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Responsible or Reckless Men? Sexuopharmaceutical Messages Differentiated by Sexual Identity of Users

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This study focuses on popularized representations of sexual enhancement medication (SEM) use. Relying on online forums, a discourse analytic approach (i.e., treating talk as action and as identity practice; Wetherell & Edley, 2014) examines how these portrayals are positioned within dominant discourses about male sexuality and masculinity. Intending to examine both SEM user testimonials and health expert advice about recreational SEM use, we found that men who have sex with men (MSM) user narratives were virtually nonexistent; only men who have sex with women (MSW) user narratives were locatable. SEM experiences of MSM are consistently filtered through health advocacy warnings about risks, in both mainstream and queer sites. Two prominent discourses emerged: SEM among MSW—legitimacy, heteronormativity, and relationship preservation and SEM among MSM—recreation, risk, and excess. The skewed representation of SEM used by MSM in empirical literature and sexual health advice and the omission of MSM from mainstream marketing, is shaping health discourses that link recreational uses of these drugs with gay men and risky sexual behavior (Wentzell, 2011). This reflects a broader cultural rhetoric that associates the sexuality of MSM with sexual health risks and concurrent illicit drug use.

Keywords: male sexuality, masculinity, sexual identity, sexuopharmaceuticals, discourse analysis

The increasing popularity of sexuopharmaceuticals, such as Viagra, provides a useful portal for examining shifting body enhancement and surveillance norms, sexual scripts and practices, and the adoption of expert knowledge about sexual intimacy. Such sexual technologies represent chief drivers of the medicalization and commercialization of male sexuality (Mamo & Fishman, 2001; Potts, Grace, Vares, & Gavey, 2006). Four main formulations of sexual enhancement medication (SEM) approved by the Food and Drug Administration (FDA) fall into the drug class of phosphodiesterase Type 5 (PDE5) inhibitors: sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra and Staxyn), and avanafil (Stendra; Huang & Lie, 2013). Viagra was approved by the FDA in 1998; Stendra was approved in 2012. Although Pfizer's initial promotion strategy focused on older heterosexual men with erectile dysfunction (ED), the target market is expanding. A singular focus on ED during the approval phase shifted to profiling an increasingly younger user by both Pfizer (Viagra) and Bayer Health care/GlaxoSmithKline (Levitra), by relying on famous athletes and emphasizing enhanced masculinity and performance, rather than disease (Baglia, 2005; Newman, 2006). More recently, Staxyn's marketing explicitly emphasizes its safety and suitability for younger men without ED, for whom stress is cited as contributing to occasional erectile difficulty (Canada Newswire, 2011).

Notably, ED is broadly defined by both pharmaceutical companies and medical authorities to subsume a range of erectile difficulties that are not distinguishable by duration, frequency, or etiology (Tiefer, 2006). As SEM marketing expands the definition of ED and its intended users, SEM is being touted both as a performance enhancer and as a preventative measure against sexual failures (Bass, 2001; Lexchin, 2006; Loe, 2001; Vares & Braun, 2006). The therapeutic claims of these drugs exceed their established medical efficacy, promising to enhance pleasure and desire, mend relationships, increase self-esteem, and reaffirm masculinity (Fishman & Mamo, 2002; Lexchin, 2006; Mamo & Fishman, 2001; Gurevich, Cormier, Brown-Bowers, & Mercer, 2016; Gurevich, Leedham, Brown-Bowers, Cormier, & Mercer, 2017). Dominant Western discourses equate men's psychological competence with physical mastery, rendering erectile capacity synonymous with proficient masculinity (Potts, 2000; Tiefer, 2004) in the face of common precarious masculinity concerns (Vandello & Bosson, 2013). In tandem with the expanding promotional scope of SEM, the prevalence of recreational SEM use appears to be growing among younger men with no ED diagnosis, both for men who have sex with women (MSW; Bechara, Casabé, De Bonis, Helien, & Bertolino, 2010; Harte & Meston, 2011, 2012; Peters, Johnson, Kelder, Meshack, & Jefferson, 2007) and for men who have sex with men (MSM; Crosby & DiClemente, 2004; Pan-

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talone, Bimbi, & Parsons, 2008; Prestage et al., 2014).[1] Admittedly, all SEM use is in some sense recreational, as erectile difficulty is not a life-threatening medical condition. We adopt this term specifically to denote SEM use among men who have not been diagnosed with ED, and even more importantly, because this term is used either in the title or the text of nearly every scholarly article in this area. Term consistency is useful for addressing the broader academic community, while simultaneously deconstructing its applicability (Messerschmidt, 2012), which our subsequent analysis achieves.

Although recreational SEM use appears to be rising, analysis of pharmaceutical and medical promotion directed at this consumer group is limited.[2] Moreover, the legitimized medical use of SEM to treat ED is constructed as a normatively heterosexual phenomenon; MSM are not recognized as potentially normative consumers (Mamo & Fishman, 2001), and they are not official targets of pharmaceutical marketing (Gurevich, Leedham, et al., 2017; Vares & Braun, 2006). The paucity of research on recreational SEM use that focuses on men's motivations and popular perceptions necessitates exploration within spaces where SEM use is more candidly and broadly discussed: Internet sex discussion boards and advice blogs. The purpose of this study is to examine how popularized representations of recreational SEM use on these sites are positioned in relation to existing discourses about male sexuality and masculinity, with a specific comparison of MSM and MSW depictions. Intending to examine both SEM user testimonials and health expert advice about recreational SEM use, we found that MSM user narratives were virtually nonexistent, whereas those for MSW users were locatable; MSM's experiences with SEM are consistently filtered through health advocacy warnings about risks, in both mainstream and queer sites.

Marketing and Medicalizing Modern Male Sexuality

Contemporary Western men, situated in a neoliberal context that confers successful masculinity via consumption and self-management are increasingly positioned as requiring aesthetic enhancement (Cortese & Ling, 2011; Gill, Henwood, & McLean, 2005). Young men's descriptions of body modification practices glorify toned, muscular bodies, representing the ultimate assertion of autonomy and self-discipline—qualities considered inherently masculine (Gill et al., 2005) and "in opposition to women and subordinated men" (Gough, 2001, p. 169). This is one way that hegemonic masculinity operates—as a variable form of masculinity that dominates or recedes, depending on what resources (social, monetary, symbolic) are available (Connell, 2005; Connell & Messerschmidt, 2005). Although hegemonic masculinity is situated within gender as a social practice that orders power and status, masculinity forms and norms are not permanent or universal; they are continually (re)configured and challenged by specific conditions of geography, class, race, and sexual identity (Connell, 2005, 2009). Dominant and subordinate masculinities, as well as compliances with and contestations against local hegemonic versions, vary by geopolitical context (see Messerschmidt, 2012 for review).

Alongside this attention to men's appearance and erotized ideals that signify desirable manhood, sex is increasingly positioned as the defining pillar of relationship success and health (Gupta & Cacchione, 2013; Tiefer, 2004). A key role of sexual experts, now a cultural staple in shaping sexual norms, is to emphasize presumed inherent differences between men and women (Harvey & Gill, 2011a, 2011b); male sexuality is tied to expert performance, virility, and dominance, with success measured through sexual endurance (Potts, 2002; Rogers, 2005). Sex for men is portrayed as being "unproblematic, natural and inevitable"—stamina indicates true manliness and female pleasure is contingent upon male mastery (Rogers, 2005, p. 182). Couples are instructed that "normal" heterosex unfolds as a precise sequence, where foreplay is a prelude to penetrative sex (Tyler, 2004); its absence is problematized as sexual dysfunction (Potts, 2000).

The popular rise of pharmaceutical sexual enhancement (Bass, 2001; Fishman & Mamo, 2002; Tiefer, 2006) is a key instance of marketing male sexuality using the vehicle of medicalization, wherein bodies and identity practices converge with technological advancements. SEM has a pervasive cultural impact, as it permeates popular imagination via widespread promotion. From the inclusion of SEM on legitimized medical sites such as WebMD, to the prevalence of Viagra advertisements at sporting matches (Peters et al., 2007) and as part of ubiquitous spam spawns, SEM drugs are rendered both accessible and normalized.

The globalization of the pharmaceutical industry, increasing ties among industry and science (Jannini, Eardley, Sand, & Hackett, 2010; Lo, 2010), media's promotion of "magic bullet" solutions and distressed consumers with limited sexual knowledge have all contributed to the medicalization of male (and female) sexuality (Moynihan, Heath, & Henry, 2002; Tiefer, 2002). Erectile capacity is considered mostly a biological phenomenon in contemporary medical constructions, which situate pharmaceutical interventions as key to restoring "normal" functioning (Loe, 2001; Potts et al., 2004). This marks a critical shift in the dominant framing of ED, as medical literature predating Viagra referred to impotence as primarily psychogenic (Bass, 2001; Potts et al., 2004). This coincided with the expansion of the definition of sexual dysfunction (Tiefer, 2000), galvanized by a popularized medical lexicon citing technological advances in erectile enhancement (Tiefer, 2002). Notably, men's appraisals of erectile concerns are not addressed in these definitions; any episode of erectile fluctuation is considered a medical concern requiring a medical intervention.

Constructing Hierarchies of Recreational Risky Users

Recreational SEM use is increasingly documented among young men with no ED diagnosis. Motivational goals for such use are consistent with what Gill et al. (2005) have termed a "maximization discourse" or the notion that sex ought to be maximally efficient and goal-oriented. Bechara et al. (2010) found that 21.5% of 295 predominately heterosexual men between the ages of 18 to 30, 62.3% of whom were in a monogamous relationship, had used Viagra recreationally; 73.3% used it more than once. Common motivations included desire for firmer and more lasting erections,

[1] While the artificial dichotomization of MSM and MSW categories is subject to critique (e.g., sexual activity does not accurately reflect identity self-ascriptions), we retain these categories in our literature review and analyses as they reflect topologies used in epidemiological and social science scholarship, as well as popular discourses.

[2] Research to date has focused on popular and medical representations of Viagra in relation to aging (Marshall, 2006); the commodification of sexual dysfunction (Fishman & Mamo, 2002; Mamo & Fishman, 2001); and older men with erectile dysfunction (Potts et al., 2004; Potts et al., 2006).

higher coital frequency, and ejaculation delay. Most users reported enhanced sexual confidence and sexual desire, as well as improved erection quality, duration, and frequency. In the first national U.S. study of SEM use (Harte & Meston, 2011) among 1,944 mostly heterosexual young men at 497 undergraduate institutions, 4% reported SEM use at some point (1.4% were current users), with 74% citing a recreational purpose. Key reasons in order of frequency were curiosity, offsetting the effects of other recreational drugs, enhancing penile rigidity, impressing sexual partners, improving self-esteem, and elevating sex drive. SEM use was significantly related to illicit drug use, number of sexual partners, unprotected vaginal and anal sex, and sexual orientation, with MSM being more likely to use SEM. Similarly, Peters et al. (2007) found that 53 of 415 U.S. males ages 18 to 19, recruited from outpatient drug treatment programs, were currently using Viagra. Principal motivations, in order, were curiosity, peer pressure, sexual enhancement, and partner coercion. Key information sources cited about SEM were TV advertisement, sporting event promotions, and family members (including fathers).

The growing literature on recreational SEM use is characterized by several key features. First, the samples represent heterogeneous populations from community samples (Bechara et al., 2010; Chu et al., 2003; Santtila et al., 2007), undergraduate students (Harte & Meston, 2011, 2012; Musacchio, Hartrich, & Garofalo, 2006), medical students (Korkes et al., 2008), drug users in treatment programs (Fisher et al., 2006; Peters et al., 2007), those recruited from HIV/sexually transmitted infection (STI) testing sites or prevention programs (Fisher, Reynolds, Ware, & Napper, 2011), club circuit attendees (Chan, Wood, & Dargan, 2015; Halkitis & Green, 2007), and sex resort participants (Crosby & Diclemante, 2004). Most samples comprise both heterosexual and gay/bisexual men, but a few studies focus on only one of these groups. This heterogeneity in samples and recruitment practices makes it difficult to make useful comparisons regarding motivations for SEM use, subgroup norms about SEM use, sexual and relational context for use, and sexual (dis)satisfaction related SEM use. Notably, most samples are predominantly white, with a high proportions of university educated participants. While a few studies have reported that being white is an independent predictor of SEM use (Chu et al., 2003; Fisher et al., 2006; Fisher et al., 2011), most have not specifically examined association between race and SEM use.

Second, risk behaviors and outcomes are the chief foci in this literature with all but one article (Santtila et al., 2007) emphasizing risk. Notably, sexual and/or relationship (dis)satisfaction associated with SEM use are rarely examined or constitute a peripheral focus when they are (see Bechara et al., 2010; Santtila et al., 2007 for exceptions), which highlights the emphasis on documenting prevalence rates and risk factors. Concurrent licit and illicit drug use, unprotected sex, and sexual partner frequency, and HIV status are the predominant nodes of interest. This risk emphasis is more pronounced when addressing MSM SEM use, frequently linking SEM to STI and HIV status of men and their partners (Wentzell, 2011). For example, Fisher et al. (2011) looked at methamphetamine use in conjunction with Viagra, considering each as an independent risk factor for sexual risk behaviors, such as not using condoms. Their sample included 1,839 men (52.5% identified as MSW and 47.5% identified as MSM). Despite a predominantly heterosexual sample and the researchers' recognition that similar risks are present for MSW users of methamphetamine combined with Viagra (e.g., engaging in unprotected sex and having multiple partners), being heterosexual was considered a protective factor against sexual health risks. Although the use of illicit drugs such as cocaine and GHB was actually a substantial risk factor for increased Viagra and methamphetamine use for all men, MSM who used methamphetamines and Viagra concurrently were considered at a significantly greater risk for sexual health risks including higher rates of STIs such as HIV.

Research regarding the links among SEM use, unprotected anal intercourse, and HIV status among MSM has produced mixed findings. Although some studies have found that MSM who use Viagra more likely to have unprotected sex with a partner of unknown HIV status than non-SEM users (Sherr, Bolding, Maguire, & Elford, 2000; see Swearingen & Klausner, 2005 for review), other work has not demonstrated this link. For example, Crosby and DiClemente (2004) found that although recreational SEM use was common among MSM, it was not strongly associated with HIV status and was better predicted by men's substance abuse than sexual risk behavior. Halkitis and Green (2007) also emphasized the role of contextual factors that are especially sexually charged for MSM, including "sex parties" and "circuits," in the increased pairing of Viagra with club drugs, such as methamphetamines, MDMA (ecstasy), ketamine, cocaine, and GHB. No significant difference emerged in the HIV status of participants based on Viagra use in combination with club drugs. In contrast, Pantalone et al. (2008) found that MSM who were HIV-positive were significantly more likely to use SEM and more likely to associate SEM with not using a condom during anal sex than HIV-negative men. However, 60.1% of the participants overall—71.4% with HIV-positive status and 57.4% with HIV-negative status—also linked SEM use to condom use. In fact, "maintain[ing] an erection while using a condom" was the second most commonly cited motivation for SEM use among all MSM, with only "to add to the fun" cited more frequently (p. 61). For many of these MSM, SEM provided "prophylactic certainty" (Holt, 2009, p. 755) and facilitated condom use.

In summary, similar maximization discourses emerged in the literature pertaining to MSW and MSM populations. Prolonging erections, delaying ejaculation, enhancing sexual confidence, and having more frequent sexual encounters are common SEM motivations across studies. At the same time, recreational SEM consumption is linked to increased sexual risk behaviors, particularly for MSM, despite mixed evidence of causal links (Wentzell, 2011). MSM are assumed to be more likely to engage in paired club drug and recreational SEM use (e.g., Chan et al., 2015) and to exhibit increased sexual health risk behaviors (e.g., Fisher et al., 2011). Although a few studies avoid a pejorative tone, most cast SEM use by MSM as "abuse of sildenafil" (Halkitis & Green, 2007, p. 146), with some authors explicitly referring to a "high prevalence of sildenafil misuse in a population who are heavy users of recreational drugs," noting also "that it is not likely that this young population have underlying erectile dysfunction as a reason for legitimate sildenafil use" (Chan et al., 2015, p.1390). Definitions of *misuse* are elusive; researchers tend to point to men pairing SEM with other club drugs, with possible negative consequences presented as self-evident, even in the absence of consistent evidence (i.e., concurrent SEM use and club drug use does not reliably predict unsafe sex).

Method

Sample Data and Online Sites

Given growing SEM consumption among both MSM and MSW, it is important to examine how SEM practices are represented in popularized medical accounts, a key site for sexual information provision. We examine what Internet forums reveal about male sexuality and masculinity, depending on whether MSM or MSW are being addressed. The Internet is an ideal resource for examining how sexuality and gender are constructed in popular discourse (Ross, 2005). It provides a relatively low-cost, accessible platform for many, allowing for diverse populations to share their views in distinct user communities (Mutanski, 2001; Ross, 2005). The Internet also offers users a veil of anonymity, providing a space where users may be more comfortable speaking candidly about their sex lives compared with methodologies involving direct contact (Mutanski, 2001; Shaeer & Shaeer, 2012).

Internet materials used for this study were derived from a combination of preselected websites and Google index searches. Data collected comprise both online single-author articles and multiuser forums (Hookway, 2008). Multiuser forums are diverse and include public discussions such as sex advice blogs, Q&A threads (e.g., Yahoo! Answers), reader comment threads in news or magazine articles, and conversation threads from topic-based discussion boards (e.g., general interest or entertainment websites, sexuality forums). The initial goal was to use a specified number of preselected sites chosen for their relevance to health news, sexual health, male sexuality, and male entertainment and lifestyle. Eight websites spanning these areas were used: www.webmd.com, www.healthcentral.com, http://biopsychiatry.com, www.news.google.ca, www.nerve.com, www.slate.com, www.menshealth.com, and www.thedailybeast.com. Internal searches (where possible) were conducted on each of these sites using the following search terms: "Viagra and recreational use," "Viagra for young men," and "party pill Viagra." The term *Viagra* was additionally replaced with *Cialis*, *Levitra*, and *Staxyn* for each of the search phrases.[3]

Although some of the preselected websites contained relevant discourses about recreational SEM use (e.g., www.webmd.com, www.nerve.com), many contained few applicable articles with limited content. The sites www.erowid.com and www.advocate.com were added to the preexisting list of websites during the first phase of the search; both sites contained material relevant to recreational SEM use. *Erowid* was particularly useful for content on MSW's recreational SEM use, whereas the *Advocate* contained search content on gay men. To compliment these web forum searches, Farvid and Braun's (2013) technique was adopted to analyze the top 20 Google searches (www.google.ca) for relevant terms, using all previously listed key terms. Relevant links to other sites that emerged were tracked using a snowball technique, including: www.answers.yahoo.com, www.magicbluepill.com, and www.viagrafans.com. The latter two sites contained "user testimonials" that were salient for MSW discourses relating to male sexuality, masculinity, and heterosexual relationships.[4] Through these additional searches, the search terms *Viagra Stories* and *Viagra Tales* were added to expand the data pool. These expanded search terms added relevant sites, articles, and web forum threads for MSW user testimonials. At times, the search results were probed beyond the top 20 hits to compensate for many of the top 20 hits being irrelevant, missing links, or advertisements.

All relevant information collected from the websites was copied and pasted verbatim into Microsoft (MS) Word files for analysis. Each MS Word file listed the home URL, the date/time stamps for the original posting, the name of any official author(s), and the name of the parent company/site in addition to the relevant article(s) and text(s). The names and dates of all single-author articles have been retained, as these are considered to be a type of publication. However, the names, identifiers, and likenesses of all public forum users have been removed to maximally preserve user anonymity. Although multiuser forums are public, users may not have intended their comments to reach a wide audience (Heilferty, 2011).

Theoretical Lens and Analytic Approach

This work is situated within a feminist poststructuralist framework, which acknowledges that social reality is constituted through language and other representational systems (Gavey, 1989), with knowledge negotiated in social interactions and institutional contexts (Burr, 2003). Binarized gendered and sexed categorizations that structure personal and cultural narratives are questioned, calling attention to dominant discourses that construct and constrict available subjectivities, or ways of experiencing the world as gendered and sexed subjects (Burr, 2003).

The online content was examined using discourse analysis (DA), which is part of a long tradition of discursive psychology, wherein language is viewed as central to identity production and practices (Wetherell & Edley, 2014). Accordingly, masculinities are viewed as practical accomplishments that are navigated and negotiated under specific cultural conditions (Wetherell & Edley, 2008, 2014). That is, rather than representing essential features of personhood, masculinities (like femininities) are treated as situated practices, or ways of "doing" gender (West & Zimmerman, 1987). This gender "accomplishment" (West & Zimmerman, 1987) is achieved in various ways—from talking about what it means to be a man to body modification practices that enforce masculinity ideals (Wetherell & Edley, 2014).

Discourse is used in accordance with the Foucauldian definition (Foucault, 1972), which extends beyond language to represent broader meaning systems or shared social beliefs. In accordance with DA's treatment of talk as a type of situated action (Wetherell & Edley, 2014) that achieves specific goals (e.g., presenting points of view, displaying particular identities, justifying, defending or opposing specific positions; Parker, 2002), the unit of analysis is discourse itself, rather than presumed primary aspects of experience or affect. DA looks for groupings of statements that form meaningful patterns within

[3] An examination of the official websites of the four major PDE5 inhibitor manufacturers did not reveal adequate information for the current analysis, comparing MSM and MSW messages. Pharmaceutical advertising in relation to broader (hetero)sexuality discourses are described elsewhere (Gurevich, Cormier, et al., 2016).

[4] We suspect these websites are not authentic discussion communities, and are actually industry-based advertisement sites used to promote online pharmacies selling PDE5 inhibitors. Even if the testimonials are false, they permit valuable insight into how SEM use is constructed (and disseminated) for and among men.

textual accounts and situates these patterns within existing ideological structures. That is, DA identifies what is achieved by discourses, which (legitimate) subject positions are made possible or unavailable and whose interests are supported based on privilege, power, and access (Gavey, 1989).

Our analysis was guided by the following questions: How are representations of SEM use positioned in relation to dominant discourses about male sexuality and masculinity? How are discourses of SEM use accepted or rejected? How do the discourses vary depending on whether consumption is by MSM or MSW? The analytic approach was iterative, with repeated text readings to contextualize SEM use in relation to sexuality, masculinity and health. The initial coding template mapped onto broader themes related to key research questions. Themes included descriptions, analogies, and metaphors about SEM that cited SEM expectations and effects, sexual practice norms, sexual advice/warnings, sexual experimentation, sexual choices, sexual pleasure, and sexual practice negotiations. Analysis involved close examination of how accounts and arguments were constructed around these themes, including contradictions and tensions.

Results

Although we set out to examine both SEM user testimonials and health expert advice about recreational use for both MSW and MSM, parallel data are not available for comparison. MSM user narratives are virtually nonexistent; MSM's experiences with SEM are consistently filtered through health advocacy warnings, in both mainstream and queer sites, with the resounding refrain about SEM-related risks. Here the use is tagged as recreational and risky. In contrast, MSW user accounts are more easily located, standing alongside occasional popularized medical accounts; both frame SEM as sexually enhancing and relationship affirming. This stark discrepancy in the availability of user accounts (and health expert advice) reflects an implicit assumption that MSW are motivated by (healthy) relationship enhancing goals, whereas MSM are compelled by (excessive) sexual appetites.

We located two prominent discourses within web forum content: SEM among MSW—legitimacy, heteronormativity, and relationship preservation and SEM among MSM—recreation, risk, and excess. SEM use among MSW is described as a legitimate medical intervention that preserves the stability and sexuo-emotional health of relationships, mapping onto familiar heterosexual discourses. For example, the "coital imperative" discourse (McPhillips, Braun, & Gavey, 2001) and the "have/hold" discourse (Hollway, 1984) were consistently present in straight men's and couples' discussions of SEM use. The *coital imperative* highlights vaginal penetration as essential to healthy, successful heterosexual coupledom, whereas the *have/hold* discourse emphasizes the importance of maintaining serious romantic relationships. Familiar sexual scripts were adopted to describe how this technology of the body—SEM—is used to "fix" mechanical difficulties in penile performance in the service of restoring relationship satisfaction. Recreational SEM consumption is positioned as an illegitimate gay phenomenon, linking MSM SEM use with STIs, risky sexual behavior, and illicit drug use.[5] Although discourses pertaining to MSM are also broadly situated within conceptualizations of hegemonic male sexuality as propelled by biological drives (Connell, 2005; Cortese & Ling, 2011), the presumed insatiable desire for sex is reconstructed as excessive and problematic. The "male sex drive" discourse (Hollway, 1984) is, thus, transposed in an MSM context, such that gay sex is viewed as a voracious biological and (gay) cultural necessity.

SEM Among MSW: Legitimacy, Heteronormativity, and Relationship Preservation

In online forum content pertaining to MSW, references to lovemaking, sex within marriage, and the potential effect of emotions on performance are inextricably linked to a coital imperative (McPhillips et al., 2001); vaginal penetration is equated with maintaining "healthy," strong relationships. Notably, consistent with our definition of recreational use, none of the extracts cite a diagnosis of ED. Reasons for trying Viagra focus on sporadically weakened erectile capacity, diminished sexual excitement, curiosity, and increasing coital frequency. In the following excerpts, SEM is framed as a way of reinvigorating marital heterosexual intimacy and sustaining optimally productive sexual subjects.

SEM as Maximal Efficiency Guarantor

Viagra stories extract. While I have not had major difficulty in achieving erections, the ones I have had recently can sometimes wane or go soft. I cut the pill in half and took it about 3 hours before I had sex. When we began to kiss, I achieved an immediate erection, which remained hard throughout the encounter. It was amazing, gratifying, and allowed me to completely focus on making love without worrying about whether my erection would remain consistent ("It Allowed Me to Completely Focus on Making Love", n.d.).

A maximization imperative—immediate, consistent, and persistent erections—is evident. His current erections are not deemed sufficient to achieve an optimal "sexual mode of production" required of modern sexual subjects (Harvey & Gill, 2011a, 2011b; Hawkes, 1996). The use of "achievement" language similarly evokes maximal efficiency—an erection must spring forth at the first sign of sexual activity and remain reliably firm throughout the entire encounter. Men are expected to enhance their "productivity" (Rogers, 2005) and "streamline" their sexuality by fine-tuning an assumed vigorous sexual appetite and repertoire into peak shape (Tyler, 2004).

Erowid Extract 1. Though I suffer from no sexual dysfunction per se, I really wanted to know what all the hype was about. I found after a bit of online research that it is very easy to cop a script and a bottle of this blue magic. . . . I have been doing some trial runs lately, about once per week, with my live-in girlfriend and soul mate. We have sex and make love an average of 3 to 4, maybe 5 days per week, and in my late 30s it can be a little hard to keep up ("I Snorted the Blue Pill", 2007).

Erowid Extract 2. Sometimes an emotional comment or even an off-topic thought during lovemaking can deflate an otherwise upright penis. Under the influence of Viagra, it's more likely an

[5] When recreational use risk is addressed in MSW populations, the emphasis is on forecasted development of performance anxiety, dependence, or habituation. Recreational SEM is, thus, implied to imperil their ability to "function normally" as heterosexual men.

erection will stick around so it's available when called upon ("Getting the Most", 2012).

In these two accounts, the absence of a diagnosed medical condition is expressly stated (in the first case) or implied (in the second case). The desire to reestablish male sexuality as unproblematic, efficient, and controlled (Rogers, 2005) is the declared motive. Regular sex is coded as frequent; reliable sex is undeterred by emotional or contemplative content (labeled *interference*). Both are positioned as mandatory in a relationship context. A mind/body split is valorized, wherein bodies can maximally perform without the clutter of minds (Potts, 2002).

Viagra is consumed as a way to combat waning sexual intimacy or to sustain sexual frequency in (mostly long-term) relationship contexts. The recourse to medical solutions bypasses the need to confront emotions that may deflate sexual performance and erections. Restoring penetrative vaginal sex is cited as essential to relationship preservation. The incitement of passion hinges on the quality of the man's erections and the health of the relationship is contingent on maintaining frequent coitus, with SEM consistently cited as an effortless and obvious fix: "A doctor and a little blue pill saved my marriage!" ("Saved My Marriage", n.d.).

SEM as (Relationship) Excitement Enhancer

Viagra stories, Extract 1. My husband and I have been married many years, and the thrill had gone out of our sex life. We were only making love once a month because he was having a tough time getting it up and keeping it up. . . . We went upstairs and for the next 2 hours made passionate love. He was thrilled with the strength of his erection and so was I ("My Husband and I", n.d.).

Although there are potentially two sexual stories here—one about sustaining excitement in a long-term relationship and one about erectile problems—they morph into a unifying narrative of Viagra solutions. An evaluation of "healthy frequency" is paired with erectile difficulty, such that monthly sexual activity is considered a sign of a stalled sex life. The infrequency is positioned as due to his erectile impotency, with other potential explanations ignored. This is consistent with a "relationship hygiene" discourse, wherein higher sexual behavior frequency is equated with optimal relationship maintenance (Brown-Bowers, Gurevich, Vasilovsky, Cosma, & Matti, 2015), as well as the "healthicization of sex," wherein sexual enhancement is mandatory for health maintenance (Gupta & Cacchione, 2013).

Viagra stories, Extract 2. My erection was no longer as hard as usual especially when having sex nightly, so my wife did not enjoy sex anymore. So I decided to try a 25 mg Viagra pill. I could feel my penis get erect within 15 min, getting harder than usual and lasting longer too. We really enjoy sex like we were still 25 years old. I plan to take Viagra as long as I live ("As Long as I Live", n.d.).

The use of the vague comparator usual is referenced as the gold-standard baseline—a time of unfettered firmness before the present decline. This waning is marked by less than perfect erectile rigidity, rapidity, and duration. Erectile diminutions are positioned as the chief source of his wife's diminished pleasure and Viagra is cited as an unqualified solution, whereas other possible routes to her sexual (dis)satisfaction are left unaddressed. Both unwavering erectile capacity and nightly sex become unquestioned relationship requirements in a cultural context where shifting norms about sexual functioning and aging are "narrated by the pharmaceutical imagination" (Marshall, 2010, p. 220). The "new normal" for male sexual performance is embedded in a "biopolitics of the penis," where sexual satisfaction is yoked to pharmaceutical profit such that "erectile facility has become a moral imperative" (Maddison, 2007, p. 2). The obligation to retain unchanged erectile capacity has seamlessly progressed from a desirable (if unrealistic) goal to an undisputed contemporary sexual dictum (Katz & Marshall, 2004).

Couples' reported relief when SEM helps to achieve and enhance erectile capacity highlights that it is more than just pleasure that hinges on having successful vaginal intercourse: SEM-fueled coitus is inextricably linked to restoring normalcy and meeting appropriate sexual goals for committed heterosexual relationships. As sex is increasingly viewed as a litmus test for relationship success (Gupta & Cacchione, 2013), SEM becomes part of the mandatory sexual toolkit for contemporary (hetero)sexual subjects; pharmaceutical penile enhancement becomes a quotidian expectation of performing (hetero)sexual masculinity (Gurevich, Leedham, et al., 2017).

SEM Among MSM: Recreation, Risk, and Excess

MSM are tactically left out of SEM marketing by all pharmaceutical companies (Gurevich, Leedham, et al., 2017). Neither is sex among MSM constructed by popularized sexual experts (e.g., WebMD) as a normative intimacy problem that warrants medical intervention. At the same time, the health risks of recreational SEM are particularly sensationalized for MSM as compared with heterosexual users; SEM are deemed to be gay drugs in this context due to their association with the hypersexual subcultures to which MSM are perceived to belong (Wentzell, 2011).

SEM Use as Common, Careless, and Risky "Gay" Practice

Recreational SEM use is framed as casual and unrestrained in MSM sexual subcultures. The following extracts highlight Viagra's positioning as a consistent feature of risky gay sex.

Google search extract. Erectile dysfunction drugs are increasingly popular and common at sex clubs, bathhouses, and even gay campgrounds, where they are shared as casually as a Tic Tac between strangers (Sayler, 2004).

Advocate Extract 1. "Viagra use appears to have become a stable fixture of the sexual culture of men who have sex with men, crossing age, race, and socioeconomic subgroups," the researchers conclude in their study. "Its use is associated with a general behavioral risk pattern for HIV/STD transmission" ("Study Finds Gay Men Use Viagra", 2005).

Recreational SEM use is constructed as a staple of gay male social life, which is presumed to be saturated with sexual activity. Key signifiers—sex clubs, bathhouses, sexual culture—paint a picture of gay men's chief preoccupation with sex, where "even gay campgrounds" are not exempt. Sexual enhancement is cited as a common and cavalier motivation for SEM use. The exchange of Viagra between "strangers" (signaling promiscuity) is juxtaposed against the passing out of (benign) breath mints; danger and safety are strategically contrasted. Recreational SEM use is conflated

with risk and cited as precedent to STIs among MSM. The familiar rhetoric of gay men as irresponsible sexual dissidents (Brown, 2006; Holmes & Warner, 2005) is seamlessly reinvigorated. Established signs of sexual deviance (risky, promiscuous, casual, and drug-using) transmitted from mainstream popular and scientific accounts of gay men become self-designated labels circulated by LGBT news outlets (e.g., *Advocate*).

In contrast to descriptions of MSW that emphasize relationship enhancement, MSM's SEM use is framed as gratuitous and directed at indiscriminant sex with multiple partners. SEM is depicted as a marathon-sex accelerator, whereas MSM are represented as sexually excessive, sensation seeking, and as regularly engaging in risky behavior.

Advocate Extract 2. In the gay club scene, Viagra is simply "part of the package." For those who want to run with the big boys, steroids are de rigueur, and to keep up with the 48-hr disco circuit, chemical cocktails form the backbone of many a gay boy's weekend. Of course, in case you didn't know, if you're wired on coke, gurning on E, or cracked out on crystal meth, the chances of getting a healthy boner are quite remote. Unless you're completely comfortable being seen as a greedy bottom who cannot get it up, Viagra is the solution to a very gay and hedonistic problem . . . the trend for using Viagra at sex parties, saunas, and as an aid to meth-fueled Internet sex has become so widespread that it's reached the mainstream news ("Viagra Goes OTC in United Kingdom", 2007).

Advocate Extract 3. Some studies have shown that gay men are more likely to try, regularly use, or abuse erectile dysfunction drugs than heterosexual men . . . Erectile dysfunction drugs like Cialis, Viagra, and Levitra also are frequently taken by users of club drugs like ecstasy or crystal methamphetamine to allow the users to engage in sex—often unprotected sex with multiple partners, putting them at risk for HIV and other sexually transmitted diseases. . . . The new drug advertisement guidelines seek to eliminate misleading advertising that can lead to unnecessary prescriptions ("Drug Companies Agree", 2005).

In the first extract, the commonly circulated "gay male body dissatisfaction imperative" (Vasilovsky & Gurevich, in press), is linked directly to the ostensibly mandatory party-circuit participation by gay men.[6] The resulting picture presents the prototypical gay man as pathologically driven by self-indulgence in appearance, affect, and sexual appetites. In both extracts, this pursuit of pleasure is discursively linked to danger and disease. These popular discourses circumscribe legitimate intimacy motivations or concerns among MSM, focusing instead on risk containment. In the second extract, the response by pharmaceutical companies to modify inaccurate advertising is framed as a solution to a problematic trend located within MSM communities. This allows pharmaceutical companies to avoid directly addressing MSM as normative users, while retaining them as a profitable consumer base. They are, thus, rendered doubly delegitimized—as unacknowledged standard users and as a selectively designated risk group.

Notably, given the status of the *Advocate* as a leading LGBT news and entertainment source, the self-disciplining regulation (Foucault, 1988) incited by such danger warnings is instructive. Control of potential sexual risks among MSM populations is a familiar refrain (Davis, Hart, Bolding, Sherr, & Elford, 2006). Although sexual-risk containment in public health discourses is presented as a self-evident virtue (Potts, 2002), the targets of regulation are not equally distributed as the respective histories of HIV-prevention efforts (Gonzalez, 2007; Levy, 2013; Patton, 2011) and moral panics about sexuality (Fahs, Dudy, & Stage, 2013) demonstrate. The relation between legal sanctions and protective claims are yoked to the governance of specific sexual bodies and acts designated as belonging to risky groups (McClelland & Fine, 2014). Although policies are intended to protect, they also serve to police, and self-policing (e.g., via the *Advocate*) is the most effective route from decree to doing (Foucault, 1988; Hook, 2007).

SEM Use as Illicit Drug (Ab)use

Related to the familiar rhetoric of gay men as reckless sexual radicals (Holmes & Warner, 2005), recreational SEM use is framed as predominantly occurring among gay men and connected to other recreational, illegal drugs. The following excerpt exemplifies the ways in which MSM SEM use is constructed as misuse and a likely antecedent to STI transmission:

WebMD extract. Rising use and abuse of the impotence drug Viagra among men who have sex with men may dramatically increase their risk of sexually transmitted diseases (STDs) and HIV infection. A new study shows that men who have sex with men and who use Viagra engage in unprotected sex up to six times more often than nonusers of the drug. In addition, researchers found that Viagra is increasingly being used as a recreational drug and mixed with drugs such as methamphetamine. . . . More than 10% of men who have sex with men use Viagra. More than 40% of HIV-positive men reported using the drug ("Viagra Abuse" 2005).

Methamphetamine is targeted as the culprit for SEM (mis)use; this is followed by a pairing between statistics for MSM SEM use and HIV-positive status, rhetorically aligning HIV with SEM use, such that HIV-positivity appears to be attributable the high SEM use rates. Although HIV-positive men may be using SEM for myriad reasons (e.g., to counteract the effects of HIV drugs and/or HIV-related distress, to support condom use), the (spurious) causal pathway is presented as singular and unidirectional. The construction of "gay excess" (Holmes & Warner, 2005), paired with the absence of representations of legitimate uses of SEM among MSM, positions all use by this group as frivolous, compulsive, and nonproductive.

Slate extract. AIDS Health care Foundation demanded that Pfizer Pharmaceutical Co. discontinue what it termed *deceptive* advertising practices and begin educating users about the danger of spreading sexually transmitted diseases, including HIV and AIDS, when using the drug . . . maintains that Pfizer "deliberately" markets the pills "in a way that associates the drug with sports and excitement" and "as a recreational sexual enhancement drug for younger men," despite warnings from the FDA. Viagra "is not indicated for men who simply desire harder, or longer, or more pleasurable erections." When used for this purpose, the AIDS Health care Foundation continues, Viagra encourages gay men to engage in risky sex (Goldstein, 2007).

[6] This pervasive popular belief, circulated by mainstream social science, is increasingly receiving criticism for its lack of robust support (Kane, 2010).

This article title and content explicitly link lack of condom use and SEM consumption. Safer-sex decision making as central to sexual risk is not emphasized; instead, blame is located in sexuo-pharmaceutically enhanced sexual functioning. Particularly salient is the message that these risks are not equal for MSM and MSW, even though the increasing patterns of use are similar. These messages are an extension of the familiar alignment of gay men with risky sexual practices: excitement and pleasure—necessary ingredients in monogamous heterosexual relationships (Harvey & Gill, 2011a)—are bound to danger and disease for gay men (Brown, 2006). The proposed new warning labels on Viagra by the AIDS Health care Foundation recommend that Pfizer be held accountable for increased STI risk among MSM. The company is forced to address MSM as users, but only within a risk context; MSM in mainstream advertising, with portrayals of healthy gay sexualities and relationships, are again left conspicuously absent.

Discussion

This study examined popularized web forum content pertaining to recreational use of SEM, with a particular emphasis on discrepant representations of MSM and MSW users. Summarizing our main findings, we return to our research questions pertaining to representations of SEM use in relation to dominant discourses about male sexuality and masculinity, acceptance or rejection of SEM discourses, and discourse discrepancies between MSM and MSW. First, a shared feature of male sexuality discourses located in both MSW and MSM web content was the emphasis on maximizing performance. The emerging icon of the "new man"—characterized by his connection to product consumption, muscularity, and sexual competence—reinvigorates familiar discourses of the "natural" man (Cortese & Ling, 2011). This upgraded version of the natural man is encouraged to capitalize on his "natural take-charge" capacity to preserve power through sexual knowledge, methods, and mastery (Toerien & Durrheim, 2001). SEM promotion capitalizes on this neoliberal mandate of constant sexual self-improvement (Harvey & Gill, 2011a, 2011b). Men, in particular, are expected to hone their presumed natural sexual competencies by optimizing their sexual output (Rogers, 2005; Tyler, 2004). Men's erectile instability and uncontrollability signals loss of symbolic phallic status (i.e., power associated with sexual prowess) and emasculation (Potts, 2000). A flaccid penis does not garner the same symbolic power as the erect phallus; it cannot perform, penetrate, or exert control (Potts, 2000). It is no longer the driving protagonist in the sexual script.

Second, pharmaceutical SEM discourses dictating permanent erectile proficiency (Gurevich, Leedham, et al., 2017) are embraced by both MSW and MSM, shaping a consumer culture that encourages men of all ages and sexual identities to rely on sexuo-pharmaceuticals to ensure maximal sexual performance (Mamo & Fishman, 2001), in the service of reaffirming a precarious masculinity (Vandello & Bosson, 2013). Rather than expanding the notion of who may wield—or what may signify—the phallus, contemporary masculinity tends to resist such diffusion of sexual power, instead retrenching male sexual privilege through chemical augmentation, a buttressing of control obligingly supplied by pharmaceutical manufacturers. The requirement to be erectile-ready is a new virility obligation (Marshall, 2006), exhorting men (and women) to sustain ceaseless sexual capacities (Marshall & Katz, 2002). This cultural climate of "virility surveillance" (i.e., ongoing performance vigilance) is governed by pharmaceutical and medical interests (Katz & Marshall, 2004; Marshall, 2010).

Third, differential discourses of recreational SEM use emerged, reflecting hierarchies of respectability and responsibility, in both online forums and the empirical literature. MSM SEM use is confined to a risk rhetoric, referencing stereotypical sexual scripts that align MSM sexuality with pathology, risk, and disease (Wentzell, 2011). Recreational MSM use is constructed as irresponsible and excessive, directed at decadent desires and multiple casual sexual encounters. In contrast, MSW use is framed as considered and legitimate and driven by appropriate motivations for relationship improvement and preservation. Whereas the new "natural man" (Cortese & Ling, 2011) is expected to reassert his rightful male authority, this subject position is only afforded to straight men in mainstream sexual advice outlets. With respect to SEM use, in particular, despite the popularity of recreational SEM adoption across sexual orientations, a stark divide is drawn between which users are considered legitimate and responsible (MSW) and which are considered recreational and risky (MSM). Although the focus on perpetual sexual self-improvement and "turbo-charged" sex for men has amplified sexual expectations (Tyler, 2004) for all men, MSM are positioned as consummate excessive users. Demands for bigger and better erections, along with the promise of enhanced performance, become conflated with discursive representations of MSM as hypersexual, where SEM is presumed to be a stable fixture of the ostensible party lifestyle of MSM. MSM SEM users are cast into the familiar role of reckless sexual rebels (Brown, 2006; Holmes & Warner, 2005), who portend contamination and require containment. These danger discourses neither include MSM within discussions of embodiment or intimacy, nor do they address how MSM may negotiate erectile difficulties within sexual relationships. MSM sexual desires, pleasures and practices, once again, remain submerged and debased, as they are cited only in a register of risk (Levy, 2013), while simultaneously occupying a space of resounding silence in normative popular medical SEM portrayals.

An obvious limitation of this study was the lack of comparable data about MSM and MSW. Intending to examine both SEM user testimonials and health expert advice about recreational SEM use, we found that MSM user narratives did not emerge. MSM's experiences are consistently filtered through health advocacy warnings about risks, in both mainstream and queer sites. Further research can address WebMD advice specifically tailored to heterosexual young men, as we have begun to do in a related project (Gurevich, Cormier, et al., 2016). A targeted search of online queer media sources can also extend the current analysis for MSM. Whereas the *Advocate* is an established queer news outlet, emerging online resources (e.g., *Huffington Queer Voices, Queerty*) may reflect more varied discourses about recreational SEM use.

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