

MALE SEXUALITY, MEDICALIZATION, AND THE MARKETING OF CIALIS AND LEVITRA¹

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New treatments for male impotence have proliferated since Viagra's popular emergence on the market in 1998. Two such therapies recently received FDA approval for prescription use: Cialis and Levitra. This paper examines the marketing campaigns for Viagra's competitors and asks whether these treatments offer a different discourse on impotence. Using advertising and promotional materials, the study focuses on the major discursive themes related to the promotion of these drugs. The study finds that while the marketing campaigns for Cialis and Levitra employ most of medicine's traditional discourses on impotence, they emphasize several additional discursive strategies to help promote these drugs in the competitive impotence treatment market. The author suggests that these promotional themes have important implications for the medical project of constructing the "sexually functional" male body. In conclusion, the author argues that these new drugs and the discourses they circulate introduce new standards for sexual functioning and medicalize areas of male sexuality not previously seen as requiring medical repair.

Introduction

The introduction of Viagra, the first oral treatment for impotence, has changed the way men view problems with sexual performance.

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Today, men are more inclined to define and treat their performance problems as medical problems than ever before, thanks in large part to Viagra. Perhaps as a result of Viagra's success, as both a pharmaceutical product and as a cultural phenomenon, there is now a burgeoning range of rival therapies for the treatment of impotence. Two such therapies recently received FDA approval for prescription use: Cialis, an impotence treatment drug developed by the pharmaceutical companies Eli Lilly and Icos Corporation, and Levitra, another pharmaceutical option being launched by Bayer and GlaxoSmithKline.² Like Viagra, both drugs treat impotence by increasing blood flow to the genitals under conditions of sexual arousal, thereby enabling the achievement and maintenance of a "normal" erection.³ Their advent thus reflects an increasingly medicalized way of thinking about men's sexual problems and their treatment. Medicalization occurs when areas of life not previously considered medical are redefined as problems requiring medical analysis and management (Conrad & Schneider, 1980). Impotence, or what health experts call "erectile dysfunction," has become one such example, with impotence medication exemplifying this trend (Mamo & Fishman, 2001).

At present, Viagra, the blockbuster drug marketed by Pfizer Pharmaceuticals, dominates the impotence treatment market, vastly out-selling alternative therapies, including penile implants, vacuum pumps, injectibles, and urethra suppositories. The drug, which annually generates 1.5 billion in sales for Pfizer, has been used by over 20 million men worldwide, easily making it one of the most popular prescription drugs in recent history (Doonar, 2003). Available for prescription use only since 1998, Viagra has already become a household word synonymous with treating impotence. However, with new drugs now entering the market, Viagra's status as the treatment of choice appears less certain. According to industry analysts, the emergence of Cialis and Levitra marks the first serious challenge to Viagra's control over the anti-impotence market⁴ (Gannon, 2003). Whether the makers of Cialis and Levitra can mount a challenge strong enough to rival Viagra will depend on the marketing strategies they use to sell these products. Both drug makers have begun to market their products aggressively through

direct-to-consumer advertising,⁵ and plan to match or outspend Pfizer's \$90 million advertising budget for Viagra (Howard, 2003).

This paper analyzes the marketing campaigns for Cialis and Levitra to see what kinds of promotional strategies are emphasized and whether they offer a different medical discourse on impotence. The study focuses on the major discursive themes related to the promotion of these drugs and considers how they contribute to the project of medicalizing male sexuality. I develop this focus through a discourse analysis of educational and promotional materials about Cialis and Levitra. The materials analyzed include advertising and Internet promotional literature as well as media coverage in popular periodicals. Analyzing such materials is one way of sorting out the strategies used by drug makers to market these products. This approach also illuminates the distinctive logic used to medicalize this particular aspect of male sexuality. As sources of medical-pharmaceutical knowledge, these texts constitute marketing sites for potential consumers. Through analytical readings of these materials, the paper will shed light on the second wave of pharmaceuticals to enter the male sexual consumer market.

I begin this paper by examining the historical shifts in constructions and treatments of impotence, and the rise of medicalization as the sociocultural model of choice. Then, after a brief description of the data collection process, I present the findings from my analysis of websites, advertisements, and media coverage of Cialis and Levitra. Here I argue that while the marketing campaigns for Cialis and Levitra employ most of medicine's traditional discourses on impotence, they emphasize several additional discursive themes to help promote these drugs in the competitive impotence treatment market. My findings reveal four general themes regarding the promotion of these drugs, which I identify as (1) technological advancement; (2) natural sex enhancement; (3) symbolic appeals to hegemonic masculinity; and (4) nonmedical, lifestyle usage. I suggest that these promotional themes have important implications for the medical project of constructing the sexually functional male body. In conclusion, I argue that these new drugs and the discourses they circulate introduce new standards for sexual functioning and

medicalize areas of male sexuality not previously seen as requiring medical repair.

Impotence and Medicalization

Historical and sociological investigations of impotence reveal how medicalization has transformed unacceptable erectile performance into a subject for medical analysis and management (Hall, 1991; Mumford, 1992; Tiefer, 1994). Although men have been concerned about impotence for centuries, only recently, with the rise of sexology in the nineteenth century, has it been explicitly defined and categorized as a medical problem.¹ Prior to the late nineteenth century, impotence was often treated as an unwelcome experience, an unacceptable behavior, a personal trouble, an irregularity, even a sign of perversion. The focus was more on the behavior than on organic sexual differences. For example, in the 1800s, “an anonymous writer in the *Lancet* gave warnings against advising men with ‘questionable powers’ to marry ... describing them as ‘as a rule, inexpressibly nasty’” (quoted in Hall, 1991: 115). This writer, like others at the time, attributed this behavior to the effects of long-continued masturbation and previous excessive intercourse, both of which violated the codes of sexual respectability and the ethic of self-discipline (Hall, 1991). Only when impotence became redefined as a medical problem did people come to see it as a distinct, pathological condition associated with individual identity. When the focus shifted from the behavior to the individual man, impotence was no longer considered a perverted act. It was now considered a psychological or physical sickness that requires medical attention.⁷ The pathologization of impotence that emerged at the turn of the century provides one instance of how the institutions of science and medicine have medicalized and controlled deviant male bodies and sexualities (See Foucault, 1979).

The construction of impotence as a medical problem was, until recently, thought, in most instances, to be a psychological problem and thus the domain of sexology, psychiatry, and therapeutic interventions that emphasize treatment for the couple. In recent years, however, the diagnosis and subsequent treatment of impotence has

moved to the physiological domain as biomedical experts isolated the physical mechanics of erectile functioning. In the following quote, Leslie Horvitz, a medical writer for *Insight Magazine*, reflects this shift in emphasis, while at the same time framing impotence in a way that is very different from the terms used by the anonymous author of the 1800s quoted above:

The penis contains two chambers, called the corpora cavernosa, filled with smooth muscles, fibrous tissues, veins, and arteries. To achieve an erection, the smooth muscles must relax, allowing blood to fill the open spaces and expand the penis. Any illness or disorder that interferes with the normal function of the circulatory system can lead to impotence ... [including] heart disease, stroke, diabetes, kidney disease, chronic alcoholism, atherosclerosis, and vascular disease.... Smoking is a particularly grave factor since it impedes circulation over time ... [Impotence] also can occur because of injury ... [and is] linked to prescription drugs for ailments such as hypertension and depression (1997: 39-40).

One result of this shift in medical thought has been the development of a range of technologies designed to treat erectile dysfunction, from injections to erection pills to aphrodisiacs like Yohimbine hydrochloride to surgical implants. Indeed, the technologically-enhanced erection has become the leading edge of America's multi-billion dollar impotence treatment industry. Initially, biomedical treatments were limited primarily to prosthetic implants—a type of surgery that enables erections with or without sexual stimulation and removes physical sensation. However, such treatments have been prone to malfunction and re-operation; thus few patients have opted for surgical treatments (Tiefer, 2001). By the 1980s, penile injections (a type of therapy that produces an erection by chemical means) became common, although later studies showed high drop-out rates among patients using this method (2001). Today, Viagra, the first oral medication to be approved for impotence, has become the treatment of choice. The drug, which costs approximately \$8 per pill, is reasonably inexpensive compared to other treatment methods, and, given in pill form, is also less painful and invasive to use.⁸ Although access to Viagra legally requires a physician prescription, public demand for it has resulted in loose medical regulation (Carpiano, 2001). In fact, the diagnosis of impotence has recently become an almost entirely self-assessed condition, based

on a 15-item impotence-evaluation instrument (Marshall, 2002). The instrument, which was developed by the Center of Sex and Marital Health in New Jersey, is used widely by both specialists (urology) and primary care physicians (the family doctor). With the advent of Internet pharmacies, which sell Viagra and other medications, medical-pharmaceutical treatments have become even easier to obtain. Such sites provide patients a way to bypass direct contact with physician intervention (Marshall, 2002). In doing so, they eliminate the need for face-to-face counseling, allowing patients to avoid addressing other possible causes of their condition and other plausible treatment options (Carpiano, 2001).

Social researchers have attributed the current wave of medicalized impotence and its treatment to a range of social and economic factors. According to Tiefer (1994), the contemporary investment in the biomedical construction of impotence derives from an indirect coalition among urologists, medical-pharmaceutical industries, mass media, and various entrepreneurs. These groups have actively promoted a medical view of impotence at the expense of other viable conceptual frameworks, such as political, feminist, and social constructionist (Gagnon, 1977; Segal, 1990; Parker, Barbosa, and Aggleton, 2000). Cultural norms of masculinity, combined with phallogocentric⁹ constructions of sexuality, have also contributed to the rise of medicalized impotence. Within Western culture, images of manhood are closely tied to ideals of sexual potency and the ability to achieve an erection (Zilbergeld, 1992). At the same time, sexual socialization teaches men to view intercourse as the primary component of sexual activity, and anything else as foreplay, afterplay, or special needs (Tiefer, 1994; Fracher & Kimmel, 1995; Potts, 2000). Therefore, when men encounter erectile problems, they may feel like their masculinity is threatened and their sexuality is unnatural or deviant. Medicalized impotence offers men an explanation for their problems that lessens cultural stigmatization, thereby relieving men of blame and individual failure even in the face of impotence (Tiefer, 1994). The availability of technological treatments, in turn, offers men the tools in which to manage sexual conformity and to preserve masculine power and confidence (Loe, 2001). Consequently, men (and their partners) have become a re-

ceptive audience to quick-fix technological solutions as opposed to social or psychological remedies (Tiefer, 1994; Fracher & Kimmel, 1995; Carpiano, 2001). Indeed, as Meika Loe (2001; 2004) has argued, the popularity of Viagra and other treatment technologies is in part a response to a crisis of masculinity in modern societies, stemming from the gains of women's liberation and female sexual empowerment. Richard Carpiano (2001) also attributes the popularity of these medicalized treatments to cultural and personal crisis, arguing that public demand for impotence medication played a bigger role in creating the Viagra craze than the medical field itself (See also Hepworth & Featherstone, 1998).

Today, the pharmaceutical industry is the main driving force behind medicalized sexual problems and the rise of sexual medicine. Many factors have contributed to this, not the least of which are the recently deregulated pharmaceutical industry, the increasing privatization of biomedical research, and the growing commercial appeal of "lifestyle" drugs¹⁰ (Tiefer, 2004). These developments have created a favorable climate for drug companies to promote and produce sexual medicine. While several medicalized therapies have emerged to "manage" women's sexual problems, the medicalization of male sexuality continues to be the focus of sexual research, product development, and marketing (Loe, 2004). The recent launch of Cialis and Levitra exemplifies this continuing trend. Hailed as viable alternatives to Viagra, these drugs have the potential to become the next blockbuster treatments for erectile problems.

Method

As a social researcher with an interest in male sexual medicalization, I wanted to examine the marketing campaigns for Cialis and Levitra to see if these treatments offer a different discourse from Viagra on medicalized impotence. To this end, I conducted a discourse analysis of texts offering promotional information about Cialis and Levitra. Discourse analysis involves a close reading of texts to explore the production and distribution of knowledge in society (Mamo & Fishman, 2001). I use advertising,

promotional materials, and media coverage in newspapers and magazines because these texts constitute marketing sites for potential consumers. In other words, these are the kinds of texts that consumers might read as they attempt to make sense of impotence, its treatment, and the availability of treatment options.

The materials analyzed include the official web sites for Cialis and Levitra, print and television advertisements,¹¹ and over 150 newspaper and magazine articles on Cialis and Levitra, spanning the time when knowledge of these drugs first broke to the immediate aftermath following their FDA-approval in 2003. I analyzed the media coverage precisely because the mass media routinely publicize and promote new medical technologies for men's sexual problems¹² (Tiefer, 1994). As Teifer (1994: 368) writes, "By quoting medical 'experts,' using medical terminology, and by swiftly and enthusiastically publicizing new devices and pharmaceuticals, the mass media legitimize, instruct, and model the proper construction and discourse. People underline and save 'sex health' articles, and ... bring in such material ... [during patient-doctor visits]." I used Lexis-Nexis to locate articles offering information on Cialis and Levitra, specifically searching for those that offered details on pharmaceutical marketing strategies. I eliminated several types of articles from my final sample because the coverage made too sparse mention of the drugs to be of value or because they represented syndicated columns repeated in other newspapers under new headlines.¹³ Of the roughly 150 articles collected in my initial search, 46 were selected for in-depth analysis. My sample included business news, commentaries, and science and health reports.¹⁴

In my analysis, I adopt Stuart Hall's (1980) argument that the meanings encoded into texts, such as advertisements or Internet promotions, contain a preferred reading. As readers, we can "make sense" of texts precisely because they suggest a certain set of possibilities to us, encouraging us to locate an intended or preferred reading of the texts and the encoded meanings contained within them (White & Gillett, 1994). While texts cannot guarantee the decoding of those meanings, readers are unlikely to be able to ignore the preferred reading. As Duncan notes, "responsible textual studies do not assert without absolute certainty how particular texts

are interpreted. But they suggest the kinds of interpretations that may take place, based on available evidence and likely interpretations of a particular text. Ultimately these interpretations must be judged on the basis of the persuasiveness and logic of the researcher's discussion" (quoted in White & Gillett, 1994: 23).

My analysis of websites, advertisements, and media coverage of Cialis and Levitra reveals four general themes regarding the promotion of these drugs: (1) technological advancement; (2) natural sex enhancement; (3) symbolic appeals to hegemonic masculinity; and (4) nonmedical, lifestyle usage. In the first section below, I argue that the materials about Cialis and Levitra construct these drugs as state-of-the-art technologies that promise users optimal erectile results. Next, I argue that these texts promote a presumption about what is natural about male sexuality, and represent Cialis and Levitra as technologies that return men to a "natural" state of sexual intimacy. In the third section, I explain how the imagery of professional sport is used in advertising texts to promote a symbolic link between these drugs and hegemonic masculinity. Finally, I argue that these materials construct Cialis and Levitra as lifestyle drugs for the improvement of male sexual satisfaction, whether or not users have "legitimate" sexual health problems. In outlining these discursive themes, I draw on exemplary texts and discuss how each theme, to varying extent, contributes to the medicalization of male sexuality. I suggest that, taken together, these themes work to reposition the medical boundaries of the "sexually functional" and "dysfunctional" male body.

"We're Not Talking Your Daddy's Viagra": Cialis and Levitra as Technological Advancements

The marketers for Cialis and Levitra employ most of biomedicine's discursive strategies, portraying men's sexuality in biomedical terms, defining the causes of impotence as physiological, and touting medical intervention as the proper response to impotence. At the same time, however, marketers have advanced several additional strategies to construct their products as superior alternatives to other impotence technologies, especially Viagra. One way marketers have

promoted Cialis and Levitra as preferable solutions is by appealing to modernist assumptions about technological advancement. The marketers for both drugs base the superiority of their products on their ability to outperform competing technologies in all areas of sexual functioning. To legitimate this claim, marketers have publicized the results of clinical studies¹⁵ that validate their drugs as faster acting, longer lasting, and having fewer side effects than Viagra, the current treatment of choice. By making these clinical differences central to their promotional campaigns, marketers have discursively established Cialis and Levitra as state-of-the-art technologies while simultaneously constructing competing technologies as obsolete.

For example, unlike Viagra, which enables erections for a limited period of time (usually between two to four hours), marketers suggest that Cialis, after ingested, remains effective in the body for up to 36 hours. Because of its relatively long lasting results, advertisers have already labeled Cialis “the weekend pill.” As one media report explains, the drug “can be taken on a Friday and its effects may still be felt on Sunday morning” (Foley, 2002). The makers of Levitra, on the other hand, have distinguished their drug from Viagra by marketing it as faster acting. Clinical tests have shown that Levitra takes effect within 15 minutes after ingestion, compared with 40 to 60 minutes for Viagra.¹⁶ This difference is important, marketers claim, because it “allows you a certain level of spontaneity” (quoted in Gannon, 2003). In addition, both drugs are claimed to produce fewer side effects than Viagra, which some users complain causes abnormal vision, headaches, indigestion and diarrhea, and work even after eating a full meal while Viagra works best on an empty stomach.

The theme of technological advancement was evident in most media stories on Cialis and Levitra. Such stories not only touted Cialis and Levitra as “new and improved” erectile dysfunction products but also depicted competing products as outdated technologies. For example, in addition to repeating findings from clinical studies, media stories often included testimonials by men who have tried different treatment options. An early 2003 article from the *Chicago Sun-Times* illustrates how this literary device adds legiti-

macy to the marketing theme of technological advancement. In the article, the author tells the story of Manfred Weber, a Viagra user who plans to switch to Levitra: "After more than 40 years of marriage, 'things weren't working so well anymore,' he says. He tried Viagra a few times, but it gave him headaches. After taking Levitra in a clinical trial, the headaches stopped. 'It brought my wife and I closer to each other again,' says Weber, 65. With that trial over, he is biding his time with an occasional Viagra until Levitra is approved in this country" (Fuhrmans, 2003). The author of another article also uses a testimonial of man who prefers the new treatment options over Viagra, in this case Cialis. In one of his quotes, the unnamed man appears to be parodying the tagline for a recent Viagra ad ("Let's just say [Viagra] works for me"). He says, "I will stick to Cialis because unlike Viagra it works for 24 hours—that *certainly* works for me. It's great" (emphasis added; Young, 2003). In media stories such as these, where individual accounts of satisfied customers are found, the media collaborates in publicizing and promoting the marketing theme of technological advancement: it compares new treatment options with Viagra and finds them to be preferable solutions precisely because they offer men the possibility of a "better" sexual performance.

In addition to testimonials, several media stories also included accounts from marketing researchers hired to oversee product focus groups. Such accounts explicitly reflected marketers' claims about technological advancement. A recent article on Cialis in *BusinessWeek* illustrates the use of this strategy. In the article, the author relates the story of a researcher who was hired by Eli Lilly to gauge consumer reaction to Cialis. During one of the focus groups, the participants, whose husbands all suffered from impotence, were asked to watch a prospective TV commercial for the drug. The voice-over in the ad advised: "Introducing Cialis. You can take Cialis anytime and have up to 36 hours to respond to your partner, without planning or rushing." The researcher observed the group from the other side of a one-way mirror, while the group's moderator tried to flesh out the main source of the group's interest. As the researcher observed their reactions, she saw one of the participants leap out of her chair and shout "Thirty-six hours! Yeah!"

According to the report in the article, the researcher had never seen a focus group in her 15-year career of monitoring such groups get as excited as they did about a product. "It was a marketer's dream," she says (Arndt, 2003). Apparently, what makes the drug "a marketer's dream" is that even participants in focus groups recognize it as a technological breakthrough that extends the male body's sexual capacities.

In this account, as in others provided to journalists by industry representatives, Cialis and Levitra are depicted as progressive discoveries in the scientific search for solutions to a sexual health problem. This theme, which is reflected in media reports and manufacturer publicity, contributes to the medicalization of male sexuality in at least two ways. First, it *provides a justification for medicalization*. The emphasis is placed on the novelty, sophistication, and advantages of these technologies. There is little in these materials that offers men an alternative to the scientific discourse of medicalized impotence. Instead, the new treatments are portrayed as sophisticated additions to the reigning paradigm of medical management. Second, the materials that reflect this theme *extend medicalization into previously undiagnosed areas of male sexual "health."* The specific sexual concerns emphasized in these materials are extended to include the timing of erectile response, the duration of erectile readiness, and the side effects of erectile interventions. By emphasizing the efficacy of Cialis and Levitra in producing faster-acting and longer-lasting erections with fewer side effects, these texts broaden the clinical framing of male sexual functioning to include the ability to respond immediately to sexual urges, to respond to sexual urges without planning or rushing, and to function sexually with few unwanted health effects. In this way, the media and marketers collaborate in medicalizing areas of male sexuality not previously requiring medical help.

Sex the Natural Way: Cialis and Levitra as Nature's Enhancements

In playing up these technological advantages, the narratives surrounding these products simultaneously play on cultural assump-

tions about what is “natural” about men’s (and women’s) sexuality. In addition to enhanced performance, the marketing campaigns for these drugs center on their products’ ability to simulate a “natural” sexual response unencumbered by time or rational calculation. Unlike Viagra, which takes effect up to an hour before (and stops being effective a few hours after) sex is planned, marketers for Cialis and Levitra promise results that mimic the “natural” sexual cycle, which is spontaneous, worry-free, and uninhibited by external considerations. In doing so, marketers have discursively established a link between nature and technology. The marketing implies that, through these drugs, users will return to a natural state of sexual intimacy. Of course, the very idea of “natural” sex invoked in the marketing of these drugs is itself a sexual script, shaped by societal and cultural assumptions (Gagnon, 1977). Associating sex with spontaneous feeling is thus a discursive strategy that constructs sex as natural.

The emphasis on Cialis and Levitra as technological-enhancements for natural sexuality was apparent in the media coverage of these drugs. Media stories routinely quoted medical experts and pharmaceutical spokespersons in the promotion of this theme. The following quotes from Carole Copeland, a spokeswoman for Eli Lilly and Icos, were found in the *New York Times* and the *Boston Globe*: “Men tell us that, when they take other pills, they feel like they’re on a stopwatch and that adds to the pressure they already feel. They would like a treatment that would disconnect taking a tablet from intimacy” (quoted in Harris, 2003a). Cialis, on the other hand, “offers a longer window of opportunity for intimacy, and that’s what men and their partners say they miss most when they have erectile dysfunction: those special moments that just come naturally” (quoted in Goldberg, 2003). Viewed in such terms, it would appear that Cialis restores control to the body and its bodily functions in ways that Viagra and other technologies do not. With Cialis, control returns to the body because the drug acts through the body’s natural processes of arousal. A recent news report on Levitra reflects a similar sentiment regarding the relationship between control and nature, noting that “Viagra users are as controlled by the clock as a prisoner during conjugal visits: You have

to wait two hours after a meal before taking it, then wait another hour for it to kick in, then hustle up and get your business done within four hours, before the little warden says visiting hours are over. Levitra, by contrast, doesn't interact with food, and works within 20 minutes" (McDougall, 2003).

The advertisements for these drugs also emphasize the theme of technology as an enhancement for natural sex. This theme was particularly apparent in the ads for Cialis. In a promotional campaign entitled "Choose the moment," marketers for Cialis have created a number of television spots with scenes of couples snuggling and slowly caressing "to emphasize cozy, tender, or playful moments" (Arndt, 2003). A soundtrack of easy, laid-back jazz accompanies these visual images. In addition, the scenes in the ads are lengthened so that the camera seems to linger with each couple, a subtle reminder that with Cialis there is no hurry. The voice-over advises: "When the moment is right, you'll be ready." A similar representation appears on the first page of the Cialis website. The caption reads, "Cialis is here. Will you be ready?" Accompanying the caption is an image of a middle-age couple bathing side by side in adjacent bathtubs—a signifier for romantic activity. Below the representation appears a heading entitled "What is Cialis?" under which a description of the drug is provided: "Cialis is a prescription medication ... shown to improve erectile function ... up to 36 hours following dosing...." (www.cialis.com, 2004). A recent online ad for Cialis makes the fusion of technology and nature even more explicit, claiming that the drug "works twice as fast as Viagra ... [and] lasts 9 times longer ... so you'll never miss the moment again." The visual accompanying the written text features a younger heterosexual couple, without clothes, gently holding and caressing one another. The reader is unable to tell whether the sexual "moment" has begun or ended. The image thus enhances the meaning behind the textual message: unlike Viagra, Cialis works in ways that reflect the body's "natural" urges, freeing couples to engage in spontaneous, worry-free lovemaking.

Marketing these drugs as enhancements to natural sex may seem contradictory, given that it is only through technological assistance that "natural" lovemaking is made possible. The spontaneity prom-

ised by drug makers depends on the use of technology, along with the medical assumptions that inform that use. The physiological effects of these drugs may produce the feeling of flexible, trouble-free lovemaking, but only within the confines of technological surveillance, regulation, and control. To reconcile this apparent contradiction, the marketers for Cialis and Levitra have reified their technology “as more *natural* than natural” (Mamo & Fishman, 2001: 22). When sexually aroused, the body sometimes loses control (impotence), causing a breakdown in the sexual script of natural sexuality. With Viagra, control is restored to the body, but in an unnatural way, restricted by time and other considerations. Cialis and Levitra, on the other hand, incorporate technology within the “natural” body in a seamless way, such that it is difficult to tell where the body leaves off and the technology begins. Through this construction, the use of technology becomes the natural act (Mamo & Fishman, 2001: 21-22).

The link between technology and nature in these marketing materials has other important implications for the medicalization of male sexuality, specifically with regard to constructions of sexual functioning. The materials suggest that sexual functioning involves more than the *mere* ability to attain and maintain an erection for the purpose of sexual intercourse. Rather, it involves doing so naturally according to the body’s organic cycle of sexual arousal. By marketing these drugs as technologies capable of facilitating a “natural” sexual response, these texts present a new guideline for assessing functional male sexuality and its reparable deviations. Here “natural spontaneity” becomes a boundary point between sexual fitness and sexual deviation.

“Tackling Men’s Health”: The Marketing of Cialis and Levitra through Popular Sport

With the possible exception of sex, few cultural idioms are invoked as often in advertisements aimed at men as that of the world of professional sport (Renson & Careel, 1986; Grove et al., 1989). Corporate advertising campaigns for products ranging from beer to shaving cream regularly use sport to appeal to men. At the same

time, professional sport provides advertisers an ideal setting for reaching large male audiences. Sporting events, especially televised ones, attract millions of male viewers each week (Sage, 1998). Given this advertising tradition, it should not be surprising to find that the impotence treatment industry has turned to professional sport as a platform for marketing its products. Viagra's sponsorship of Major League Baseball is one such example. In fact, Pfizer recently phased out its previous Viagra spokesman, former presidential candidate Bob Dole, in favor of Rafael Palmeiro, the Texas Ranger first baseman who recently hit his five hundredth home run. Pfizer also sponsors a Viagra car on the NASCAR racing circuit, and during many of the races provides a van where fans can receive free testing for erectile problems.

The marketers of Cialis and Levitra have continued this trend through sponsorships of other professional sport leagues and through campaigns headed by other sport celebrities. The makers of Levitra, for example, recently secured a \$20 million package with the National Football League, which will air television advertisements for the drug during games, and have hired Mike Ditka, the ex-NFL player and coach, as a spokesman. In addition to exclusive league sponsorship, the Levitra makers have cut individual deals with a number of NFL teams. The makers of Cialis, on the other hand, were recent benefactors for a racing yacht in the America's Cup, and have sponsored NCAA Men's Basketball and the Professional Golf Association. At present, Cialis does not have a sport celebrity spokesperson.

As a cultural medium, sport is ideal for advertising because it is one of the few sites in which a large number of men are regularly assembled, but it is the symbolism of sport which inscribes products in advertisements with cultural meaning. This is true in the marketing campaigns for impotence treatment drugs. In the case of Cialis and Levitra, marketers are using the symbolism of sport to appeal to "hegemonic masculinity": the socially dominant conceptions, cultural ideals, and ideological constructions of what is appropriate masculinity (Connell, 1987). Competitive sport, especially contact sports like football, embodies many of the valued characteristics of hegemonic masculinity. These include physical strength,

skill, aggression, control, force, athleticism, and heterosexuality (Messner, 1992). In this way, then, sport is not just a cultural medium but a masculine medium, in which “the combination of skill and force” in athletic experience becomes a defining feature of masculine identity (Connell, 1987: 85). Marketers of products like Cialis and Levitra depend on such symbolism to sell their products, thereby appealing to potential users’ aspirations to attain or maintain hegemonic masculinity (Mamo & Fishman, 2001: 23). In discussing Levitra’s sponsorship of the NFL, a spokeswoman for Bayer explains: “We are talking to men in a language they can understand.”

This language is evident in a number of recent advertisements for Levitra. As part of a promotional campaign entitled “Tackling Men’s Health,” the advertisements feature the football legend, “Iron” Mike Ditka.¹⁷ Known for his toughness, aggressive manner, and unrelenting resolve, Ditka publicly symbolizes all that is valued in current constructions of hegemonic masculinity—the highly skilled and powerful body, the supposedly virile heterosexuality, and competitive achievement. Ditka’s presence, like Dole’s before him, is intended to destigmatize erectile dysfunction. However, unlike his predecessor, whose image appeals primarily to older men, Ditka projects a more phallic-like image. In the ads, Ditka speaks frankly about his own difficulties with sexual health and his attempts to overcome them. At the same time, he uses his experiences in professional sport to connect with the targeted audience. The ads, which run the tagline “Stay in the Game,” compare Levitra’s use for erectile dysfunction to the physical sacrifices involved in athletic competition, including playing through pain and injuries. In one of these ads, Ditka advises, “Any coach will tell you that you need to stay in the game.” The statement, which should be familiar to anyone acquainted with the values of competitive sport, reflects a core lesson in traditional athletic socialization: sport involves physical sacrifice, even at the expense of pain. Within sport, physical sacrifice is glorified as a legitimate, even necessary means to achieving individual and team goals. Athletes are taught to play in pain, to sacrifice their bodies for particular pursuits, and that to do so is courageous and manly (Sabo, 1995). This unrelenting emphasis

on physical sacrifice in sport has contributed to the normalization of pain and the subsequent provision and legitimation of pain medication (i.e., “painkillers”), an occurrence that, in effect, medicalizes masculinity in competitive action (Messner, 1992).

In the ad for Levitra, marketers have established a new twist on this old lesson: just as athletes need to manage physical discomfort to remain competitively active, men with erectile dysfunction need to manage sexual discomfort to remain sexually active. This twist deftly constructs Levitra as a legitimate, and perhaps necessary, recourse for male sexual action. In this way, Levitra becomes one more tool in the project of managing functional masculinity. Like painkillers for athletes, Levitra medicalizes masculinity. The drug transforms the limits of the male body so that men can be “men” again.

Another ad featuring Ditka aired exclusively during the 2004 Super Bowl, an event that regularly reaches 60 to 70 percent of the households watching television (Sage, 1998). In the ad, Ditka discusses the differences between football and baseball, a subtle reminder that Levitra sponsors the former, and Viagra the later. Here Ditka compares erect manly-men to football, able to play in any weather conditions, as opposed to baseball, with fragile players who do not even play when it rains. “Baseball needs Levitra,” says Ditka. The ad, which suggests an attempt by marketers to distinguish their drug from Viagra, uses a sport analogy to transmit a message about Levitra and its competitive rival. Apparently, Levitra, like football, is tough and enduring, while Viagra, like baseball, is sensitive to external conditions. This distinction discursively positions Levitra as the *more* masculine of the two products, and its medical effects as more potent.

In sport-theme ads like this one, the imagery of sport is used to symbolically link erection products to hegemonic masculinity. The ads, which appeal to men’s aspirations to attain or maintain hegemonic masculinity, essentially promise consumers masculine achievement through the use of a pill. As in the example above, the ads attribute masculine characteristics to these products, essentially constructing them as tools for assembling masculinity (Loe, 2001:

115). Here masculine identity itself becomes attainable with the help of medical intervention.

Making Sex Better: Cialis and Levitra as Lifestyle Products

A recent television advertisement for Levitra features a young man, looking barely 30, trying to throw a football through a tire. Initially, he misses, hitting the tire's side. However, after Levitra is mentioned, he shoots the ball straight through the tire again and again, and is joined by an attractive young woman, presumably his wife. The voice-over says, "Sometimes you need a little help staying in the game. When you're in the zone, it's all good." The ad, which has aired repeatedly over the past half year, accomplishes several things in transmitting a message about Levitra. First, it effectively symbolizes the sexual activity for which the product is designed to treat with no taint of obscenity or pornography. This is expressed through the image of a man penetrating a tire with a ball. Second, and perhaps more importantly, the ad reflects an attempt by the makers of Levitra to market the drug to a youthful, presumably "healthy," male demographic, men who, according to one advertising executive, "just need a little help with [their] aim." It is through the imagery and message of ads like this one that Levitra is constructed as a lifestyle drug. Such ads are intended to appeal not only to men with impotence but also large segments of the male populace, whether or not they have bona fide medical problems.

The construction of Levitra as a lifestyle product, as opposed to a remedy for a health-related problem, represents a shift in the marketing of impotence treatment technologies. For example, in Pfizer's initial advertising campaign, Viagra was marketed to mature audiences as a medical treatment for erectile failure caused by age-related conditions (Marshall & Katz, 2002). In the original print and television advertisements, the company featured spokesman Bob Dole and images of white-haired couples dancing. Pfizer insisted at the time that it was not trying to encourage recreational use among otherwise healthy men. By contrast, GlaxoSmithKline and Bayer, the co-marketers of Levitra, boldly admit their attempts to expand the impotence treatment market through appeals to recreational use.

Unlike Pfizer, whose initial goals for Viagra were to treat impotence by helping men achieve penetration and ejaculation, Levitra's sellers stress the goal of sexual satisfaction (Harris, 2003b). "We've done a lot of research on trying to understand what men want," says Nancy Bryan, vice president for marketing at Bayer. "And what they want is to improve the quality of their erections, to get one that's hard enough and lasts long enough for a satisfying sexual experience" (quoted in Harris, 2003b). Another report explains: "the ads [for Levitra] have come a long way since the Bob Dole days ... That ad, with all of its Freudian implications, says everything you need to know about where the male sexual revolution is heading. ED—'erectile dysfunction'—is old news. EQ—'erectile quality'—is now the name of the game"¹⁸ (CBSNEWS.com, 2004).

Perhaps the most obvious illustration of this marketing strategy, wherein impotence drugs are repackaged for nonmedical uses, is found on Levitra's website. Although the opening page for this website describes Levitra as a medical treatment for erectile dysfunction, in subsequent pages the website either opts for the term "erectile quality" (EQ) to describe the condition for which the drug is intended to treat, or else uses this term interchangeably with the medical term "erectile dysfunction" (ED). This apparent shift in terminology reflects a continuing trend in the medical-pharmaceutical construction of male sexuality (Marshall & Katz, 2002). As stated in the introduction to this paper, until recently, the term "impotence," a psychological diagnosis, was used by medical professionals to describe the condition in which the male is unable to attain and maintain an erection sufficient for satisfactory sexual intercourse. Under this construction, the condition is understood as a psychological problem, and thus treatable with psychotherapeutic interventions. With the "discovery" of the physiological origins of the condition, however, impotence became "erectile dysfunction," a biomedical diagnosis, and thus treatable with pharmaceutical interventions (Mamo & Fishman, 2001). Replacing the term "impotence" with "erectile dysfunction" in the medical sciences was intended to reposition the condition as a physiological disorder and to lessen the pejorative stigma traditionally associated with it (Tiefer,

1994). The term “erectile quality,” on the other hand, is entirely a marketing construction designed to appeal to larger segments of the public, not just those medically diagnosed.

A definition of EQ appears on page 2 of Levitra’s website under a heading entitled “What is erection quality (EQ)?”:

In market research, men identified three things as essential elements of achieving a satisfactory erection, including: The ability to attain an erection; erection hardness; [and] the ability to maintain it for satisfactory sex. Taken together these make up erection quality (EQ). Many men have been, or will be, concerned with the quality of their erections at some point in their life. It may be an occasional difficulty in getting or maintaining an erection; it could be an erection that is just not as hard as it once was; or it may be a consistent inability to achieve an erection (www.levitra.com).

Defined in these terms, EQ is a sexual condition that exists both within and beyond the medical category ED. By implication, Levitra may be viewed as a pharmaceutical treatment that works not just for medically diagnosed health conditions but for life-limiting conditions, however defined. The following four pages of the website describe “How an erection works,” the “Things that can affect your erection quality,” “How Levitra may help improve your erectile function,” and how “Maintaining your erection quality (EQ) is part of maintaining your overall health” (www.levitra.com). Reading through these pages, it becomes obvious that the focus of Levitra is not necessarily on the medical condition it has been authorized to treat, but on how the effects of that treatment will affect other aspects of one’s life (Mamo & Fishman, 2001); hence the term “erection quality.”

Subsequent pages of the website include a section on “Talking to your doctor” about EQ, which provides helpful hints on what to say during, and how to prepare for, a doctor visit, and a section on “Information for partners,” which, among other things, informs partners what men want in order to enjoy sex, to which the website responds: “They want consistent, reliable erectile quality.” In between these sections appears an “Erectile Function Questionnaire” in which readers are able to assess their erectile quality according to industry-specified standards, using it to gauge whether or not they exhibit signs of erectile problems. However, as I discovered in

filling out the form even scores which indicate no sign of erectile problems, may not necessarily mean that there is no problem. In response to my results, the website read: "Your [score] ... indicates that you have no signs of erectile dysfunction (ED). While you may not be having problems with your erectile function, you may still want to talk with your doctor if you have any concerns about your erectile quality (EQ)" (www.levitra.com). The evaluation may thus provide the reader with reassurance regarding the normality of his erectile function (as in my case), but it also leaves room for speculation, especially in light of Levitra's efficacy at improving "erectile quality." The reader is left to decide for himself whether erectile normality is sufficient, or whether his already erect erection requires further "improvement."

As lifestyle drugs, Cialis and Levitra promise life-enhancing results. In particular, they promise sexual satisfaction in the form of a pill. The marketing of Cialis and Levitra as lifestyle drugs reinforces a medical-pharmaceutical model of male sexuality, with the emphasis of that model on penile erectility. The promotional materials represent erectility as a phenomenon capable of enhancement and improvement through technological intervention. Conversely, these texts reconfigure the intended user of erectile interventions. The intended user "is now configured not just as the man who, for whatever reason, is unable to get or keep an erection most of the time, but includes all those whose erections could be 'improved'" (Marshall & Katz, 2002: 61). By repackaging these drugs for lifestyle use, marketers widen the application of their products to include areas of sexuality not previously considered in need of improvement, expanding their market in the process.

Conclusion

Pharmaceutical company interest in male sexuality has grown rapidly since Viagra's popular emergence on the market in 1998. Spurred by Viagra's success, pharmaceutical companies are now on the look out for the next miracle drug that can be manufactured, marketed, and sold to men. Today, Viagra, the pill that revolutionized impotence treatment, faces competition from two new entrants

to the market, Cialis and Levitra. Although both drugs work in much the same way as Viagra, they promise to take male sexuality to a new level of performance and functionality. By pushing male sexuality beyond the limits of previous technologies, these drugs introduce new standards for functional sexuality and create new medically treatable deviations.

In some ways, the introduction of Cialis and Levitra reflects an old medical theme. As with Viagra, these drug makers rely on most of medicine's discursive strategies in marketing their products. Their marketing campaigns defend the legitimacy of impotence as a medical problem, uphold prevailing medical claims about the causes of impotence, and justify medical intervention as the proper response. In other ways, however, the marketing campaigns, in their attempt to distinguish these products from other technologies, offer a new discourse on impotence, medicine, and male sexuality. As this paper has shown, this discursive move is significant because it essentially repositions the clinical boundaries of the sexually functional and dysfunctional male body. These drugs and the discourses they circulate promise to alter the male body and its sexual functioning in ways that Viagra and other technologies do not. Cialis and Levitra are constructed as technologies that enable the male body, or at least parts of it (the penis), to become sexually functional in ways that surpass the effects of other technologies. The sexually functional male body is now configured as a body that responds immediately when needed, responds without planning or rushing, works like nature (spontaneous, worry-free, uninhibited by external considerations), exhibits the ideals of masculine physicality, and is always sexually satisfied. Anything less is sexually dysfunctional and in need of medical repair.

As I have argued, the materials analyzed for this study represent Cialis and Levitra and their reported bodily-altering effects in several ways. First, they represent Cialis and Levitra as state-of-the-art technologies that offer users an optimal sexual performance. Users are promised fast-acting erections, lasting long durations, with few side effects. Second, these texts represent Cialis and Levitra as technological enhancements to natural sex. The marketing materials promise a return to natural, worry-free intimacy through the con-

sumption of these products. This marketing strategy plays on cultural assumptions about what is natural about men's sexuality. In addition, these campaigns use the imagery of sport to symbolically link these drugs to hegemonic masculinity. Here the message emerges that one can attain masculinity in the form of a pill. Finally, they construct these drugs as lifestyle products that can enhance sexual satisfaction, whether or not users have bona fide sexual health problems. In this way, the marketing not only encourages medicalization for legitimate sexual problems, but advocates the medical approach for nonmedical concerns. Altogether, these themes work to expand the domain of sexual fitness and the reach of medical repair.

In the years ahead, therapies that promise to solve men's sexual concerns, enhance their sexual performance, or make sex "better than the real thing" will continue to flood the marketplace (Mamo & Fishman, 2001: 29). Indeed, several new therapies are already in development and could be available within two to three years, including a nasal spray, which works through the brain, stimulating sexual arousal; a topical cream, which has no major side effects, other than initial burning, stinging, or tingling; and a pill that dissolves under the tongue, which bypasses the digestive system, blocking the release of the adrenaline that obstructs sexual arousal (Allen, 2003). With the increase in such therapies, it is likely that pharmaceutical drug development and marketing will play an even larger role in promoting medicalization, subjecting further areas of male sexual life to medical control and regulation. It is thus imperative that social scientists consider the implications of this newest stage in the medicalization of male sexuality. In addition, researchers will need to consider whether medical discourses that have been shaped by media forms are reshaped through informal discussions among men, between partners, and within patient-provider relationships.

Notes

1. Earlier versions of this paper were presented at the American Sociological Association Annual Meeting 2004 and the Humanities and Social Sciences lecture series at Arkansas State University in 2004.

2. Until 2003, Viagra's patent protection prohibited FDA approval for similar pharmaceutical products.
3. As Leonore Tiefer (1994) explains, the medical profession implicitly defines a normal erection "as 'hard enough for penetration' and lasting 'until ejaculation,' informally, that means a few minutes. Anything less is 'impotence'" (p. 372).
4. Already available in Europe, these drugs have taken significant market share from Viagra. In Germany, for example, Cialis has taken a 27% share, while Levitra has 14% of the market (Teather, 2003).
5. Due to federal changes in the regulation of pharmaceutical advertising, drug companies can now advertise their products directly to consumers through mainstream magazines and television commercials. Previously, pharmaceutical advertising campaigns were limited primarily to physician and health care provider-oriented journals, or to physicians directly through promotional information, drug samples, and gifts. Today, the majority of pharmaceutical advertising money has shifted to "direct" advertising to consumers themselves (Mamo & Fishman, 2001: 17).
6. The history of impotence is similar to the history of (male) homosexuality (see Foucault, 1979; Weeks, 1977), in that "the impotent man" as a type of *person* or as a matter of identity was literally invented in scientific discourse only in the late nineteenth century: "The word impotent is used to describe the man who does not get an erection, not just his penis. When a man is told by his doctor that he is impotent or when the man turns to his partner and says he is impotent: they [sic] are saying a lot more than that the penis cannot become erect" (quoted in Tiefer, 1987, p. 165).
7. In other words, the phenomenon marked as "impotence" may in fact be a universal experience, even if it may not always be marked as such, if marked at all. But coupling the phenomenon marked as "impotence" with identity (and pathology) is historically specific, socially constructed, and a relatively recent occurrence.
8. Administered orally, the drug takes effect between 40 to 60 minutes after ingestion, and remains effective for two to four hours.
9. The term phallogentrism refers to penis-/phallic-centered sexuality in which intercourse, vaginal or anal, is the objective of the sexual encounter (Potts, 2000).
10. Lifestyle drugs treat life-limiting rather than life-threatening conditions. Examples include hair loss, memory loss, skin problems, and mild allergies. Such drugs generally promise to make life better in some way (Mamo & Fishman, 2001).
11. The advertisements for this study were selected nonrandomly using a convenience sampling procedure. This involved selecting a sample of whatever ads were available between 2003 and 2004. In this case, the ads were selected primarily from mainstream American news magazines and network and cable television outlets. These outlets were targeted precisely because they reach large consumer audiences. For the sake of convenience, I decided not to analyze ads outside of the United States, although this would be a fascinating project, particularly given the con-

trasts that are likely to exist across national contexts. Further work is needed on cross-national differences.

12. According to Tiefer (1994), medicalized information about sex allows the news media to discuss topics that might otherwise be considered taboo or salacious. Instead, sexual subject matters become newsworthy and thus appropriate for publication or broadcast.
13. Because I used Lexis-Nexis to guide my search, my sample included articles from both national and international sources. A number of these articles were drawn from European sources. Unlike the United States, the use of direct-to-consumer advertising for pharmaceuticals is legally prohibited in Europe; thus media coverage constitutes a primary means of reaching European consumers. However, it is unclear whether different standards for drug regulations affect the media coverage that is obtained from news sources outside of the United States. Nevertheless, most of international news on Cialis and Levitra did appear to offer the same information as that found from American sources.
14. Articles from the following periodicals were selected for in-depth analysis: *The Age (Melbourne)* (one article); *Boston Globe* (two articles); *Boston Herald* (two articles); *Brand Strategy* (one article); *Business Week* (one article); *Chicago Sun-Times* (one article); *Daily Telegraph (London)* (one article); *Daily Telegraph (Sydney)* (one article); *Financial Times (London)* (one article); *The Gazette (Montreal)* (one article); *The Guardian* (four articles); *The Independent (London)* (two articles); *Los Angeles Times* (one article); *The Mirror* (one article); *Newsday (New York)* (one article); *New York Times* (four articles); *The Observer* (one article); *Ottawa Citizen* (two articles); *Pharmacy New (Australia)* (one article); *Philadelphia Magazine* (one article); *Pittsburgh Post-Gazette* (two articles); *Seattle Times* (five articles); *Straits Times (Singapore)* (one article); *Sunday Telegraph (London)* (one article); *Sunday Times (London)* (two articles); *The Times (London)* (one article); *The Toronto Star* (one article); *USA Today* (two articles); *Washington Post* (one article).
15. According to Adele Clarke and her colleagues (2003), the use of randomized clinical trials has become the "gold standard" for the legitimization of biomedical claims.
16. Interestingly, some sex therapists see Viagra's delayed effect as a potential benefit, in the belief that it promotes anticipation and foreplay (Marshall, 2002: 150-151).
17. Cialis's makers have made no plans to hire a sport celebrity, preferring instead to emphasize the pill's longer duration.
18. Rather than raising questions about the direction of impotence treatment marketing, most media accounts seem so superficial and uncritical they appear to condone it. One exception, an article entitled "Sex enhancers' competition gives rise to ridicule," was published in the *Boston Herald*. After illustrating how the campaigns for the new drugs promise "optimal performance ... Enhancement ... That extra edge...." the author writes "And so billions are about to made off male 'edge' insecurity" (Eagan, 2002).

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