

March 2005

Viagra: Medical Technology Constructing Aging Masculinity

Gregory Gross
College of St. Rose

Robert Blundo
University of North Carolina at Wilmington

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Gerontology Commons, Medicine and Health Sciences Commons, and the Social Work Commons

Recommended Citation

Gross, Gregory and Blundo, Robert (2005) "Viagra: Medical Technology Constructing Aging Masculinity," *The Journal of Sociology & Social Welfare*: Vol. 32: Iss. 1, Article 8.

DOI: <https://doi.org/10.15453/0191-5096.3051>

Available at: <https://scholarworks.wmich.edu/jssw/vol32/iss1/8>

This Article is brought to you by the Western Michigan University School of Social Work. For more information, please contact wmu-scholarworks@wmich.edu.

Viagra: Medical Technology Constructing Aging Masculinity

GREGORY GROSS

The College of St. Rose

ROBERT BLUNDO

University of North Carolina at Wilmington

Medicalization and commodification of the body through technology in the form of Viagra and other erectile dysfunction drugs is reinforcing the cultural expectations that ageing men are required to age well to maintain youthful masculinity. Ageing well is explored as it relates the construction of masculinity, sexuality and ageing men's bodies.

Key words: *aging, masculinity, men, bodies, sexuality, cultural expectations*

Old age is full of death and full of life. It is a tolerable achievement and it is a disaster. It transcends desire and it taunts it. It is long enough and far from long enough.

Ronald Blythe, 1979, p. 29

[The male organ has been seen as many things over the course of history], both noble and coarse. The penis was an icon of creativity; it was the link between the human and the sacred, an agent of bodily and spiritual ecstasy that hinted of communion with the eternal. Yet it was also a weapon against women, children, and weaker men. It was a force of nature, revered for its potency, yet just as amoral. It tied man to the cosmic energy that covered the fields each year with new herds and crops—and just as often destroyed them. The organ's "animal" urgency didn't trouble the ancients. Didn't the gods combine the human and savage in their own amours? All these complexities and contradictions, the very unpredictability of life itself, were embodied by one body part above all in antiquity—the penis.

David Friedman (2001)

Introduction

The demand that little boys give up their dependency for a masculinity based on dominance and performance continues to have many consequences for the aging man. Boys start the process of discounting nature and human connections and in the end their own humanity and sense of dignity in the face of aging and dependency. The construction of masculinity within the dominant American culture is based on independence and competition and central to this masculine construct is youthful energy and physicality. Masculinity requires not only success in the competitive world of work but sexual dominance and prowess for men to maintain their "youthful" masculine identity. Aging men are faced with not only the inevitable fact of aging but with the social constructs of what that means to them or should mean to them from a society that is oriented toward youth. The paradox for men is that even though "ageism" has been attacked and challenged, in reality it still exists and is deeply engrained in our youth oriented society. In its place has come the "aging well" or positive ageing agenda whereby society still derides those who do not "age well." Men are now faced with aging that must have the air of youthfulness and vitality, and this includes sexual performance.

Viagra and the newer erectile dysfunction drugs are a part of this increasing expectation that has very quickly become a cultural phenomenon spread across the mass media. Viagra has entered into the mainstream of conversations and is a part of American culture. This paper explores the medicalization and commodification of men's sexual functioning and its impact on aging men and their sense of masculinity.

A Culture of Aging Well

As in most life matters today, the meaning of what it is to "age" has been turned over to the professional, in this instance the geriatric social worker, urologist, gerontologists, geriatric medical specialists, and economic interests. Over the past century "old age was removed from its ambiguous place in life's spiritual journey, rationalized, and redefined as a scientific problem" (Cole, 1992, p. xx.). Medicalization and commodification now provide the

"scientific" management of aging. The concern produced is not only with understanding and controlling the aging process, but expectations that one must "age well" as if "aging" was merely a disembodied process that can be managed and kept at bay. The consequence of this scientific enterprise has been to find out how to treat illness and diseases that afflict the person as he ages and it has extended the life expectancy and produced better health for many. This rational approach has paralleled the critique of "ageism" which proclaims that chronological age does not determine the quality of one's life. The assumption is that older people *should* be physically healthy and sexually active.

Both men and women are now presented with a culture that does not see growing old as a natural process, as part of the human condition, but a "problem" to overcome. There is a demand that men and women remain vibrant, healthy and functioning. When men or women show vulnerabilities or signs of aging, our social and personal constructs produce a level of contempt and hostility toward this physical and mental decline. In particular, contempt and hostility are directed at the physical consequence of aging in women (Susan Sontag, 1979). For men, the outer appearance of graying hair and lines can bring a "look of distinction" for a brief while. Men's aging vulnerability is most often focused on his sexual performance, his penis. Weak or nonexistent erections are a "secret" fear for most men as they age. The new culture of "Aging Well" for men means that an aging penis should still perform well. Within the past several years since the advent of Viagra and Senator Dole promoting erectile dysfunction as acceptable for prime time television, an enormous cultural shift is taking place that supports and promotes this cultural and personal expectation that all penises, regardless of age, should maintain a youthful performance standard.

Viagra Goes Mainstream Culture

Viagra and its rivals have entered the global narrative. Viagra shows up nearly everywhere. An EBSCO search on 5/15/04 turned-up no fewer than 751 items. For example, journals such as *Psychology of Women Quarterly*, *Science Now*, *Archives of Andrology*, *Women and Therapy*, *Sexual Relationship and Therapy*, and *Urologic*

Nursing. Surprising, though, are the large number and range of items in the popular press. *Time* and *Newsweek* did extensive coverage of Viagra, but then again so did *Outdoor Life*, *Advertising Age*, *Economist*, *Forbes*, *The Wall Street Journal*, *Business Week*, *Esquire*, *Good Housekeeping*, *Money*, *Popular Science*, *Brandweek*, *NEA Today*, *Chemical and Engineering News*, *People*, *Mediaweek*, *Consumers' Research Magazine*, *Discover*, *Asia Week*, *Civilization*, *Kiplinger's Personal Finance Magazine* and others. This explosive proliferation of media coverage heightens public awareness of Viagra and more important, gives Viagra a public blessing for discourse about the product and use of the product. A brief examination of the rhetoric of Viagra reveals ambivalence. The messages are mixed. Along with sober sounding titles, such as "Intracavernous Injections for Erectile Dysfunction . . . for Sildenafil Citrate" (*International Journal of Impotency Research*, 2002) or "Drug Aimed to Rival Viagra Posts Positive Clinical Trials" (*Wall Street Journal*, 12/10/02) are titles reflective of the underlying social significance of male erections through double entendre. Examples include "Hard times with Viagra" (*Advocates*, 4/29/03), "A Potent Breakthrough" (*Time*, 3/31, 03), "New Drug Keeps Sufferers Up All Night" (*Student BMJ*, 3/03), "No More Heavy Breathing" (*Outside*, 3/03), "Hard Facts" (*Men's Health*, 6/02), "Hot Products (*BRW*, 10/31,02), "Bigger is Better When it Comes to the G Spot" (*New Scientist*, 7/6/02), and "Bill and Maureen Would Like Their Sex Life Back" (*Choice*, 3/00). These titles with their "wink-wink, nudge-nudge" lighten up the subject of Viagra and impotence while at the same time noting that to use Viagra is still within the realm of ridicule and shame. Viagra has now entered the discourse on masculinity. The social construction of masculinity is now incorporating this public discourse into the cultural definitions of how men should perform sexually as aging men. Masculinity as a performance of expectations is reinforcing the dominant metaphor of masculinity, man as machine (Friedman, 2001; Gergen, 2001; Murphy, 2001.).

Social Construction, Language and Masculinity

Social constructionist theory suggests that through discourse and within a culture, people come to understand and know them-

selves. This is a continuous creative process through language and its many forms of expression. Language and discourse shape how we understand both ourselves and others in an ongoing interactional process (Lakoff and Johnson, 1980; Berger and Luckman, 1966; Shotter, 1993). Most important is the fundamentally metaphorical nature of language and conversation (Lakoff and Johnson, 1980). Connecting images of unrelated objects or ideas give a dynamic meaning beyond the physicality of a thing or object. George Lakoff and Mark Johnson (1980) believe that our metaphorical conceptual system of ideas and thoughts are not just thoughts but constructs that "also govern our everyday functioning, down to the most mundane detail" (page 3). Our cultural conventions expressed as metaphor tell us more than we understand one thing in terms of another. When Lorenzo Anello, the father in Robert De Niro's film, *A Bronx Tale* (Gatien, 1993), tells his son that he should be careful on this date because "sometimes the little head tells the big head what to do," Lorenzo has just introduced a very complex cultural construct about a man's penis as well as about the meaning of masculinity. Masculinity and the penis are inseparable. The notion that the penis has a mind of its own is a metonymy for the man, and in this case, can be the man's master. In this instance, the penis is removed from the body and given a separate life of its own. The penis takes on a certain independent instrumentality. That is, *it*, the disembodied penis, can do something and make something happen. In turn, having a mind of its own, it is seen as both a companion and an adversary. Given this metaphorical construction, men are left with both a lack of responsibility and a loss of control (Murphy, 2001). Yet, paradoxically, they understand the penis to be under their control and the penis [usually given a name by the man or sexual partner] is assumed to respond to the man's will and in many ways represents the man's prowess. Significantly, the penis becomes a much regarded part of a man's body over the man's lifetime and remains a central construct for aging men's masculinity.

The language constructs for what it means to be a man encompasses many metaphorical meanings. Man as machine (penis as machine, as a tool) is the most dominate metaphor in use. Peter Murphy (2001) describes this metaphor as conveying the

construction of a "cold, disembodied, efficacious piece of equipment"(p.17). He goes further to note that "true masculinity as a finely tuned, well-oiled, unemotional, hard, and cost-effective apparatus deeply informs the way we conceive of manhood" (Murphy, 2001, p.17). This leads to considering their sexual relationships as instrumental. That is, the penis as a fine working machine that rises to the occasion and performs "as a wrought-iron machine part ready to be turned on at the flick of a switch" (Murphy, 2001, p. 22). To not perform in this way means a breakdown, a defective machine, a failure and questions the masculinity of a man. Yet, medical science and the pharmaceutical industry have given men a way out. Medicalization has transformed the penis into a physiological hydraulic system out of man's control. There in lies the excuse, it's not a failure of masculinity or manhood but a break down in the mechanical system (Bordo, 1998; Tiefer, 1994). Now men can be free to find biochemical repairs that restore the performance level required for manhood.

Men's Response to the Aging Body/Machine

Mary Gergen (2001) offers some clues to how to begin to understand men's response to their aging bodies. She noted that in contradistinction to women, who see their bodies as "internalized, secret, and potentially polluted," men view their own bodies "especially their sexual aspects, . . . [as] externalized" for not only are the male genitals outside, external to the body, so too are men's experience of and meaning of those organs as body parts in the sphere of identity and the sphere of the social. Gergen (2001) notes, for example, that men view their bodies as machines that serve them in outer-directed means or arenas. Men's autobiographies, by way of illustration, unfold around career issues, with the body either independent of their career or a tool at his disposal for advancing that career. Often men do not mention this body at all except as a servant to the man-master who directs that body to the furtherance of non-bodily aims. In fact, typically men see their bodies as a taken-for-granted asset, like a heartbeat, to be confronted only at or near the point of its failure and then generally confronted via anxiety and denial.

While the body stands central in identity formation for a woman, the body should remain above and beyond concern for a real man (Gergen, 2001, pp. 73–79).

Gergen (2001) asserts that with aging and disability such constructions of the body-self play out in three primary scripts. The first carries a self-congratulatory theme (“I’m not is such bad shape for a fifty year old”); the second the begrudging theme (“My mind’s as sharp as ever but I’m going to pot fast”); the broken defenses theme (“Life has played a dirty trick on me. I’m gonna die”) (pp. 83–84). Any of these three scripts can inform the sexual self-narrative, especially in the middle to later years when men may begin to notice changes in over all physical abilities and, in particular, genital functioning. All three share in common a focus on performance, a reaction to their slowing of a well-oiled machine and as a challenge to this finely constructed sense of masculinity.

Aging men continue their pattern of relating to the physicality of self, a valuing of the body for what *it does* rather than for what *it is*. Therefore, it is the elements of stamina, strength, energy, sex drive and activity that is the central focus and “taken for granted” assumption of men’s identity (Franzoi and Chang, 2000, pp. 185–188). Aging men, for example, can become alarmed at a reduction of the force of urination, viewing this reduced force as troubling in and of itself as a form of functional deterioration and also as a precursor to the big one—impotence and, alas, death.

Since Eden the body has been constructed as part of nature that houses the self. “Once thought to be the locus of the soul, then the centre of dark, perverse needs, the body has become fully available to be ‘worked upon’ by the influences of high modernity” (Giddens, 1991, p. 218). The body as “object” and “mechanical” drives the contemporary self-view perhaps more than any other trait in our age of commodification and medicalization. Whether framed in terms of self-care, esteem building, or narcissism, no previous generation before today’s middle aged has spent as much time and money on reflection on the body-self, or its machine/self, its job-done self. Complicating that evolving complexity is technology that no longer simply helps the body but now *creates* the body and changes the body self as well as the body

culture. Dyens (2001) notes "From . . . the pierced teenagers of our cities, from concentration camp prisoners to victims of nuclear radiation, the twentieth century will be remembered as the body century, a century where the living body was blurred, molded, and transformed by technology and culture (p. 3).

Francis Fukuyama (2002) finds that discoveries in genetics, cosmetic pharmacology, and neuropharmacology along with our ability to decode and even alter DNA, and the rise of the use of psychotropic drugs have fostered three social trends: 1) the medicalization of almost everything, 2) the marketization of this medicalization, and 3) the expansion of the therapeutic realm to a variety of kinds of conditions (p.53).

Medicalization requires that a human situation be dichotomized into representing a "healthy" state or the opposite an "unhealthy state." Tiefer (1994) describes the process as a "gradual social transformation whereby medicine, with its distinctive ways of thinking, models, metaphors, and institutions, comes to exercise authority over areas of life not previously considered medical" (p. 365). The penis and its functioning has been in the process of medicalization for two decades now and with Viagra and other similar drugs has become a medical problem to be addressed through medical procedures.

Man's Closest Companion and Biochemistry

Prior to 1983, urologist had been waging an unsuccessful struggle with psychiatry for control of the field of male sexual functioning. Freud's ideas of psychogenic causes of male sexual problems had dominated up until a meeting of the American Urologist Association in Las Vegas when medical technology caught up. Dr. Giles Brindley, a British urologist, presented a paper on a new non-surgical method of "treating" impotence (Friedman, 2001). On the stage, he demonstrated his new findings by injecting his own penis as part of the presentation and paraded his pharmaceutically induced erection down the aisle for the urologists to see for themselves. That stroll down the aisle "gave birth to the newest idea of the penis: a totally medicalized organ stripped of its psychic significance and mystery and transformed into a tiny network of blood vessels, neurotransmitters,

and smooth-muscle tissue knowable only to a credentialed scientist . . . In this singular moment, human sexuality, the healing profession, and man's relationship with his penis underwent a huge transformation" (Friedman, 2001, p.255). It was now within the purview of the medical expert to set the standards of size and performance against which all penises would be measured (Friedman, 2001). Not only a medical standard but inherent in the standard is the cultural expectation for men's penises to "perform like power tools with only one switch-on and off" (Bordo, 1998, p. 90).

Viagra goes beyond prosthesis in that Viagra is not an add-on to the body. Yet it is more than a mere drug. Viagra changes penile functioning and in the end sexual functioning. The machine is improved from the inside, not merely lubricated as one might improve an engine on the inside. On the inside something happens to the machine to make it perform better than it had before. Although a physician plays a role in its use, the user of Viagra encounters this improvement not in the doctor's office and not just in the bed but also in the consumer realm as a commodity in the market place. "Defining and experiencing the body in a consumer world is less a matter of anatomical precision and unambiguous uniqueness and more a matter of . . . the site of style in postmodern culture" (Lyon, 1999, p. 81). Malleable and subject to all manner of alteration and enhancement, the body has become plastic and can substitute as the "real me," one's true self (p. 81). Thus, the use of Viagra may affect identity as well as relationships in a way not associated with other common drugs. Aspirin may free the headache but Viagra can awaken dormant longing. The relational history of the person or couple can appear to reverse course, bringing new expectations, demands for performance and pleasure. Polkinghorn (1988) warns that the personal life narrative runs the risk in old age of being little more than an epilogue. "Life is not over but the story is" (p. 106). Viagra thus offers a promise—or at least a shot—for a restoried life. The penis gets promoted because today the body is so well promotable. The body, as well as pleasure, has become a key resource for commercial exploitation in a market place that valorizes desire and its purchase (Lyon, 1999, pp. 84–85). "Life organized around consumption . . . must do without

norms: it is guided by seduction, ever rising desires and volatile wishes—no longer by normative regulation' (Bauman, 2000, p. 76). Men's sexuality has become "deprivatized" and has become a commercial entity, a commodity to be packaged and a demand created. This commodification has become a media entity, a series of social constructed signs or images that define and redefine the pill, the penis, their use, and in doing so, has consequences for aging men's sense of masculinity. In short, Viagra has also become a media event—topic of the talk show, artifice of the ad, and juice of the joke—and by extension, so has men's sexual performance.

Conclusion

This social discourse around Viagra and erectile dysfunction is shaping how ageing men understand themselves as men and as sexual men. The expectation continues for ageing men to think of themselves as sexual performers, reinforcing the notion of themselves as machines capable through repair to perform forever.

The "romantic" version and construction of "aging well" *misrepresents* many of the realities of aging for men (Fleming, 1999; McCallum, 1997). The reality is that with all of the increasing medicalization and medical technology aging and death are still inevitable. Growing older does come with its physical consequences even though longevity has increased for most men in our society. Things do go wrong and there is an accumulation of degeneration that cannot be stopped. In many cases men with heart conditions and blood pressure problems are strongly advised not to take these drugs. Using a somewhat distant analogy from a study of aging and dancers, Wainwright and Turner (2003), suggest that "ageing ballet dancers trying to dance the classical roles of their youth is an example of the futility of ignoring the resistance of reality—the reality that the body is ageing physiologically as well as culturally in a context that bounds its decline tightly" (p. 284).

The cultural discourse on ageing as expressed in mass media presents "good" ageing, where bodies are youthful and usually engaged in some activity or sport (Featherstone and Wernick, 1995; Tulle-Winston, 2000). These same images are used in the erectile dysfunction ads for Viagra, Levitra and Cialis, where couples are shown vibrant and youthful, who are seemingly able

to experience a non-ageing sexual life. Significantly, given the cultural expectation of aging well, "individuals are taught that they have a responsibility to attain perfection" Faircloth, 2003, p. 19). Ageing men are expected to remain youthful when in fact the reality is that they are not young and are facing the inevitable decline that is central to human existence.

Thomas Cole (1993) reminds us that "growing old and dying, like being born and growing up, will remain part of the cycle of organic life, part of coming into being and passing away that make up the history of the universe" (p. xxv). It is Thomas Cole's (1993) contention that we are at the end of a century where by technology has "undermined [our] ability to understand and accept the intractable vicissitudes of later life" (p. xxv). Viagra has contributed to men's lifelong stance as independent and competitive machines that have struggled against dependency and "weaknesses" through out life to maintain a "masculine" stance within society. Men have been engaged in a lifelong attempt to disconnect from the body as anything other than a vehicle to obtain successes and with the caveat that it isn't supposed to break down. When it does, it needs to be repaired and put back on the road again. There does come a point where repairs will not get it back on the road and therein lies the frightful fate ageing men have been running from nearly all there lives. No amount of technology will prevent the inevitable cycle of organic life. The issue is how ageing men will live out this final episode. Will it be the frantic search for youth in an attempt to push away dependency and forgo connection? Thomas Cole (1993) believes that:

American culture . . . has responded to the anxieties of growing old with a psychologically primitive strategy of splitting images of a "good" old age of health and virtue, self-reliance, and salvation from a "bad" old age of sickness, sin, dependency, premature death and damnation. Rooted in the drive for unlimited individual accumulation of health and wealth, this dualism has hindered our culture's ability to sustain morally compelling social practices and existential vital ideals of ageing. (P. 230)

The realities of a life of *doing masculinity* has left older men with few connections and meanings beyond success and compe-

tition. In some ways Viagra and medicalization are demanding that this continue on. The question is to what purpose. Is sexual intercourse or the expectation of sexual performance the answer to aging men's growing frailties? Once again, Thomas Coles (1993) provokes us to consider aging out side of medicalization and commodification:

Ageing, like illness and death, reveals the most fundamental conflict of the human condition: the tension between infinite ambitions, dreams, and desires on the one hand, and vulnerable, limited, decaying physical existence on the other—the tragic and eradicable conflict between spirit and body. (p. 239).

Medicalization and commodification have “blinded” aging men in the midst of a technological culture to consider “revaluing” the journey of life.

References

- Bauman, Z. (2000). *Liquid Modernity*. Malden, MA: Polity Press.
- Berger, P.L., & Luckman, T. (1966). *The social construction of reality*. New York: Anchor Books.
- Bordo, S. (1998). Pills and power tools. *Men and masculinities*, 1, July, 87–90.
- Blythe, R. (1979). *The view in winter*. New York: Harcourt Brace Jovanovich.
- Cole, T.R. (1992). *The journey of life: A cultural history of aging in America*. New York: Cambridge University Press.
- Gatien, P. (Producer), & De Niro, R. (Director). (1993). *A Bronx Tale* [Motion Picture]. United States: Savoy Pictures.
- Giddens, A. (1991). *Modernity and self identity: Self and society in the late modern age*. Cambridge, UK: Polity.
- Dychtwald, K. (1999). *Age power*. New York: Jeremy P. Tarcher/Putnam.
- Dyens, O. (2001). *Metal and flesh—the evolution of man: Technology takes over*. Cambridge, MA: MIT Press.
- Faircloth, C. A. (2003). Introduction. In C. A. Faircloth (Ed.), *Aging bodies Images and everyday experience* (pp. 1–28). Walnut Creek, CA: Altamira Press.
- Featherstone, M. & Warnick, A. (Eds.). (1995). *Images of ageing: Cultural representations of later life*. London: Routledge.
- Fleming, A.A. (1999). Older men in contemporary discourses on ageing: absent bodies and invisible lives. *Nursing Inquiry*, 6, 3–8.
- Franzoi, S., & Chang, Z. (2000). The socio cultural dynamics of the physical self: How does gender shape body seteem? In J. Holstein and G. Miller (Eds.), *Perspectives on social problems* (pp. 179–201). Stamford, CT: JAI Press.
- Friedman, D. M. (2001). *A mind of its own*. New York: Penguin Books.
- Fukuyama, F. (2002). *Our posthuman future*. New York: Farrar, Straus, and Giroux.

- Giddens, A. (1991). *Modernity and self identity: Self and society in late modern age*. Cambridge, UK.: Polity
- Lakhoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: The University of Chicago Press
- Lyon, D. (1999). *Postmodernity*. Minneapolis, MN: University of Minneapolis Press.
- McCallum, J. (1997). Health and ageing: the last phase of the epidemiological transition. In A. Borowski, S. Encel, & E. Ozanne (eds.), *Ageing and social policy in Australia*. (pp. 54–73). Melbourne, Vic: Cambridge University Press.
- Murphy, P. F. (2001). *Studs, tools, and the family jewels*. Madison, WI: The University of Wisconsin Press.
- Polkinghorn, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Sheehy, G. (1999). *Understanding men's passages: Discovering the new map of men's lives*. New York: Ballantine.
- Shotter, J. (1993). *Conversational realities*. Thousand Oaks, CA: Sage Publications.
- Sontag, S. (1979). "The double standard of aging." In J. W. Williams (Ed.), *Psychology of women: Selected readings*. New York: Norton.
- Tangenberg, K. and Kemp, S. (2002). *Embodied practice: Claiming the body's experience, agency, and knowledge for social work*. *Social work*, 47 (1), 9–18.
- Tiefer, L. (1994). The medicalization of impotence: normalizing phallocentrism. *Gender and Society*, 8, 3, 363–377.
- Tulle-Winton, E. (2000). Old bodies: In P. Hancock et al. (Eds.), *The body, culture and society: An introduction*. Buckingham, UK: Open University Press.
- Wainwright, S. P., & Turner, B.S. (2003). Ageing and the dancing body. In C. A. Faircloth (Ed.), *Ageing bodies: images and everyday experience* (pp. 259–292). Walnut Creek, CA: Altamira Press.

