men and suggesting to all viewers that such conversations are inappropriate for public discussion. However, this covert demand for silence in discussing positive sexual experiences also halts the possibility for conversations concerning moments where sexual identity and experience are complicated, or fail to live up to the ideal sexual narratives that circulate in Western media representations of sexual and gendered identity. At the same time, these commercials titillate the audience by drawing attention to the details of specific Viagra experiences without permitting viewers to hear what is being said. By critically examining Pfizer's shifting target market demographic, as well as the approaches taken to reach that market through advertising, it is possible to draw conclusions about how Pfizer constructs and sells versions of ideal masculinity, as well as to ascertain how these ideals



fit, or fail to fit, into broader social understandings and expectations of Western masculinity.

Third and finally, it is also important to preface my examination of Viagra commercials by a consideration of the larger social forces that shaped and constrained Pfizer's marketing strategies during Viagra's initial introduction to the marketplace. The regulations regarding direct-to-consumer drugs underwent extensive revision in late 1997, approximately six months prior to Viagra's introduction to the marketplace. Enabling pharmaceutical companies to advertise prescription drugs in the media has prompted the creation of blockbuster drugs that generate massive revenue as well as a demand-driven market in which consumers can be seen as actively engaged in the medicalization and corporatization of their sexual lives. Jay Baglia notes that by the end of 1998, nearly six million prescriptions for Viagra had been filled in the United States (53), a figure that has continued to grow as a result of widespread pharmaceutical advertising. As for marketing regulations, the FDA insists that commercials making product claims must also list the potential side effects caused by use of the drug. As a result, two types of drug commercials have emerged, circumventing the stated parameters for FDA approval to avoid mentioning the considerable side effects and risks that accompany the use of drugs such as Viagra. The first commercial gives the name of the drug without mentioning what condition it is used to treat, while the second commercial gives the name of a medical condition and the company name, without mentioning the name of the specific drug being sold (Loe 15). In both of these commercial formats, the viewer's assumptions about the uses and effects of the drug often form the basis of the



consumer's knowledge, and drug companies shirk the responsibility of sufficiently educating their audiences about the drugs being advertised. Although audiences are often aware of the ways they can be influenced by such advertisements, this is one of many examples of how drug companies manipulate both the consumer and the regulatory boards that set the standards for direct-to-consumer advertising.<sup>5</sup> There are two other advertising strategies that have regularly been employed by Pfizer in Viagra commercials, both of which are designed to engender product confidence in the viewer. The first is the use of a "celebrity 'smokescreen' [who] softens the commercial dimension of the message – the audience may distrust a profit-hungry manufacturer and a sales-thirsty advertiser, but who would doubt the integrity of [a reputable celebrity]?" (Crook 724). Certainly, this was one of the reasons that Pfizer employed Presidential candidate Bob Dole as the first Viagra spokesman, as he brought an air of respectable dignity to the first multi-million dollar, commercially driven campaign for a treatment for erectile dysfunction. Bob Dole can also be seen as a figure of social and political authority, and for this reason, he did double duty as a spokesman for Viagra, as

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<sup>5</sup> The FDA has recently come under attack from consumer advocate groups for failing to screen ads as carefully as they should. In response to a similar negative reaction to the <Beep> campaign of 2005, Pfizer and other pharmaceutical companies announced self-regulations on their own advertising protocol in August 2005, to be imposed in January 2006, which states that drug companies will delay the market launch of all new drugs while the drugs are being previewed by doctors (Edwards May 8 2006). While this decision has been seen as an important step forward in the push for responsible advertising with regards to direct-to-consumer drugs, critics of large pharmaceutical companies have suggested that this may be an effort to pre-empt government action to impose more stringent policies on advertising practices.

advertisers often encourage consumer confidence in a particular product by having a social authority figure substantiate product claims. Crook notes that

Occasionally, a product is imbued with attributes that are less readily believable, but in such cases we often find that the claim is overtly ascribed to an authority...in these cases, the advertisers are seen as merely passing on facts, and the issue of trust arises in relation to the sources, rather than the advertisers themselves...advertisers attempt to compensate for skepticism by offering their audience a validating context such as 'experts are to be trusted in relation to their field of expertise' (726).

Pfizer used this strategy, particularly in the early days of their campaigning, in advertisements that routinely quoted urologists advocating the use of Viagra in the treatment of erectile dysfunction. This appeal to authority was also an element of Pfizer's ED awareness campaign, which prompted men to "see [their] doctor" (Pfizer.com 1999). Crooks further observes that "where claims are cognitively consistent with the audience's beliefs, trust is less important; where claims risk inconsistency, and therefore disbelief, trust is more important" (726). It is clear that Pfizer felt that it was important to inspire trust in the viewing public by employing a celebrity smokescreen and relying on medical authority in order to safely position Viagra as a valid and valuable medical option in the treatment of erectile dysfunction.

Although attention has been paid to Viagra's impact on both men and women since it was introduced, I feel that a critical analysis of Viagra advertisements, and the messages implicit in these advertisements, will provide insight into the ways that Western

masculinity is being instructed to conform to social ideals of the male identity as read through bodily performance. This chapter will offer a close reading of Pfizer's marketing campaign since its inception in order to clarify how masculinity is being mobilized, and will bridge the academic gap between past Viagra analysis and masculinity-as-performance studies. In order to further examine the meanings and implications of Pfizer's commercials, it is necessary to consider how these commercials present the male body and male identity to the viewer. Susan Bordo, discussing the representation of the male body in Western media, encourages attention to be paid to the way that the male body is positioned in advertising, explaining that the positioning of the body can substantially influence the intended meaning or message within an advertisement. Advertisements in which the male body faces the camera squarely challenge the viewer and give an impression of a masculinity that is "powerful, armored, emotionally impenetrable" (186). She identifies such depictions of the male body as examples of "face-off masculinity" (186) and notes that such poses can discourage the viewer from looking too long, or too closely, challenging the very possibility of seeing the male body as an object of the gaze. The use of such body positioning in Viagra advertisements, as seen in early print campaigns featuring Mark Martin staring impassively at the camera, privileges a physically aggressive and emotionally reticent masculine identity, while simultaneously conflating Viagra with such socially sanctioned signifiers of masculinity. The use of such aggressive posturing can perhaps be read as an attempt to pre-empt any suggestion of weakness or lack that may have been attached to the use of Viagra itself, thereby marketing Viagra and a one-dimensional example of male identity

synonymously. As a counter to such aggressive representations, Bordo also notes the emergence of an alternative representation of the male body, in which more passive, leaning stances are used, seeming to invite the viewer to observe the body and thus to inhabit the male gaze while the male body inhabits the traditionally female 'object' position. This alternative positioning of the body, often seen in male fragrance and clothing advertisements, is one of many examples of the multiple, and conflicting, ideals surrounding post-modern male identity. By reading this stance, which is decidedly consistent with traditional representations of the female body, in conjunction with the types of products advertised, it is clear that gendered ideas about consumption are at work. Certainly, a degree of feminization is occurring in these more passive stances, suggesting that consumption, particularly of luxury goods, is to be understood as a female social role. When the male body is read as a signifier of male identity and social roles, it becomes possible for advertisers to gender their products and advertising strategies, resulting in the increased marketability of gender constructs in their own right. Evident in Viagra's advertising, the marketing of gendered identity in tandem with gendered commodities reveals a problematic conflation between gendered identity and consumer identity, as consumers are encouraged to purchase elements of a desired identity by purchasing products imbued with gendered meaning. The combined marketing of goods and identity traits is indicative of the degree to which individual identity is influenced by social, cultural, and economic forces. Although the relationship between the rhetoric of drugs and the ideal body will be taken up in greater detail in chapter three, it seems important to note here that when considered with respect to drug advertising, these

implications become all the more pertinent, as the drug industry is specifically invested in chemically altering the body and mind of the consumer, and often uses the fabricated ideal of the 'perfect' body and mind in conjunction with gendered constructs in order to sell their products most efficiently to a market overrun with promises of improved quality of life for the active consumer.

When critically analyzing Pfizer's multiple approaches to the marketing of Viagra from 1998-2006, I will be paying particular attention to the dominant images in each of the commercial campaigns, as well as investigating how these images are linked to one another to form a cohesive and identifiable 'Pfizer product image'. I will also be reading the codes of masculinity utilized in each of the commercials in order to clarify how Pfizer has constructed multiple versions of an ideal male identity, as well as an image of their target market population. Keeping in mind Foucault's concept of the "institutional dimensions of discourse" (Nixon 304), my discussion of Viagra commercials will also question who benefits from presenting stringent and limiting examples of masculine identity. This question seems particularly relevant because Pfizer's representations of male identity are often iconographic rather than reflective of the multiplicity of male identities that exist within Western culture. By using heroic images of masculinity rather than men who reflect the broader range of lives and identities that make up their target market, it is evident that Pfizer is attempting to market Viagra in accordance with the aspirations of masculine identity, while simultaneously suggesting to audiences that these representations reflect how men 'are' or 'should be'. This marketing approach is indicative of a trend towards idealizing particular aspects and qualities of male identities



and amalgamating these traits into various versions of a monolithic construction of masculinity that is held up as an example of how all men should define and present themselves. In the case of Pfizer's advertising ventures, the exclusion of broad social, cultural, and economic categories of male identity are consistently evident when viewing the range of commercials released since Viagra's introduction to the marketplace. As the standard representation of masculinity in Viagra commercials is white, heterosexual, middle-aged, and upper-middle class, there is a notable exclusion of racial minorities, alternative sexualities, and men from a lower economic class, the implications of which are enormous. Pfizer's failure to market to these 'others' indicates an effort to sanitize the drug by associating it with images of traditional patriarchal authority. Furthermore, by addressing themselves only to a small portion of the Western male population, Pfizer is in fact suggesting that such 'other' masculine identities do not require, or do not deserve the opportunity, to 're-habilitate' their sexual identities and better 'prove' themselves as men. While this aspect of Pfizer's marketing approach will be discussed in more detail later, it should be mentioned that even the limited versions of masculinity being presented by Pfizer in the various Viagra commercials are at times inconsistent, sending conflicting messages to Western audiences about the ways that 'ideal' masculine identity is constructed and maintained.

Meika Loe suggests that the development of Pfizer's marketing approach to Viagra has undergone four distinct stages since Viagra's unveiling in 1998, and it is with these stages in mind that I will map out and discuss the development of Viagra in terms of images and ideals of masculine identity. Loe identifies the first stage in the evolution

and without physical limitations, so that 'hardness' or 'muscularity' itself has become a signifier of 'ability'. This gendering of physical traits and qualities reiterates the complexity of the social expectations placed on the male body and the male performance of gender. The construct of the ideal body reinforces powerful masculinity as a social norm, validating the patriarchal social structure of Western society. Qualities defined as 'ideal' most often apply to the white, heterosexual male, so that 'masculine ideals' become a means of upholding the social hierarchies of race, class, and gender. Gerschick and Miller define the ideals of "hegemonic masculinity" as "the socially dominant conceptions, cultural ideals, and ideological constructions of what is appropriate masculinity" (*Gender Identities* 34-35). Addressing the hierarchies of masculinity in Western society, Robert Connell argues that "hegemonic masculinity is constructed in relation to women and subordinated masculinities. These other masculinities need not be as clearly defined--indeed, achieving hegemony may consist precisely in preventing alternatives gaining cultural definition and recognition as alternatives, confining them to ghettos, to privacy, to unconsciousness" (*Gender and Power* 186). This construction of the 'ideal' body is further complicated by the collapsing of the categories of 'ideal' and 'normal' as a result of technological ingenuity and social expectations. Lennard Davis dates the emergence of the word 'normal' back to 1855 and argues that when introduced, this word was intended to reference an 'average' without the negative connotations which have been attached to this word in recent years (12). At the time of their introduction, the use of the terms 'normal' and 'average' in relation to the body implied a recognition and acceptance of difference that did not impact the evaluation of that body. However, the term 'normal' has come to connote a body free of impediments, and is increasingly used

accordance with social expectations of gender (an impossible task). I will limit my discussion to an evaluation of the physical characteristics that shape and define the ideal male body, as it is the conventions of masculinity in relation to the marketing of Viagra that are under investigation here. The ideals of physical masculinity have been constantly rewritten in Western society, reflective of the importance of the body in the construction of social, cultural, economic, and gendered identity. Readings of the male body have also been strongly influenced by the categories of race and class, making it difficult to define the social ideals of the male physique. As discussed in chapter one, the hierarchies of male authority have long maintained a division between male physicality and male intellect, so that men who engage in physical labor or who are notably different from the 'ideal' white male body (men of color, men with physical disabilities) have often been denied positions of social authority. Muscularity, often invoked as a key signifier of masculinity, has also been read as a sign of racial difference or lower-class status, thereby restricting some men's access to power on the basis of race and class. These ideologies are still in effect today, although they are often hidden or subtle in their application and effects. Although the 'ideal' qualities of masculinity are under constant revision, current media representations of the ideal male body (both white and black) encourage men to aspire towards a muscular physique. Although there are many 'ideal' representations of the male body, "it is still the case that muscularity is a key term in appraising men's bodies" (Dyer 132). Certainly, the Western media tends to privilege images of masculinity that approximate the ideals of patriarchal authority, while alternative masculinities are rendered far less visible. The 'ideal' male body is generally depicted as active, powerful,

'ideal' physical form and function, encouraging the development of masculine identities that do not rely on bodily performance. This is particularly valuable when considering how 'disabilities' challenge the sexual performance and identity of men whose bodies fail to live up to mythic standards of masculinity as defined by youthful sexual potency. I argue that by applying critical theories of disability to social understandings of erectile dysfunction, rather than positioning ED as an easily cured lapse in 'normal' male functioning, it becomes possible to envision masculine identities that are not contingent on bodily performances of 'naturalness' made possible through chemical-inducements and technological advancements. Although the implications of discussing erectile dysfunction as a disability are complex, I believe that this approach has the potential to challenge the social concept of disability as an implicitly negative state of physicality. By applying disability discourse to erectile dysfunction, I am attempting to complicate social understandings of disability and prompt the recognition of all bodies as in a state of disability, precisely because no body can live up to the ideals of physicality that are held up in Western society.

When considering the constructs of the 'normal' and 'ideal' body, it is important to recognize that both of these terms reference specific social constructions rather than a range of potential physicalities. Although an absolute definition of either term is difficult to formulate, I suggest that the ideal body is understood as being without flaw or impediment, actualizing the potentials of the human form to the utmost. Taking into account the critical work of Judith Butler, I also suggest that the 'ideal' body is one that is able to enact a coherent set of gendered characteristics, performing individual identity in



reality rather than a social fiction. Jacques Derrida's concept of the "social rhetoric of drugs" (228) will be used as the basis of my discussion of the acceptable use of pharmaceutical drugs such as Viagra. My goal here is to clarify how and why some drugs are legitimized for public social use while others are seen to threaten the social order. From here, I will discuss Donna Haraway's concept of the cyborg in relation to the technological manipulation of the body, pointing out the inevitable contradictions that emerge from using technology to create or re-create a more 'natural' body. I will explore how social definitions of the 'natural' body tend to dismiss the aging or disabled body as aberrations, rather than realities, of physical identity, and discuss the significance of bodily deviations from the definition of the 'normal' and 'ideal' body. In order to clarify how Viagra has become so widely accepted in Western society as an appropriate means of maintaining sexual functioning, I will examine the relationship between identity formation and drug use, with critical attention paid to Pfizer's positioning of Viagra as a drug that promotes 'natural' sexual functioning. I will also consider the implications of Viagra as a socially acceptable drug that creates and maintains limiting definitions of masculinity, as discussed in my previous two chapters, emphasizing how Viagra impedes the creation of masculine identities that are not defined by the social rhetoric of the ideal body. In order to complicate my introductory work on masculinity and mobilize the conceptual and political potential of recent work in disability studies, I will subsequently introduce the work of disability theorists Ruth Butler and Hester Parr, evaluating how disability is conceived of in relation to the 'normal' body. Disability theory stresses the importance of diverse identity formations that do not rely solely on the approximation of



## CHAPTER THREE

## Disabling Erectile Dysfunction

“Men can choose to be both cyborgs *and* (sex) gods; seemingly they can embrace their relationship with technology at the same time as they can be assured of the ‘naturalness’ of their sex.”

(Annie Potts, “Viagra Cyborgs: Creating ‘Better Manhood through Chemistry?’” 1)

“The disability system excludes the kinds of bodily forms, functions, impairments, changes, or ambiguities that call into question our cultural fantasy of the body as a neutral, compliant instrument of some transcendent will.”

(Rosemarie Garland-Thompson, “Integrating Disability, Transforming Feminist Theory” 77)

“Close attention to the body in material context provides the potential for exploring the involvement of dominant discourses and power relations in the social construction of ideas about the body and identity, including that of the ‘disabled body’ and the implications for the experience of place.”

(I. Dyck, “Hidden Geographies” 308)

As the body is increasingly mediated by scientific and medical advancements, it is important to consider how these technologies impact the evaluation of the body in Western society and culture. Although the ‘ideal’ body is widely recognized as a mythic standard in academic and popular discourse, the concept of the ‘normal’ body, which closely approximates the definition of the ideal body, often remains problematically unexamined. Viagra, as a socio-sexual commodity, provides an excellent opportunity to examine the intersection of economics, science, and sexuality, precisely because Viagra has been marketed to the public imagination as a technological means of maintaining youthful masculinity in the face of aging and bodily dysfunction.

In this chapter, I will examine the relationship between science and sexuality, emphasizing the influence of science on the definition of the ‘ideal’ body as a natural

insecurity. To this end, Pfizer's commercials have repeatedly packaged confidence and doubt together, selling both the problem and the cure by airing commercials that covertly ask men, 'are you *this* confident?', the answer to which is invariably, 'no'.

embarrassment, and fear that surround sex in general, and the lack of any compassionate, humane, truthful discourse on sexual dysfunction in our culture” (*PopMatters* 2004).

Critiques such as this reflect an emerging social recognition of the way in which Viagra advertisements effect how erectile dysfunction is positioned and perceived of in current Western culture. Viagra commercials are ideally positioned to incite discussion about the moments in which traditional masculinity is not or cannot be enacted, and challenged social stigmas about how sex is discussed in terms of personal satisfaction. While Hochschild points out that as the private world of the individual has been commodified (41), it seems increasingly clear that the emerging commodity market is often directed towards and benefits a white, heteronormative audience. However, the effects of Pfizer’s marketing approaches cannot be seen as wholly beneficial to patriarchal authority. The consistent representation of white, heterosexual men in such commercials, while attempting to deflect the social critique that could potentially attach itself to non-dominant categories of masculinity, has also given patriarchy “a new public and private face – that of the ashamed, vulnerable, dysfunctional, white, middle-or-upper-class, middle-aged, heterosexual American male” (Loe 192). Most significantly, the myriad of white male identities that Pfizer has held up as examples of ‘ideal’ masculinity are sustainable only in isolation, and thus undermine the stability of ‘ideal’ masculinity as a functional social category. According to Pfizer, men are supposed to be both quietly dignified and articulately aggressive, publicly confident while privately concerned about their performance of masculinity. Despite consistently presenting images of self-assured men, the marketing of Viagra is reliant on the marketing and commercialization of male

recognition and acceptance of social and cultural ideals of heteronormative sexuality in order to successfully market Viagra, using normalizing images to address all members of Western society. However, as has been previously discussed, these normalizing images simultaneously exclude all individuals precisely because no one can live up to the ideals of gendered identity that are sold along with Viagra. Pfizer's reliance on innuendo and suggestion in the representation of sexual acts is indicative of a continuing hesitation to present overtly sexual behavior as a marketing ploy. Just as when Viagra was introduced, Pfizer has remained careful not to alienate viewers by making explicit the effects of, and reasons for, Viagra.

The marketing of Viagra has undergone massive revisions over the past eight years, and in that time, the way that sexuality and sexual performances have been thought of and discussed in the media and the public consciousness has also changed dramatically. Viagra is an example of a "performative medicine" (Loe 173) which works to maintain social ideals concerning the male body and male sexuality, privileging heteronormative sexual interactions and the erect and 'functioning' penis over any other potential signifier of male sexual identity. It is possible to read the 'quick fix' expectation that Viagra commercials promote as trivializing both the problem and experience of erectile dysfunction, particularly because such commercials ignore, for the most part, any investigation or representation of erectile dysfunction, showing only the exuberant male body once he has 'overcome' his problem and re-asserted his masculinity in the bedroom of heteronormative sexual male identity. Michael Stephens comments that such advertising campaigns "ultimately suggest the discomfort, shame,

the Champions” advertisement, that it was unpopular with consumers. After one year on the air, Pfizer pulled the ads and revised their earlier “Good Morning” (Pfizer 2006) campaign, in which fantastically energetic men were shown dancing their way to work with the song “Good Morning” from the musical “Singing in the Rain” in the background. In the latest version, these men are accompanied by their, always female, partners, a change which reflects a reemerging emphasis on positioning Viagra as a drug that improves sexual (and presumably marital) relations between couples. The print images that accompanied this campaign show a happy couple sitting close together with a tag line that reads “I’m proud of him because he asked about Viagra. I love him because he did it for us” (Appendix 1g). In this example, the tag line is written from a female perspective, foregrounding the female partner’s validation of her husband’s use of Viagra as a selling point within the ad. Intended to reassure men that taking Viagra is acceptable, both socially and within intimate relations, these words suggest that asking for Viagra, and thus, attempting to instigate marital sexual encounters, is a heroic act that takes courage and marital devotion. The narrative of courage when facing ED, which was mobilized in the Bob Dole ads of 1999, is being used here within the context of heterosexual relationships. The second line of text emphasizes the satisfaction of the couple over the individual satisfaction of either partner, and suggests that asking for Viagra is an act of love and dedication on the part of the male partner. Read together, these words combine ideals of masculine bravery and romantic love, implying that a ‘real’ man is unafraid to admit to erectile dysfunction in order to keep his partner emotionally and sexually satisfied. Once again, ads such as these rely on the viewer’s



“No but I’ve been BEEEEEEEEEEEP.”

At this point, the camera pans to a shot of the female employee, viably struggling to find an appropriate response, who then says, “Huh Hah...Bravo!” (Pfizer 2005)

Lance Martin, Taxi’s associate creative director, says of the commercials, “Your brain sort of fills in the blanks that they are having an open discussion about their situation...we want people to be more comfortable talking about their erectile dysfunction problems” (Financial Post April 11 2005). However, this commercial actually uses the omission of pertinent product details as a means of selling the product, suggesting that Viagra enables men to engage in sexual activities far too explicit to be permitted on television, even in today’s highly sexualized marketplace. The obvious discomfort of those who hear these comments ‘beeped’ out in the commercial suggests that such topics are not appropriate for casual discussion. Most interestingly, this commercial blurs the boundary between ‘normative’ and ‘non-normative’ sexual interactions. While all of the scenarios appear to be heterosexual interactions, the ‘beeping’ out of these discussions suggests that these interactions are somehow improper, deviating from even the broadest interpretation of heteronormative behavior. This marketing approach sidesteps FDA regulations regarding product claims, while simultaneously suggesting that Viagra’s potential for improving one’s sex life is limited only by the imagination of the individual who takes the drug. Ironically, this commercial fails to discuss the experiences and difficulties of erectile dysfunction, choosing instead to represent Viagra as a cure that eradicates the need for such conversations at all. It is perhaps because this commercial made such a direct connection between Viagra and the act of sex, a notable shift from the celebratory, ‘morning after’ approach of the “We are

Shifting focus from a global Viagra campaign, Pfizer introduced their latest series of commercials, which were once again designed by Toronto Advertising Agency, Taxi, in April 2005. These four commercials, which I will refer to as part of the “Beep” campaign, received rave reviews from professionals within the advertising community, as well as garnering critical acclaim at award shows such as the Cannes Advertising Festival and Sharks Awards Advertising Festival (The Globe and Mail 16 May 2006). These commercials show groups of men in various business and casual settings, when one man launches into vivid detail about his experience of taking Viagra. The man does not explicitly mention Viagra, but the point is made when the details of his sexual escapades are censored by the appearance of an oversized Viagra pill over his mouth.

In the commercial entitled “Coach,” the audience is shown an older baseball coach at a conference being peppered with questions from the crowd of reporters in front of him.

“What are you going to do with your free time?”

“Well, I’m going to spend a little more time BEEEEEEEEEEEEEP,” a reply that is met with stunned silence from the reporters.

“Next?” (Pfizer 2005).

In the second commercial, entitled “Elevator,” two men meet in an elevator. The first man says

“Hey Alan. Running a little late?”

“Yeah.”

“You look tired.”

“No. I was up late BEEEEEEEEEEEEEP.”

“Cool” (Pfizer 2005).

In the third commercial, “Golf,” two golfers on the course discuss an impressive putt one of the two men has just managed.

“Oh can you believe that?”

“That’s nothing. This morning I BEEEEEEEEEEEEEP.”

“Oh oh hah hah hah hah Good for you!” (Pfizer 2005)

The final of these commercials, entitled “Office,” shows three office workers, two men and a woman, standing in an office kitchen. One man says to the other,

“You’re looking good. You been working out?”

advertisement, Pfizer is also suggesting that all men, regardless of culture, race, or ethnicity, are invested in their sexual identities in the same way. In this way, Pfizer is working to broaden the potential market for Viagra, both within Western society, and globally. While previous Viagra campaigns have been predominantly directed at a white male audience, this single commercial can be seen to address itself to the increasing diversity of the North American marketplace, as well as exporting the sexual insecurities that facilitate the marketing of Viagra to other countries and cultures in an effort to broaden the potential global market for pharmaceutical drugs such as Viagra. This can also be read as an attempt to market Western ideals of the body and sexuality globally through the expansion of Western capitalism and a commodity marketplace. As Hochschild observes, “capitalism is the most important economic force in the world today, and it affects whatever it touches...[it is] not simply an economic but a *cultural* system as well. In almost all its incarnations, capitalism presents a challenge to local cultures, including the local culture of the family” (209). The challenges that Hochschild notes become even more complex when this system is exported globally to societies and communities and its ideals, such as Western ideals of masculinity, are extrapolated and accepted without interrogation. Altman observes that the United States has “heavily influenced certain global trends in sexuality, whether we think of identity politics, sexology research, or the politics of moral backlash” (32), and the expansion of Pfizer’s market will mean that the ideals of masculinity marketed by Pfizer will potentially influence the discourses and narratives that shape global masculinities.

languages while in the shower. While this commercial was not on the air for long, it can be seen as an attempt by Pfizer to broaden their customer base beyond the Western marketplace, and is a testament to the global commercialization of American socio-sexual norms, despite the commercial's efforts to disguise this bias by offering viewers a diversity of racialized male bodies. This commercial implicitly suggests a commonality between all men through the identical positioning of each of the male bodies. While each of the men are singing in their native languages, the song, and thus the message, of each man is shown to be the same. The choice of song is provocative for many reasons. Originally recorded by Frank Sinatra, himself an icon of an ideal American masculinity, this song asserts the value of male independence and authority, particularly over his physical and sexual interactions. There are multiple ways of reading the innuendo of the phrase "I did it my way," as it is unclear whether 'it' is intended to reference the act of having sex, the act of taking Viagra, or their approach to dealing with their (presumed) erectile dysfunction. Certainly, having the men looking confident and satisfied in the shower is intended to suggest that they have just had sex, and regardless of how the 'it' is read, the song reiterates the fact that 'masculine' qualities such as authority and sexual prowess are maintained and even strengthened as a result of using Viagra. Unlike other Pfizer commercials that center on the effect of Viagra on the relationship of the couple, this commercial works to develop connections *between* men on the basis of their use of Viagra. Although these men are not interacting with each other, they are each engaged in the same effort to 'be' men and to prove their masculinity through their sexual engagements. By attempting to bridge the cultural gap between the men in the



conflates sexuality and “mischief” in a way that can potentially be read as problematic, in that it relies on the trope of the sexually focused male who is praised and wins social status as a result of his voracious sexual appetites. Pfizer’s reliance on such tropes is in keeping with the representation and validation of images of masculinity that uphold patriarchal and heteronormative social order, such as the use of Bob Dole as a spokesman for Viagra during its initial introduction to the marketplace. Pfizer has also ideologically linked the use of Viagra with sports heroes and the white-collared business class, employing these tropes of masculinity in an attempt to connect with the broad category of Western male identities. Pfizer has at the same time been responsible for the creation of a new rhetoric of masculinity by prompting the discussion of the male sexual experience and performance in the marketplace and within the social space. Since the introduction of Viagra, men have been permitted to admit to a less than ‘ever-ready’ sexuality, implicitly challenging the construction that men are always prepared for sexual interactions. However, this freedom of discussion has come at a cost, as Viagra re-establishes the social imperative that commands that men *should* be sexual at all times, at all ages. Ironically, Viagra has offered men the freedom to discuss the moments when their sexual identities fails to live up to Western standards of male performance while simultaneously insisting on the importance and validity of these standards.

While many of Pfizer’s campaigns focus on an American market and tend to rely on images of traditional patriarchal authority to sell their product, Pfizer released a limited commercial campaign in late 2004, which featured an ethnically diverse cast of men singing a personal rendition of Frank Sinatra’s “I did it my way” in a variety of



store while the voiceover says, “Remember that guy who used to be called ‘Wild Thing?’ The guy who wanted to spend the entire honeymoon indoors?” As the camera pans in for a close-up of the man’s face, he sprouts blue horns on the sides of his head while the words, “He’s Back” appear on his forehead (Appendix 1f). As the camera pans back and Pfizer’s logo appears on the bottom of the screen, the blue horns morph into the “V” from the Viagra logo.

The Food and Drug Administration critiqued the ads, stating that such commercials were misleading in suggesting that Viagra could return men to youthful levels of sexual desire and activity. In a letter written by Smith on behalf of the FDA to Pfizer Vice President Robert Clark, Smith states that “the FDA is not aware of substantial evidence or substantial clinical experience demonstrating this benefit for patients who take Viagra” (Associated Press 2006). The campaign was ultimately pulled off the air on the grounds that such commercials did not disclose the risks and potential side effects of taking the drug.<sup>7</sup> Aside from the controversy surrounding the technicalities of such a marketing approach, this ad raises serious questions about how Pfizer was attempting to position Viagra and male sexuality in general. Once again, this commercial idealizes youthful exuberance and sexuality, and suggests that “men are expected...to perform...at the mere sight of a fancy brassiere” (Bordo 61). Additionally, this commercial playfully

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<sup>7</sup> Sidney Wolfe, a consumer advocate, notes that FDA enforcement of advertising regulations of pharmaceutical sales dropped from 157 cases in 1998 to 23 cases in 2003. She goes on to argue that “if you are the industry, you cannot help but notice the FDA has largely stopped enforcing the laws and regulations on drug advertising. Therefore, you’re almost encouraged to run misleading ads like this. By the time the FDA catches up with this kind of ad, it’s likely millions of people, or more, have seen the ad” (Associated Press 2006).

satisfying sex life. Social imperatives and expectations of behavior are simultaneously negated in this commercial, suggesting that there are no social stigmas attached to the use of Viagra, provided that this drug is used by white, heteronormative and monogamous men akin to the men most commonly represented in Pfizer's commercials. In addition, the use of the song "We are the Champions" suggests tropes of masculinity such as success and strength, and is indicative of Pfizer's tendency to conflate successful erections and sporting victories, conceptually connecting male sexuality and masculine identity with being physically active and powerful.

Although this commercial was popular, Pfizer chose to introduce a second campaign in August of 2004, which was met with a great deal of criticism and controversy. The print advertisements that accompanied this campaign ran with a tagline that urged consumers to "Get Back to Mischief" (Pfizer 2004) with blue "V" horns on the foreheads of the men in the advertisements (Appendix 1e). The man in this image, staring directly at the camera with his arms folded across his chest, is an excellent example of Bordo's "face-off masculinity" (186) and certainly challenges the gaze of the viewer. However, this man's facial expression is not impassive or particularly aggressive, as is often the case in this type of photograph. The single raised eyebrow and smirk of satisfaction suggest a combination of authority and playfulness that establishes him as a masculine authority figure and his confidence in his sexual performance. As such, this image reassures both men and women that Viagra does not challenge, but rather, enhances, the 'masculinity' of those men who take Viagra. One of these "Wild Thing" commercials depict a middle-aged couple looking into the window of a lingerie

sexuality in the maintenance of a socially validated male identity. The men in this commercial seem distinctly unaware of any rules or restrictions on their social comportment, although their carefree behavior is more maniacal than exuberant. The celebratory mood on the street seems to erupt out of a spontaneous recognition of the main character's reclaimed male virility, focusing on how Viagra changes the way that individuals are seen by friends and family, as well as emphasizing the emotional validation and physical pleasure that men can expect after having taken the drug. With this reading in mind, Loe's rhetorical question, "since when have we seen men on television looking this joyous and self-assured?" (183), takes on particular relevance. What precisely has imbued such confidence in the men of this commercial? While the obvious answer is that the use of Viagra has allowed men to once again achieve 'successful' erections, the implication is that male confidence, in both the private and public space, is reliant on the ability to be sexually potent at all times. As such, this commercial shows how contingent male identity is on performances of sexually potent masculinity. Male self-confidence is, in this example, shown to be linked to men's ability to recognize and embody socially constructed characteristics of masculinity. This commercial also places the potential Viagra consumer within a highly celebratory and validating public context, as the whole world seems ready to rejoice in the sexual victory that has occurred as a result of taking Viagra. Rather than play upon the fears and concerns of male consumers, as other marketing ploys have, this commercial depicts men's satisfaction the morning after having taken Viagra. The viewer's focus is shifted from a narrative of overcoming erectile dysfunction to a narrative of reclaiming a deeply

In April of 2004, Pfizer introduced their most popular advertisement to date, which used the Queen song “We are the Champions” as a theme while men leapt into the air, smiling and grinning. In one particular commercial, a

“deliriously happy man bounds out the front door of his home and onto the street...[while] a woman next door watches with disbelief as she waters her garden with a limp hose. A chap down the street joins in the party as he swerves his hips next to his lathered car. The [postman] throws the mail into the air and a businessman twirls his briefcase round and round, spilling his papers everywhere...by the end of the advert the neighborhood is celebrating on the street. The Viagra pill appears on screen, with the words, ‘Talk to your doctor’”.

*(Duncans TV Ad Land)*

Stuart Elliott of the New York Times suggests that the primary idea behind this commercial is to “convey the confidence that Pfizer hopes men will feel after asking doctors about Viagra” (25 April 2004). However, I would argue that this commercial, rife with sexual innuendo and over-the-top antics, quickly descends into a parody of male confidence and social validation. The use of the ‘limp hose’ is a surprisingly juvenile reference to a non-erect penis, particularly when placed alongside multiple images that crudely suggest erect penises and ejaculation, such as the lathered car and the spilling papers. Rather than approach the issue of ED in a serious and direct manner, this commercial avoids open discussion in favor of innuendo. While some may argue that this type of playful representation works to ease the social stigma that is often attached to ED, the use of such ‘loaded’ images succeeds only to re-enforce the importance of potent

percent of viewers reported liking the ads “a lot,” compared to the average response of twenty-one percent. This average was the same among both the target market and the general population. Similarly, only thirteen percent of viewers thought the ads were effective, compared with the Ad Track average of twenty-one percent. On the opposite end of the spectrum, twenty-six percent of viewers disliked the ad, compared to the survey average of thirteen percent (August 24 2003). It is not clear from this survey why these ads were so poorly received. It can perhaps be surmised that audiences were aware of Pfizer’s attempt to change how Viagra was being discussed in the public sphere. The strong reaction could also be attributed to audience’s discomfort with the obvious social scrutiny that these two men were subject to, pointing to lingering concerns about meeting social expectations of ‘normal’ sexual identity. The scrutiny that these men undergo is far more invasive than the observations concerning their physical bodies may suggest. Here, the body becomes a means of reading the emotional and psychological state of each man. More significantly, their strategies of improvement are made explicit, so that the private actions and choices of the individual become visible and are thus subject to social evaluation and critique. This advertisement plays on the fear that erectile dysfunction will change the way that men are perceived by others, using this fear to motivate the purchase of Viagra. I suggest that it was due to this direct connection between social evaluations of sexual potency and the use of Viagra that this series of commercials were so poorly received. Regardless, this commercial campaign closed in February 2004 and Pfizer spent the following two months developing their next corporate strategy.



white women that are present (Baglia 80). Addressing a social hesitation to present racially diverse interactions and couplings, Anne Balsamo writes that “when seemingly stable boundaries are displaced by technological innovation...other boundaries are more vigilantly guarded” (9). Although Joe is positioned as an intelligent black man, it seems that he cannot escape the social recognize of his body as inherently sexual, setting up his interactions with white women as potentially sexual and thus socially inappropriate. Baglia argues that “Joe exemplifies black male potency, power, and (implied) size while also being quiet, confident, and cool...black men can be sexual and successful as long as they are modeling hypersexuality for white men and only if this sexuality and success is not practiced with white women. Pfizer provides Joe with a penis, but not a phallus” (81). Although Pfizer has released other commercials that depict racialized bodies, the “Joe” commercial most clearly reveals the careful negotiation of racial and sexual identity that occurs in the marketing of Viagra. Here the black body is being positioned as a model of male sexuality, while being simultaneously silenced in order to maintain a social hierarchy that recognizes black physicality over black intelligence. Although Pfizer is attempting to diversity its representation of male identities in this commercial, there are striking limitations being applied to the movement and conduct of racialized bodies. As this commercial clearly shows, a racial dynamic is emerging in Pfizer’s marketing, but the interracial dynamic follows a conventional script that reflects social, cultural, and racial hierarchies.

Contrary to expectations, according to the USA Today’s weekly consumer poll, Ad Track, these commercials were surprisingly unpopular with viewers. Only seven

effect on their lives. It is also interesting to see that these two commercials make no mention of the men's wives or lovers, and beyond this, take the improved male outside of the domestic space of the bedroom altogether, such that Viagra seems to improve not only Joe and Bob's sex life, but also their social lives as well, as shown by the exuberant greeting and attention showered on each man in their respective social situations.

These particular commercials are also important in the way that they mobilize racial constructs of sexual identity in subtle but telling ways. In order to make the implications of these constructs visible, I will discuss the "Joe" commercial in more detail, as it is one of the few Pfizer commercials that present a black body in need of Viagra. This commercial clearly positions "Joe" as an upper-middle class, white-collar professional by his expensive suit and the air of authority with which he addresses his coworkers. As he enters the office space, he is met with a barrage of questions regarding the elusive difference that is evident to all who see him, and to each of the questions, he answers, "No," without elaborating or even slowing to engage in conversation. These questions continue while he is at his desk, in a large and well-decorated office, and as he leaves the office. As Jay Baglia points out, "Joe" appears to be the boss, as he has a large office, comes and goes at will, and is not required or expected to make conversation with those around him (80). By positioning this man as an authority figure, Pfizer seems to be challenging traditional stereotypes of black masculinity as implicitly tied to the body rather than the mind. However, this interpretation is complicated when the dynamics of "Joe's" interactions are examined. As he moves through the office space, Joe is questioned by several white men and two black women, but does not speak to any of the

In discussing the reading of the body in the public space, Emily Martin argues that “one of the reasons so many of us are energetically studying the body [is] precisely that we are undergoing fundamental changes in how our bodies are organized and experienced” (121/122). Certainly, male bodies are being altered by the use of Viagra, and the social scrutiny evident in this commercial is a testament to the degree to which the social body has become a shifting site of identity formulation. Altman takes up the seeming malleability of the physical body, stating that “given the availability of new technologies of reproduction, surgery, and communication, it is hardly surprising that we are fascinated by bodies in new ways: a world which has experienced artificial insemination, gender re-assignments, routine plastic surgery, and cybersex is one where bodies seem far less immutable than in any previous time” (55). Pfizer plays upon a growing social awareness of this possibility for body manipulation. Such commercials encourage men and their partners to take control over the body via chemical inducements. The “What’s new with Joe/Bob” commercial emphasizes that bodily change is socially acceptable and even socially applauded, and ultimately sets up Viagra as a legitimate and valuable means of transforming how the male body is perceived in social situations. Beyond this, each of the differences suggested by observers in the commercials is in some way an improvement, either physical or mental, positioning Viagra as a means of improving the individual male identity. The differences noted in each man are also linked with making and spending money, and so suggest that being an active consumer is a way to improve oneself. This covert suggestion encourages potential consumers to see Viagra as a valuable, consumable product that can offer a notable and socially validating

accepted product in the pharmaceutical industry, Pfizer's marketing approaches became less conservative, relying on increasingly complex covert codings that sought to shape and regulate the viewer's expectations of and perspectives on masculinity in the social and cultural sphere.

In fact, there was a second campaign launched in 2003 that moved away from the hyper-masculine coding of the NASCAR ads and marketed Viagra as a drug that improved a man's public appearance and social life, although the covert implications of these commercials offer a great deal of insight into the ideology that Pfizer was attempting to mobilize concerning Viagra and male sexuality in general. These commercials, which I will refer to as the "What's new with Joe/Bob" commercials, show a good-looking, African-American man named Joe walking into work and being asked by his co-workers whether he has gotten a new haircut, has gone on vacation, bought a new suit, or has been given a promotion. In the second version of this commercial, a white man named Bob is shown walking into a party and is asked by a succession of party-guests whether he is wearing a new jacket or has lost weight. To each of the questions, these two men ruefully shake their head and smile secretively, at which point the announcer reveals that "what's new" is that they have "finally asked their doctor about Viagra" (Pfizer 2003). The closing line of each voice-over encourages viewers to "ask your doctor and see the difference" (Pfizer 2003). While more subtle in the representation of male sexuality, the implications of these commercials are enormous, as both ads suggest that taking Viagra and having an active sex life makes a perceptible, yet indefinable, difference in the lives of these men.



of the authority they are granted in a social order that privileges white, heterosexual males.<sup>6</sup>

The use of active male bodies in the construction of ideal masculine identities is evident in several of Pfizer's advertising campaigns, reiterating the conflation of physical skill and sexual prowess in social conceptions of desirable masculinity. Mark Martin's role as a Viagra spokesman in 2000 marks the beginning of a series of Viagra commercials which used well-known sportsmen as advocates of the drug, although Loe does not date the emergence of this "masculinity pill Viagra" (58) phase until late 2001/2002. In 2001, Pfizer signed Guy Lafleur as a Viagra spokesman, while Rafael Palmeiro, a rising baseball player, was signed in 2002 (Appendix 1c). Continuing with the corporate sponsorship between Pfizer and NASCAR, Mark Martin starred in a television commercial, first aired in August 2003, in which several racing cars are shown lined up at the starting line with their engines gunning, while a commentator barks out, "Gentlemen, start your engines" (Pfizer 2003). This commercial, and several others like it, rely on highly typical tropes in representing modern masculinity, as well as the conflation of sexual performance and sporting prowess (Appendix 1d). Michael Stephens comments that these commercials "present male sexuality as a competitive sport. Sex appears as a paranoid game where invisible spectators cheer winners and boo losers" (*PopMatters* 2004). This approach marks another divergence from the initial marketing campaign launched by Pfizer in 1998. As Viagra became an increasingly recognized and

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<sup>6</sup> This issue of the visibility and freedom of expression of men in regards to social and racial status is taken up by Jay Baglia in his work, *The Viagra Ad Venture*, and will be discussed in more detail later in this chapter.



business suit, which itself is a covert cue to the viewer that this man is a respectable and educated member of the upper-middle class. The unspoken message of this commercial is that having an active sex life is important and impacts the way that individuals comport themselves and are seen in the public eye. Viagra is being positioned here as a drug that can free the male body from the rigidity of routine and the restrictions of the rules of social comportment, transforming this man's walk to work into a spectacle of jazzy coordination and style. At the same time, though, it is evident that this man's social performance is permitted on the basis of his social authority as a white, middle-class man, as he is free to move unhindered through his environment without critique.

This commercial is contradictory, moreover, in the way that such male authority is represented. The public environment, represented in the commercial by the postman and the neighbors, is a space in which the actions of the individual are under scrutiny, and so his acrobatics can be seen as a kind of social performance enabled by a newfound confidence in his body, which the viewer attributes to his use of Viagra. More importantly, his performance is also a testament to the pressure placed on the figure of the white, heterosexual male to out-perform all other social identity categories, particularly in terms of performances of masculinity. The intersection of the private and public world shown in this commercial draws attention to the way that different categories of male identity are at times subject to increased scrutiny, particularly because

critically evaluate the male sexual performance in the hopes that this increased scrutiny will encourage Viagra sales. In 2002, Pfizer released an advertisement, referred to as the “Good Morning” commercial, which was the first Viagra ad to be shown in Canada, and was developed by Alan Madill and Terry Drummond at Toronto’s Taxi Ad Agency. On the Taxi website, it is explained that the objective of this commercial was to broaden the age range of the target market for Pfizer’s product, as well as to show Viagra as a medication to be used by ‘ordinary’ men as opposed to “old men and sex fanatics” (*Duncans’s TV Ad Land*). The website also mentions that the primary concepts shaping this project were “visibility, universality, subtlety, and vitality” ([www.taxi.ca](http://www.taxi.ca)). This commercial shows

“an energetic [white] man on his way to work with the soundtrack of ‘Good Morning’ from the musical ‘Singing in the Rain’. He bounces down the footpath, past the white picket fence, past the postman and neighbors, hops down the hop skip and jump game, slam dunks a basketball, dances past Mario’s barber’s shop, bounds up the stairs from the train, chases the pigeons, leap frogs the Journal newspaper, cartwheels up to the front door of his office. As he walks into the elevator the word ‘Viagra’ appears on the screen, with the encouragement to ‘Talk to your doctor’”. (*Duncan’s TV Ad Land*)

This commercial is problematic in the way that it conflates an active sex life with physical activity and confidence in public space. The man shown in the advertisement is full of energy and acrobatic skill; the movements of his body compel the viewer’s attention as he moves through the world with increasing ease, despite wearing his

performances of masculine identity, including pharmaceutically enhanced ones, can support a 'masculine identity' even when the male body is no longer able to function sexually. This proves that although male sexuality is emphasized as a primary indicator of masculinity, it is secondary to effective social performances of 'masculine' qualities such as physical power and social authority. While these commercials appear to openly discuss the use of Viagra, it is important to note that these men, and all men shown in Viagra commercials, are speaking from a rehabilitated position, as it is made clear that these men no longer suffer from ED after taking Viagra. In this way, their respective 'hero' status has been maintained by invoking codes of masculine identity such as physical power and social authority, as well as participating in the pharmaceutical engineering of the male body.

While these commercials posit such versions of 'masculinity' as static and isolated from a wider spectrum of social identities, Pfizer gradually changed their marketing approach between 2001 and 2002 by presenting men in social and intimate settings rather than alone, speaking directly to the viewer. While Loe notes this change in Pfizer's marketing approach, she fails to critically examine the reasons for, and implications of, this shift in commercial representation. This omission is surprising because her analysis centers on how the pharmaceutical industry has created and manipulated Viagra consumers (47-50), and this transition can be seen as indicative of a shift in advertising focus from the individual male sexual experience to the social validation of the sexually potent male and the sexual satisfaction of the heterosexual couple. In the commercials set in the public space, Pfizer encourages both genders to

changes that are associated with aging, which is also evident in social constructions of the ideal and desirable body as youthful and powerful. Marketing strategies such as these have serious implications for the way that masculinity is expected to be enacted, both publicly and privately.

This advertisement sets up a distinctly different masculinity 'type' from the image portrayed by Bob Dole, and it is by way of this contrast that Pfizer's investment in marketing qualities of masculinity in conjunction with their product becomes evident. In many ways, the most prominent characteristics of each 'type' of masculinity are closely connected with the social role that these men fulfill. The Bob Dole commercials emphasized his maturity, dignity, and quiet confidence. However, his social identity as a Presidential candidate and powerful political figure is also foregrounded in the commercials, setting up social authority as a desirable masculine quality. In the commercials starring Mark Martin, emphasis is placed on his physical prowess as demonstrated by his success as a NASCAR driver. In this instance, Martin has demonstrated his 'masculinity' by engaging in a dangerous sporting activity, resulting in a conflation of 'maleness' and aggressive, risk-taking behavior. Both of these men have attained a degree of hero status in their respective fields, and perhaps in the broader social environment as well, particularly in the case of Dole, as his involvement in politics makes him a highly visible public figure. Interestingly, the personal narratives of Dole and Martin are incorporated into their respective commercials, so that erectile dysfunction, and the subsequent use of Viagra to alleviate this condition, paradoxically seems to have no effect on the perceived masculinity of each man. The suggestion here is that

broadened since the introduction of Viagra, and many of the commercials released in and after 2000 reflect this expansion through the presentation of younger spokesmen who both represent and encourage a younger demographic of men to use Viagra. In May of 2000, Pfizer signed Mark Martin, a 41 year-old NASCAR driver as a spokesman for Viagra, and quickly launched a print campaign in which Martin stares aggressively out at the viewer in a “face-off” (Bordo 186) pose with a caption that reads “A lot of guys have occasional erection problems. I chose not to accept mine and asked about Viagra” (Pfizer 2000). This campaign is distinct from the Bob Dole ads of the previous year, both in approach and in terms of the message being delivered. Firstly, Martin’s age shows an attempt on Pfizer’s part to reach a much broader target market of men, while his connection to NASCAR racing works to position him as an active and physically powerful man, as opposed to the political sway and dignity that characterized Dole’s image. There is a distinctly less formal advertising approach in this advertisement, with the conversational phrasing of the tagline and the use of the word “guys”. However, the most important shift is that Viagra is in this instance being marketed for “occasional erection problems” as opposed to medically diagnosed erectile dysfunction, a distinction that opens up the target market to all men who have ever experienced a less-than-perfect erection. While this phrasing places men in control of deciding when they feel they need to ‘improve’ their erections, it also encourages men to consider occasional erectile difficulties as a problem that should be “not accepted” but rather medicated in order to guarantee consistent and optimal penile functioning. The language of negation being mobilized here is indicative of a medical and pharmaceutical refusal to accept the bodily



advertisements. In early 2000, Pfizer released a print campaign which pictured a small cherub holding a Viagra tablet with a caption that read, "Wishing You A Happy Valentine's Day," underneath of which was the company logo and a second caption announcing Viagra as "an 'official' sponsor of Valentine's Day" (Pfizer February 2000). This advertisement, although perhaps intended to be read humorously, is a prime example of the way in which advertising works to manipulate the way that the viewer reads its particular codes. Here, Viagra is being ideologically linked with romance and intimacy as well as sexual functioning in a clever example of advertising sleight-of-hand. By positioning Viagra as a romance drug, Pfizer is mobilizing cultural ideals of romantic love as desirable, and once again encouraging Viagra to be viewed as a drug that improves social and sexual 'love' interactions, rather than as a clinical fix to a socially stigmatized sexual dysfunction. Furthermore, this commercial is an example of a shifting market focus, as it is not directed towards any particular cultural group or age demographic, and can perhaps be read as targeting women as well as men, as women have often been typified as having a greater interest in romantic interactions in Western culture.

If this Valentine's Day print campaign can be seen as directing itself towards a broader market with a particular interest in gaining female attention, then Pfizer's second print campaign of 2000 can be seen as directing itself specifically to male audiences, as it plays upon and invokes highly traditional ideals of masculine identity in an effort to convince men that erectile dysfunction is a valid and easily treated medical condition. It must be noted that Pfizer's target market and potential consumer base has rapidly

the range of individual responses to Viagra, which prove strikingly inconsistent with the grateful and, at times, ecstatic representation of Viagra customers in commercials.

Unlike much of the work that has been done to date on public responses to Viagra, Loe focuses on the reactions of both male and female seniors, and her work uncovers a great deal of discontent with the new imperatives of sexuality that Viagra has set up for older populations. In the chapter entitled “The Pill Doesn’t Always Thrill,” Loe writes that “In stark contrast to Viagra-related pleasure as modeled in Pfizer promotional material...hundreds of thousands of women are writing in to their local papers to talk back to products like Viagra - which can exacerbate various social pressures to be sexual – insisting that they are ‘tired,’ they have ‘earned a rest,’ and they have ‘done their duty’” (113). Although Loe gives voice to an often overlooked demographic of people affected by the marketing of Viagra, I believe that an important element of Viagra’s social impact has gone unconsidered here. This thesis is attempting to bridge the gap between Loe’s study of the corporate and industry-driven aspects of Viagra, and her ethnographic research. In analyzing Viagra’s television and print advertisements, I am attempting to clarify the intersection between the media and the consumer, evaluating how products are inscribed with meaning, and how these meanings, when read critically, can become sites of resistance from the ideals and imperatives of mass-marketing. By recognizing how products are used in the transmission and maintenance of social constructs, it is possible to uncover Viagra’s social and cultural impact.

I would like to turn here to an examination of the first of Pfizer’s creative ads, which departed from the infomercial approach that categorized previous Bob Dole

demand, sex for everyone, and sex for life” (Loe 169). The ever-decreasing age of Viagra spokesmen is indicative of a growing tendency to medicalize the functions and malfunctions of the body. While Viagra was initially positioned as a drug that improved the sexual functioning of an older male population, recent Viagra commercials address a much younger audience, insisting that all men, and their heterosexual partners, can and should benefit from chemical enhancement. As such, commercials for Viagra can be seen to set up normative ideals concerning sexual interactions, particularly in older populations. These malleable ideals are constructed by ever-shifting social forces, such as advertising and print media, but can often be generalized as characteristics and qualities that best support the heteronormative authority of white Western society.

In an attempt to situate my own research within the work others have done on the impact of Viagra on Western society, I will briefly trace the focus of Meika Loe’s work, *The Rise of Viagra*, before discussing the notable divergences between her work and my own. Loe’s text is a detailed analysis of the emergence of Viagra as a direct-to-consumer product, with particular focus on how the medical profession and pharmaceutical industry created erectile dysfunction as a medical category in order to better market this product. From here, she briefly examines a few select print ads, suggesting that Viagra’s marketing has been driven by the promise of an expanding profit margin. To make this argument, she contrasts a range of individual responses to Viagra, collected through her own ethnographic research, with the responses publicized by Pfizer. Loe’s analysis of the corporate strategies and economic imperatives that have shaped Viagra’s image in the public market are thorough and insightful, as is her detailed ethnographic research into

Beyond the overtly gendered dimensions of these commercials, it is also interesting to note that Pfizer legitimates the use of Viagra primarily within the confines of a (presumably) monogamous married relationship, as intimated by the images of the happily dancing couples. Once again, the characterization of the 'average' Viagra user is indicative of Pfizer's efforts to position Viagra as a drug that maintains and strengthens marital relationships, both in and out of the bedroom. However, this choice is also a testament to the social scrutiny of sex roles and sexual identities. Western culture's heteronormativity cannot be underestimated, and, to this end, Pfizer has marketed their product to the sexual identity that is the most socially influential, while often escaping social scrutiny. Evidently, the ideological connection between Viagra and heteronormative ideals has been mutually beneficial, as Viagra has become a legitimate consumer drug, while heteronormativity has been once again championed as 'normal' and 'ideal' in the marketing of Viagra.

The age category to which Pfizer targets its advertising, which has broadened over the years since Viagra's release, also has ramifications for the way that Western culture understands modern sexuality. Despite a media heavily saturated with sexual images and representations, Pfizer's initial commercials focused on an older population, the representation of which posited the existence and importance of an active sex life at all stages of life. This type of representation is not, in and of itself, problematic, as such representations raise valuable opportunity for the discussion of sexual experiences and problems in older populations. However, Viagra has also ushered in an era of medicalized sexual experiences in which 'normal' sex has come to mean "sex on



development of Western society. However, Pfizer's representations of older, white, male bodies are indicative of the complexities of social identifications of whiteness. In choosing to represent such bodies, Pfizer is staking out a target market that has long been acknowledged as having the most social, political and economic authority within Western society. It is of particular note that such Viagra commercials emphasize the medical enhancement of bodies often already perceived of as powerful examples of male identity. The specific targeting of this social demographic points to the reality that such bodies and social identities are not impervious to the effects of aging and illness, and that because of the greater social authority afforded to such masculine identities, the task of maintaining that identity becomes all the more important. It is in the moment when white, heteronormative sexuality is shown to require pharmaceutical supplementation that the constructed aspects of such male identities become evident. The authority granted to these bodies is dependant on their ability to embody the characteristics of masculinity that shape the complex identity constructs of 'ideal' Western masculinity. Baglia cites James Doyle's argument that there are five qualities expected of the American man, which he phrases as follows; be successful, be independent, be aggressive, be [hetero] sexual, and don't be feminine (14). Baglia suggests that being healthy can also be seen as a social commandment that has particular relevance in the case of Viagra's role on the marketplace (15). When the 'natural' body can no longer perform such characteristics of 'male' identity, the pharmaceutical companies are prepared to offer supplements to sustain the required performances.



impromptu romantic moments out of domestic chores. I argue that the couples shown in these commercials were intended to establish and represent Pfizer's target demographic and under critical examination, it is evident that Pfizer put Viagra to work 'rehabilitating' patriarchal, heteronormative sexual relationships, while ignoring a customer base that engaged in alternative sexual interactions. Along with the focus on heterosexual bodies, it is evident that Pfizer was, at this stage, concerned with positioning Viagra as a drug for the white American male, despite the broad diversity of ethnicities and cultures that make up the American population. Certainly, Pfizer's choice to prioritize the white body is one that demands critical attention, as does the Western reading of, and response to, the white body. Ross Chambers emphasizes the rampant hegemony of Western society, stating that "whiteness is not itself compared with anything, but other things are compared unfavorably with it" (189). It is for this reason that the white male body is often held up as a somatic norm against which all other bodies are evaluated. As a result, colored, female, and disabled bodies, to name a few, have historically been seen as aberrations from the 'ideal' physicality of white masculinity, and are thereby granted less social status and personal authority. This logic prompts the racist, misogynist, and ableist thinking that pervades Western culture and maintains a patriarchal, heteronormative social order. Peggy McIntosh writes that "whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work that will allow 'them' to be more like 'us'." (73). By recognizing that whiteness is a socially constructed category, it becomes possible to mobilize a critique of the systemic patterns of racial inequality that have shaped the

These commercials quickly gave way to several campaigns that broadened both the marketing base and the social conception of Viagra in Western society at the turn of the twentieth century. This “romance stage” (Loe 57) of Pfizer’s campaign development began in late 1999, and marked a departure from the somber, informative-style ads of the previous six months. The tagline for the first of these ads was “Let the dance begin” (Pfizer 1999) and the accompanying commercials and print advertisements depicted primarily white, all heterosexual older couples embracing and dancing with Pfizer’s logo prominently displayed at the bottom of the screen or page. One particular print ad (Appendix 1b), which depicts an older, white couple dressed in casual clothing, embracing and staring into each others eyes, is set on a farm or in a garden. There are several cues in this image that suggest that this is a working, middle-class couple, such as the gloves tucked into the man’s back pocket, and the fact that both the man and the woman are wearing jeans. These details evoke an ideal of rural America that is often ideologically linked with conservative family values such as hard work, fiscal responsibility, and the sanctity of marital relationships. The ad itself suggests that Viagra, rather than being a ‘sex drug,’ is a drug that enables intimacy within monogamous sexual relationships. One of the first ‘romance’ commercials is set in the domestic space of the kitchen, and shows a well-dressed, older, white couple clearing the table and washing dishes after an evening meal. Almost completely without dialogue, music is used here to suggest a romantic mood, and, on cue, the couple move closer and begin to dance together as the Viagra logo appears on-screen and the voiceover urges consumers to “Let the Dance Begin”, the implication of which is that Viagra creates

direct the product towards other demographics (57). While this stage of advertising was perhaps the least risqué in terms of concept and representation, there are assumptions and ideologies implicit in this campaign that deserves mention. The choice of Bob Dole as the Viagra spokesman has several implications for the way that Viagra was introduced to the western marketplace in 1999, particularly as he was positioned to represent an ideal American masculinity, despite being unable to exercise the tropes of that masculinity in his sexual life. Perhaps it can be said that his political power and social respectability rendered him, in some ways, immune to the potential negative attention that may have been mobilized by linking his name to Viagra. Certainly, Dole was an excellent candidate for Pfizer's advertising campaign precisely because there was an accepted medical reason for his erectile dysfunction, as he had suffered from prostate cancer prior to 1999, and was first given Viagra in a clinical study attempting to reverse the effects of prostate surgery on erectile functioning (Uhlman). Setting up Viagra as an option for men who had suffered from serious medical conditions such as prostate cancer helped to legitimate Viagra as a medication that repaired the male body. This message was re-enforced by advertisements and awareness campaigns that claimed that Viagra helped men to "achieve erections the natural way – in response to sexual stimulus" (Pfizer 1999 qtd. in Loe). The term "natural" sexual functioning disguises the fact that sex, as understood in current Western culture, is profoundly mediated by media representation and social construction. This commentary also prioritizes "natural" over "non-natural" or medically aided sexual functioning, ignoring the reality that Viagra chemically changes the physiology of the male body in order to facilitate erectile functioning.

of Viagra's market history as the "risky/fatal Viagra phase" (56), which spanned the first eight months that Viagra was on the market, prior to any Pfizer advertisements. This phase, shaped primarily by rumors and speculation concerning the efficacy of such a drug, can be read as a testament to social and cultural hesitations surrounding the legitimacy and safety of drugs that intervene in sexual performance. However, in February/March of 1999, Pfizer began actively advertising Viagra as a drug that counteracts the effects of the recently re-termed condition, erectile dysfunction. Bob Dole was introduced as Viagra's spokesman, although the commercials in which he appeared did not mention Viagra by name. Rather, the dialogue in these commercials and print ads were peppered with phrases such as "courage...worthwhile...erectile dysfunction" (Loe 56), with the Pfizer logo highly visible in the bottom corner of the television screen or page (Appendix 1a). Loe observes that this phase of Pfizer's advertising depicted erectile dysfunction as "severe and debilitating" (56), and the primary objective of such a campaign was two-fold. Firstly, Pfizer was attempting to bring awareness and respectability to erectile dysfunction, sidestepping "any 'seedy' associations with their drug by choosing a war veteran and presidential candidate to endorse, and sanitize, their drug" (Loe 57). This commercial also helped to achieve Pfizer's second objective, which was to identify and reach out to their first target market, using Bob Dole as a model for consumers interested in taking the drug. However, as Loe points out, Pfizer quickly realized that this 'target generation', particularly those recovering from prostate cancer, were the least likely to find Viagra an effective treatment for erectile dysfunction and a new ad campaign was quickly developed to re-



to reference the same standards of physicality that define the 'ideal' body. This shift holds particular relevance in discussions about what constitutes bodily deviation.

In Western society, constructions of the body have been heavily influenced by the complex relationship between technological innovation and constructions of 'naturalness'. In an era of scientific advancement, technology has been put to work to create and maintain social narratives of the body as natural in "form, ability, and mobility" (R. Butler and Parr 3), while simultaneously insisting on the feasibility of a non-technological body that lives up to the standards of an 'ideal' physicality. Medical technology has recently become a means of rehabilitating the individual body that falls short of the parameters that define the ideal body, as seen in the rapid expansion of the body modification industry and the increasing acceptability of cosmetic surgery as a means of literally re-shaping the body.<sup>8</sup> It should be noted that many of these types of surgery, such as breast implants, tummy-tucks, collagen injections and face-lifts, are performed in order to approximate the gendered characteristics of the youthful female body, a trend that points to the importance of gendered physicality on the individual.

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<sup>8</sup> According to the American Society of Plastic Surgeons, 10.2 million cosmetic plastic surgery procedures were performed in the United States in 2005, a number that shows an 11% increase from 2004. The top five most sought after procedures were liposuction, nose reshaping, breast augmentation, eyelid surgery, and tummy tucks (*American Society of Plastic Surgery*). In 2004, approximately \$12.4 billion was spent on cosmetics in the United States, while \$1.4 billion was spent on botox (botulinum toxin) injections in 2005. Although it is often presumed that women undergo the majority of cosmetic procedures, there is a growing market for procedures that augment the male body. According to the American Academy of Cosmetic Surgery, "the most popular procedures for men are minimally invasive procedures such as botulinum toxin injections, hair transplantation, chemical peels, microdermabrasion, and liposuction. But more than 10,000 men have also had cosmetic surgery to lengthen or widen their penises, as well as calf and pectoral implants to upsize their musculature" (*Medscape*)

Beyond changing the appearance of the body, there has also been a rise in procedures that change the way that the body functions in order to better meet social ideals, as in gastric bypasses or stomach stapling, in which the stomach is literally re-sized to prevent overeating.<sup>9</sup> Although many obvious examples of body modification surgery apply primarily to the female body, there has also been an increase in the intersection of medical technology and masculine identity, as in the case of men who use Viagra in order to guarantee a performance of masculinity based on sexual potency. By chemically inducing erections, Viagra enables the so-called 'natural functioning' of the male body. The production and marketing of Viagra pre-supposes that any failure of the male body to respond to sexual stimulus is a problem that requires medical treatment, pointing to the degree to which the body is held hostage by the concept of an 'ideal physicality' that functions as a source of 'ideal' sexual pleasure. This expectation of 'ideal' sexual experiences is indicative of the degree to which the body and its workings have been commercialized and inculcated into narratives of consumer satisfaction. Arlie Hochschild notes that "the market changes our benchmarks" (43), a trend that is certainly evident in the way that sexual experiences and performances are evaluated.

Keeping in mind that Viagra changes the basic functioning of the male body through pharmaceuticals, I would like to suggest the concept of the cyborg as a useful tool for examining the relationship between bodies and technology, revealing the degree

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<sup>9</sup> This type of intervention seriously impacts the normal digestive functioning of the body in order to address or avoid obesity. While this medical intervention may be necessary in some cases in order to preserve health, it should also be noted that the current social ideal of the thin body can also be seen as a reason for the popularity of this and other similar procedures.

to which science has come to dictate the ideas and ideals that shape our lives, including masculinity. Chris Gray defines the cyborg as “anyone with an artificial organ, limb or supplement (like a pacemaker), anyone reprogrammed to resist disease (immunized) or [anyone] drugged to think/ behave/feel better (psychopharmacology)” (*The Cyborg Handbook*, preface), a category that applies to a wide spectrum of the Western population. The broad definition of the cyborg category illustrates a growing trend in the use of pharmaceutical drugs in recent years. Annie Potts, who explores the use of Viagra as creating a distinct type of cyborg identity, defines cyborg technologies as restorative, normalizing, or enhancing in their effect on the physical body (*Sex and the Body* 3). She identifies Viagra as a drug that achieves all three of these objectives by: *restoring* penile functioning, ensuring that men with ED can be *like other men* in their ability to have an erection, and in many cases, *enhancing* the rigidity and duration of Viagra-induced erections. I would argue that Viagra also has a restorative, normalizing, and enhancing effect on the social performance of identity as well. Viagra medicates and restores the phallic power of hegemonic Western masculinity, enabling men to perform sexually with the promise of an optimal performance each and every time, thereby maintaining limiting social ideals of the male identity as explicitly sexual. Bordo argues that “a lot of our ideas about the penis clearly come not from anatomical fact but from our cultural imagination” (*The Male Body* 46) and it is evident that Viagra works to (re)create the ‘normal’ male body through the use of drugs and technology to best approximate the ideals of a cultural imagination.

The term 'embodiment' signals this relationship between the body and the public world, referencing the body as "neither determined by biology nor society, but as absorb[ing] and react[ing] to biological and social processes in a never-ending process" (E. Hall 144). Although the body is often perceived as a natural and independent entity, multiple narratives shape and position the individual body within the broader social structure of Western society. The concept of the 'natural' male body has been carefully developed through advertising strategies that market Viagra as helping to achieve erections 'naturally'. This effort to disguise the impact of technology on constructions of the 'normal' body is evident in the advertising of products such as Viagra, which emphasize 'naturalness' as a desirable virtue. Given the rapid expansion of medical and pharmaceutical technologies in recent years, it is evident that the technological body that most closely approximates the 'ideal' and 'normal' body is privileged in Western society. Such a body *appears* natural while actively (and literally) supporting the commercialization of the body within capitalist society. Derrida, in discussing the 'ideal' body, points out that the social imperative to preserve the 'natural body' is paradoxical because it presumes a time in human history when the body was unaffected by technology, and could be seen as wholly 'natural'. He writes that

This alleged 'crisis' also manifests itself, for example, throughout the problems of biotechnology and throughout the new and so-called artificial possibilities for dealing with life, from birth to death, as if there had once been some standard of naturalness and as if the boundary between nature and its other were susceptible to objectification. (245)



It is clear that there is a great deal invested in maintaining the idea of the body as 'natural,' despite the increasing mediation of the body through technology. Pfizer's marketing strategies emphasize that Viagra enhances, rather than medicates, the 'natural' male body, privileging the construct of the natural body as somehow more valid and desirable than the 'non-natural' body.

With the massive growth of the body modification industry have come a number of medical technologies that improve bodies that fail to exemplify the ideal qualities of physicality set out by media and other social forces. In *Better than Well*, Carl Elliott defines enhancement technologies as "a variety of drugs and procedures that are employed by doctors not just to control illness, but also to improve human capacities or characteristics" (introduction 16). Medical technologies have begun to alter the body of the individual in order to bring the body into line with social ideals. In the case of Viagra, a great deal has been invested in the commodification of the functions of the body, creating a market in which "enhancement technologies become tools on a quest for self-fulfillment by ensuring that the quality of [one's] inner experience equals that of the people [that one] admire[s] and env[ies]....Authenticity [or the 'natural' body] can be packaged, commodified, and put to work for capitalism" (Elliott 128). Elliott goes on to argue that the concept of authenticity is a powerful moral ideal deeply rooted in the ideals of the 'natural' body (28). Authenticity functions similarly to 'naturalness' in Western society, acting as an illusive ideal that presupposes that experiences can in fact be defined as 'authentic' or 'inauthentic'. However, there is a great deal of money to be made in the industry of body/mind modifications in the name of achieving the 'ideal' body and an

'authentic' experience, and as a result, the body has become a site of consumer satisfaction as well as frustration. It is a testament to the influence of commercial culture that bodies are expected to function and perform on demand. When these expectations are not met, the 'broken' body is subject to scrutiny and 'repair,' a narrative pattern that is evident in the marketing of Viagra. In this case, expectations exist in relation to the sexuality of the body, and when the body fails to sustain its performance of these ideals, Viagra is used to bolster the performance and 'fix' the body. The body is most often evaluated in terms of its ability to approximate an ideal through physical modifications and economic efforts, and as such, the relationship between economics and technology works to maintain the concept of the 'ideal' body.

As the body has become an increasingly important site of pharmaceutical and technological intervention, it is important to evaluate the narratives that surround the use of pharmaceuticals to improve the body. How does Viagra, as a chemical solution to ED, fit into the social rhetoric of identity politics and drug use? Dennis Altman, in discussing the impact of technology on the politics of the body, suggests that "biochemistry and genetic engineering [are] breaking down the traditional limits of the 'natural' body" (56). Such observations draw attention to the ways in which drug use can challenge the ways in which identity is constructed. The constructionist approach to linguistic meaning posits that objects themselves do not have innate meanings, but that meanings are created and assigned to objects within all social and cultural environments (Hall, *Representations* 25). With this in mind, Viagra cannot be evaluated without considering that Viagra narratives have been constructed in response to social forces, and reflect social and

cultural ideals of gender, sexuality, and identity. Jacques Derrida's discussion of the relationship between drugs and society will be used as the basis of my evaluation of Pfizer's marketing techniques. Derrida certainly echoes the constructionist approach to meaning-making in his analysis of drugs in Western society, stating that

The concept of drugs is a non-scientific concept...instituted on the basis of moral or political evaluations. It carries in itself norm or prohibition, and allows no possibility of description or certification – it is a decree, a buzzword [*mots d'ordre*]. Usually the decree is of a prohibitive nature, occasionally, on the other hand, it is glorified and revered: malediction and benediction always call to and imply one another. (229)

Pharmaceuticals such as Viagra should be evaluated with both medical and social implications in mind. While illegal drugs are often seen as detrimental to the functioning of society, legal pharmaceuticals are becoming increasingly acceptable in Western society, and such 'drug use' is often seen as an attempt to overcome bodily dysfunction and improve the individual. Pfizer's advertising campaigns show active and sexually potent men, such as Guy Lafleur, encouraging viewers to take Viagra to 'cure' their medical condition, positioning Viagra as a physical corrective. Lafleur's impressive hockey career, which spanned over seventeen seasons and five Stanley Cup Championships, position him as an ideal spokesman for a Viagra campaign that idealizes male athleticism and physical power (Wikipedia). These commercials serve as public validation for Viagra users, challenging the idea that drugs are to be consumed privately and not to be acknowledged in the public space. The social prompts that encourage the

use of Viagra simultaneously demand that the body be under constant improvement. Derrida observes that the drug addict “is legitimated, in certain cases, secretly and inadmissibly, by certain portions of society, only in as much as he participates, at least indirectly, in the production and consumption of goods” (236). While Viagra is certainly a drug, I do not doubt that many would hesitate to consider men who regularly take Viagra, or any number of other pharmaceuticals, as drug addicts. This linguistic distinction reveals an interesting difference between medically prescribed and illegal drugs, suggesting that drugs taken under the supervision of medical authority avoid the negative connotations associated with the word ‘drugs’. The issue of economics and consumption, raised by Derrida in his discussion of the drug user, must also come under consideration here. The profits of this investment fuel pharmaceutical companies and the body modification industry, commodifying gender categories and making it possible to purchase desirable traits of identity.<sup>10</sup> Viagra produces consumers who maintain social gender norms by economically investing in these ideals, and the use of Viagra can be seen as proof of a financial investment, on the part of the consumer, in the maintenance of the tropes of masculinity and the socio-sexual hierarchies of Western society through the use of pharmaceuticals.

Social understandings of drugs have undergone dramatic revisions, particularly given the ever-increasing market for pharmaceutical products that alter the body or mind.

Social taboos around the use of drugs to change or manipulate the body have been eroded

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<sup>10</sup> The gross profit of all of the drug companies on the Fortune 500 List of the largest companies for 2001 was \$37.2 billion dollars, while the profits for 2002 amounted to \$35.9 billion dollars. Prescription drug sales in the U.S. for the same period were worth \$172 billion and \$192.2 billion, respectively (*Fortune* 17 April 2003)



with the growth of cyborg culture, insuring that pharmaceuticals are often recognized as a means of 'improving' the body. The manipulation of the body through technology has become a way of maintaining 'normal' social identifications. The pharmaceutical industry markets medications that alter and 'improve' mood (Zoloft), suppress appetite (Ephedra), stimulate brain function (caffeine), reduce social anxiety (Paxil), and cause sleep (Lunesta), all of which effect the way that the individual body meets social expectations of behavior. Indeed, many of these medications are specifically marketed as a means of helping the individual to better meet the physical and mental standards of the 'ideal body'. Derrida argues that "by the grace of the technical or artificial, and ever-*interiorizing* violence of an injection, inhalation or ingestion, by taking into myself, inside myself, a foreign body, or indeed a nutriment, I will provoke a state of productive receptivity" (240); however, in the case of Viagra, the body becomes both active and receptive. Viagra promotes erectile functioning, instigating 'productive activity' in the form of sexual potentiality, while rendering consumers 'productively receptive' to the social ideals and expectations of the male sexual identity. Although the act of taking a drug is deliberate, I would argue that the choice to take Viagra is heavily influenced by social expectations of how the male body 'should' perform.

I have argued that the success of Viagra is largely due to the mobilization of social ideals concerning the functions of the body. In the case of Viagra, narratives of rehabilitation prompt men to see their bodies as in need of work in order to maintain

social acceptability and embody 'ideal' physicality.<sup>11</sup> Derrida notes that drug addiction can "reflect this same phantasm of re-appropriation...dreaming also of emancipation and of the restoration of an 'ego,' of a self, or of the self's own body, or even of a subject once and for all reclaimed from the forces of alienation, from oppression and repression" (240). Media representations of 'ideal' and 'desirable' bodies and minds prompt social expectations of how individuals should present themselves publicly. Such pressures are also evident in the way that social hierarchies privilege 'normal' bodies and ostracize 'others' who do not reflect 'ideal' embodiment. Given the degree of emphasis placed on meeting and exceeding standards of 'normal' embodiment, the narrative of re-appropriation used to market Viagra is an effective one, suggesting that attaining the ideal body is possible, provided that the effects of aging and disability are reversed through the use of technologies that 'enhance' the 'natural' male body. Derrida's point is that drugs are used to relieve the rampant alienation of the physical body in Western society that results from an epidemic social failure to embody the 'ideal'. Ironically, the use of drugs to attain the 'ideal' body is often marketed as a means of liberation from the strain of 'unnatural' gender failures implicit in a failure to embody social norms, despite the reality that buying into the Viagra ideology is an affirmation of the very social ideals that constrain the male body.

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<sup>11</sup> The word rehabilitation, often used in relation to medical, psychological, or social interventions, connotes an effort to return a body or individual to a state of productivity and 'normalcy'. In the case of Viagra, this rehabilitation takes several forms. While the 'dysfunctional' male body is returned to a state of potency, the male identity is similarly reconstructed to enable social performances of masculinity, thereby maintaining the gendered constructs that define patriarchal social order. Viagra insures the coherence of the male body and male identity through a rehabilitation of body and mind.

Drug use has long been seen as a threat to the social order of Western society, and it is for this, among other reasons, that many drugs have been made illegal. Derrida takes up the (il)legality of drugs, arguing that particular drugs are deemed illegal in order to protect “the social bond [and] a ‘natural’ normality of the body, of the social body and the body of the individual member” (244). Under examination, it is evident that Viagra has, paradoxically, the potential to threaten the social order because it enables sexual activity, which has always been a closely guarded aspect of heteronormative and patriarchal society. It is an interesting marketing strategy to position Viagra as a means of maintaining, and at times, restoring the ‘social bond’ to which Derrida refers. While many drugs are seen to threaten social order, Viagra is designed and marketed to encourage heteronormative sexual interactions and improve marital relations, thereby stabilizing the hierarchies that shape Western society. As has been previously discussed, Pfizer’s choice to represent a primarily white, exclusively heterosexual and monogamous population in their advertisements can be read as a concerted effort to avoid being connected with ‘aberrant’ sexual identities that are not part of the ‘ideal’ or ‘normal’ sexual spectrum.

At this point, I will return to the discussion of how the ‘ideal’ body is both lost and found in our society, a complex topic precisely because the ‘ideal’ body exists only in the collective imagination of Western culture, and yet causes a great deal of anxiety for the individual, who will always be found lacking. It is through the maintenance of this ideal that the individual body proves itself to be a failure, and the imperative to improve is set into motion. The means of improvement are offered up through technological and

medical enhancements that transform the body into a cyborg that can better approximate the ideals of embodiment that both compel and elude the unmedicated individual.

Derrida eloquently observes that “‘products’ otherwise considered as dangerous and unnatural are often considered apt for the liberation of this same ‘ideal’ or ‘perfect body’ from social oppression, suppression, and repression, or from the reactive violence that reduces ordinary forces” (244). It is through observations such as this that the violence enacted against the body in the name of attaining an ‘ideal’ form become evident.

Contradictory attitudes concerning drug use reveal how social mores are often influenced by the way that drugs are seen to affect the body. The chemical effects of Viagra on the body are marketed as returning ‘natural’ functioning to the body, ignoring the fact that Viagra does have a very real effect on the chemical makeup and physical responses of the body.<sup>12</sup> However, Viagra does not only return the body to a state of ‘youthful,’ ‘natural’ sexual vitality. In many cases, Viagra has been reported to create ‘larger than life’ erections that last longer and are more rigid than the ‘normal’ or ‘average’ erection (Loe

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<sup>12</sup> The development of Viagra is predicated on the discovery of the effects of nitric oxide on blood vessels. Viagra is designed to increase nitric oxide's effect. Nitric oxide is a simple compound consisting only of nitrogen and oxygen which works in the human body to control the constriction and dilation of the smooth muscles of the blood vessels. The chemical formula for Viagra takes advantage of this reaction by using citrate salt of sildenafil, a selective inhibitor of cyclic guanosine monophosphate (cGMP). When a Viagra tablet is taken, the sildenafil citrate enters the bloodstream and flows through the body, attaching to the PDE5 enzyme in the penis and disables most of it. When the man becomes sexually aroused, the brain responds as usual and signals the NANC cells in the penis to begin producing nitric oxide. Nitric oxide creates cGMP, a compound that relaxes the arteries in the penis. Because the PDE5 has been disabled, the cGMP in the penis does not break down. Instead, it builds up and the arteries of the penis fully dilate, so the penis fills with blood and a full erection occurs (Brain).



87). In these instances, drugs are not being used to re-affirm the 'natural' body, but rather to exceed even the 'ideal' body. Derrida foresees this urge to improve upon the 'natural' body, writing that "when one seeks to extend these 'natural powers,' it is altogether natural, I mean inevitable, that one should think of using such artificially natural methods to go beyond man, towards hero, the superman, and other figures of a man who would be more man, more man than man" (249). Certainly, Viagra sets up a standard of masculinity that can only be achieved through a reliance on pharmaceutical technology to bolster the cyborg body.

In attempting to uncover how science and medical technologies have perpetuated the impossible 'ideal/normal' body, it is necessary to discuss the importance of 'normal' in Western society. In *Power/Knowledge*, Foucault observed a growing trend towards a "society of normalization" (107), which has been made all the more evident in the light of technological advances that render the individual body highly malleable. The question arises, why are standards of 'normal' so important in Western society? Moreover, why are individuals invested in maintaining and approximating ideals that are so far removed from the physical realities of the majority of the population? As Foucault points out, the body is a key site of identity formation, and for that reason, is subject to social regulation and scrutiny (*The History of Sexuality* 48-49). Bodily performances are used to define the individual and consistent performances form the basis of socially recognized identity categories. To maintain consistency in the way that identity categories are enacted in public space, it follows that all sites of identity production must be closely guarded, and deviations from standard performances subject to some form of social correction.

'Normal' enactments help to reinforce visible distinctions between social identities, and it is for this reason that no single definition of 'normal' can be cited here. Given the complexity of accurately embodying one's social identity, it is possible to see that standards of 'normal' are maintained as a means of clarifying what constitutes acceptable social behavior. Rather than see 'normal' as a distinct way of acting or being, this term is better understood as a sliding scale, with a range of behaviors that more or less approximate the ideals and qualities of desirable social identity. I suggest that a body becomes 'not normal' when the physical differences of that body challenge social constructs such as heteronormativity or gender. Such differences are socially problematic because they make visible the constructions that shape our lives, proving that alternative bodies and identities can and do exist in Western culture.

Although Western society encourages 'normal' practices of embodiment, the majority of bodies fail to live up to these standards. The concept of the healthy body remains a powerful cultural construct that greatly impacts the way that disease and disability are understood because it does not allow for bodily processes such as aging and illness. The parameters for bodily performances of strength and health are recognizable in social and cultural representations of the body, and serve as guidelines for individual performances of idealized qualities of physical identity. However, as the body itself changes, some performances become difficult to maintain and the narratives of the indefatigable body are revealed to be fallacious. Although there is often a notable lack of alternative narratives of embodiment to be found in Western society, more problematic is the tendency to see bodily deviations as inherently alterable. Using disability discourse

as a means of examining social responses to the ‘deviant’ body, I will discuss how the introduction of Viagra has served to prioritize the rehabilitation of bodies that fail to meet ‘ideal’ physicality, and thus implicitly threaten the maintenance of social constructions of ‘normal’ identity. Rosemarie Garland Thomson, a feminist disability theorist argues that the medical model of disability insists that “any somatic trait that falls short of the idealized norm must be corrected, or eliminated” (*Extraordinary Bodies* 79), a definition that is indicative of the way that the aberrant body is understood in Western society. This model also constructs disease and disability as a negative state of bodily identity, insisting that such bodies are deficient in their ability to be active and useful within Western society.

Under particular investigation here is the intersection of masculinity, sexuality, and disability, as these three factors have the most bearing on my discussion of the impact on social understandings of Viagra. As was established in chapters one and two, constructions of desirable masculinity are often based on the physical qualities of activity and strength, idealized in the young man’s body, as well as social power, which is often characterized by older figures of authority. Although physical power and social authority are often conflated, there are distinct and complex tropes at work in the representation of youthful and mature masculinity in Western culture. While youth is often idealized, and youth and power conceptually linked, the hierarchies of class and race are very much an influence on these representations. Likewise, age can be seen to convey authority onto bodies that are also granted power on the basis of class and race, as seen in the representations of Bob Dole in Viagra commercials. In this example, Dole’s white,

upper-class status is emphasized along with his age in order to suggest an intelligent maturity befitting a past Republican senator. However, conflicting representations and understandings of older male authority are rampant in Western media. While at times, age is perceived as a signifier of intelligence gained through life experience, negative representations of older people are also common. Senility and physical weakness often characterize depictions of older individuals, and both serious and comic approaches are common in media representations. The physical, intellectual, and social implications of age are important elements of social identity, as narratives of masculinity offer very little room for alternative embodiments of male identity and aging or disabled men are often underrepresented social figures. Stephen Whitehead observes this contradiction between ideals and realities, stating that “if masculinity is about occupation, vigor, activity, mastery and overcoming space, then aging is the inevitable process that puts under question such dominant representations of maleness” (*Men and Masculinities* 200). The irony here is that such constructions of masculinity *create* non-normative male identity precisely because these constructions do not allow for bodily changes such as aging. In this way, ‘ideal’ performances of masculinity are given an expiry date, so that at some point, all men will fail to embody a version of socially condoned masculinity. Although aging is not classified as a disability, it can be seen as a moment where the natural body is seen as deficient and dependent, so that aging creates an aberrant body. The blatant cultural obsession with defying the appearance and effects of aging is a testament to the negative perception of the aging process that exists in Western society. Depictions of aging are often distinctly negative, presenting aging as a loss of ability and independence,



as well as a failure to maintain control over the body.<sup>13</sup> Perceptions of aging are also closely linked with a loss of masculinity because social definitions of masculinity stress the importance of the active and effective body. Representations of the aging body in sexual situations are often comical, satirical, or dismissive, assuming that older individuals are non-sexual, or that representation of such sexuality is not appropriate alongside images and ideals of the youthful sexual body. Pop culture is rife with humorous representations of older male sexuality, as is seen in the characters of Grandpa Simpson, Martin Crane of "Frasier," and all of the male parental figures of "Seinfeld." To varying degrees, these men are shown to be interested in sex, but consistently find themselves in awkward social situations in which their bodies are seen to fail them.

The marketing of Viagra is interesting precisely for the way that masculinity, sexuality, and aging are negotiated. Although Viagra commercials direct themselves to

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<sup>13</sup> Negative stereotypes seriously impact the perception and self-perception of older adults. Wheeler and Petty suggest that "stereotype threat" (2001 PG?) occurs when prevalent stereotypes are taken as true representations of an individual or group, and are accepted in lieu of individual identities. Blasovich et al. write that members of stigmatized groups "experience stereotype threat when they are in situations in which other people may view them stereotypically in ways likely to increase performance pressures" (225). Negative age stereotypes are widespread in media representations of older adults and play a complex role in the formation of social narratives concerning older populations. Montepare and Zebrowitz's 2002 study on the representation of older adults on television shows that elderly characters are more likely than other age groups to provide comic relief by displaying physical or mental incompetence, while Davis and Davis write that "there is no mid-ground for health for the elderly. One either suffers from multiple debilitating losses or from none at all" (51 1985). Furthermore, only 1.9% of prime-time television characters are 65 years old or older, although this group comprises 12.7% of the population (Gerbner and Ozyegin 1997). A second study by Gerbner found that the more television watched by individuals, the more they perceived the elderly in negative terms, when controlling for the demographic variables of age, education, gender, and income (Gerbner, Gross, Signorielli, and Morgan, 1980), revealing the influential role of television in the formation of individual and social perceptions of older adults.

an aging population, youth and sexual potency are consistently invoked as ideals that all men should aspire to. In these commercials, Pfizer has mobilized a discourse of rehabilitation concerning the issue of erectile dysfunction, positioning the flawed male body as in need of medical intervention in order to return it to a state of youthful male potency. Pfizer's commercials emphasize the idea that men are responsible for 'controlling' their bodies and encourage men to bring their bodies into accord with the sexual expectations of modern masculinity through the use of technology. In the "Good Morning" commercials, released in 2002, the Viagra body is shown to be capable of extraordinary feats of agility and movement, while the physical and sexual potential of the Viagra body are conflated through innuendo in commercials that featured sportsmen like Rafael Palmerio discussing his ability to "hit a home run" and "get back in the game" (Pfizer 2002). The 'victory' over the aging body is an additional narrative that fits into the construction of masculinity that Pfizer is promoting. By establishing the idea that erectile dysfunction is both a serious threat to the performance of youthful masculinity, as well as a problem that is easily fixed through the use of pharmaceuticals, Pfizer advances the idea that masculinity is derived from and proven through bodily performances, making it difficult for older men to successfully enact the social ideals of masculine identity.

Similar social discourses shape the social constructions of disability. Michael Dorn argues that disability is "always mediated through culturally transmitted understandings of normal bodily appearance and function" (*The Moral Topography of Intemperance* 46), so that the 'naturalness' of the 'able' body is the product of consistent

and sustained cultural fabrications, while deviant bodies are created “through practices of exclusion and signification, or rather *stigmatization*” (46). Speaking specifically about physical disabilities, it becomes clear that the categories of ‘able-bodied’ and ‘dis-able-bodied’ are constructed by prioritizing the bodies that most closely approximate the ideals that have been established in Western society while devaluing difference. The medical profession has validated these categories of differentiation, and ‘disability’ has come to reference a range of body differences under the framework of medical authority. One of the most significant challenges facing those classified as having a disability is that “the medical model of disability is one rooted in an undue emphasis on clinical diagnosis, the very nature of which is destined to lead to a partial and inhibiting view of the disabled individual” (Brisenden 173). Because of the social importance placed on the ‘normal’ body, instances of disability or difference are often used as a basis for identity construction, wherein a disability becomes an important, if not overwhelming, part of an individual identity. This can certainly be seen in the pre-Viagra use of the term impotence, which was literally used as an identification, so that men *are* impotent, rather than are *experiencing* impotency. Kristin Lindgren addresses this type of illness identification, noting that “for many people living with chronic or degenerative illness, it becomes difficult to separate the ‘I’ from the ‘it’. When these terms can no longer be disentangled, it is necessary to rethink the structure of selfhood” (155). Often, disabilities are seen as impediments to ‘normal’ life, and the medical model of disability privileges the importance of re-gaining a ‘normal’ body, or at least the semblance of one. However, remedying the disabled body, rather than adapting to it, maintains social understandings

of disability and privileged constructs about the 'ideal' and 'normal' body. Ruth Butler writes that "disabled men and women are encouraged by media representations of 'normal' bodies to obscure by dress and bodily decoration what are seen by others as bodily inadequacies" (208), 'performing' normalcy to alleviate a social discomfort with bodily difference. Prosthetic limbs have become increasingly life-like at medical technology advances, giving the semblance of 'normal' embodiment to those who have lost, or were born without, arms and legs. Patients who undergo chemotherapy are often provided with wigs, or choose to wear hats in order to disguise the loss of hair that is common with this treatment for cancer. This kind of encouragement to 'be normal' shows how advertising promotes recognizable behavior mandates, setting up the tropes of 'normal' as clearly distinct, if not in opposition to, the social perception of disability. Only men who have medicated and 'fixed' their dysfunction or disability are shown in Pfizer commercials, while images of men who live with or continue to experience ED are notably absent. Pfizer's advertising encourages men to hide their experiences of ED without being ashamed of using Viagra to medicate this condition. In early Viagra commercials, Bob Dole disclosed the fact that he had experienced erectile dysfunction in the past, while assuring the viewer that Viagra had solved his 'problem' and that it would 'work for them too'. The "What's new with Bob/Joe" commercials similarly emphasized this type of rehabilitation, as Viagra is seen to dramatically improve how these men are perceived by those around them. These commercials imply is that it is permissible to admit to erectile dysfunction, but only once the male body is set on a course of rehabilitation to perform sexually and thereby enact 'masculinity'. Like those who are



categorized as having a disability, men with ED are implicitly warned to present themselves as 'normal' men, disguising their aberrant bodies through the use of chemical inducements and masculine bravado. In considering social narratives of erectile dysfunction, Bordo observes, "I haven't yet read one account in the newspapers or magazines in which a man talks about any increase in pleasure, either psychological or physical – beyond overwhelming relief, perhaps renewed pride" (42), drawing attention to a common recognition of Viagra as a drug that enables men to live up to 'normal' male physicality rather than improving the experience of sex in any physical way. Loe's ethnographic research also shows that this 'relief' reaction, as men who feel that their masculinity has been diminished use Viagra to re-gain the appearance of 'masculinity'. One of the men Loe spoke to explained that "You just want to be whole. You just want to be like you were before. It's like when somebody has a leg amputated. They get prosthesis. They can now walk. They can't run, but now they can walk like they used to" (79). Indeed, the conflation of ED and disability shown in this quote is indicative of how Viagra is recognized as a means of rehabilitating the masculinity of men who experience erectile dysfunction.

As the body is an important site of identity formation, instances of bodily deviation are generally subject to a great deal of attention and are often foregrounded in the formation of individual identity. Difference becomes a means of categorizing individuals and individual disabilities become a defining part of the social identity of the individual. Social portrayals of disability tend to focus on the ways that particular disabilities limit the individual, and have often been criticized as "all too often a one

dimensional catalogue of negative consequences and meanings – the stigma, ‘loss of self’ and dependence... Studies which suggest a more diverse experience, or which report a positive sense of self and creative involvement in the lives of disabled people are far less in evidence” (Barnes and Mercer 5). Western society’s interest in maintaining a distinction between ability and disability is shown in the narratives that re-enforce the differences between these two ‘types’ of bodies, and is indicative of the way that bodies are subject to social evaluations. Many disability theorists have argued that the category of disability has been created by a society that values the body in terms of economic productivity. In this “social model of disability” (R. Butler and Parr 4), the ‘able’ body is set as the standard for productivity, so that the ‘dis-abled’ body is often incapable of meeting social expectations of the working body, and is therefore seen as deficient. Vera Chouinard argues that Western society is ‘ableist’ in its approach to the body, defining ableism as the “ideas, practices, institutions and social relations that presume ablebodiedness, and by doing so, construct persons with disabilities as marginalized, oppressed, and largely invisible ‘others’” (qtd. in *Mind and Body Spaces* 7). Applying this concept of ableist discourse to my discussion of social perceptions and definitions of masculinity allows for an insight into the complex realities of aging masculinity in Western society. Since definitions of masculinity are often centered on activity and ability, being unable to perform sexually is often equated with a failure of masculinity, a failure that threatens to negate the social and economic identity of the individual. A social mandate to ‘be sexual’ in order to be recognized as a ‘man’ arises, threatening the

gender and identity constructions of those individuals who do not properly inhabit and use their bodies.

To counteract negations of the non-normative body and identity, disability studies has attempted to mobilize positive discourses around the disabled body, which simultaneously challenges the 'normal' or 'able' body as a construction that polices bodies and enforces hierarchized standards of physicality. In doing so, disability theory privileges the 'disabled' body as a site of alternative physicality, embracing the potentiality of difference. Ruth Butler and Hester Parr argue that recognizing disability as a social construct rather than a physical state of being "has been invaluable as a basis for the critical mobilization of disability movements as common features of oppression have been recognized across and between different groups of people in different places" (4). However, some theorists have criticized this approach to disability studies, suggesting that highlighting the impact of disability on the individual forms identity categories on the basis of being disabled, thereby prioritizing disability as innately connected with selfhood and identity in a way that is not true of 'able' identities. Anna Mollow, in a critique of disability theory, argues that the social model of disability "functions to prescribe, as a remedy, the installation of disability as another identity category" (269). Although R. Butler and Parr's approach seeks to eradicate value judgments around 'normal' and 'non-normal' bodies, it has proven difficult to disregard the effect that disability has on the formation of identity.<sup>14</sup>

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<sup>14</sup> Theories of disability have also been accused of de-emphasizing the difficulties of living in a society that often does not make allowances for body differences in order to promote the idea that having a disability does not imply a fundamental difference from

There are particular complications that arise in the intersection of disability and sexuality. Given the primacy of sexuality in the formation of personal and social identity, the aberrant body is often under pressure to perform within the tropes of 'normative' sexuality. If the performance fails to fall within the parameters illustrated by the media and other social representations of sexual identity, 'disabled' individuals are often denied a sexual identity altogether. Margaret Shildrick writes, "so strongly is 'proper' sexuality associated with one particular set of standards that there is little recognition that those outside the standards have any sexuality at all. And where the sexuality of a person with disabilities *is* portrayed, it is rarely as just one ordinary facet of life, and is more likely to be seen as 'improper', or even perverted" (333-334). Shildrick's observations offer insight into the complex intersection of masculinity and sexuality for men with physical disabilities, as constructions of masculinity emphasize sexuality as an essential element in the performance of socially acceptable masculinities. When physical disabilities impede

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'able' bodied people. Crow writes "in fighting to break down the myths of illness and dependence that have plagued disabled people's lives...the recognition of the 'true' pain and inconvenience that an impairment can cause an individual has also been lost"(in *Mind and Body Spaces* 4). Even the category of 'disability' has been recognized as instituting a problematic hierarchy of physicality by negatively referencing body differences. In an effort to avoid invoking binaries of identity, the label 'disability' has been replaced in recent body theory by alternative, non-hierarchical terms. Ruth Butler and Hester Parr use the term "mind and body difference" (8) in order to suggest a continuum of identity possibilities. They point out the dangers of using terms like illness, impairment, and disability, as such terms are understood to have negative connotations and tend to collapse multiple experiences into one generic or simplified understanding of the 'disabled' experience. The term "body space" is another alternative used to refer to "the corporeal terms by which gender and sexuality can be discursively 'placed' [as well as] a set of discursive meanings, which are temporarily, culturally and geographically situated, and which serve to frame and to inscribe the body and the 'bodily possibilities' of any given situation" (R. Butler and Parr 13). Terms such as these emphasize that there is no universal or normal body, but only multiple circumstances of the physical and active elements of 'a' body.



the ability to perform sexually, or when having a disability renders the individual 'sexless' in the eyes of society, performances of gender become difficult to approximate and social codes of identity become increasingly difficult to embody, providing evidence of Chouinard's claim that people with disabilities are often rendered invisible because they are unable to perform the tropes of 'ideal' identity. By denying men with disabilities recognition as men, regardless of their practices of embodiment, definitions of masculinity remain unchallenged and physical disabilities create gender disabilities. When physical differences are aligned with "perverse" (Shildrick 334) sexuality, disabled bodies are further ostracized and bodily difference becomes a threat to the social order. In this way, the denial of disabled sexuality functions as a means of protecting social order from 'unnatural' bodies and minds. By defining difference as 'unnatural' and insisting on the validity of discourses of rehabilitation and drug use, the social ideals of the white, able, male body as the most valid and authentic remain unchallenged. It is with these complexities in mind that I will discuss the implications of erectile dysfunction for performances of masculinity in Western society.

Connell reminds us that "the constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained" (*Masculinities* 54), challenging the idea that gender, or indeed, any aspect of social identity, is natural or unchanging. Bodies that are deemed 'not normal' complicate the process of identity creation and recognition. More specifically, physical disabilities reveal the limitations imposed on enactments of identity and prompt alternative means of defining the self within society. Erectile dysfunction, most often diagnosed in older men,

is a condition that makes sexual performances unreliable, as the body is, at times, unable to live up to the ideals of male sexual performances. Such bodies are often de-masculinized and de-sexualized because they are seen as ineffectual and unable to 'perform' the tropes of an 'ideal' masculine identity. While Pfizer cues a recognition of such bodies in various commercials, as with the image of the man with the limp hose in the "We are the Champions" commercials, this de-masculinization is made most explicit in early Levitra commercials, which simply showed a football being thrown towards, but failing to go through, a tire swing. When the voiceover cues in, encouraging consumers to purchase Levitra, the football is thrown through the tire swing, completing the sexual metaphor and effectively positioning Levitra as a drug that improves sexual functions and 'masculine' sports skills (*PopMatters*). Viagra is designed and marketed to 're-masculinize' the 'failing' male body by enabling sexual performances and 'normalizing' the functions of the body in accordance with the imperatives that define the 'normal' body. Pfizer's marketing rejects the changes of aging and demands that men 'fix' their bodies. Commercials encourage men to "love life again," to "start [their] engines," to be a "champion" and a "wild thing." (Pfizer 2003-2004). Although Pfizer urges men to "do it [their own] way" (Pfizer 2004), the reality is that Pfizer, the media, and the social imperatives of 'normal' identity compel men to age and be sexual 'the Pfizer way'.

The word dysfunction suggests that ED is a temporary aberration in the normal functioning of the body, which can be easily remedied through the use of pharmaceuticals such as Viagra. However, by thinking about erectile dysfunction within the discourse of disability theory, the imperative to rehabilitate the 'dysfunctional' male body can be

replaced by a willingness to acknowledge and accept differences in the physicality of the male body without valuing one state over another. Just as disability theory urges the creation of individual identities that are inclusive of, without being dependent on, one's disability or difference, considering ED as a disability, however temporary, might allow men to maintain their sense of masculinity while incorporating bodily differences into that identity. Disability theory also offers a challenge to the "rhetoric of drugs"(228) that is so prevalent in Western thinking. As Derrida points out, the use of drugs is often an attempt to make "proper of the proper itself [propration du proper meme], in as much as the proper is opposed to the heterogeneity of the improper, and to every mode of foreignness or alienation that might be recognized in someone's resorting to drugs" (241). Certainly in the case of Viagra, the construct of the ideal body is so powerful as to prompt individuals and social institutions, such as the medical industry and the media, to embrace the use of pharmaceuticals in order to 'measure up' to social ideals. The rhetoric of drugs compels individuals to bring their bodies into a state of ordered control, idealizing sameness and rejecting difference in order to maintain the social categories and identities that emerge from readings of the body. Recognizing ED as a disability offers a challenge to the rhetoric of drug use that has been so influential in shaping this social dysfunction, while also encouraging the development of new ways of creating identity without focusing on the negative social implications of difference, thereby allowing for a continuum of male identities. These possibilities are already circulating in Western society in the form of discussion groups and individual resistances that challenge the necessity of maintaining limiting categories of masculinity.

While the 'ideals' of Western society are often presented as monolithic, these ideals are under constant negotiation and remain in place only so long as they are widely accepted as valid and important. By refusing the standards of male sexuality that Viagra sets up, new constructions of male identity and sexuality can perhaps be formulated and instituted. While I am not suggesting that Viagra is a bad product that should not be sold to those men who desire 'better' erections, I am attempting to negotiate the way that erectile dysfunction is socially understood in order to discourage the connection between ED and a failure of masculinity. By opening up identity categories and broadening the modes of identity formation, it is possible to conceive of masculine identities that are not defined by standardized enactments of 'male' identity through physical strength and sexual potency. Viagra's advertising plays up the idea of a 'failed' masculinity as the inevitable fate of any man who cannot engage in active and penetrative sex, and suggests that a non-sexual man is no longer recognized by his society as a man. However, there is no such thing as a 'failed' masculinity, only failed performances of masculine ideals that are granted far too much weight in Western society. By challenging the "rhetoric of drugs" (228) and the cyborg imperatives that have so influenced current Western conceptions of the ideal and desirable body, disability studies show that it is possible to challenge the role of bodily performances in the construction of identity, and uncover new means of developing and maintaining a sense of self that is deemed socially worthy and valuable.



## CONCLUSION

### Rehabilitating Constructions of Western Masculinity

The discourses that surround the 'desirable' body emphasize both 'naturalness' and 'perfection,' setting up an impossible dichotomy that cannot be resolved. However, by querying the reasons for these ideals, the narratives and power structures that maintain the patriarchal heteronormativity of Western society are made evident. Although race and gender theorists have worked diligently to expose the moments and ways in which 'other' bodies are negated in this social order, this thesis explores how even the most apparently privileged bodies are subject to strict regulations concerning performances of public and private identity. The white, upper-middle-class, male body, often held up as the measure of all other bodies, is also heavily burdened by the expectation that the social ideals of virility, potency, and sexual availability be continuously performed in the public space. As Stephen Whitehead insists, "the public domain can be understood to be the historically gendered arena where males engage with and replicate those behaviors and practices which, in their particular context, define manhood and manliness...It is the site where men come to be [men]" (114). That men are expected to define their sexual identities in the public arena is a testament to the degree to which the private world of the individual has been invaded by the medical industry, the media, and the push of capitalist expansion.

My analysis of the marketing of Viagra has attempted to clarify the forces that have shaped and challenged the masculine identity as defined by sexual performance. Furthermore, I have worked to discern the impact of 'mandatory sexuality,' as promoted

by Pfizer, on social readings of the male body. As I have extensively argued, the emphasis placed on the body in the construction of social identity means that moments in which the body fails to function in accordance with social expectations throw the basis of individual identity into chaos. By utilizing discourses of disability that reposition the body, it is possible to challenge the Western ideal of the body as the site of an 'authentic' identity and recognize that narratives of authenticity and desirability work to maintain a social order that devalues difference in the name of heteronormative patriarchal authority.

While I have carefully examined the implications and limitations of Pfizer's primarily white, heteronormative representations of masculine identity and considered the reasons for the exclusion of alternative masculinities, there is a great deal of potential insight to be gleaned from an analysis of the male bodies who are not deemed 'fit' to market Viagra. Although Pfizer carefully constructed, and later, broadened, their target demographic in an attempt to increase their profit margins and play on the fears and concerns of a younger population of men, it would be fruitful to consider that a study examining Viagra use among more than five million insured adults found that from 1998 to 2002, the use of Viagra in men under forty-five tripled, while patient complaints and medical diagnosis of erectile dysfunction declined, suggesting that Viagra is increasingly being used as a recreational drug rather than to treat a medical condition (Adams). While this is certainly not a demographic that Pfizer is anxious to acknowledge, it is important to examine the reasons why Viagra has become the party-drug of choice among young

men.<sup>15</sup> Although several studies have been done to determine the rate of Viagra use and abuse in populations not diagnosed with erectile dysfunction, an examination of the social and individual narratives that compel and validate this behavior would provide insight into how the ideal of male sexual potency is taken up in Western youth culture. Certainly, there is a great deal to be said about the way that pleasure and desire are being mobilized, particularly given that current ideals of adult male sexuality are largely based on the way that sexuality is perceived in adolescent men, as Susan Bordo observes (61). The unrepresented or underrepresented use of Viagra by homosexual men, lower-class men, differently-abled men, and men from racial minorities is also an important topic for consideration. As the 'maleness' of these 'other' masculinities is often challenged by the unattainable ideal of heteronormative, patriarchal masculinity, the discourses that prompt the use of Viagra by heteronormative men may be all the more powerfully recognized by men who are outside of this illusionary demographic. While I have explored the various representational strategies employed by Pfizer in order to broaden their market appeal, it would be valuable to examine how 'other' masculinities incorporate representations of the 'average' Viagra consumer into their own social and individual identifications. Such examinations might reposition the social significance of Viagra in Western society, challenging social constructions that categorize male identity on the basis of racial, sexual, physical, or economic generalities.

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<sup>15</sup> Studies of the recreational use of Viagra report that as many as 54% of users mix Sildenafil with other drugs to enhance their sexual experiences. Similarly, 36% of all recreational Sildenafil users combine its use with other drugs, including methamphetamines (23%), ecstasy (18%), poppers (15%), ketamine (11%), and GHB (8%) (Swearingen & Klausner 574)

Although I have argued that Viagra is a pharmaceutical that works to stabilize the categories of gendered and sexual identity that structure Western society, it is also possible to see Viagra as a means of challenging the validity of such narratives. The very need for Viagra suggests that social ideals of Western masculinity are unattainable, rendering all performances of 'masculine identity' subject to scrutiny and evaluation. It is perhaps in these moments of evaluation that new narratives of masculinity can come to the fore. Arlie Hochschild, writing about the evolution of social change, points out that "for structures to change, there must be changes in what people do and, I would add, what they feel. For structures come with – and also 'are' – emotional cultures" (203). I argue that the maintenance of the 'masculine ideals' that undermine each and every male identification has created an 'emotional culture' of male insecurity, detrimentally impacting the way that male bodies are inhabited. By abolishing the social imperatives that prompt healthy men to second-guess the 'masculinity' of their erections, it may be possible to imbue men with enough confidence to challenge the hierarchies of embodiment that are rampant in Western society.

My reading of Pfizer's marketing approaches have demonstrated the degree to which even the most powerful bodies in Western society are subject to social scrutiny, complicating the belief that social hierarchies benefit one group at the expense of others. While I am not denying that white, heterosexual, upper-class male bodies are afforded greater privileges than other 'types' of bodies, it is important to recognize that these bodies are still subject to social regulation. However, because the body is a site of identity formation, critical examinations of this same white, heteronormative body reveal

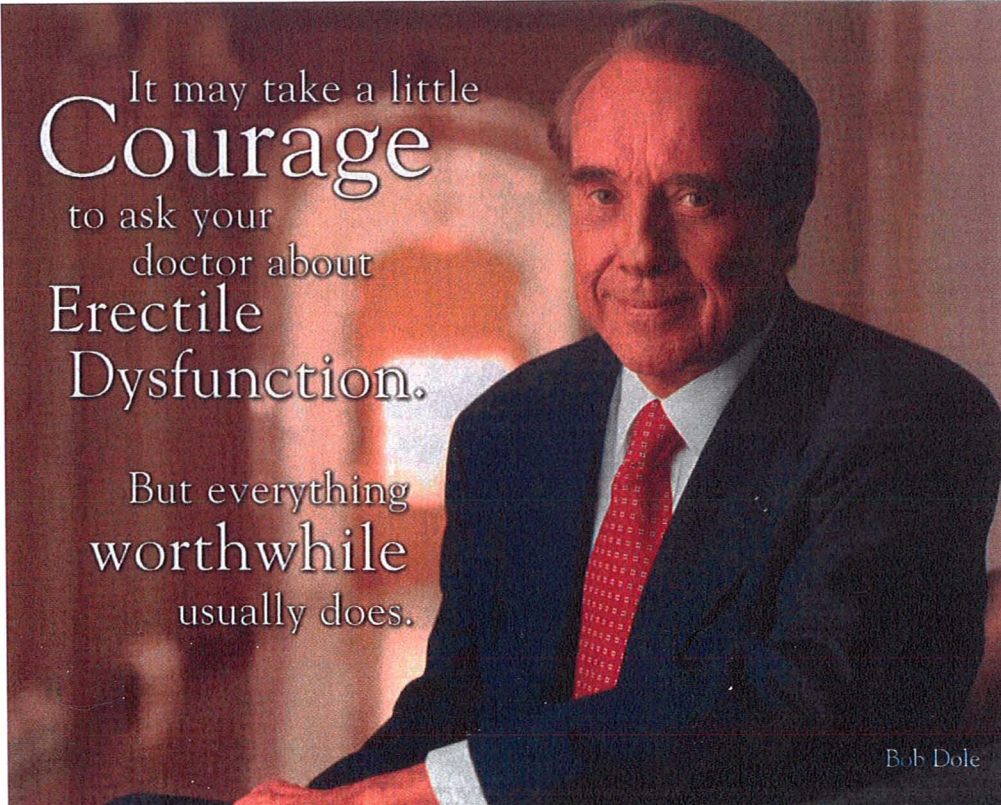


the social constructions and modes of evaluation that are imposed on all bodies, offering the potential for new narratives of bodily identity. As disability theory has shown, moments of bodily difference allow individuals to escape from traditional narratives of identity formation and uncover new ways of creating and maintaining a valuable social identity. While the narrative of identity re-formation is widely used in disability circles, the application of such re-writings is a valuable opportunity for other bodies that find themselves similarly constricted by oppressive constructions of identity. As I have argued, repositioning the role of the body in the formation of all social identities may make it possible to challenge the hierarchies of bodily identity in general.



## APPENDIX

1a.



It may take a little  
**Courage**  
 to ask your  
 doctor about  
**Erectile  
 Dysfunction.**

But everything  
**worthwhile**  
 usually does.

Bob Dole

When I was diagnosed with prostate cancer, my first concern was ridding myself of the cancer. But I was also concerned about possible postoperative side effects, like erectile dysfunction (E.D.), often called impotence. So I asked my doctor about treatment options.

I'm speaking out now in the hope that men with E.D. will get proper treatment for a condition that affects millions of men and their partners.

Most E.D. cases are associated with physical conditions or events, like the prostate cancer surgery I underwent. The most common causes of E.D. include diabetes, high blood pressure, spinal cord injury, or surgery for the prostate or colon. E.D. can also be associated with smoking, alcohol abuse, or psychological conditions such as anxiety or stress.

The good news is that many effective treatments are available for E.D. But the important first step is to talk to your doctor. Together, you and your doctor can decide which treatment is best for you.

Now it's up to you to get the treatment you need for E.D. My advice is to get a medical checkup. It's the best way to get educated about E.D. and what can be done to treat it. It may take a little courage, but I've found that everything worthwhile usually does.

For more information about erectile dysfunction, please call 1-800-433-4215.

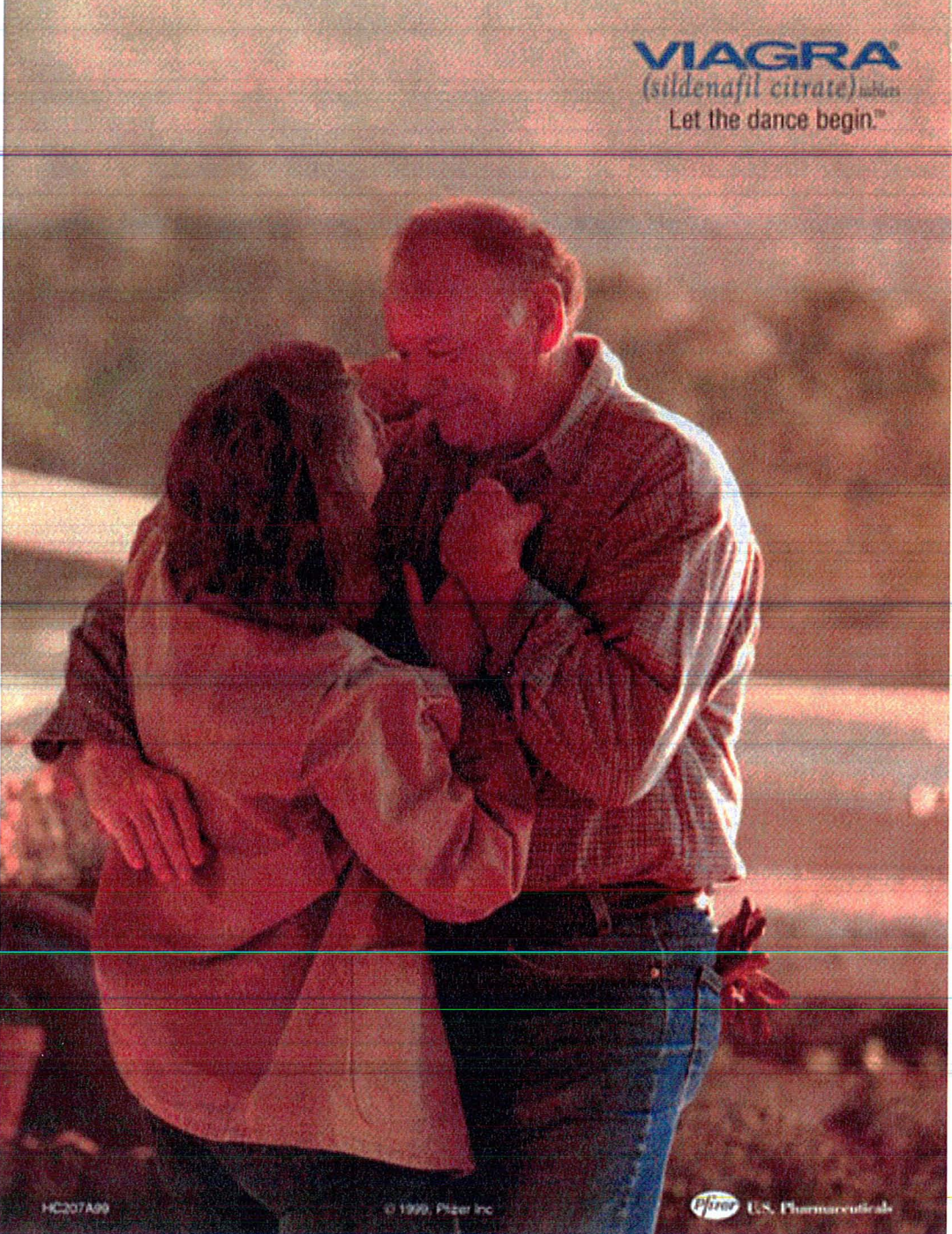
© 1999, Pfizer Inc  
 HC433A95B

GET EDUCATED ABOUT E.D.





1b.



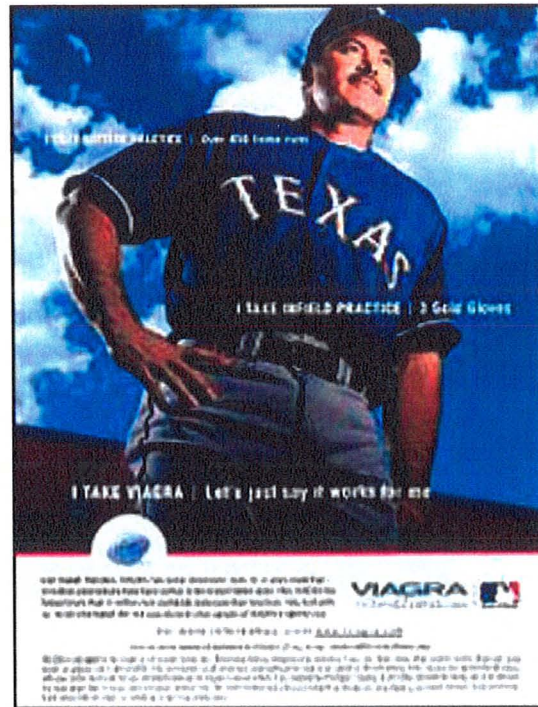
**VIAGRA**  
(sildenafil citrate) tablets  
Let the dance begin.™

HC207A09 © 1999, Pfizer Inc. Pfizer U.S. Pharmaceuticals

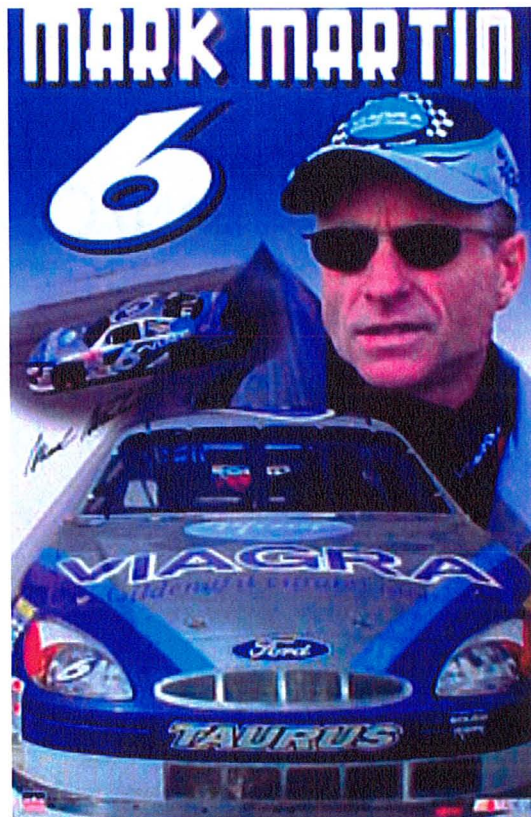
The advertisement features a romantic scene of a man and a woman embracing and kissing at sunset. The man is wearing a plaid shirt and jeans, while the woman is wearing a light-colored jacket. The background is a warm, golden sunset over a body of water. The text 'VIAGRA (sildenafil citrate) tablets' is in the top right, with the slogan 'Let the dance begin.™' below it. In the bottom left corner is the code 'HC207A09', in the bottom center is the copyright notice '© 1999, Pfizer Inc.', and in the bottom right is the Pfizer logo and 'U.S. Pharmaceuticals'.



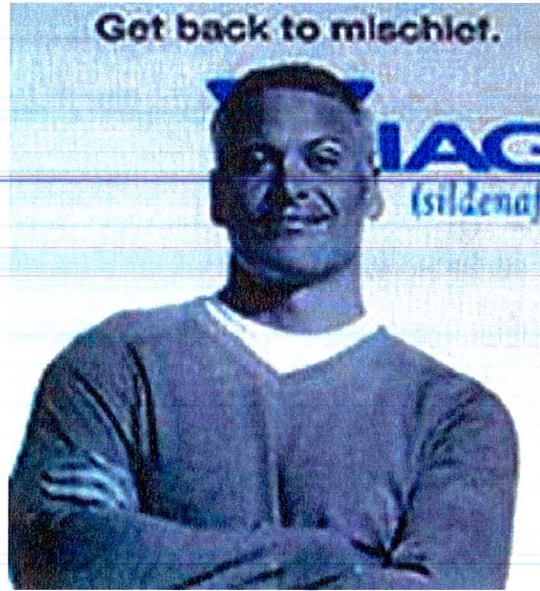
1c.



1d.



1e.



1f.





1g.

I'm proud of him because  
he asked about VIAGRA.



—VIAGRA has shown improvement in erectile  
function in 4 out of 5 men compared with  
1 out of 4 for sugar tablets

—More than 6 million men in the US have  
been prescribed VIAGRA (1 million were also  
taking blood pressure-lowering medication)

I love him because  
he did it for us.

VIAGRA is effective and well tolerated in a variety of patients. More than 17 million prescriptions have been written in the United States.\*

VIAGRA is not for everyone. Be sure to ask your doctor if your heart is healthy enough to handle the extra strain of sexual activity. If you have chest pains, dizziness, or nausea during sex, stop and immediately tell your doctor. If you're a man who uses nitrate drugs, never take VIAGRA—your blood pressure could suddenly drop to an unsafe level. With VIAGRA, the most common side effects are headache, facial flushing, and upset stomach. VIAGRA may also briefly cause bluish vision, sensitivity to light, or blurred vision. In the rare event of an erection lasting more than 4 hours, seek immediate medical help. Remember to protect yourself and your partner from sexually transmitted diseases.

Please see patient summary of information about VIAGRA (25-mg, 50-mg, 100-mg) tablets on the following page.

Data on file, Pfizer Inc., New York, NY

Ask your doctor if a FREE TRIAL of VIAGRA is right for you.  
For more information, call 1-888-4VIAGRA or visit [www.viagra.com](http://www.viagra.com)

**VIAGRA**<sup>®</sup>  
(sildenafil citrate) tablets  
Love life again.





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