What's in a Disorder: A Cultural Analysis of Medical and Pharmaceutical Constructions of Male and Female Sexual Dysfunction

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SUMMARY. This paper analyzes the emergence of two FDA-approved products to treat "sexual disorders": Viagra, a drug prescribed for the treatment of erectile dysfunction, and the Eros, a device prescribed for the treatment of female sexual dysfunction. Through an analysis of advertising and promotional materials for Viagra and the Eros, we argue that these pharmaceutical devices and the discourses they circulate reinforce normative gender ideals by enacting dominant cultural narratives of masculinity, femininity, and male and female sexuality. These cultural narratives of normative gender structure sexuality in such a way that reinforces certain kinds of masculinity, femininity, and (hetero)sexuality, thereby rendering "atypical" gender and sexual expressions, desires, and appearances invisible and marginal. We argue that these constructions reify cultural ideologies about "what counts" as legitimate and appropriate sexuality and that these con-

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structions have profound implication for social actors, sexologists, and therapists.

KEYWORDS. Sexuality, gender, medicalization, sexual dysfunction, discourse, pharmaceuticals

INTRODUCTION

This paper analyzes the emergence of two FDA-approved products to treat "sexual disorders": Viagra, a drug prescribed for the treatment of erectile dysfunction (ED), and the Eros, a device prescribed for the treatment of female sexual dysfunction (FSD). Through an analysis of promotional materials for Viagra and the Eros, we argue that these pharmaceutical devices and the discourses they circulate reinforce normative gender ideals by enacting dominant cultural narratives of masculinity, femininity, and male and female sexuality. These cultural narratives of normative gender structure sexuality in such a way that reinforces certain kinds of masculinity, femininity, and (hetero)sexuality, thereby rendering "atypical" gender and sexual expressions, desires, and appearances invisible and marginal.

The appearance of Viagra and the Eros on the market as treatments for sexual dysfunction signals a shift away from psychotherapeutic interventions toward pharmacological ones (Tiefer, 2000). Of concern here is that this "magic bullet" approach to sexual problems both effaces larger cultural and social phenomena and reinforces dominant ideals of gender. Thus, this paper provides a close reading of the promotional materials for these products in order to make explicit the normative cultural ideals embedded in these discourses–ideals which construct and reinforce uneven power relations and dominant scripts about gender and sexuality. We argue that Viagra and the Eros, as new technologies for the treatment of sexual dysfunction, re-invoke normative assumptions about heterosexuality, what counts as "appropriate" sexual activity, and the desired outcomes of sexual expression. However, in addition, we find that beneath these dominant scripts exist others that allow for alternative readings by potential users to reconstruct these assumptions, therein creating new uses and new discourses about sexuality.

THE MEDICAL LABELING OF SEXUAL DYSFUNCTION

It has been well established that biomedical knowledge, practices and techniques have found their way into people's daily lives, labeling more and more aspects of social life as "illness" or "dis-ease." Sexuality has not escaped medicalization. Since the nineteenth century, biomedicine has placed what it terms "perversions" under the medical gaze; recently, however, a wider range of sexual "problems" have also been placed under medical jurisdiction. These include reproduction, infertility, and now, sexual dysfunction. This shift represents a move to enroll previously "normal" populations into biomedical discourses and treatments. Sexual dysfunction has become one such example, with Viagra and the Eros representing this trend. It should be noted that this is not as simple as it seems, for in many of these cases, it is the "patients" themselves who request such designations, diagnoses, and biomedical solutions.

Sildenafil citrate, developed, marketed, and sold by Pfizer, Inc. under the brand name Viagra, is an oral therapy for the treatment of male erectile dysfunction (ED). Viagra, approved by the Food and Drug Administration (FDA) in March 1998, is considered the first noninvasive, non-surgical medical treatment for this health problem. A medical device called the Eros-CTD ("clitoral therapy device") received FDA clearance in April 2000. It is the only FDA-approved device for the treatment of female sexual dysfunction (FSD), and is available by prescription only. It is a hand-held battery-operated device with a suction cup to be placed on the clitoris that works as a vacuum to enhance blood flow to the genital area. Clinical study results indicate that the device can measurably increase blood flow, which is important for both vaginal lubrication and clitoral sensation (Billups et al., forthcoming).

The emergence of these products at the turn to the twenty-first century takes place in light of FDA regulation changes regarding the advertising of pharmaceuticals, and the increased penetration of pharmaceutical and chemical devices into many aspects of modern life. In 1997, the FDA loosened its regulations for marketing prescription drugs to allow pharmaceutical companies to advertise their products directly to consumers through print advertisements in mainstream magazines and television commercials (Terzian, 1999). In fact, the bulk of pharmaceutical advertising money has shifted to direct advertising to consumers themselves (Meyer, 1998). Prescription drugs are fast becoming popular consumer products, a capitalist fetish, where one is encouraged to think of such drugs as a means through which to improve one's life. The shift to the

biomedicalization of life itself is indicative of a cultural and medical assertion that one's life can *always* be improved.

The pharmaceutical industry, one of the most profitable and competitive industries in the U.S. today (Angell, 2000), increasingly relies on lifestyle products like Viagra and the Eros in an attempt to bolster profits and market share. That Viagra has been so profitable most certainly impacts the research priorities of pharmaceutical companies who are now intently interested in *women*'s sexual health. The increasing privatization of biochemical and biotechnological research through pharmaceutical companies has meant that which research gets funded and supported is determined by the profitability of the end product, rather than by what is perceived to be most needed (Bloom, 1994; Muraskin, 1996), most lacking, or most overlooked. In addition, many of these drugs are most likely to appeal to a certain demographic segment of potential consumers, commonly thought of as "aging baby boomers," (see, e.g., Terzian, 1999) who are more likely to try these drugs in an effort to maintain youthful appearances, activities, and lifestyles. It is these intended users that we think the developers and marketers had in mind with Viagra and the Eros. Once aging is redefined in medical terms, a large-scale market becomes available to ensure the success of the next up-and-coming "lifestyle" product.

CULTURAL STUDIES AND DISCOURSE ANALYSIS

In this paper we centrally place biomedical developments within the rubric of cultural studies in order to expand current conceptions of the ways in which cultural discourses of gender, sexuality and biomedical technologies (in this case Viagra and the Eros) mutually shape one another. Since these drugs are linked to gendered, sexualized users, they raise important questions regarding sex, sexuality and gender, as well as issues of "what counts" as legitimate behaviors, expressions, and identities.

Cultural studies is an interdisciplinary field that examines cultural texts, products, and discourses in an effort to reveal ideologies and linguistic arrangements which structure the meanings embedded in the products and practices of social institutions (e.g., mass media, medicine). It looks critically at the ways in which the cultural practices of these institutions are used to support dominant ideologies of powerful social groups and reinforce social inequalities. Medicine, and its concomitant industries, is a social institution that is both informed by and *produces* "culture" through its products and discourses. A discourse is a social artifact that provides a coherent way of describing, categorizing, and "making sense" of the social and material worlds and the objects, persons, and in-

teractions within them (Foucault, 1981). Discourses, in turn, have effects on the constitution of both subjects and objects of knowledge through this description and categorization, which is understood as the exercise of power through numerous, diffuse points and relations. It is our task in this paper to analyze discourses as patterns of ideologies that structure meanings and are produced through the development and promotion of medicine's latest sexual dysfunction treatments.

For our purposes, discourse analysis is useful for exploring how authority on the subject of "sexual dysfunction" is enacted (Terry, 1999) and for locating the *ideologies-in-progress* that produce common knowledge and accepted truths concerning its make-up and subjects. In other words, we explore biomedical constructions of sexual dysfunction, particularly those found in the promotional materials for Viagra and the Eros, as "truth productions" that reveal cultural assumptions, anxieties, and norms. Furthermore, we are suggesting that gendered norms and assumptions are both "inputs" and "outputs" of the social and cultural construction of Viagra and the Eros. Our already inscribed attitudes and understandings of sex, gender, and sexuality influence the manufacturing and diffusion of the drug. With Viagra and the Eros come preconceived ideas about the appropriate (heterosexual, partnered) users and (intercourse-based) uses of these devices thereby reinforcing such normative standards in the promotion of their use.

We analyzed the initial promotional pamphlet about Viagra for distribution by sales representatives, medical personnel, and pharmacists (Pfizer, 1998) and the UroMetrics, Inc. patient information video for the Eros (Urometrics, 2000). As marketing sites to potential consumers, these texts reveal the "ideologies-in-progress" of these technologies.

In our analysis of these texts we ask: What is appropriate (and inappropriate) sexual response and sexual expression? Who are constructed as the "ideal" consumers of the technologies? Under what conditions should these devices be used? And finally, what dominant and subordinate ideologies of gender and sexuality are invoked?

ANALYSIS: DE-SCRIPTING[1] VIAGRA AND THE EROS

Viagra

Viagra (Re)configures Masculinity, or Viagra as Desire. One of the dominant cultural narratives that Viagra reinscribes is a hegemonic masculinity that relies on normative ideas about male sexuality. The

scripts of the Viagra user embody many of the valued characteristics of masculinity, including virility, sexual mastery and control, and unhampered sexual desirousness for women, thereby appealing to potential users' aspirations of attaining (or maintaining) such ideal standards (Potts, 2000). This contributes to a codification of knowledge claims about what is sex, how the male (and female) body "works," and the parameters of appropriate male (and female) sexuality.

The dominant model of male sexuality relies on notions of omnipresent sexual desire. The traditional script of male sexuality is that men always want sex–desire is never the problem (Zilbergeld, 1999). Viagra "works" because desire is taken to be unproblematic for the male user. Promotional materials are careful to posit that Viagra is not an aphrodisiac, but will only work to produce an erection with sexual stimulation. In other words, Viagra is only a techno-assisted erection, not techno-implanted desire. The efficacy of the drug is never measured as whether men want to be sexual after taking the drug, only that they are able to be. This not only assumes men possess omnipresent sexual desire, but Viagra's effectiveness requires it. By extension, it therefore assumes that women are the object of men's sexual desires, thereby constructing normative gendered sexuality for both men and women.

This is evident in the closely linked assumption that the *desired* sexual activity is sexual intercourse or at least penetration. The clinical testing of the efficacy of the drug itself relied almost exclusively on the measurement of whether or not "successful" sexual intercourse could be achieved after administration of Viagra (Pfizer, 1998). An erection itself was measured through self-reports by subjects as to whether or not it was "sufficient" for sexual intercourse. In determining whether Viagra "is right for you," the pamphlet asks: "When you have an erection, is it usually hard enough to enter your partner?" This script reflects and reinforces dominant cultural narratives about appropriate and legitimate male sexuality.

Potency in All the Right Places. A photograph in the pamphlet depicts a middle-aged white couple in bed, smiling and snuggling in each others' arms. It carries the following caption underneath it: "There's more to a good relationship than sex. But if you love someone, you want to be able to show them [sic]. Viagra has helped us feel close again." As in this example, the pamphlet is generally careful to use gender-neutral terms for the sex of a man's sexual partner, even if it means being grammatically incorrect. Yet this seeming political correctness is belied by both the accompanying photographs of exclusively heterosexual couples and by other floating narrative quotes supposedly from Viagra us-

ers. For example, the following quote on page 11, "My wife helped me see that the problem wasn't that I was getting old. It was diabetes . . . " is accompanied by a picture of a middle-aged heterosexual couple taking a walk (Pfizer, 1998).

However, this may be a discursive strategy to appeal to traditional values while simultaneously alluding to alternative lifestyles. The use of the term "partner" instead of spouse raised anxieties among conservative "family values" representatives. Lou Sheldon, chairman of the Traditional Values Coalition, wrote a letter to Bob Dole, a spokesman for Viagra, objecting to Dole's statement that Viagra can "help millions of men and their partners" rather than "their spouses" (Garchik, 1999). The use of the term partner instead of spouse could be used to signal the possibility of heterosexual infidelity, a recognition of the high rates of divorced men (and women) in U.S. society, or potential consumers who are men who have sex with men. Enrolling Bob Dole as a spokesperson for Viagra is an ingenious marketing move, as Dole is seen to represent all that is "right" in masculinity–courage, strength, success, and heterosexuality. Because Dole represents the hegemonic ideal of masculinity, the use of "partner" instead of "spouse" seems acceptable. It barely even registers as "alternative."

This juxtaposition of the representation of heteronormativity (normative sexuality), and hegemonic masculinity with an opening available for "alternative lifestyles," indicates how the marketing relies on, and is perceived to need, the social legitimacy of Viagra as a drug for monogamous, heterosexual couples without limiting its potential consumer base. On one hand, the profitability of Viagra demands attracting as many customers as possible. On the other hand, the popularity and social acceptability of a drug for recreational sex in our current political and social climate depends on its alignment with cultural standards of "appropriate" sexual behavior. It is a delicate situation in which the discourse reinforces normative behaviors and relationships, yet also leaves open the possibility for other types of users.

As striking as the heteronormative scripts of Viagra is the recurrent emphasis of Viagra as a relational and coupled technology. As we discuss below, this is strikingly different from the discursive scripts found in the Eros. Another deeply engrained script of Viagra is an assumption that Viagra is going to be used during sexual activity with somebody else. The assumption of relationship use is revealed throughout the text of the pamphlet, and most prominently in the section entitled, "Facing ED [erectile dysfunction] as a couple." This section emphasizes the necessity of "open and honest communication between partners." It is

nearly unfathomable to imagine a man taking Viagra for auto-erotic purposes within the context of the pamphlet. Viagra is then constructed as a device that is not only sexually therapeutic but also therapeutic for the overall health and well-being of the relationship. Viagra "fixes" erections and relationships too! There is a further assumption about the nature of a Viagra user's relationship with his partner. The repetitive emphasis on communication and "good" relationships carries with it a script about not only appropriate sexuality, but also appropriate relationship conduct. In many ways, the relationship between a Viagra user and his partner is assumed to be monogamous. Consider the following text:

> If you're the partner of a man with ED, you may need to take the first step. Men with ED are often willing to try treatment options suggested by their partners . . . Understanding ED and knowing that there is a convenient, oral treatment available, can help the two of you to see a doctor and put the worry of ED behind you. (p. 13)

This construction of Viagra as a drug for the "two of you" conveys a script about the appropriate Viagra user as monogamous, in a relationship where he has a partner with whom he wishes to and can discuss these problems, and having a partner who wishes to accompany him to the doctor's office. Alternative constructions of relationships (for example, men with a male partner, men with more than one partner, men without a regular partner, men without any partners, or men who do not wish to tell their partners about their sexual dysfunction) are suppressed in favor of the normative ideas of impotent men. *Impotence itself is constructed as a coupled phenomenon*.

Nowhere is this more evident than in the print campaign for Viagra. In the print advertisements for Viagra, the recurring image is of a late-middle aged, heterosexual couple dancing, with the woman in the man's arms as he dips her across his body. The hint of sex appeal in a scene of an otherwise upstanding couple in a public space is a strategically perfect representation of appropriate conduct and the "ideal" users (i.e., the couple). Furthermore, it illustratively shows the hegemonic promises of Viagra. He is firmly in control of this "dance," indicated by his right arm placed firmly behind her back. The spinning movement captured in the ad lets us know that he still has a "spring in his step" and is still able to take his wife (note the large gold band visible on his left hand) for a spin and put a satisfied smile on her face. The intimacy conveyed through their close bodies and the gazing into each others' eyes

reveals the effectiveness of Viagra not only for erections, but also for bringing couples closer together.

THE EROS

Through our analysis, the Eros likewise emerges as a gendered technology, transmitting cultural scripts which serve as enforcers of normatively gendered expressions of sex and sexuality. Similar to Viagra, these scripts include normative assumptions of female (and male) sexuality, femininity (and masculinity), heterosexuality, and ideas of "appropriate" sexual relationships. However, the scripts found in the Eros rely on traditional notions of femininity which construct women as the primary actor in the emotional/relational aspects of a relationship, but not the sexual aspects, thus also maintaining hegemonic masculinity and the appropriate place for male potency.

Gaining Legitimacy: The Eros as Therapy. "Forty-three million women or four in 10 women experience some type of sexual disorder." This is how the patient information video for the Eros-CTD device begins. This statistic, taken from a study recently published in JAMA (Laumann et al., 1999), has been used to justify biomedical research and treatment for the widespread "disease" of "female sexual dysfunction" (FSD). The video, entitled *An Answer to FSD,* proposes that the Eros may help women suffering from FSD symptoms which include decrease in vaginal lubrication, pain during intercourse, difficulty achieving orgasm, and decreased sexual satisfaction. In its promotion and information of its product, the Eros video also promotes certain normative discourses about female sexuality, sexual pleasure, and "appropriate" sexual behavior in its instructions for use and claims of "successful" treatment. It encourages consumer use of the Eros (which costs approximately $375 by prescription and is covered by some insurance plans) by invoking and therefore reifying dominant cultural ideologies. First of all, it promotes FSD as a medical problem and therefore in need of a medical solution. The Eros is offered as just such solution. Secondly, the Eros reinforces the idea that there is a universal, homogeneous female sexual response cycle. By depending on this model, the video claims its product to be effective. Thirdly, the Eros, like Viagra, relies on discourses that promote certain forms of appropriate sexual activity, that is, heterosexual intercourse, as the desired outcome of FSD treatment. The following cultural analysis reveals that, similar to

Viagra, these cultural ideologies rely on and reinforce cultural narratives of normative gender.

After we learn about the scope of women's sexual "problems," the video switches to an interior setting with a woman, seemingly a doctor, in a white coat who tells us that the Eros-CTD is the first and only FDA approved treatment for female sexual dysfunction. While the device itself seems to resemble an over-the-counter sex toy in shape and function, it is carefully constructed as a device for "treatment" rather than for "pleasure" (Urometrics, 2000). This definition is important in a number of ways. First of all, the Eros-CTD is a "recreational" device, just as sex is (mostly) a recreational activity; however, in order to market it as a prescriptive product, it, like Viagra, had to be packaged through medical terminology. Just as female sexual dysfunction has itself been medicalized (see Tiefer in this issue), the Eros follows similar prescriptive patterns, billing itself as a "safe and effective" treatment such that "with regular use" a woman will see "an improvement in overall sexual satisfaction . . . within several weeks." With your Eros device comes detailed instructions for use which tells a woman "how often to use the device and for how long" (Urometrics, 2000). In other words, just as drugs come with a "take two pills every four hours" prescription, the Eros too has prescriptions for use–"the Eros may be used daily." (This begs the obvious question, can it be used more often?) Therefore, the Eros, while capitalizing on the medicalization of women's sexual problems, contributes to this very process through prescriptions and proscriptions for its use.

This brings to light an interesting paradox within the Eros' promotional campaign. On one hand, it wishes to make itself a marketable product, appealing to a broad consumer base (at least 43 million women!) in order to turn a profit. On the other hand, its legitimacy as a consumptive device depends upon its alignment within the medical discourses of other restricted, prescription treatments. Its producers must find a way to market the Eros widely, yet simultaneously be taken seriously as appropriate for clinical treatment. In this sense, it seems to wish to differentiate itself from fetishized sex toys that look remarkably similar and function in similar ways to the Eros (and sell for about one-tenth of the cost). This is accomplished through medical language as well as through alluding to the Eros as a device for "stimulation" but not for direct sexual satisfaction. The Eros video is careful to claim that with prolonged use it will allow for an "enhanced *ability* to achieve orgasm," rather than being able to produce techno-assisted orgasms *through* its

use. This may seem like a minor difference, but a "clitoral therapy" device needs all of the social legitimacy it can get.

Use the Eros: No need for foreplay! If we look carefully at this difference, the Eros differentiates itself from sex toys therein assuring its potential consumers (and their husbands) that the device is not intended to replace one's partner, but rather to "ready" oneself for the "main event"–that is, intercourse. The Eros then is purposely designed and promoted to fit into popular cultural understandings of "appropriate" (hetero)sexual activity and the "appropriate" roles and behaviors associated with it. These are developed through dominant discourses about the sequence of events of the sexual response cycle, which activities produce this sequencing of events, and who is responsible for which events. Although it seems rather daring for a product to market itself as a "clitoral therapy device," this can actually be read as a way of assuring that it is not interpreted as a penis replacement. Men are still constructed as necessary for women's sexual fulfillment. Within dominant discourses of female sexuality, while the clitoris has been mostly accepted as a site for sexual stimulation and arousal, it is still perceived as an organ which allows for sufficient arousal for *other* forms of stimulation and activity to take place. The Eros is a "treatment" which allows for the "gold standard" of (hetero)sexual satisfaction–that is, orgasm through "normal" sexual intercourse with a male partner. The Eros campaign, assuring us that it is not trying to rock the heteronormative boat, instead reifies this refrain in making the clitoris an organ for foreplay (an essential step in promoting lubrication), rather than for satisfaction in and of itself. The recommended use for Eros is either "for before intercourse or as self-stimulation" (but not satisfaction), therein curtailing other possible uses, for example with intercourse, instead of intercourse, for use on a woman *by* one's partner, in between or in conjunction with other activities. In fact, it is unclear what the Eros can do that a partner's mouth cannot.

Unlike Viagra which is touted as a technology for couples' use, the Eros' instructions are for use *without* (but not instead of) one's partner. Where ED in general is constructed as a coupled phenomenon, FSD is a "woman's" problem, and likewise her problem to "fix." The Eros is used on one's own time or before sexual activity, such that *then* one can achieve sexual satisfaction and satisfy one's partner through traditional means, namely intercourse. This assures the hetero-couple that the problem was not one of his sexual performance, but a physiological, medical problem of her own. Once a woman "fixes" her "arousal problem," and blood is flowing to the appropriate places, he can still "give" her sexual satisfaction. A quote appears on the screen at the end of the

video, purportedly by a "patient's husband": "This is a great device and my wife is now as happy as I am." She, in turn, fulfills her feminine and wifely role of satisfying her partner through traditional means and by extension, healing their relationship. In another text quote at the end of a video, a "patient" says, "After 40 years, I'm so glad that there's finally a solution to the problem that ended my marriage."

CONCLUSIONS

Viagra and the Eros emerge as gendered technologies, active in the construction of male and female sexuality and appropriate male and female behaviors. In fact, the promotional materials both rely on ideologies of masculinity and femininity for their legitimacy as medical treatments. In other words, Viagra constructs appropriate masculinity via its relationship to femininity and the Eros performs the same discursive move in the reverse. Our analysis reveals that both technologies employ similar ideologies-in-progress through their use of cultural scripts about the nature of (hetero)sexual relationships and heteronormative sexuality.

Viagra relies on hegemonic masculinity in such a way that appeals to potential users' aspirations of attaining (or maintaining) ideal male omnipresent sexual desire and reaffirms the *desired* sexual activity as female receptive sexual intercourse. Viagra provides men with a techno-*assisted* erection, not pharmaceutically-derived desire. The Eros is similarly promoted as a product to enable sexual intercourse. But what is important for women's roles in this activity is her receptivity, or "readiness." This is evident in the construction of the Eros as a device for private "stimulation" preceding sexual satisfaction, not as satisfaction. Finally, while both of these technologies are constructed as a coupled phenomenon, unlike Viagra, which is touted as a technology for couples' use, the Eros' instructions are for use *without* (but not instead of) one's partner. This is an interesting discursive move in that the Eros, like Viagra, is constructed as a technology that can save relationships with women's use of it. The distinction is not unimportant; the technologies reaffirm the dominant gendered meanings of masculine sexuality as omnipresent desire and feminine sexuality as fulfilling relational responsibilities.

While these more dominant constructions are obvious, it is also true that alternative readings of these scripts are available and construct additional types of users and uses of these devices then envisioned by their

developers. For example, we believe that on the flipside of the heteronormative ideologies of the marketing materials are possibilities for new representations to emerge. Both technologies can fulfill transgressive possibilities even though they are co-constituted with gendered inscriptions that long preceded them. It is not hard to see transformative possibilities created with the use of these devices, altering our understandings of "appropriate" sexual activities, compulsory heterosexuality, and masculinity and femininity. In fact, there is much evidence to show that the destabilization of Viagra's normative scripts is happening already. We have all heard rumors, anecdotes, and media stories (e.g., Trebay, 1999) of: Viagra used for male performance enhancement, or in conjunction with, illicit drugs; women and gay men using Viagra; and of course, older men using Viagra to return to the hetero-social scene. The Eros is a newer product and thus popular stories have not yet surfaced. However, alternative readings are possible. It is not difficult to imagine alternative uses for a product like this: sex toy, engorgement for clitoral insertion, nipple stimulator, oral sex enhancer, penile pump. These stories indicate that while the promotional materials enact certain truth effects on our patients, they are not the only "truths." Therefore, the potential resistance to and liberation from normative scripts of sexuality lies in the heterogeneous users and uses of the technologies themselves. In order to uncover this potential, important questions to ask include: who are the alternative users of Viagra (e.g., gay male users, disabled users, transsexual users, interssexual users, female users, etc.); and under what circumstances is Viagra used and for what purposes (e.g., recreation, procreation, intimacy, performance enhancement, penile penetration, masturbation, size, clitoral insertion, etc.).

Discourse analysis is one strategy that can be employed in an effort to read the ideologies-in-progress at work within particular texts and social institutions. These have consequences for patients, sexologists, and therapists. As we move into the twenty-first century, biomedical innovations designed to "treat" sexual dysfunction will continue to flood the marketplace increasing consumption "choices." These will continue to promote and rely upon standard measurement tools and dominant cultural constructions of what counts as appropriate sexuality, and by extension, as ideal users. This type of analysis, then, plays an important role in evaluating and countering such constructions through uncovering the "scripts" that lie just beneath the surface.

NOTE

1. The term "de-scripting" is from Akrich (1992), and effectively describes the process by technoscience studies scholars of deconstructing the inscripting mechanisms of technologies on the bodies of users.

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