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"Viagra stories": challenging 'erectile dysfunction'

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Abstract

Medical approaches to sexual difficulties prioritise the physical aspects of sexuality over other aspects, locating 'disorders' primarily in the anatomy, chemistry or physiology of the body. In accordance with this perspective on sexual matters, physicians look to physical interventions (for example, hormones, drugs, and surgery) to treat any 'abnormalities'. Following the discovery of popular—and profitable—sexuopharmaceuticals such as sildenafil citrate (Viagra™) for the treatment of erectile difficulties affecting men, the medical model has gained increasing influence in the domain of sexual health and well-being. However, while medical definitions of—and interventions related to—sexual difficulties are underpinned by an understanding of a 'universal' body (that is, an essential biological body that transcends culture and history), and by the categorisation of the normal and the pathological, the accounts of users of Viagra, and their sexual partners, do not necessarily support such understandings. In some cases, the experiences and perspectives of those affected by erectile difficulties directly challenge the reductionist model of sexuality and sexual experience espoused by medicine. In this paper, we report on a New Zealand study investigating the socio-cultural implications of Viagra, involving 33 men and 27 women discussing the impact of erectile difficulties and Viagra use within relationships. The diverse experiences of participants are discussed in relation to two key issues: the notion of 'sexual dysfunction' itself; and the idea of drugs such as Viagra acting as a 'quick fix' for sexual difficulties affecting men. We argue that the existence of a range of Viagra 'stories' disrupts a simplistic mechanistic portrayal of the male body, male sexuality and 'erectile disorder'.
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Keywords: Viagra; 'Erectile dysfunction'; Medical model; Sexuality; Medicalization

Introduction: The medical construction of sexual response

"Erection is defined as a physico-pharmacological penile stiffness resulting from the relation between vascular, cavernosal and neurological structures" (Basar et al., 2001, p. 403).

"The sexual act is a continuum of separate but linked processes; libido, erection, ejaculation, orgasm, detumescence, refractory period" (White, 1997, p. 41).

The medical model of sexuality subscribes to a mechanistic view of the body, in which 'sexual response' is broken down to a series of consecutive stages as part of a supposedly universal 'human sexual response cycle' (Masters & Johnston, 1966, 1970). This 'cycle', considered to be a "biological given", is assumed to operate within individuals regardless of cultural or historical factors (Tiefer, 2001, p. 78), although it is more or less acknowledged that its usual trajectory may be compromised by such influences. Deviation from the 'normal' sexual response cycle constitutes a 'sexual dysfunction' in medical discourse, and is understood to manifest through various symptoms (Winton, 2000). For example, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* determines 'sexual dysfunction' as "a disturbance in the processes that characterize the sexual response cycle or by pain associated with sexual intercourse" (American Psychiatric Association (APA), 1994, p. 493). The original form of this cycle consisted of excitement, plateau, orgasm and resolution phases (Masters & Johnston, 1966); however, a triphasic version is currently deployed by the *DSM IV*, compris-

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ing desire, arousal and orgasmic phases: these phases correspond with 'disorders of desire', 'disorders of arousal (and orgasm)' and pain disorders (Nicholi, 1999).

'Male erectile disorder' is generally defined in medical vernacular as the "inability to attain or maintain penile erection sufficient for satisfactory sexual intercourse" (Bivalacqua & Hellstrom, 2001, p. 183; Fujisawa et al., 2002, p. 15; Seidman, 2002; Steidle, 2002). This 'dysfunction' would thus be seen as interfering directly with at least two stages of the cycle: arousal and orgasm. Up until recently, the medical establishment considered that erectile disorder was primarily psychological in origin (Bivalacqua, Champion, Hellstrom, & Kadowitz, 2000), and the job of 'rectifying' such concerns tended to fall with psychologists and (therapy-oriented) psychiatrists. Any physical interventions consisted of mechanical devices such as vacuum pumps and penile implants. Today, however, following the advent and proliferation of pharmacological preparations—or, as Brooks (2001) terms it, the shift in focus from 'mechanical engineering' to 'chemical engineering'—it is not uncommon to read that "at least 90% of all male sexual dysfunctions have an organic or medical cause" (Bass, 2001, p. 339); and male erectile disorder is increasingly a condition assessed and treated in private medical clinics catering for men's health issues, and by general practitioners.

In medical constructions of 'erectile function' there is little reference to the significance of factors outside or beyond 'the body'; for example, "normal erectile function" is understood to involve "three synergistic and simultaneous processes: (1) a neurologically mediated increase in penile arterial flow; (2) relaxation of cavernosal smooth muscle; (3) restriction of venous outflow from the penis" (Bivalacqua et al., 2000, p. 484). Importantly, the medical domain now advocates drugs as the most effective and efficient means of treating erectile difficulties, *regardless of aetiology*: "the trump card of medicine is the claim that what appears to be psychological, interpersonal, and even family systemic, can still, ultimately, be reduced to the biological—to diseases in living systems" (Mosher, 1991, p. 16, cited in Winton, 2000, p. 233).

Enter: Viagra

> "Erection problems are very common and are now understood to be a real medical condition that can be treated. Many men are suffering in silence when all they need to do is talk to their doctor" (Pfizer pamphlet for NZ consumers, 2000).

In the late 1990s, sildenafil citrate, a drug initially designed for the treatment of cardiovascular problems, was found to have unanticipated 'side effects' for men: it catalyzed erections. This 'discovery' resulted in a flurry of clinical trials and an unprecedented demand for the drug (Russell, 1998). It was also accompanied by claims that increasing numbers of men were suffering from erectile difficulties and seeking treatment.

In western medical discourse, the 'healthy' and 'functioning' male body must be capable of producing 'normal' erections which deliver sexual satisfaction (via penetrative sex) to both the man and his (female) sexual partner; loss of 'erectile function' becomes synonymous with loss of manhood or masculinity (Potts, 2000). Viagra is represented as a tool capable of 'fixing' the broken male machine (Loe, 2001).

Critiques of the medical model of sexuality

Critics have long argued against the deterministic and reductionist view of bodies, 'health' and 'illness' espoused by medicine (Tiefer, 1995; Birke, 1999; Good, 1994; Grace, 1998, 2000). In addition, critiques have focussed on the way in which Western medicine is predicated on a dichotomous distinction between the 'normal' and the 'pathological' (Canguilhem, 1989). This framework for the definition of disease or dysfunction depicts 'difference' as pathological. For example, feminist biologist Lynda Birke (1999, p. 27) argues: "Within the narratives of biomedicine … celebration of difference is minimal or non-existent". Any departure from the 'norm', as determined by the medical perspective, enters "the realm of the pathological, not the worlds of 'difference'; [such bodies] are machines that break down" (Birke, 1999, p. 27). Constancy is presumed to represent normalcy, while fluctuations and deviations are rendered abnormal or indicative of 'disease processes' (Birke, 1999). This is also apparent in the uncritical application of the human sexual response model; 'healthy' and 'normal' sexual experience is restricted to an individual's correct physiological progression through the various stages of the cycle (Potts, 2002). Canguilhem's critique (Canguilhem, 1989) highlights how the 'normal' is not intelligible in its assumed statistical sense, but is rather fully embued with social processes involved in establishing relative value, and is thus constituted through the politics that inevitably accompany such processes.

Feminists have critiqued the privileging of masculinist metaphors—and male bodily experience—in medical understandings of 'normal' and 'healthy' sexually functioning bodies (Jordanova, 1999; Maines, 1999). For example, Nicolson (1993) has identified three prevalent discourses operating in medical and sexological constructions of 'normal' sex: a reproductive model of sexuality (that is, the privileging of biological, procreative aspects of sex), a coital imperative (the notion that penile–vaginal sex is the most 'natural' and

'usual' form of sexual activity), and an orgasmic imperative (the idea that orgasm—particularly male orgasm—is the goal towards which all sexual activity is directed, and the measure of 'successful' sex). Medical constructions of 'normal' (and 'healthy') sexuality adhere to ideas of sex as a 'natural' act (for human reproduction), involving heterosexual coitus and ending 'properly' in (male) orgasm/ejaculation. Accordingly, 'sexual dysfunctions' are constructed in opposition to these beliefs about 'normal' sex (Boyle, 1993).

The phenomenon of 'medicalization' itself has also been interrogated (De Ras & Grace, 1997; Tiefer, 1995; Winton, 2000). Tiefer (1995, p. 159) defines medicalization as "a major intellectual trend" of the 20th and 21st centuries, "a gradual social transformation whereby medicine, with its distinctive modes of thought, its models, metaphors, and institutions, comes to exercise authority over areas of life not previously considered medical". The medicalization of sexuality valorizes scientific and medical 'solutions' to sexual concerns; such interventions are constructed as more effective and efficient as they target for rectification the taken-for-granted chemical and physiological processes of the body (Loe, 2001). Pharmacological agents such as Viagra (sildenafil citrate) are seen as unproblematically re-installing erections and permitting the resumption of penile–vaginal sex in heterosexual relations (Potts, Gavey, Grace, & Vares, 2003).

In this paper, we report on aspects of a qualitative study based in New Zealand investigating the socio-cultural implications of sexuopharmaceuticals like Viagra. We show how both the accounts of men who use Viagra and of women whose partners use Viagra, testify to a diversity of responses related to male and female sexual experiences and the use of sexuopharmaceuticals for erectile difficulties. They thereby complicate the authority of the medical model to reduce bodies, 'sexual responses', and sexual difficulties to essentially physical phenomena able to be readily 'fixed' through physical means.

Methodology

Sample

In early 2001, advertisements calling for participants for an independent national study on the social impact of Viagra (funded by the Health Research Council of New Zealand) featured on radio and in local newspapers and popular magazines throughout the country. In response to these advertisements, 33 men volunteered for a study on men's experiences of using Viagra. With the exception of one man who had experimented with Viagra for recreational purposes (MP33), the men had all been prescribed Viagra by medical professionals for the treatment of erectile difficulties.[1] Their ages ranged from 33 to 72 (average age 60). Twenty-seven women volunteered to take part in a study focusing on the experiences and perspectives of partners of men who used Viagra; their ages ranged from 33 to 68 (average age 53). Participants came from a variety of occupations and socioeconomic backgrounds; the majority were Pākehā (i.e., non-Māori New Zealanders, of European descent) and heterosexual.

Procedure

Individual interviews took place in different locations throughout New Zealand between April and September 2001. Participants chose to be interviewed in their homes or at the local university by a member of the research team; four participants were interviewed by phone. A third of the men were interviewed by a male interviewer, Philip Armstrong. Interviews lasted between 1 and 2 h, and followed a semi-structured format, focusing on participants' perspectives and experiences of erectile difficulties and Viagra use within relationships. For example, topics covered included: the psychological and physical impact of sexual difficulties and their medical treatments for men and their sexual partners; the impact of Viagra use—and the existence of sexual difficulties—on sexual relationships or sexual encounters (including an exploration of issues such as consensual sex, coercion within sexual encounters, safer sex practice). Appropriate Ethics Committee approval was given for the research, and informed consent was obtained from men and women prior to participation. All interviews were audio-taped and transcribed in full.

The research team conducted repeated close readings of the transcripts to identify key themes related to the experience of sexual difficulties within relationships and the use of Viagra or similar medical interventions. We noted a great diversity of responses and experiences among participants, which we discuss in this paper in relation to two key dimensions: the ways in which men and women challenge the idea of 'sexual dysfunction' itself; and the ways in which their stories also disrupt the notion of Viagra as 'a quick fix' for erectile difficulties.

Transcription conventions

When presenting extracts from interviews in this report, we have omitted word repetitions and all speech hesitations (i.e., all terms such as 'um' and 'ah'). The presence of three consecutive dots [...] indicates a portion of speech has been cut. The abbreviation 'FP' refers to 'female participant'; the abbreviation 'MP' to 'male participant'.

[1] Viagra is a prescription-only drug in New Zealand.

Participants challenge the idea of 'sexual dysfunction'

> "Erectile dysfunction is a medical condition" (Pfizer pamphlet targeting NZ consumers, 2000).

While the narratives of some participants were firmly positioned within a medical framework, and accepting of the portrayal of erectile difficulties as part of a 'disease process' or 'disorder' of the male body, others did not subscribe strongly to this perspective; some men and women explicitly resisted the idea that erectile difficulties were 'abnormal' or 'dysfunctional'. In this section, we present a variety of viewpoints and experiences that challenge the medical representation of erectile difficulties as a form of 'sexual disorder' signifying a 'faulty' male body. We demonstrate how people may instead understand erectile difficulties—and consequent changes to sexual activity—as part of a 'natural ageing process'. We show, also, how some participants' accounts disrupt an assumed association between erectile difficulties and poor quality of life (often presumed to relate to a sense of 'failed' masculinity).

Erectile changes: a 'natural part of ageing'

> "You should see your doctor for treatment. You don't have to put up with erection problems, no matter what age you are" (Pfizer pamphlet for NZ consumers, 2000).[2]

In direct contrast to the implication in this drug promotional material, not all participants described erectile changes as signifying a form of pathology. Some men discussed how they were accepting bodily changes in general, not just erectile changes, associated with ageing:

> MP22: I think you've got to recognize that … as you get older you've got less physical ability, you can't walk as far, as vigorously … and the same with sex, you've got to accept it … I don't treat it as negative because I think … I just accept it as a fact. I think your drive diminishes as well, the need to have sex as frequently. In both of you.
>
> MP23: I accept that life is slowly coming to an end, sort of the body itself is … noticeably less strong and I'm less active and … at my age you just have to accept that, that you're becoming a geriatric and you're becoming less active in a lot of areas and it's not unpleasant, you use your mind a lot more and … in a much more peaceful fashion than I used to use it.

One woman argued that erectile changes should be accepted, rather than 'revitalized' through medications such as Viagra.

> FP19: My feeling is there's so much hype and publicity about Viagra and how it's going to revitalize … but I feel when you have that sort of condition you've got to learn to live with it. I never see anyone saying we can do without Viagra … The publicity is all for 'Viagra's doing this wonderful, wonderful work' and so on …

Another woman went so far as to suggest that the publicity surrounding 'erectile dysfunction' had actually created a sense of 'inadequacy' in older people:

> FP25: Up until Viagra … nature took care of it and men's ability went down equally with women getting older, losing the same desire that they had when they were young women … I think Viagra has made a lot of people feel inadequate … everybody's on the defence about how often they have sex and so on, in the older age group.

These participants frame decreasing sexual capacities, and other bodily changes, as part of 'normal' aging. Some are also critical of the pathologization of these changes as a 'dysfunction' which requires medical treatment. The life changes associated with aging are not only preferable for some participants, but also 'pleasant'. Arguably, it is the medicalization of sexual dysfunction which aids in the construction of feelings of sexual inadequacy for some couples. In the authors' view, this is clearly an 'outcome' of the promotion and use of Viagra which needs further attention.

Erections, Viagra and masculinity

> "[W]hile the problem is not life threatening [erectile dysfunction] strikes at the very essence of what it means to be a man and can affect your confidence, self esteem, health and happiness" (Pfizer promotional material targeting NZ consumers, 1999).

Despite the drug manufacturer's universalizing assumptions about the relationship between erections and masculinity, participants reported a variety of responses to the significance of erections in their life, and to the onset and persistence of erectile difficulties. In some cases, difficulty obtaining or maintaining an erection was described as a devastating experience that had

[2] Currently, direct to consumer advertising of sexuopharmaceuticals is permitted only in New Zealand and the United States. Drug company promotion of Viagra in America involves images and messages that are similar to New Zealand advertising (see Mamo & Fishman, 2001, for an analysis of Pfizer's advertising campaign in the USA). We intersperse this paper with excerpts from advertisements occurring during 1999–2000, as these were relevant at the time of the interviews, and participants were familiar with the campaign taking place over this period.

profoundly affected a man's sense of self-worth and quality of life. Such narratives tended to be associated with the perception of losing one's masculinity, which was associated with an 'inability' to 'perform' sexual activities such as penile–vaginal sex.

> MP23: I think it's a bit of a shock to the system as a male ... hits a bit at your male ego, your image of yourself ...

> MP11: In terms of getting an erection ... I see that as the ultimate, however I'm mindful of course that there's lots of other ways that you can have some fulfillment sexually, but I don't really look for any other erogenous parts of me ... I just simply couldn't see a life without it in that sense ...

Women, too, conveyed how they imagined experiencing erectile difficulties would affect a man in detrimental ways

> FP5: I mean it must be sort of the core of a male not to be able to have an erection, I mean what worse thing could overcome you? ... I think that takes away their feeling of ... being completely male [and] that they can't fulfil a relationship.

Not surprisingly, therefore, the restoration of erections via Viagra was viewed by some participants as positive, and even life-saving:

> MP31: Knowing that your, well I suppose your manly attributes aren't working ... I think it plays tricks, it *does* affect your mind, there's no doubt about that ... You don't feel really fulfilled as a man sort of thing I think, that was the biggest problem ... I know when Viagra works ... when it does come up you feel good in yourself, really, in your own mind ... You feel good about the whole thing and everything goes that much better ... It's been a godsend for me, *absolutely*, yeah I don't mind admitting that ... I think I'd probably be in quite a depressed state if ... I couldn't use it.

In contrast to the accounts of men who had been negatively affected as a result of experiencing erectile difficulties, other men commented that they had not suffered a loss of self-esteem, nor had their sense of masculinity been compromised:

> Annie: [Did it] have any sort of effect on how you felt about yourself as a man when you were experiencing difficulties?

> MP4: It didn't bother me a hell of a lot there no, the only bother I had was not being able 'to do the job', but as a man, no ... as far as the *manly* thing goes ... I do feel some of these fellas do get a bit carried away on that ... Loss of manly hood and all that rubbish.

The stories told by those who had undergone radical surgical procedures for prostate cancer tended to prioritise the restoration of general health and well-being over the restoration of erections and the ability to resume coital sex.

> MP30: When I had surgery ... I think I was warned by the surgeon that I might be completely impotent [because the tumour] was getting a bit extensive ... So the first thing of course is save your life and get over it, you know ... do without sex if I can save my life.

One man made a distinction between the 'sexual' and the 'masculine' components of erections when making a decision about treatment options for prostate cancer:

> MP1: When I was given the options of surgery ... the sexual side of it did come into it ... but never the male side of it, and the sexual side only came into it inasmuch as that, if it was available to me I would take it ... The most important thing was to get rid of the cancer and I wanted to have the most effective way of doing that ... the fact that [there was] a possibility of never obtaining ... erectile function at all didn't worry me ...

A very different story was relayed by another man who had commenced using Viagra to assist erectile difficulties *prior* to being diagnosed with prostate cancer. He had refused a potentially life-saving operation to remove the cancer, stating that he preferred to maintain the 'new' sexually active lifestyle Viagra offered, rather than risk losing this as a result of prostatic surgery and the possibility of more severe difficulties.

> MP21: I've developed prostate cancer and the doctors want to operate of course. I won't let them ... so that's something ... If I had *not* [been] having sex, well, OK maybe they would have talked me into having the operation.

> Philip: Why you don't want have the operation?

> MP21: Well, if you have the operation that's the end of sex, they tell me ... you've got a sixty percent chance I think of being impotent, and about the same of being incontinent as well, and that doesn't appeal to me *one* little bit ... Going without [sex] for so long [I'm] just *really* thrilled that I'm having *really* great quality sex ... I think sex is just keeping me alive virtually ... you could say I live for it ...

Conversely, some men spoke of the positive aspects of living with on-going erectile difficulties. For instance, one participant who had tried Viagra and then chosen not to continue using the drug (for health reasons), had volunteered to participate in the research in order to discuss how he did not frame his experiences of

semi-erections and penile flaccidity as 'dysfunctional'. This man was now exploring different aspects of his sexuality and he viewed this as a positive outcome of being *unable* to 'invest' in Viagra: rather than 'reverting' to previous bodily pleasures which he explained were focused on the penis and penetrative sex, he was now enjoying experimenting with other erotic zones of his body. Moreover, he considered this experience to have improved his sense of being a man.

> MP8: In fact I think I feel more masculine than I ever have … because I've found the whole me.

Male erectile disorder in medical discourse is defined according to the hydraulics of the ('faulty') penis in relation to the human sexual response cycle. The ability to produce an erection that is hard enough (and stays long enough) for penetrative sex is the measure of 'sexual well-being' as a man (Ussher, 1997; Potts, 2000). However, these participants express a variety of understandings and experiences relating to erections and sexual experience. Such diversity confounds a simplistic biophysiological model of 'penile' (and sexual) functionality and dysfunctionality.

Participants complicate representations of Viagra as a 'quick fix'

> "Viagra: Love life again" (Pfizer advertisement, NZ Listener, 2000).

Viagra has been promoted as a 'quick fix' or a 'magic bullet' for erectile difficulties (Loe, 2001). This representation is assisted by the prevalent division in western culture of human subjectivity into mind (psychological) and body (physical) components. Accordingly, the medical model views an individual man's 'physical', bodily sexual responses as distinguishable from his 'desires'; if anything, medications like Viagra are understood to facilitate the 'matching' of a man's taken-for-granted sexual drive - his never-failing 'need' for sex - with his bodily capacity for (penetrative) sex (which has 'failed' in some sense). As a physical remedy, Viagra is portrayed as a fast and easy solution to the threat of 'impotence'. However, participants' accounts challenge the idea of Viagra as a 'quick fix' for erectile difficulties - and affected sexual relationships - in a variety of direct and indirect ways, as the following examples demonstrate.

"Is it 'needed'? Does it 'work'?"

> "Viagra improves erections regardless of aetiology" (Pfizer promotion targeting NZ physicians, 1998).

The majority of men taking part in this study relayed that use of Viagra had precipitated some change in their erections. However, for several men, Viagra simply had no effect:

> MP17: I got the pill [and] it didn't make any difference … I just thought it was a bloody joke really … The ads in the paper sort of make it the-be-all-and-end-all of all things, take a pill and you're happy.

A couple of men discussed how use of the drug produced desensitised or 'numb' erections that detracted from sexual pleasure:

> MP30: I get an erection but it's almost like it's had a little bit of local anaesthetic or something, gone a little bit numbish, which possibly doesn't help the pleasure side of it in some ways because it's not maybe quite as sensitive from that point of view … That's just one thing I've noticed [using Viagra].

Other participants noted how the effectiveness of Viagra had declined over time:

> MP23: I don't think it's working as well now as it did when I first took it, it's still working and it's not lasting as long … and it's fairly expensive. I'm not keen to experiment with taking more or a large dosage of it and … I accept the clock's ticking and it's not going to be forever, yeah.

In contrast, some participants had noticed lower doses of Viagra were now required to produce an erection, or that they needed to use the drug only intermittently.

> FP3: In the last month, actually it has been very odd … because we have found that we don't always need it [and] it is really quite effective up in the cupboard. Without being used. So that while we imagined initially that we would always have to use it, and make arrangements and allocate some time, in fact we don't …

A few men (and their partners) considered Viagra to be "a tool" or a "means to an end", and were not keen to continue using the drug long-term; they were attempting to "wean off" Viagra. Several participants also voiced interest in experimenting with a placebo to see what effect this might have. A few men explained that they felt Viagra had helped to "rewire" their penises, or their 'neural capacity' for erections:

> MP1: To regain erectile process … the brain has to rewire the nerves back into the penis again somehow … You've got to train it, you can't just assume it's going to happen and you got to practice at it, so it's one of those things you've got to be doing on a regular basis. It's like any other muscle, if you don't

use it you lose it, same as your brain, so it's a matter of being able to do that … And so Viagra just was a tool towards that … and I believe it just speeded the whole process up … As far as the actual drug is concerned, it was a tool … a means to an end.

MP27: Plus I think that once you get more confidence with your sexual performance by using Viagra, it might make you better *without* using it sort of thing ... Whether it's the Viagra helping you along or whether it's just something [that's] made you feel happy with yourself … I think this possibly would be a case [that] you could wean yourself off it a bit.

Experiencing erections without the help of Viagra was viewed by some participants as a 'triumph' of sorts:

FP3: When you can have successful intercourse without it, *it is a real triumph*. It has an edge, because somehow we did it ourselves … If you can do without [Viagra] there is an element of triumph, that sort of "ha ha ha we don't need you", which is a stupid way to look at it, but it is a kind of personal triumph.

In contrast to the claim that "Viagra improves erections regardless of aetiology", the narratives of these participants draw attention to a number of neglected issues. A few men reported that Viagra "did not work" for them, and for some others it appears to decrease in efficacy, and may also decrease penile sensitivity. Some participants indicated that they would have liked these issues raised in the advertising material and/or by their doctors.

Psychological addiction

Several participants, both men and women, commented that they were fearful of being reliant on Viagra, of men becoming 'addicted to' the drug for sex.

MP19: My only concern is that I've become maybe dependent on it mentally and so I've tried several times without and I've had some success without but mainly I prefer to use it, I think it's just a back-stop.

MP21: I know without it, I run the risk of it falling over [and] so I guess I'm probably a bit frightened of *not* taking it …

FP7: He's addicted to it, I mean he won't … we won't have sex unless he's had the pill … There were problems in our marriage because of erectile dysfunction beforehand … but the problems became much bigger when he started using Viagra.

MP33: It took about six months for me to gain self-confidence again and I did it because I knew … that I *had* to get over it, and it wasn't easy ... I suffered from performance anxiety a couple of times and … I wouldn't allow—after the first few weeks of enjoying it and having it—I wouldn't allow myself anymore for a few months because I knew I was psychologically hooked ... Viagra was … more addictive than heroin I reckon … [I think people] get performance anxiety more than what they ever did before they took it.

For some men, Viagra operates as an 'insurance' drug (Trebay, 1999, p. 38), or a 'backstop' (MP19), however, for others this can blur into dependence or 'addiction'. For these participants Viagra then becomes more of a 'problem' than a 'solution'. In the authors' view, this runs counter to advertising claims which offer Viagra as an easy solution or a 'quick fix' for erectile difficulties.

Detrimental effects for women

"Partners confirm a significant improvement in patients' ability to achieve erections and maintain them for successful intercourse" (Pfizer promotional material for NZ physicians, 1998).

"Because of his courage we're even closer together" (Pfizer advertisement targeting NZ consumers, 2000)

The stories of the female sexual partners of men who use Viagra reflected a mixture of experiences. Some women had prompted their partners to seek medical help and to take Viagra. Many women advocated the use of Viagra to assist a man to 'restore' his sexual confidence and self-esteem.

FP5: It doesn't disturb me at all that he has to use Viagra, because to me, every male … thinks the world is ended I suppose if they can't have a sexual relationship, and I think it's the most wonderful thing out for human beings that this pill has been developed to help men …

However, even within such accounts endorsing Viagra use, there were often alternative 'stories' about the less positive aspects, particularly for women, of a partner's use of Viagra. For example, women mentioned various direct and indirect 'pressures', which they experienced once a partner commenced using Viagra. Some felt pressured to engage in sexual relations once a man had taken Viagra (usually for a partner's sake or to avoid wasting a tablet); some felt they should show a desire for penile-vaginal intercourse following Viagra use, even though they would have preferred non-penetrative sexual activities. A few women commented that they had been satisfied with their sex lives prior to the advent of Viagra and the changes brought about by a partner's use of the drug were not welcomed. Some participants also voiced disconcerted reactions to the new demands

placed on them by a partner discovering his 'rejuvenated' sexuality. We discuss the detrimental effects for partners of men who use Viagra in detail elsewhere (see Potts et al., 2003).

Viagra: fixing 'broken' relationships?

> "For years, erectile dysfunction has kept them apart. Now you and Viagra can help bring them back together" (Pfizer promotional material for New Zealand physicians, 1998)

> "Viagra: helping to restore relationships" (Pfizer advertisement, *NZ Sunday Star Times*, 2000).

Pfizer's promotional material indicates that Viagra helps to restore 'broken' relationships. For some of the participants in this study, however, the concept of a 'broken' relationship as a result of 'erectile dysfunction' was not applicable. Despite on-going erectile difficulties within their relationship, this woman did not feel disadvantaged:

> FP14: It's actually probably made it better ... You try other things as well, because it's not that easy, so you do more of other foreplay and all sorts of things … so it actually probably has improved things, rather than not ... I guess we are doing different and more things than we were doing before … You stimulate each other more in lots of different ways …

While drug company advertising tends to suggest the effects of Viagra for relationships are all positive, our analysis suggests this rosy picture may conceal the possibility of other potential implications that could be threatening to relationships. Both men and women in this study voiced concern about how the use of this drug may encourage men's engagement in sexual encounters outside a primary relationship—without a partner's knowledge. Such 'infidelity' was usually attributed to a man's newfound sense of youth and virility associated with the restoration—and in some cases, enhancement—of erections, and, by association, masculinity. One man talked at length about how, since he began using Viagra, the possibility of his embarking on affairs with other women had profoundly affected his long-term relationship. He described how an environment of "suspicion" had developed due to his partner's belief that she was no longer able to satisfy his new sexual expectations, and her fears that he would be seeking satisfaction outside their relationship.

> MP27: I can understand how a lot of women would think this, especially women as they get older. They're happy with their lot but all of a sudden they find that their old man, and in some cases the old, old man … he's found his youth again. They get concerned about him, what he's up to and where he's going … My partner … has mentioned that [but] just as a joke … but 'oh god, there's no holding you back now' sort of thing, you know … she's trying to suss me out, I'm trying to suss her out … I'm just quoting us because we must be the same as thousands of others that are going through the same … I'd say that it's improved a lot of marriages … but then again there must be a hell of a lot of marriages have been broken up by it.

In fact, several men we interviewed had, since using Viagra, experimented sexually outside their primary relationships. All of these men were having sex with others without their primary partner's knowledge. One man admitted that "Viagra had played a crucial part in the changeover" from monogamous sex with his wife to encounters with 18 different partners in one year.

> MP19: The Viagra's got a really critical part in the changeover [to having sex with many different partners] …What it did was suddenly of course I started wanting sex a lot more often, this new found toy to be able to … it was quite dramatic, it's physical effects are incredible … you could be completely unemotionally involved and yet still have a rock hard erection, it's incredible. So you can switch off and on mentally very easily, because you're not remotely concerned about any of the physical side of it … it's happened before and the erection stayed there and been able to finish the job as it were.

He explained that while he no longer found his wife sexually attractive, with the help of Viagra he was able to 'endure' sex with her.

> MP19: Viagra helps but [sex with my wife] becomes a bit like a battery hen, you know, it's ho-hum here I am performing again … So what started off as purely a sexual thing [with other women and men], it was really experimentation that here I had this new weapon as it were … naturally [I] was very keen to explore its parameters … my wife clearly knows nothing … I don't want her to know, there's no need for her to know, it's really me that's exploring at this point. And the catalyst? The common denominator? It's the little blue tablet.

Speaking from their experience of working with heterosexual couples using Viagra, sex therapists Wendy Stock and Charles Moser (2001, p. 157) caution that Viagra may provide "a medicalized escape from intimacy" for some men—a kind of "chemical bypass" (2001, p. 153)—or a tool that allows "men to continue to function as machines in their presumably intimate relationships", and permits both partners to avoid addressing other factors which may be causing or contributing to sexual difficulties. As this participant testifies, he used Viagra to ensure he could 'perform'

sexually with his wife (whom he did not desire) at the same time as he experimented with other women and men (some of his partners were casual encounters; he also visited certain sex workers regularly).

The significance of intercourse

> "Viagra improves intercourse success rates"
> (Pfizer promotional material for NZ physicians, 1998).

Medical classifications of sexual disorders reflect an assumption that penile–vaginal sex is the most 'normal' and 'natural' mode of relating sexually (Potts, 2002; Fausto-Sterling, 2000). 'Male erectile disorder' is constructed in accordance with such a coital imperative, as are other 'sexual dysfunctions' such as dyspareunia (defined as pain during or after sexual intercourse) and premature ejaculation (determined according to 'when' ejaculation occurs in relation to penetration). It is in the authors' view not surprising, then, that Pfizer's New Zealand website features a "sexual health inventory for men" which appears to be based only on their experiences of satisfaction in relation to erectile capacity for penetrative sex (see www.viagra.co.nz).

Despite a tendency to emphasize, in both medical accounts and pharmaceutical company advertising, the accomplishment of penetrative sex as the measure of 'successful' sexual relations, not all participants in this study were using Viagra to this end; and some of those who were taking the drug in order to engage in coital sex did not necessarily consider this practice was the "be-all-and-end-all" of sexual activities.

> MP27: It's not the end-all to have an erection, you know, whereas I thought I had to, now I know that [it's] not that important, you know … What's sort of came through with us is that … the anxiety's not there for me to have an erection much because we can both enjoy it without the Viagra ... The books tell you sort of thing that … the idea of a hard erection is to make penetration and all that, but it's not necessary … A woman's main sort of turn on is pretty close to the surface sort of thing and this idea of having a massive great penetrating erection [small laugh] is not necessary for good sex … I mean there's no need even to have penetration at all for good sex, if you've got the right person to have it with.

> MP23: [Sex] is more … peaceful, more … stroking, feeling, skin contact, we're very much in tune with each other ... The penetration is not nearly as important now, we both get into bed in the nude … and spend a long time stroking and she got a Chinese back scratcher that I scratch her back with … I quite like running my fingernails and fingertips and things all over her and as I say we waste a few hours sort of at times on that.

Several couples volunteered for the study in order to talk about the positive outcomes of on-going erectile difficulties (which, it should be added, were not necessarily referred to as 'difficulties' by these participants). The persistence of non-erections in a relationship prompted partners to explore alternative modes of relating sexually:

> MP13: Matter of fact … in some ways our sex life has been, in a *different* way, better since … It was a matter of adapting to suit the occasion rather than giving all away, which I suppose … some people give it all away, but we were determined not to … And she can get me to a climax and sort of keep me going, you know, far more than I used to before ... so in that way the sex is … different and arguably better than what it was before.

> MP20: One positiveness in this I've got is I feel you actually have to rely on that extra mental closeness, if you know what I mean? … You know, I've read books where they say, you know, for good sex life what you do is you have times where you basically tape your penis to your leg and don't use it, you know? [small laugh]

This decentering of the erect penis from sex challenges the 'coital imperative' implicit in the medicalization of male sexuality. We conclude that, although the erectile dysfunction 'industry' attempts to reinforce normative sexual expectations (Marshall, 2002, p. 138), the experiences of erectile difficulties for the men in this study disrupt the very notion of 'dysfunction'. Non-penetrative sex for MP13 has, in fact, been 'better' than penetrative sex (prior to experiencing erectile difficulties).

Conclusions: Diversity disrupts 'dysfunctionality'

The medical model of male sexuality assumes the universal application of the sexual response cycle and therefore the commonality of experience of the separation of desire, arousal, and orgasm; the imperative of orgasm; and the centrality of penetrative intercourse for men, masculinity and sexual relationships. Our analysis of the accounts of men in this study, who have experienced erectile difficulties and women whose partners have experienced such difficulties, indicates, however, that the assumption of such universality lacks empirical support and we argue that this very assumption is ideologically implicated in normative, medicalizing processes establishing 'dysfunction'. The results of this research suggest that there is no standard experience of a 'functional' erection, even less so a 'dysfunctional' erection; there appears to be no necessary relationship between a particular kind of erection and a satisfying

sexual relationship; and there is no definitive view of what constitutes 'normal' masculinity or 'being a man' in relation to erectile 'functionality'. The analysis of the stories of these men and women demonstrate a variety of 'meanings' and 'significances' attached to erections and erectile difficulties (for individuals and within the context of relationships), and a diverse range of experiences associated with the use of Viagra.

The medical model homogenizes the diversity of sexual experiences. The human sexual response cycle effectively establishes a norm, what is 'normal', and as such diversity is problematized or pathologized: similarity (sameness), stability and consistency are privileged over difference and flexibility; the universality of models such as the human sexual response cycle is unquestioned; and the significance of penile erections, penile–vaginal sex and orgasm as markers of 'healthy', 'normal' and 'functional' sexuality is taken-for-granted. Those whose desires and experiences are outside such normative imperatives are likely to be pathologized—classified as 'abnormal' or 'dysfunctional'. However, as some participants convey, experiencing erectile changes and experimenting with non-penetrative (and non-erection sex) may be changes to accept, or even *celebrate*, rather than 'conditions' they suffer from and seek remedy for.

In contrast to drug company advertisements depicting a conventional Viagra 'success' story—a narrative of 'separated' couples being 'reunited' through medication—our analysis of the interview transcripts suggests there is no predictable outcome of Viagra use. The 'multiple stories' of Viagra users are not always relaying the reparation of suffering relationships; in some cases in this study, the advent of Viagra within a relationship caused tension, anxiety, and distance. In our view, the accounts of these participants show that the drug does not produce a singular effect or response; instead, it is our conclusion that Viagra produces different effects and experiences—bodily, emotional and relational—for different individuals, and impacts in a variety of ways on relationships. Thus, the narratives discussed in this paper both complicate and challenge medical understandings of a 'universal body' and its accompanying categorization as either normal/pathological, and in our view raise crucial issues for those involved in/concerned about the 'sexual performance perfection industry' (Bass, 2001, p. 338).

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